Information Exchange Workgroup

Data Portability Recommendations

November 6, 2013

- As part of the Stage 3 recommendation development process the HITPC tasked the Information Exchange Workgroup with looking at a number of exchange related items including data portability.

- A question was included in the RFC asking commenters how the community thought the HITPC could build off the data portability criteria that ONC included in the final Stage 2 certification rule.

Background (continued)

- At the August meeting the HITPC requested the Information Exchange revisit the data portability recommendation.
- Since August the Workgroup heard from the EHRA and S&I Framework. Key points from their presentations included:
  - Data migration and patient portability are unique use cases that need to be considered in standards development initiatives. Current standards efforts don't necessarily address these needs.
  - Key parameters that drive the method for data migration:
    - Care setting (e.g., hospital, enterprise, practice)
    - Configuration of old EHR (one or more systems)
    - Ability to map old data to new data structures, particularly operational/configuration data (MU3, MU2, MU1, or pre-MU data?)
    - The intended use of old EHR data in new EHR and related systems
      - Is it operational data (i.e. order in progress or care plan) or historical data?
  - EHRA suggestions:
    - For data migration document approach is not sufficient for all intended uses. C-CDA can satisfy some needs but other methods are required to move all relevant data.
    - Felt the C-CDA was a good fit for patient portability use case.
    - In general, complex data migrations do not lend themselves to the uniformity imposed by product certification.

- **The Information Exchange Workgroup sees two use cases that need to be addressed to promote an efficient HIT marketplace and to support safe and effective care delivery**

    - *Provider Data Migration*: Provider switching from one or more EHR systems to another (or multiple systems)

    - *Patient Portability*: Patient requesting the movement of their complete record (e.g. to a new PCP)

- **Goal:** To enable patients who switch providers to have their care continue seamlessly (no repeat tests, missing key clinical information etc). To enable providers switching EHR systems to continue providing seamless care to patients (coded data in old system is consumable by the new system so clinical decision support still works).

- The Information Exchange Workgroup recognizes significant work will need to occur to reach these goals and is recommending a multiple step path to get the community there. Patient portability and provider data migration are critical components of interoperability and creating an efficient and effective marketplace and today, we lack a clear plan and pathway for achieving these important goals.

Background (continued)

- **We expect to see rising demand for data portability across vendor systems**

  - This will happen purely as a function of a growing installed base

  - In addition, market surveys suggest that 20-30% of providers could switch vendors in the next 2 years, suggesting that there is some urgency to the issue

- **Currently the difficulty of data migration is a barrier to exit for providers who are switching vendors, and a barrier to continuity of care for patients who are switching providers**

  - Ad hoc process that is highly variable and fraught with potential for errors and lack of continuity in medical record completeness

  - Difficult to include in EHR contracts in a way that is operationally executable when needed

  - Can be difficult or impossible to execute if vendor is not cooperative, system has been highly customized, or if mismatch exists between source and receiving system capabilities

- **Data or information can be lost, rendered operationally inaccessible, stripped of context/meaning, or misplaced leading to erroneous context/meaning**

  - Safety – records attached to wrong patient, data placed in wrong fields, etc

  - CQMs and CDS – loss of data important to measurement and decision support, such as look-back periods, exclusions, etc can cause disruption in performance improvement efforts

  - Administrative – loss of data important to revenue cycle can cause disruption in revenues

- **A standard for data portability would set a common baseline for medical record continuity that will be vital as the EHR user base grows and matures, and the industry comes to increasingly rely on electronic medical records and MU-related EHR functions.**

  - A challenge will be that it is difficult to completely specify data migration requirements because needs may vary locally for a variety of reasons including record retention laws, provider/patient preferences, and provider documentation patterns

  - The provider EHR migration use cases covers data and workflow needs beyond the core clinical record that may be required for continuity of business and clinical care. These additional items may require more analysis and potentially separate solutions.

  - However, setting a floor will inspire greater market dynamism by lowering barriers to exit for providers and patients, and promote safety and continuity of care by reducing opportunities for errors

1. The HITPC recommends that the HIT Standards Committee, by Stage 3 of Meaningful Use, develop standards and technical specifications to address both the provider data migration and patient portability use cases (to include such cases as patient care, clinical quality metrics and clinical decision support).

    a) The HITSC should determine the necessary elements of a core clinical record that will establish a first step on the path towards improved data portability for patients and providers.

    b) The HITPC suggests the HIT Standards Committee explore the adoption of a core clinical record that is easily extractable and consumable by EHRs to support the provider data migration and patient portability use cases.

2. ONC should establish a long term path to move the industry towards a practical patient portability and provider data migration solution that addresses the key policy concerns identified by the HITPC. ONC should:

    a) Investigate the current state of the field and create a needs assessment to lay the path for future standards work to reach this vision.

    b) Explore policy levers in addition to certification that could help facilitate patient portability and provider data migration portability (i.e. ACO continuity of record requirements, legal medical record requirements, etc).