

Virtual Hearing of the



Health IT Policy Committee Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force Friday, August 21, 2015



Hearing Questions

1. What financial/business barriers to interoperability exist in the ecosystem?
 - Where do the barriers lie? i.e., which stakeholders?
 - What's the impact of the barriers/practices on the ability of other stakeholders to interoperate?
2. Which of these are being addressed by initiatives underway today? Where is progress being made? Where do the gaps still exist?
3. What actions need to be taken to address these financial barriers/practices?



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AHA Report on Interoperability

Achieving Interoperability that Supports Care Transformation

A Report of the American Hospital Association Interoperability Advisory Group



- AHA formed a 24-member advisory group to better understand member priorities for information sharing, barriers to interoperability, and specific actions that the public and private sectors could take to move forward.
- The nation must make rapid progress on developing secure, efficient sharing of health information, not only for improving care, but also for engaging patients and supporting new models of care.



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Principles and Priorities for Health Information Exchange

Principles:

1. Health information exchange should be promoted to improve care
2. IT should be used to maximize individuals' participation in their health and care
3. Standards for interoperability should be harmonized and operationalized

Priorities:

1. Share information to support care and patient engagement
2. Gather and use information to support new models of care



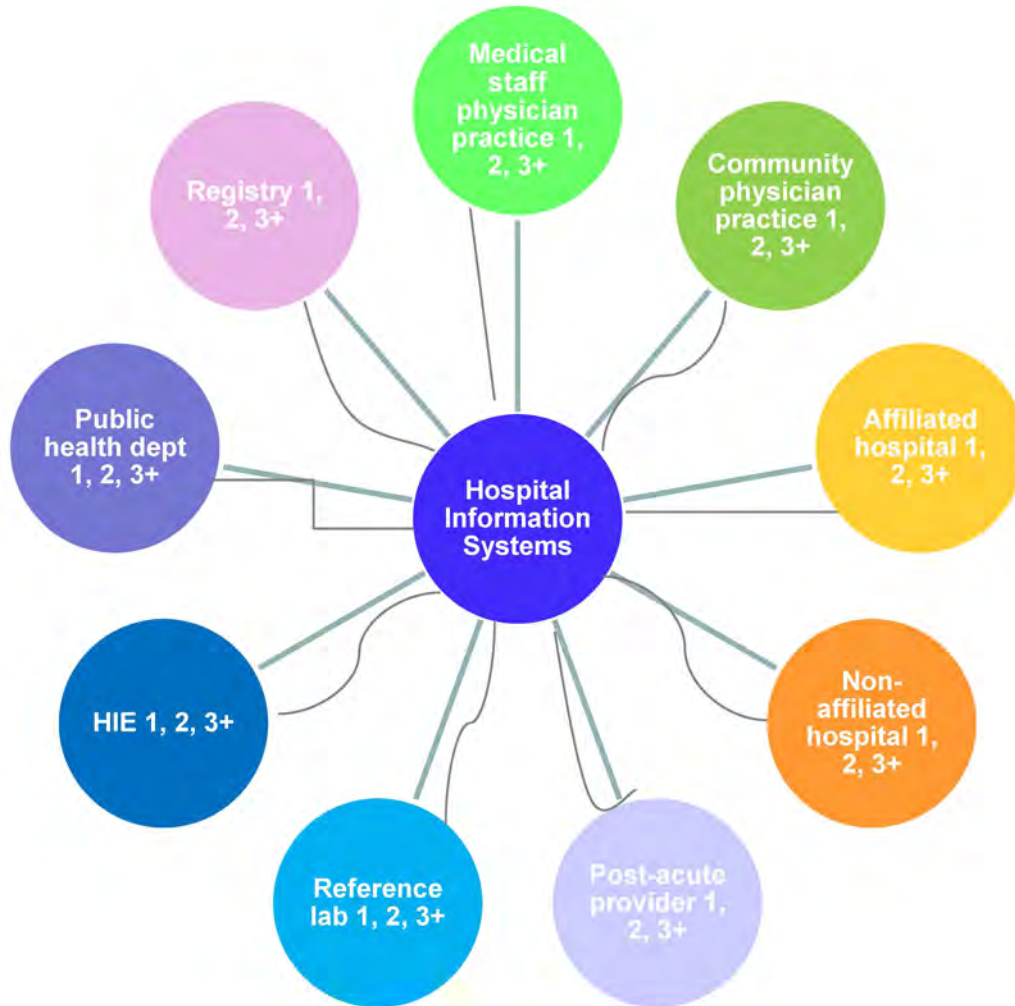
Barriers to Interoperability

Insufficient infrastructure	Technology challenges	Policy issues
<ul style="list-style-type: none">• Immature and insufficient standards• No reliable, consistent patient identifier• Few reliable, efficient exchange mechanisms	<ul style="list-style-type: none">• Inconsistent standards use• Insufficient testing of products• Little integration of medical devices• Poor usability	<ul style="list-style-type: none">• Limited resources• Legal barriers to hospital-physician collaboration• Legal ambiguities re: medical record• Inconsistent privacy and security requirements



Need for Multiple, Custom Connections Leads to Financial and Operational Challenges

Illustrative set of external connections



Financial and operational costs come from:

- Base systems (EHR, lab, pharmacy, ED, OR, etc.)
- Interfaces (internal and external)
 - Set-up costs
 - Maintenance fees
- Management of policies
 - Information shared
 - Data formats/standards
 - Patient identification
 - Consent
- Duplication of effort
 - Interface
 - Direct message
 - Shared access



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Summary of Actions to Improve Interoperability

Private Sector Actions

Hospitals, health systems and other providers must identify their priorities and make it clear to vendors that they want efficient and affordable information sharing. Providers must:

- Set an expectation that vendors adhere to standards.
- Identify the highest priority information sharing activities (or “use cases”) they want their health IT systems to support.
- Contribute their requirements for testing as the end-users of health IT systems.
- Invest in standardizing care processes and use of systems.
- Actively identify and share lessons learned and best practices.

Vendors must take actions to enhance interoperability in support of the priorities set by hospitals, health systems and other providers. They must align their business case with the needs of their customers so that information can be shared efficiently and effectively, without repeated and expensive “tolls” for creating interfaces and completing transactions. Vendors must:

- Commit to consistent use of standards and implementation specifications, participate in testing, and provide documentation on adherence to standards.
- Share expertise during development of standards, implementation specifications, and use cases.
- Be more transparent about technical solutions.
- Align their business case with the needs of their customers.

To be viable, health information exchanges (HIEs) must be able to share data across their organizations to create a network of networks.

- HIEs have begun to coordinate, but the work is not yet complete.

A multi-stakeholder group would foster further collaboration.

- Given the many actors involved in supporting health information exchange, a multi-stakeholder group may be needed to drive progress on interoperability.

Public Sector Actions

The federal government must continue to support advances in interoperability, but with a laser tight focus on standards, certification, and testing. This focused approach will ensure that EHRs and other health IT tools deploy standards to efficiently share information to support care, patient engagement and new models of care. The federal government must:

- Focus interoperability efforts on accelerating exchange of data currently collected.
- Improve certification, based on more robust testing.
- Create and support robust testing tools to ensure systems conform to standards that support interoperability.
- Increase public reporting on how vendors support interoperability and information sharing.
- Lead selection of standards, including continued development and maturation of needed standards.
- Actively support adoption of standards by providers.
- Address patient identification and matching.
- Rely on existing policies and the incentives of new models of care to encourage information sharing by providers.
- Adopt a reasonable timeline for change.

State governments should be discouraged from establishing unique requirements that increase variation in standards and policies because variability diminishes the ability to share information across state lines.

Contact

Chantal Worzala, PhD
Director, Policy
American Hospital Association
cworzala@aha.org
(202) 626-2313



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