

Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force

Paul Tang, chair

August 21, 2015



- Presentations from experts regarding the financial and business barriers to interoperability
- Workgroup discussion
 - Summary of today's discussion
 - Summary of August 14 meeting
 - Emerging themes

Membership



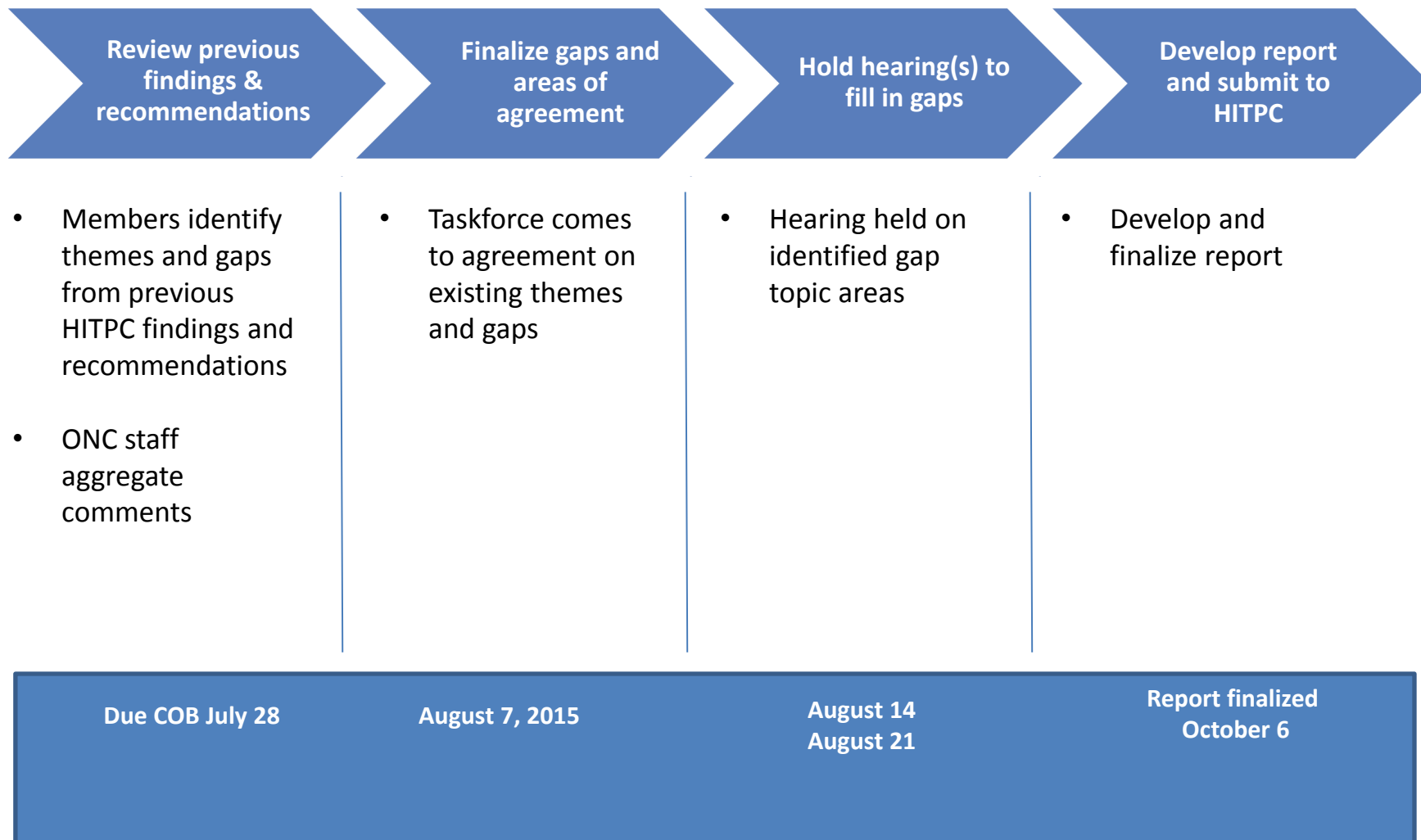
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First Name	Last name	Type	Organization
Paul	Tang	Chair	Palo Alto Medical Foundation
Julia	Adler-Milstein	Member	University of Michigan
Christine	Bechtel	Member	Bechtel Health Advisory Group
Stanley	Crosley	Member	Drinker Biddle & Reath LLP
Josh	Mandel	Member	Children's Hospital Boston
Bob	Robke	Member	Cerner
Micky	Tripathi	Member	Massachusetts eHealth Collaborative
Larry	Wolf	Member	Kindred Healthcare
Michael	Zaroukian	Member	Sparrow Health System

Process for Report Development



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Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force - Workplan



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Meetings	Task
July 23, 2015 10:00-12pm ET	• Kickoff Meeting, Assignments
July 29, 2015 11:00-1pm ET	• Report out from Assignments
August 7, 2015 12:00-2pm ET	• Finalize summarization of existing findings/recommendations and identification of any gaps.
August 14, 2015 10-12:00 ET	• Virtual Hearing
➡ August 21, 2015 1:00-3pm ET	• Virtual Hearing
August 27, 2015, 11:00-1pm ET	• Summarize hearing feedback
August 25, 2015, 10:00-12:00 ET	• Draft recommendations based on hearing
Sept 9, 2015 – HITPC Meeting	• Draft recommendations to the HITPC
<i>Sept 11, 2015 12:00-2pm ET</i>	• Develop Report
<i>Sept 25, 2015 12:00-2pm ET</i>	• Develop Report
<i>October 2, 2015 1:00-3pm ET</i>	• Finalize report
October 6, 2015 – HITPC Meeting	• Final recommendations to the HITPC

Joint Explanatory Statement in the Congressional Record on 2015 Omnibus Bill



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- *Interoperability.--The agreement directs the Health IT Policy Committee to submit a report to the House and Senate Committees on Appropriations and the appropriate authorizing committees no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee.*



- 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?
- Which of these are being addressed by initiatives underway today? Where is progress being made? Where do the gaps still exist?
- What actions need to be taken to address these financial barriers/practices?



- ONC data presentation on hospital HIE
- Panel 1: Perceptions of Competitor Advantage
- Panel 2: Enablers of Care Transformation



- Current landscape of exchange and interoperability across non-federal acute care hospitals
 - Vaishali Patel, ONC



- **Perception of Competitor Advantage**
 - Chantal Worzala, American Hospital Association
 - Steven Stack, American Medical Association
 - Leigh Burchel, EHR Association
 - Charlene Underwood, Past Chair Emeritus, HIMSS
EHR Association, Past HIMSS Board Chair



- **Enablers of Care Transformation**
 - Helen Burstin, National Quality Forum



Summary of Today's Discussion



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Workgroup Discussion Summary of August 14 Meeting

August 14 Hearing

Panel 1: Summary Comments



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- Panel 1: John Blair III, MedAllies, Jitin Asnaani, CommonWell, Dave Cassel, Carequality
- Summary comments
 - Patient care coordination is the key driver
 - Need to shift from volume to value and looking at patient outcomes - interoperability is required to do this.
 - Vendors will respond to market forces – market is gradually maturing
 - Interface building is expensive - Interfaces need to be centered around clinical care and should be cheap or free.
 - This doesn't line up well with the way vendors think – this is a major business driver.
 - We don't have enough money to build point to point interfaces around country – a scalable solution is needed
 - Once providers understand the need for coordination of care — the other obstacles fade away
 - Once use cases overlap, will have the ability to work together
 - No one is doing exchange at any volume that makes



- Panel 2: Ann O'Malley, Mathematica, Tim Pletcher, MiHIN, Peter DeVault, Epic
- Summary
 - Use cases help to quantify and measure, take process metrics and look at relationship to ultimate measure of outcome (e.g. readmission rates, total utilization).
 - Metrics to identify is the right thing is being done
 - Use standards to breakdown barriers
 - Provider demand is biggest incentive for vendors
 - Payers have financially vested interest in reducing admissions

August 14 Hearing

Panel 3: Summary Comments



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- Deven McGraw, OCR
 - As much guidance as is out there, clear that care coordination and payment data should be shared
 - Helpful for entities to have specific examples of MU rule around what is acceptable and not