



Interoperability Experience Task Force

Christina Caraballo, Sr. Healthcare Strategist

May 6, 2016 Hearing

Current Interoperability Need:

Including Consumer Facing Applications in the Equation

- In the shift towards value based care, it is vital that we empower patients and their families as active participants in the care continuum
- Going beyond simply providing access to data and actually providing tools and resources for patients and their families to actively engage in their health
- Focused on interoperability as it relates to the way traditional EHR vendors are interoperable and how CAHs/EHs/EPs use CEHRTs, but that is not enough
- For technology to benefit consumers, we need to establish a framework where clinical data is available to stakeholders outside of the MU program
- Focus on the groups interested in accessing clinical data and marrying it with patient generated health data

Challenge:

Accessing and Aggregating Clinical Data

Problems:

- The “t” in “VDT” does not work for patients in most cases
- Organizations are simply turning off transmit and/or hiding it
- Direct and APIs require trusted connections between systems for information to flow
- Lack of widely adopted trust frameworks between the provider organizations and the consumer facing applications
- Directories to find providers that use Direct and are connect to patient trust bundles do not exist making it challenging to encourage patients to aggregate data via this mechanism

We've tried:

- Joining consumer facing trust bundles such as Blue Button + and NBB4C
- Providing guiding text that directs patients to the Blue Button Connector, NATE's BB4C and GetMyHealthData
- Enabling users to generate CDA documents that can be viewed, downloaded or transmitted in both human and machine readable formats

Moving Forward:

- EMR technologies should be able to accept Direct communications from patients. The View, Download, and Transmit (VDT) requirement of Meaningful Use should truly become, View, Download, Transmit, and **Receive**.
- Health care organizations and EMR vendors need to support patient trust bundles such as NATE's BB4C. Patient trust bundles used in such scenarios should include options for automated, online identity verification, instead of requiring patients to use cumbersome in-person visits
- Create an ecosystem or marketplace where a consumer can easily find all of his/her health information using the tools of his/her choice and establish connections to automate the flow of data from the clinical system to those application