

IXTF Hearing

May 6th



BARRIERS TO INTEROPERABILITY



1. Regulatory Fear (Particularly Around Patient Consent)

Need to clarify that (1) HIPAA allows for data exchange for the purpose of treatment, and (2) which states have patient consent laws that supersede HIPPA



2. Compliance Driven Innovation

EHRs product roadmaps are dominated by regulation (MIPS, formerly MU3 represents 95% of a competitors product roadmap!) instead of by the market



3. Lack of Proper Market Forces

Fee for service medicine doesn't demand clinical interoperability. In fact, hospitals we've tried to interoperate with often purposely keep data out of the official "legal record"

<i>Barriers</i>	<i>Detail</i>	<i>Industry Collaborative</i>
Technical	No way to identify patients in other care settings without point-to-point interfaces	 The logo for Commonwell Health Alliance, featuring a blue cluster of dots to the left of the word "commonwell" in a blue sans-serif font, with "HEALTH ALLIANCE" in a smaller blue font below it.
Technical	Improving CCDA spec beyond MU2 validators (i.e. treat hidden meds differently)	 The logo for Commonwell Health Alliance, featuring a blue cluster of dots to the left of the word "commonwell" in a blue sans-serif font, with "HEALTH ALLIANCE" in a smaller blue font below it.
Legal/Governance	Legal/governance complexity around the sharing of clinical data	 The logo for Carequality, featuring the word "carequality" in a white sans-serif font inside a blue rectangular box.