

Health IT Policy Committee

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



Interoperability Workgroup Governance Subgroup

**Presentation to:
Federal Health IT Policy Committee
Federal Health IT Standards Committee
October 15, 2014**

Christoph Lehmann, co-chair
Carol Robinson, co-chair

Membership



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Member	Organization
Christoph Lehmann, co-chair	Vanderbilt School of Medicine
Carol Robinson, co-chair	Robinson & Associates Consulting
Jitin Asnaani	athenahealth
John Blair	Taconic IPA
Anne Castro	BlueCross BlueShield of South Carolina
Tony Gilman	Texas Health Services Authority
Melissa Goldstein	George Washington University
Anil Jain	Explorys, Inc.
Anjum Khurshid	Louisiana Public Health Institute
John Lumpkin	Robert Wood Johnson Foundation
Beth Morrow	The Children's Partnership
Tim Pletcher	Michigan Health Information Network Shared Services (MiHIN)
David Sharp	Maryland Health Care Commission
Deanna Wise	Dignity Health
Mariann Yeager	Healtheway, Inc.
Barclay Butler, Ex Officio	Defense Health Agency
Elaine Hunolt, Ex Officio	The Department of Veterans Affairs



- Identify the ***substance, scope, and process*** ONC should use to implement an approach to establish the “rules of the road” necessary for information to flow efficiently across networks
- This approach should address the key problems that slow trust and exchange across diverse entities and networks that provide exchange services including:
 - misaligned/inconsistent security policies and practices
 - privacy policies and practices and operational/business
 - inconsistent policies and technical agendas of governance bodies at the local, state and regional levels



- Due to the short timeline given to the Governance Subgroup to tackle a difficult issue ONC revised its ask to the following questions:
 - Will continuing with the current governance approach ONC has taken ensure the community can fully achieve **the three year goal** of providers and patients being able to send, find, receive and use a basic set of essential health information across the health care continuum?
 - Which governance-focused actions should the government take in order to best protect the public interest, including ***improving health care, improving the health of the public, and reducing costs*** in immediate future?

Governance Subgroup Work Plan



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Meetings	Task
Wednesday, July 23 rd 2:00-4:00 pm ET	<ul style="list-style-type: none"> Review charge Governance history Action steps
Friday, August 15 th 10:00am-12:00 pm ET	<ul style="list-style-type: none"> Listening session 1
Friday, August 22 nd 10:00am-12:00 pm ET	<ul style="list-style-type: none"> Listening session 2
Tuesday, August 26 th 10:30-12:00 ET	<ul style="list-style-type: none"> Summarize listening sessions Finalize problem list, update strawman and discuss governance goal statement Prep for HITPC presentation
Wednesday, September 3rd – HITPC Meeting	<ul style="list-style-type: none"> Progress toward creation of a recommendation governance framework presented to HITPC
Friday, September 12 th 10:30-12:30 pm ET	<ul style="list-style-type: none"> Review HITPC discussion and update documents/plans based on feedback Deep dive on deeming program
Friday, September 19 th 10:30-12:30 pm ET	<ul style="list-style-type: none"> Review ONC questions Discussion
Friday, October 3 rd 12:00-2:00 pm ET	<ul style="list-style-type: none"> Continue discussion of responses to ONC questions Finalize responses
Thursday, October 9th Interoperability and Health Information Exchange WG	<ul style="list-style-type: none"> Review recommendations with Workgroup
Wednesday, October 15th – Joint HITPC/HITSC Meeting	<ul style="list-style-type: none"> Final recommendations

Question 1



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Will continuing with the current governance approach
ONC has taken enable the community to reach the
three year goal of providers and patients being able to
send, find, receive and use a basic set of essential
health information across the health care continuum?



- Subgroup members felt ONC's current approach to governance has been helpful in advancing progress, citing successes borne from the Exemplar HIE Governance grants, the State Health Policy Consortium program, and other examples.
- The Subgroup feels additional work by ONC is required to enable all communities to reach the three year goal. However, Subgroup members had differing perspectives on the types and amount of additional interventions required to reach the three year goal. Some felt ONC needs to take a more active role in governance to achieve the goal. Others felt ONC could reach the goal by continuing its current approach to governance with a few additional targeted initiatives.



Supporters of the current approach felt the current velocity of change would allow the industry to reach the three year goal with some additional targeted initiatives. They see a variety of interoperable networks and approaches growing across the industry. Stakeholders are coming together via the current approach and solving some of the key problems. Government has an important role to play and has struck the right balance between action and inaction. Many of the current challenges in the field that need to be overcome are implementation issues that require a nimble and agile approach to address that is not conducive to a significantly larger government role.



Supporters of a more active role for ONC felt the velocity of change is not sufficient and that without additional government action the industry is highly unlikely solve the key governance problems needed to achieve the three year goal. Industry is currently implementing standards in a variety of ways and taking varying policy approaches to key governance questions. These divergent approaches are not likely be solved without additional government involvement to drive consensus.

Question 2



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- Which governance-focused actions should the government take in order to best protect the public interest, including improving health care, improving the health of the public, and reducing costs in immediate future?



- ONC should continue its current approaches to governance and expand and build upon them through potential mechanisms including, but not limited to:
 - ***Legal and business framework***
Building on the Governance Framework for Trusted Electronic Health Information Exchange ONC could develop a formal set of governance principles. To address implementation issues, ONC could issue guidance on important national interoperability issues to support alignment and convergence in the marketplace (e.g., Direct: Implementation Guidelines to Assure Security and Interoperability).
 - ***Align federal activities***
ONC could align federal activities with guidance they issue to encourage consistent marketplace adoption and use.
 - ***Regulation***
Any regulation, if utilized, should be undertaken carefully and with a light touch to remove impediments, to create an environment for opportunity, and to provide for national goals.



– ***Public-Private Collaborative Consortium***

ONC could begin the process to establish or identify a public-private collaborative consortium with designated governance authorities (refined, for example, through by-laws and/or Rule). The consortium should:

- Be modeled from a best practices review of other nonprofit, government-deemed organizations*
- The role of the consortium could include the evaluation of issues (technical, operational, financial and policy) impeding interoperability and/or threatening the security of protected health information in electronic health information exchange, and apply governance levers where needed, coordinating across the multiple industry consortia, Standard Development Organizations (SDOs), and state, federal, and private sector initiatives
- The appropriate structure, criteria and balance of members in the consortium needs to be carefully considered and curated to ensure the appropriate representation/balance of stakeholder interests including the perspective of patients, where possible
- Striking the right balance of government involvement in the consortium will be important to its success and stakeholder buy-in

* Some examples for best practice review could include: ANSI (American National Standards Institute) ETSI (European Telecommunications Standards Institute), BSI (British Standards Institution), ITU (International Telecommunication Union), and AFNOR (Association Francaise de Normalisation).



If a *Public-Private Collaborative Consortium* is undertaken, ONC should consider these important design principles for the Consortium:

- The Consortium's work and priorities should consider market based use cases, which will evolve over time
- The Consortium should consider partnering with relevant organizations to solve specific problems
- ONC should review the experience of the National eHealth Collaborative and other governance initiatives to draw lessons learned in designing the operating and governance principles for this Consortium



– ***Education***

ONC could undertake an education campaign to encourage providers, vendors, payers and patients to adopt and use health information exchange for clinical and administrative use cases. As part of this campaign, ONC could publish studies regarding the benefits of health information exchange (e.g., case studies, ROI studies, etc.)

– ***Measure and Report HIE Progress***

As part of the Interoperability Roadmap, ONC could develop and deploy a national-measurement and reporting plan to track and measure progress in HIE (verb) adoption and use that:

- Establishes and defines a core set of standardized national HIE measures for vendors, payers and providers to track and report
- Articulate and prioritize use cases of high value and measure progress toward adoption
- Establishes the current benchmark state of HIE between disparate EHRs, between unaffiliated organizations across HIE networks, and with other geographic and organizational data, wherever possible
- Establishes a timeline with realistic milestones considering the maturity of implementation and use of health IT in various use cases and in different care settings

Potential Levers To Be Used To Implement The Recommendations



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- Federal benefits purchaser requirements (FEHB)
- Federal agency requirements / incentives / penalties
 - As a provider (DoD, VA, HIS, etc.)
 - As a purchaser (DoD, VA CMS through state Medicaid programs: MU, 1115A waivers, 90/10 HIE funding, MMIS, etc.)
 - As a purchaser (CMS through Medicare: MU, conditions of participation)
 - As a grantor (ONC, CDC, SAMHSA, CMMI, HRSA, AHRQ, NIH, etc.)
 - As a regulator (FTC, CMS, CLIA, FDA, CDC, SAMHSA)
 - As a researcher (NIH, AHRQ, HRSA, CDC, SAMHSA, ONC, DoD, etc.)
 - FDASIA
 - Registries (CDC etc)
- Regulatory requirements through Federal Rule or Acts of Congress (e.g., payment reform)
- Federally-developed non-regulatory tools (FAQs, best practice toolkits, implementation guides, testing suites, etc.)
- Market convener (FACAs, S&I Framework, Exemplar HIE Governance grants, etc.)
- Communications, outreach, education
- Examine existing regulations and other levers in place today to see if they incentivize (or disincentivize) desired exchange behaviors/approaches
- Align incentives and levers with market based Use Cases

