Office of the National Coordinator for Health IT

HIT Standards Committee: S&I Framework Task Force Hearing

February 27, 2015

Thank you for the opportunity to participate in this event and to provide testimony. As some here know, I am on a mission to commoditize health information exchange. In 2010 I was appointed by ONC to help incubate and launch the S&I Framework, and led the program and a handful of the first few initiatives for the duration of my appointment. Since 2012, I have been driving interoperability initiatives in the private sector through my work at athenahealth, where I guided the evolution of our own cloud-based interoperability platform while helping to drive our involvement in community-driven activities such as the CommonWell Health Alliance, the Argonaut Project, and DirectTrust.

In my view, the primary “job” that S&I Framework was initially designed to fulfill was the support of national priorities and production use. Indeed, when we launched S&I Framework, there were at least two glaring gaps in healthcare interoperability that we were trying to address:

(1) The standards chosen for Meaningful Use Stage 1 were perceived as chosen by exclusive bodies of participants, whether it be the federal government itself or the HIT Standards Panel, with insufficient opportunity for broader participation.

(2) Standards were being developed by stakeholders who had no “skin in the game” in terms of implementation, or even worse, were disincented from creating easy-to-use products. The industry was replete with PDFs but little to show in the way of working code; the implementer’s voice was clearly lacking.

We sought to address this by making the S&I Framework a “do-ocracy” where initiatives were considered successful only if implementers participated and, more importantly, used the work products. Just as critically, long before the first initiative was even launched, ONC published a list of potential use cases and sought public input into them, with again an explicit bias towards implementers. Thus the first two initiatives introduced by the S&I Framework – the Transitions of Care and Lab Results initiatives – were not the brain-children of one or the other federal agency, or a special interest, or influential lobby. Rather they were jointly owned and prioritized by the community of people who wanted to use them. Alas, if only we had stuck to that paradigm, we might be having a very different discussion today.

In terms of the proposed criteria for the S&I Framework, I’ll address the criteria that are most critical in my mind, though I’ll skip over “measurable and meaningful real-world results”, which I am sure this Task Force has opined upon already. Instead I’ll focus on those for which I think I can provide a unique perspective.

While “balanced representation” seems like an obvious criterion, it’s actually devilishly tricky and even misleading. First of all, we should question the value that “balance” provides. As a counter-point, one could say that a successful initiative does not need to be balanced at all – as long as the imbalance leans in the way of people who implement and the stakeholders who depend on that implementation. Of course that’s probably not the most politically correct answer, but as the saying goes, truth and politics don’t always mix.

Second, how do you define balance? Does balance mean equal numbers, or equal fervor of participation? Here’s the reality: for most ostensibly-balanced community-driven efforts, the overwhelming load of thinking and hard work is driven by a small handful of people. Indeed, defining “balance” as a checklist of stakeholders (“providers”, “SDOs”, etc.) is just a method to optically cover your bases in front of a critical audience. Take the S&I Labs Results Interfaces (LRI) initiative for example, one of the best examples of “balance”, with a highly credible member base consisting of SDOs, government agencies, medical practitioners, software implementers, and other interested bodies. Of that 90-person initiative, perhaps just 5 deeply-vested people accounted for 90% of all of the work products created. Moreover, those 5 persons were typically paid for by deep-pocketed organizations who in reality represent a minority – a large minority, but a minority nonetheless – of our fragmented healthcare landscape. **At the end of day then, the sausage was made by skilled alignment of the most active 5-10% of the participating community with the capabilities and needs of the small under-represented organizations that truly represent the mass market for everyday healthcare.**

That suggests that the secret sauce to an effective S&I initiative is leadership by a small group of unbiased, result-oriented, entrepreneurial individuals who have nothing to lose – and preferably everything to gain – by the mass proliferation of implementations of the targeted standard.

Finally, let me opine for a moment on “goals and outcomes”. I think a truly catalytic opportunity for cooperation between implementers and informaticists is in the definition of the right goals & outcomes. Together, they can define work products that are theoretically sound, practically usable, and ultimately sustainable. Again using LRI as an example, consider that we achieved broad-based agreement that a new LRI Implementation Guide, while being less easy to implement than (for example) the existing ELINCS Implementation Guide, provided the right platform for the long-term goals of ever-increasing and ever-richer laboratory results exchange. That was a very tough decision wrought with dialog among a fractious community, and as a natural consequence the first version of the LRI IG took longer to publish than an ELINCS-based guide. But not only did it achieve greater buy-in by the informaticist community, it also drove more potential usage because of the implementation-focus of the initiative across the national landscape, while also securing a natural home for continued iteration in HL7. So while the S&I LRI initiative may be over, the LRI IG can continue to evolve with the industry, increasing the value to the community.

**This serves as a reminder that the work product of any S&I Initiative is not necessarily going to be perfect at first; an approach to continually refining the work products should be built into initiative planning.**

Thank you again for inviting me to provide this testimony. I look forward to the discussion.

Best regards,



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