HIT Policy Committee

Health Information Exchange Workgroup

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Information Exchange Workgroup Members

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Agenda

- **Health information exchange today**

- **Barriers that prevent the market from moving forward**

- **Why federal intervention is needed**

- **What type of federal intervention would be most beneficial**

- **Recommendations**

The state of health information exchange today

- **Health reform goals of higher-quality, more affordable care**

Barriers that prevent the market from moving forward

- **The main barriers to health information exchange today are:**
  - Too much uncertainty about legal issues
  - Too little business and clinical imperative to exchange more information
  - Too much technical and organizational difficulty of setting up and maintaining business- and clinically-relevant electronic exchange
- **Getting over these barriers will require:**
  - Incentives and/or penalties to help increase business demand for exchange and encourage a plurality of exchange architectures that are cost-effective and sustainable
  - Actionable standards
  - Monitoring and enforcement mechanisms to ensure adherence to standards

There are many barriers to health information exchange today, and there is thus no single solution to getting more exchange

Of all of the tools provided by ARRA, MU incentives are the most powerful lever of change

- Of the various levers available to the government, Meaningful Use criteria are by far the most influential

  - ~$45B in incentives vs ~2B in discretionary ONC programs

  - Directly affects the value proposition at the point of purchase

- While ONC doesn't have the ultimate decision on incentive criteria, it can create enablers for robust incentive criteria that would inform and allow robust incentive rules requiring health exchange

  - Meaningful use criteria (objectives and measures) that require standards-based exchange

  - Definition of core requirements for exchange to meet recommended meaningful use criteria

  - Certification of interoperability components that adhere to such requirements

Strength of health exchange objectives in current version of MU rises substantially by 2013

Meaningful Use objectives requiring health exchange

2011

- Lab results delivery
- Prescribing
- Claims and eligibility checking
- Quality & immunization reporting, if available
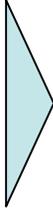
Increases volume of transactions that are most commonly happening today
- Lab to provider
- Provider to pharmacy

2013

- Registry reporting and reporting to public health
- Electronic ordering
- Health summaries for continuity of care
- Receive public health alerts
- Home monitoring
- Populate PHRs
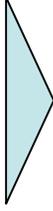
Substantially steps up exchange
- Provider to lab
- Pharmacy to provider
- Office to hospital & vice versa
- Office to office
- Hospital/office to public health & vice versa
- Hospital to patient
- Office to patient & vice versa
- Hospital/office to reporting entities

2015

- Access comprehensive data from all available sources
- Experience of care reporting
- Medical device interoperability
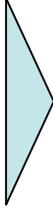
Starts to envision routine availability of relatively rich exchange transactions
- "Anyone to anyone"
- Patient to reporting entities

How much intervention should be applied to facilitate achievement of these MU objectives?

Spectrum of government intervention

Increasing government requirements

Require specific transactions

Also require specific functions and standards

Also require specific technologies, architectures, & organization forms (or organizations)

What to exchange, from whom, to whom

For each transaction, standards for communication, content, privacy, security

For each transaction, legal, business, and governance requirements

- **Want to strike balance**

  – **Too little structure would do nothing to resolve some of the significant barriers that exist today**

  – **Too much structure would stifle innovation by locking in what exists today and artificially channeling product development toward specific technologies or architectures**

Recommendations

Information exchange requirements	**There should be core information exchange requirements that are technology- and architecture-neutral and would apply to all participants seeking to demonstrate meaningful use to CMS**
Core Requirements	**Consistent with the recommendations of the Certification Workgroup, these core requirements should be focused on the capability to achieve meaningful use and include interoperability, privacy, and security**
Certification of interoperability components	**Federal government should certify EHR and health information exchange components on these core requirements to ease burden on eligible professionals and hospitals for meeting and demonstrating adherence with meaningful use requirements**
Aligning federal and state efforts and bringing existing efforts into alignment	**Federal and state-government approaches should be complementary, and grants to states should require alignment with federal meaningful use objectives and measures**
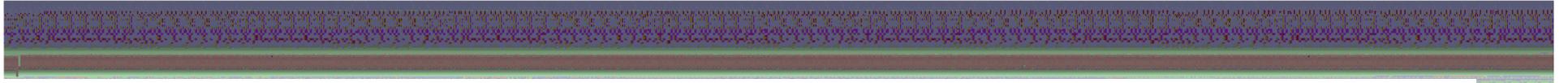
Additional Points

- Core requirements should be focused on exchange required to meet meaningful use and should include interoperability, privacy, and security

- (1) Interoperability – a basic level of the transport/communication, package and content standards that are necessary to ensure exchange can occur

  - Top priority: transport/communication standards plus container/envelope standards for key clinical payloads so all can at least send and receive human readable data

  - Top priority: measure definitions and semantic standards for clinical data required for 2011 CMS and public health reporting

- (2) Privacy and (3) Security

  - Meet requirements of current law & those enacted in ARRA that will need to be implemented over the next 1-3 years

- Policy Committee has a role to play in shaping these requirements and should provide clear guidance to the Standards Committee

Additional Points – Federal/State Interplay

- States may impose state-level requirements on information exchange to satisfy state-level meaningful use definitions. Such requirements should be complementary to federal efforts

- To qualify for meaningful use, information exchange in a state must meet federal requirements to qualify for Medicare meaningful use payments, and may also be required by a state to meet state-level requirements for receipt of Medicaid meaningful use payments

- The federal definitions and requirements of meaningful use should be a "floor" for state-level Medicaid meaningful use requirements

Clarification: Certification and HIOs

- We <u>are not</u> recommending a separate certification pathway for HIOS, with separate HIO standards

- We <u>are</u> recommending that health information exchange components be certified

- One role that HIOs have played in the past and may continue to play in the future -- along with other technologies such as those supplied by EHR vendors and new technologies still to come -- is providing the components that enable heterogeneous providers and systems to more easily exchange data