



# Interoperability and its Impact on Public Health: An Interactive Learning Session

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# Agenda

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- “The Interoperability of Things”
- HIE Models
- Market-driven Networks
- TEFCA and Public Health
- CMS Inpatient Prospective Payment System NPRM
- HIE Interoperability Options for Public Health
- Role of Standards
- Wrap-up and Advice



# “The Interoperability of Things”

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- We can't even agree on what Interoperability means
- It is hard to agree on scope
- Multiple world views
- Multiple audiences
- We should measure interoperability outcomes not process or capability
- Lack of a compelling business case



## “The Interoperability of Things” *(continued)*

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- Ambiguity over the role of HIEs (noun) and state government
- It is very hard to ignore self-interest
- We (in the US) tend to ignore the rest of the world
- We tend to reinvent the wheel
- Our timelines are too aggressive. Or are they too lax?
- The tension between being too broad versus too granular



## “The Interoperability of Things” *(continued)*

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- Standards change too often
- A “common data set” has limited usefulness
- Monetization of data
- Some folks just don’t get it. Or do they?
- Consent law differences are a bug to some, a feature to others
- Governance. Still.



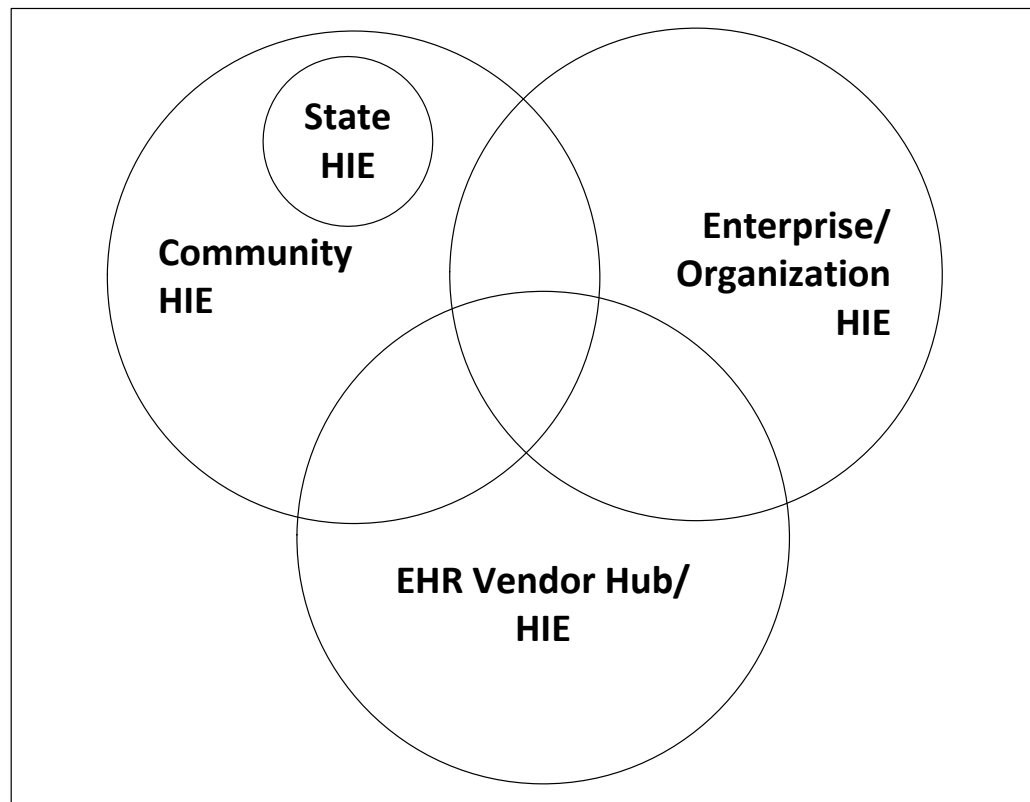
# “The Interoperability of Things” *(continued)*

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- Advice:
  - Be skeptical of the notion of “consensus”
  - Leveraging the past with an eye to the future
  - Recognizing that this is more about the *pace* of change than the *substance* of change
  - In the meantime, focus on semantics!

<https://www.hln.com/wp-content/uploads/2016/03/JHIM-InteroperabilityOfThings-Fall-2015.pdf>

# HIE Models





# Market-driven Networks

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- Commonwell
  - EHR vendors
  - Anytime, anywhere access to data via common standards
  - Provides central RLS to enable query; return of consolidated C-CDA
- Carequality
  - Provider organizations are members
  - Point-to-point query by looking up site; returns whatever is found
  - No RLS or MPI
- Strategic Health Information Exchange Collaborative (SHIEC)
  - National association of HIOs/HIEs
  - Patient Centered Data Home Project

*<https://www.hln.com/hie-the-new-landscape/>*





# TEFCA and Public Health

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- Two parts: Set of Principles; Model with minimum terms and conditions for trusted exchange
- Core of model: Limited number of qualified HINs
- Model is completely “pull”; seems to be a muddled IHE-model, most comfortable to Healtheway and Commonwell
- Model does not support public health transactions well
- Little attention paid to realities of state/local consent
- Voluntary, but Federal Agency adoption can be impactful

*<https://www.hln.com/tefca-a-public-health-perspective/>*



# CMS Inpatient Prospective Payment System NPRM

- Applies to Eligible Hospitals (EH) and Critical Access Hospitals (CAH) under the Medicare program only
- Query of Prescription Drug Monitoring Program (PDMP)
- Reduces the public health measures from three to two, Syndromic Surveillance (SS) plus one “or more”
- If a EH/CAH claims exclusion for one *or* both public health measures, the points associated with this measure would be redistributed to the Provide Patients Electronic Access
- Intent to remove public health measures altogether for CY2022 and beyond
- Increase in 90/10 matching program contract thresholds
- Additional: AHRQ [Registry of Patient Registries \(RoPR\)](#) replaces initial repository

*<https://www.hln.com/initial-thoughts-on-the-cms-ipp-nprm-a-public-health-perspective/>*



# HIE Interoperability Options

Less Sophisticated

More Sophisticated



## Point-to-Point

(Messages pass to/  
from PH with no HIE  
involvement)

## Pass-through

(HIE passes  
messages to/from  
PH unmodified)

## Intermediated

(HIE communicates  
with PH on behalf  
of EHR systems)

*<https://www.hln.com/approaches-for-iis-hie-collaboration/>*



# Role of Standards

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- One of the major keys to interoperability
- Healthcare standards very detailed – 80/20 rule
- Have a long tail of use – hard to advance in production
- Standards development seems to roll on relentlessly; “expensive” to participate
- Public health transactions often require different standards than other clinical transactions



## Wrap-up and Advice

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- Still a complicated landscape
- Agencies need to build (or buy) informatics capability
- Leverage public health membership organizations' informatics investments and capabilities
- Understand the environment and leverage, leverage, leverage
- Speak up! Especially in the context of Federal rulemaking



# Contact Information

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