# The Changing Face of Interoperability and its Impact on Public Health

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# Agenda

- "The Interoperability of Things"
- 21st Century Cures Act
- HIE Models
- Market-driven Networks
- TEFCA and Public Health
- CMS Inpatient Prospective Payment System NPRM
- CMS MIPS Promoting Interoperability NPRM
- HIE Interoperability Options for Public Health
- Role of Standards
- Wrap-up and Advice

# "The Interoperability of Things"

- 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)*

- 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)*

- 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)*

- 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!

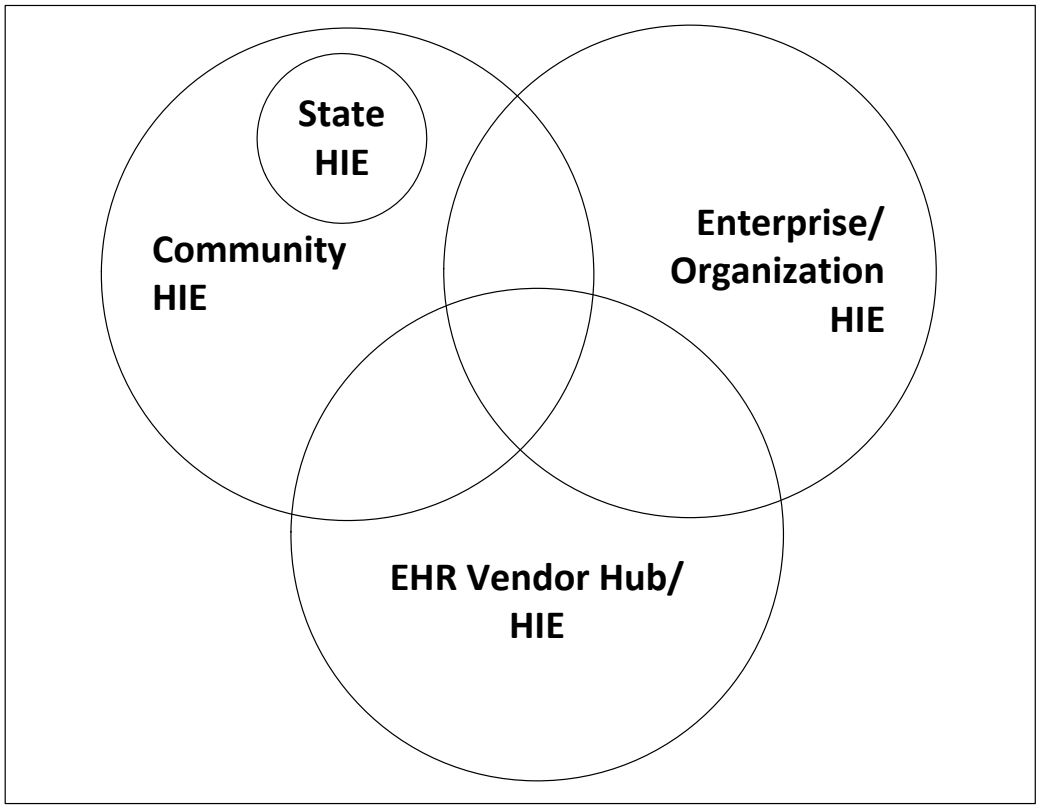
*https://www.hln.com/wp-content/uploads/2016/03/JHIM-InteroperabilityOfThings-Fall-2015.pdf*

# 21st Century Cures Act (Dec 2016)

- Section 4001: Improve Quality of Care (reduce burdens)
- Section 4002: Fixes to CEHRT rules (info blocking, decertification)
- Section 4003: Interoperability (Definition; TEFCA; HITAC)
- Section 4004: Information Blocking Rule Required
- Section 4005: Leveraging EHRs to Promote Care
- Section 4006: Improving Patient Access
- Section 4007: GAO study on patient matching
- Section 4008: GAO study on patient access to health information

*https://www.healthit.gov/sites/default/files/curesactlearningsession_1_v6_10818.pdf*

# HIE Models


State
HIE
Community
HIE
Enterprise/
Organization
HIE
EHR Vendor Hub/
HIE

# Market-driven Networks

- 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

- 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 FR

- Applies to Eligible Hospitals (EH) and Critical Access Hospitals (CAH) under the Medicare program only starting in 2019
- Query of Prescription Drug Monitoring Program (PDMP)
- Reduces the public health measures from three to two out of six choices (Syndromic Surveillance not required)
- 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
- Removal of public health measures altogether for CY2022 and beyond will continue to be considered but is not yet determined.
- Increase in 90/10 matching program contract threshold, and ending the matching program on 9/2022 (with a year for audit-related expenses)
- Additional: AHRQ Registry of Patient Registries (RoPR) replaces initial repository

*https://www.hln.com/cms-ipps-final-rule-a-public-health-perspective/*

# CMS MIPS Promoting Interoperability NPRM

- Aims to synchronize with IPPS NPRM
- Applies to eligible clinicians (EC) under the MIPS program only (and proposes expanding the definition of EC)
- Adds voluntary participation for low-volume ECs
- Query of Prescription Drug Monitoring Program (PDMP)
- Expands definition of who might be eligible for Syndromic Surveillance (SS) reporting
- Allows 2 of 5 PH measures: IIS, eCR, SS, PH Registry, Clinical Registry
- If a EH/CAH claims exclusion for 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

*https://www.hln.com/preliminary-thoughts-on-cms-mips-ip-nprm-a-public-health-perspective/*

# HIE Interoperability Options


**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

- 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

- 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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