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
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!

21\textsuperscript{st} 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

HIE Models:
- Community HIE
- Enterprise/Organization HIE
- EHR Vendor Hub/HIE
- State HIE

Venn Diagram illustrating the relationships between different types of Health Information Exchange (HIE) models.
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

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

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

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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