Health Information Technology and Interoperability

HIMSS Recommendation
HIMSS (Healthcare Information and Management Systems Society) recommends Congress recognize the critical importance of interoperability of health information technology in transforming healthcare in America and encourage the public and private sectors to achieve interoperability within the next three years.

Background
The Health Information Technology for Economic and Clinical Health (HITECH Act; part of the American Recovery and Reinvestment Act of 2009 (ARRA; Pub.L. 111-5)) authorized the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to help incentivize eligible professionals, eligible hospitals, and critical access hospitals (CAHs) to promote adoption of electronic health records (EHRs) and build secure health information exchange (HIE) capabilities among providers, patients, and payers. To date, over $26 Billion in federal funds and untold billions in private investment has been expended.

The HITECH Act placed national emphasis on the role of secure, interoperable health information technology (IT) in ensuring patient safety and quality, and on adopting health IT policies supporting new payment models. In healthcare, interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.

Discussion
In the nearly four years that the EHR Incentive Program has been operational, substantial increases in adoption and meaningful use capabilities have been achieved. Early MU attestation numbers indicate that over 80% of eligible providers and 50% of eligible hospitals have qualified for some level of MU Incentive payments. Adoption of basic EHR systems by office-based physicians increased 21 percent between 2012 and 2013. Use of any type of EHR system by office-based physicians increased from 18 percent in 2001 to 48 percent in 2009 and 78 percent in 2013. In 2013, 48 percent of office-based physicians reported having a system that met the criteria for a basic system, up from 11 percent in 2006.”

As the nation enters the fourth year of the Meaningful Use (MU) Program, we are at a critical juncture in using IT to improve patient care outcomes via nationwide adoption of EHRs and creating the ability to exchange health information privately and securely. As a nation, we must maintain the momentum that has been achieved and continue to address critical issues to realize the benefits of the substantial public and private investment that has been made in positively transforming America’s healthcare delivery system through IT.

HIMSS Position
Health IT is fundamental to transforming healthcare. However, in order for technology to reach its full potential to smooth transitions between healthcare settings, help control costs and improve quality of care the technology has to be interoperable. Positively transforming our nation’s healthcare system requires, among other things, widespread, secure, interoperable exchange of health information. The nation’s healthcare infrastructure cannot yet adequately communicate between vendors, care settings, between providers, and between providers and patients.
Therefore, HIMSS recommends:

1. **Facilitate core interoperability through development and implementation of nationwide agreed-upon data and transmissions standards:**
   a. Facilitate standards developing organizations (SDOs) and other initiatives to develop use cases and implementation guidance of importance.
   b. Support the regular updating of nationwide accepted standards, implementation of specifications, and operating rules for the use of health IT. Integrate clearly-identifiable clinical workflows, informatics, and practice standards with these standards, implementation specifications, and operating rules.
   c. Establish testing tools that software developers can use to constantly test conformance of their capabilities to the endorsed implementation guides.
   d. Fund pilot programs to enable providers and software developers to test and mature implementation guides, while still being able to meet incentive program Certified EHR Technology (CEHRT) requirements.
   e. Establish clear maturity criteria that determine when a standard/implementation guide can be endorsed.
   f. Emphasize attestation/publication of those who claim conformance to the endorsed guides.
   g. Develop a roadmap as part of a longer-term national health IT interoperability strategy to guide HIE capabilities in support of the full spectrum of patients, healthcare delivery organizations, population and public health agencies, disaster responsiveness, and other public health objectives.
   h. Support the harmonization of U.S. and international health IT standards and establish funding mechanisms for accelerating standards adoption and development.
   i. Develop national licenses for all widely-used clinical terminologies so that they are more affordable for provider organizations and support the sustainability needs of SDOs.
   j. Maintain and improve the EHR certification program and standards to improve quality of care, ensure patient safety, and protect the investment of scarce public and private resources.

2. **Harmonize quality reporting standards:**
   a. Lead the effort to define quality reporting measures considering all of these factors: appropriateness, availability, continuity, effectiveness, efficiency, safety, timeliness, patient satisfaction, health improvement, and consistency with technical standards and value.
   b. Focus on the core interoperability aspects including how to communicate measure definitions and quality reports.
   c. Develop strategies to identify and educate professionals on techniques to prevent unintended consequences from health IT.
   d. Establish and adequately fund a National Measurement Enterprise consisting of open and transparent measure development, measure endorsement (e.g. National Quality Forum), and measure application (e.g. NQF’s Measure Applications Partnership).
   e. Establish a program supporting continual improvement of performance in quality improvement initiatives across all settings, including hospitals, clinical offices, rural, long-term, rehabilitation, community-based, home care, behavioral health, ambulatory treatment/surgery centers, physician extenders, pharmacies, and public health.
   f. Expand national focus from quality improvement to performance improvement, encompassing not only quality, but also cost-effectiveness and value of care delivery.
   g. Implement aggressive and thorough comprehensive quality measures testing with the Centers for Medicare and Medicaid Services and ONC to ensure measures are adequately defined and tested before requiring them for meaningful use.
   h. Ensure the Medicare and Medicaid EHR Incentive Program quality reporting requirements are coordinated and consistent with other federal reporting/incentive programs.
i. Develop meaningful use quality criteria that enhance clinical workflow, reflect care delivery, reduce the reporting burden, and are defined in a way that will not interfere with provider and practice workflow.

3. **Enhance Privacy and Security:**
   a. Foster coordination between ONC, HHS’s Office for Civil Rights, the Federal Communications Commission, and the National Institute of Standards and Technology to endorse relevant privacy and security standards.
   b. Promote the independent testing and validation of privacy and security systems and controls.
   c. Encourage business policies and practices that include at least annual assessments of privacy and security risks, implement plans to address perceived risks, and allocate appropriate assets, resources, and personnel for ongoing privacy and security operations.
   d. Support processes and policies that enable and facilitate the use of health information in collaborative clinical and translational research (such as identification of cohort populations, recruitment of patients and clinicians, and administration of comparative effectiveness studies) and database research (e.g. statistical analysis of de-identified information involving broad populations), while minimizing risk to an individual’s privacy.
   e. Work with HHS and private sector organizations on accounting of disclosures regulation. Achieve a common goal of an implementable regulation that meets the “burden test” specified in the HITECH Act that requires HHS to weigh the value of the information provided to the patient against the burden to the private sector to generate and provide the information.

4. **Improve patient safety:**
   Seek Congressional authority and funding to implement the Patient Safety Center as recommended in the April 2014 “FDASIA Health IT Report” prepared by the ONC, FDA, and FCC. The creation of a public-private collaborative Health IT Safety Center to serve as a convener, not as a regulator, is strongly encouraged to “promote health IT as an integral part of patient safety with the ultimate goal of assisting in the creation of a sustainable, integrated health IT learning system that avoids regulatory duplication and leverages and complements existing and ongoing efforts.”