Harnessing Interoperable Health IT and the Data Dividend to Transform Care

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Car with no dashboard
Nationwide Interoperability Roadmap

A learning health system enabled by nationwide interoperability, that supports all stakeholders, especially individuals and providers.

STANDARDS & FUNCTIONS

- Secure, Standard Services
- Consistent, Secure Transport Technique(s)
- Directories & Resource Location
- Consistent Data Semantics
- Consistent Data Formats
- Accurate Individual Data Matching

DRIVERS

- A Supportive Payment & Regulatory Environment
- Ubiquitous Secure Network Infrastructure
- Verifiable Identity & Authentication
- Consistent Representation of Authorization
- Shared Decision-Making Rules of Engagement & Accountability
- Industry-wide Testing & Certification Infrastructure
- Consistent Understanding & Technical Representation of Permission
- SEND
- RECEIVE
- FIND
- USE

OUTCOMES

- Individuals
- Public Health
- Human Services
- Payers
- Providers
- Research
- Technology Developers
# 2015 Base EHR Definition

Focuses on the functionalities that all users of certified Health IT should minimally possess consistent with the HITECH Act requirements.

<table>
<thead>
<tr>
<th>Base EHR Capabilities</th>
<th>Certification Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes patient demographic and clinical health information, such as medical history and problem lists</td>
<td>Demographics, Problem List, Medication List, Medication Allergy List, Smoking, and Implantable Device List</td>
</tr>
<tr>
<td>Capacity to provide clinical decision support</td>
<td>Clinical Decision Support</td>
</tr>
<tr>
<td>Capacity to support physician order entry</td>
<td>Computerized Provider Order Entry</td>
</tr>
<tr>
<td>Capacity to capture and query information relevant to health care quality</td>
<td>Clinical Quality Measures (CQMs)- record and export</td>
</tr>
<tr>
<td>Capacity to exchange electronic health information with, and integrate such information from other sources</td>
<td>Transitions of Care, Data Portability, Application Access to Common Clinical Data Set, and [“Direct” or “Direct, Edge Protocol, and XDR/XDM”]</td>
</tr>
</tbody>
</table>
The Common Clinical Data Set includes key health data that should be exchanged using specified vocabulary standards and code sets as applicable.

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Lab values/results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Vital signs</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Procedures</td>
</tr>
<tr>
<td>Race</td>
<td>Care team members</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Immunizations</td>
</tr>
<tr>
<td>Preferred language</td>
<td>Unique device identifiers for implantable devices</td>
</tr>
<tr>
<td>Problems</td>
<td>Assessment and plan of treatment</td>
</tr>
<tr>
<td>Medications</td>
<td>Goals</td>
</tr>
<tr>
<td>Medication allergies</td>
<td>Health concerns</td>
</tr>
<tr>
<td>Lab tests</td>
<td></td>
</tr>
</tbody>
</table>

ONC Interoperability Roadmap Goal

2015-2017
Send, receive, find and use a common clinical data set to improve health and health care quality.
The 2015 Edition also proposes that Common Clinical Data Set be available for additional use cases, including data portability, VDT and API.
Health IT and Medication Errors in Florida Hospitals

- Hospitals adopting all five core medication related meaningful use errors saw their ADE rates fall by one third (33%)

- **Physician buy in** was the key factor
  - ADE rates *increased by 14%* where physicians were resistant
  - ADE rates *decreased 52%* where physicians saw meaning in the measures

- Core medication related measures
  - CPOE for medication orders
  - Decision support (drug/allergy & drug/drug interactions)
  - Maintaining active, accurate medication & allergy lists
  - Capacity to exchange with other providers

Three interoperability commitments:

✓ **Consumer access:** To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and that of their community.

✓ **No Data Blocking/Transparency:** To help providers share individuals’ health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing).

✓ **Standards:** Implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy and security.