Community Access & Safety Net Act of 2005:

Interoperability 101

Kevin McCarter, Principal Rosemary Ferdinand, RN, PhD



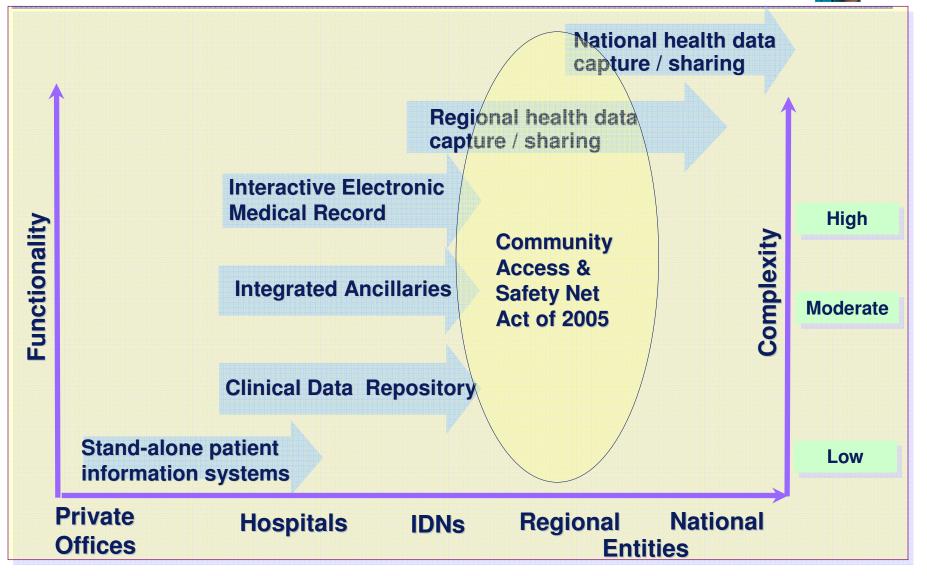
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Healthcare system functionality has evolved with respect to entities served while increasing in complexity.



What is Interoperability? – Basic definitions



General Definitions	 The ability of software and hardware on different machines from different vendors to share data. 	The ability of products, systems, or business processes to work together to accomplish a common task.
	 Product Certification Interoperability, functionality, and security Vendors to compete by differentiating their products beyond minimum standards 	 Standard Product Identifiers and Vocabulary Standardizing data at the point of its creation
Healthcare Industry Definitions	 Data Standards HHS, American Health Information Community (AHIC) and National Committee for Vital and Health Statistics (NCVHS) A complete set of interoperable, non- overlapping data standards The complete range of clinical, administrative, payment system, public health, and research settings. National standards for authentication, authorization, and security 	 Drug Records Access, when authorized, to patients' medication records Establish a robust capability for post-marketing surveillance of drugs. Goal is for AHIC to take a phased approach to developing a fully interoperable drug record for every American by 2010

Source: Department of Health and Human Services, The Commission on Systemic Interoperability Ending the Document Game 3/2006 http://endingthedocum/entgame.gov/

Interoperability of healthcare information provides significant benefits

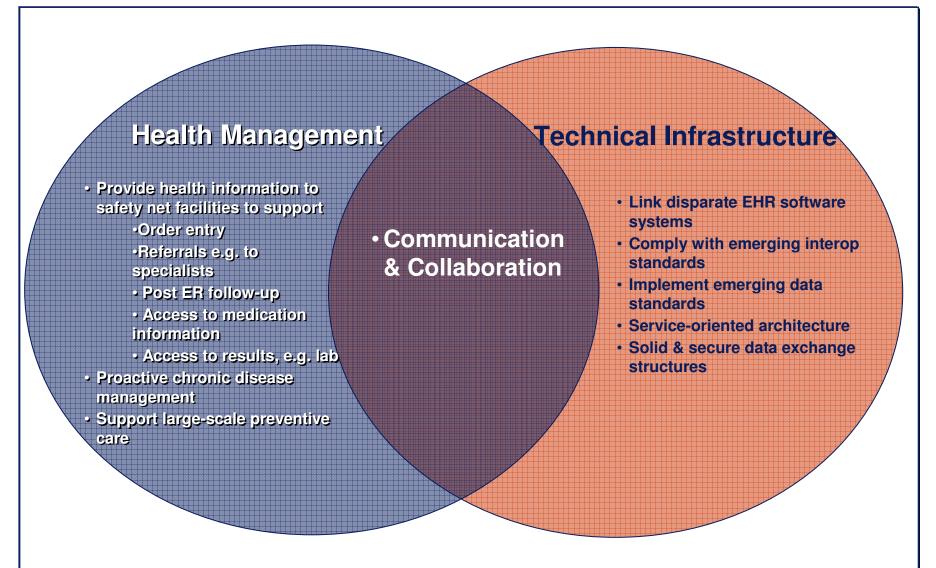


	 Convenience Medical history, lab results, and other pertinent information are shared in a more timely and accurate way. Backups of data easier to maintain, facilitating recover from catastrophic data loss Support for on-line services that will enhance and ease post-diagnosis and post-treatment contact 	 Confidentiality Limiting unauthorized access Tracking who views personal healthcare information
Interoperability promotes:	 Access Prescription information and data: Stored electronically and not on paper, so they are always readable Notification of drug or device recalls is faster and more thorough National-level analysis of trends in disease and symptoms Public-health resource against bioterrorism, the spread of disease, and other nationwide medical concerns 	 Enhanced Quality of Care Shared information can decrease time spent fill out forms Supports ongoing treatment conducted among multiple healthcare providers, an especially important consideration for patients with chronic conditions After patients move or when they travel, interoperable healthcare information helps ensure care consistent with treatment that is already under way

Source: Department of Health and Human Services, The Commission on Systemic Interoperability Ending the Document Game 3/2006 http://endingthedocumentgame.gov/

Interoperability allows access to information for health management





A scenario can illustrate the differences between levels of interoperability



SCENARIO

- WEEK 1: Patient is admitted to ER of Hospital A
 - MD diagnoses Asthma and prescribes medication
- WEEK 3: Patient is admitted to ER in Hospital B
 - MD diagnoses Bipolar Disorder, Substance Abuse. Prescribes Valium for 2 weeks with no refills
- WEEK 4: Patient visits Hospital C
 - Patient requests refill of Valium for the diagnosis at Hospital B

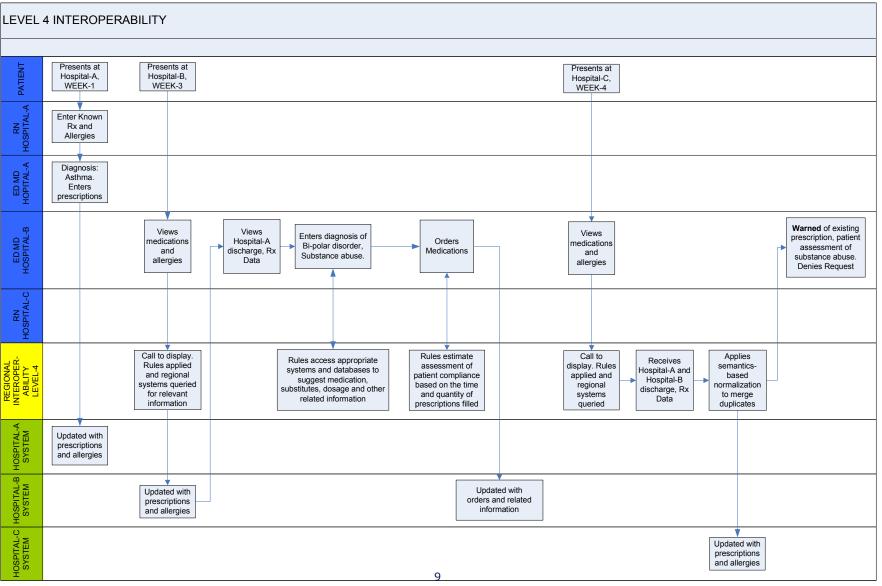
Interoperability can allow information to be shared among facilities for informed order entry



LEVEL 3 INTEROPERABILITY			
PATIENT	Presents at Hospital-A, WEEK-1 Hospital-B, WEEK-3	Presents at Hospita-C, WEEK-4	
RN HOSPITAL-A	Enter Known Rx and Allergies		
ED MD HOSPITAL-A	Diagnosis: Asthma. Enters prescriptions		
ED MD HOSPITAL-B	Checks for past information	Views past info. Diagnosis: Bi-polar disorder, Substance abuse. Enters prescription – Valium, 2 weeks, no refill	
RN HOSPITAL-C		Checks for past information Views past prescription of Valium for 2 weeks and denies request for refill	
REGIONAL INTEROPERA BILITY LEVEL-3	Queries regional systems for information	Queries regional systems for information	
HOSPITAL-A SYSTEM	Updated with prescriptions and allergies		
HOSPITAL-B SYSTEM	Receives update of Hospital-A diagnosis and prescription	Updated with new prescriptions	
HOSPITAL-C SYSTEM		Receives update of Hospital-A, Hospital-B diagnosis and prescriptions	

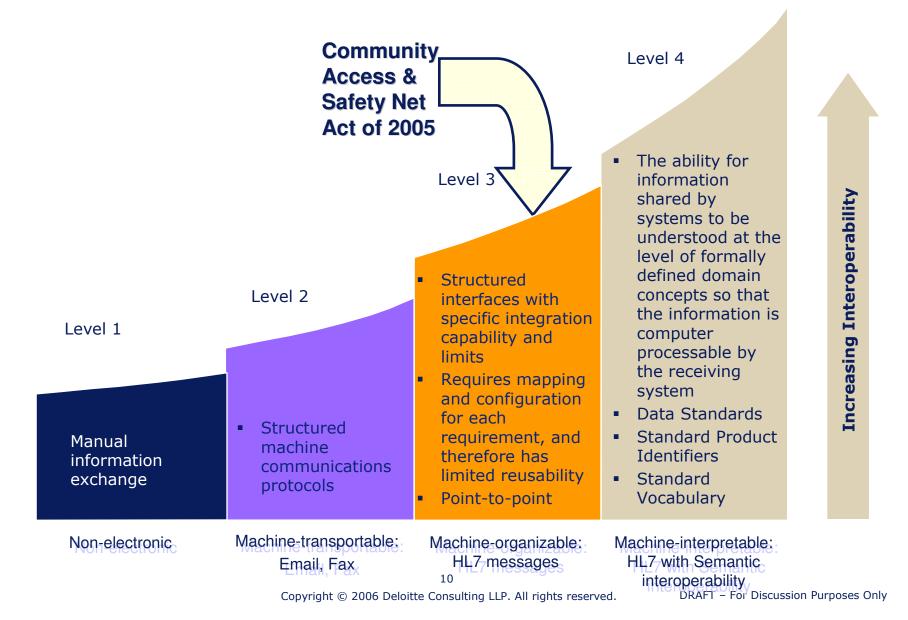
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More complex interoperability builds on the previous level, providing rules and alerts



There is a spectrum of interoperability from manual through complex semantic systems





A high-level roadmap provides a path to interoperability



Phase	Business	Technology
1. Establish and Communicate Vision	 Leverage 3-5 Year IT Strategic Plan Build ROI Model Develop Business Case 	 Develop Future-State BluePrint Establish Technology Success Criteria Identify Interoperability Challenges
2. Select Standards and Tools	 Define Detailed Requirements Establish Performance Benchmarks Document Desired Services 	 Establish Technology interoperability Standards Establish Semantic interoperability Standards Select Technologies
3. Pilot	 Determine Pilot Domain Identity Pilot Users Conduct User Acceptance Survey Develop Adoption Plan Develop Adoption Plan Develop Adoption Plan 	
4. Establish Infrastructure	PLAVAION CHAITY OF Service (COS) Contracts	
 5. Develop interoperable Applications Document Clinical and Business Policy Rules Prioritize Services based on Value Matrix Simulate Application Processes 		 Develop Application Process Services Develop Shared Utility Services Develop New Clinical Functionality Develop New Business Functionality
6. Establish System Wide Interoperability	 Realize Process Models through interoperable applications Measure Adherence Against Performance Benchmarks and/or QoS Contracts 	 Optimize process Flows Test Systems Interoperability

A number of challenges need to be addressed in the move towards an interoperable healthcare system



Cost *	While some form of governmental and private incentives will fund a part of the cost, and direct savings will add to this, initial funding is still necessary
Heterogeneous IT environment	Variety of architectural and technology platforms in use: legacy mainframe systems, thick client systems, web-based
Wide spectrum of technologies	 EMR's, Hospital ancillaries, Patient accounting systems, revenue cycle systems, EMPI, Patient/Provider portals, Practice office systems, Imaging, External lab information systems, Medical claims systems, Identity management systems
Multiple, incompatible formats	HL7 based interfaces, Web services based integration standards, legacy API based interfaces, EDI standards
Legal and Privacy issues *	Adhering to privacy requirements and interpreting laws concerning sharing of such data are important challenges to interoperability
Process challenges	 Redesigning clinical and business process flows, Defining metadata, Architecting data translation and transformation, Network and application hosting, Performance management
No incentive for Vendors *	 Vendors have financial incentives to work against each other, not with each other. Pressure from participants and public will have to drive vendor products to standards and interoperability
Fear of Change *	Not all participants may view the interoperability as welcome, and may resist change from current systems

Source: Commission on Systemic Interoperability – Ending the Document Game



Questions?