Disclosures

- The views expressed herein do not necessarily represent the views of the Department of Health & Human Services or the United States Government (5 CFR §2635.807)
- No other disclosures
We’re entering an era of enormous speed and scale of change, with impact across all integrated systems in multiple sectors of the economy, if you will. And the speed of change and the breadth of that is unprecedented in human history. And essentially health care, and what health care is going through, is a poster child of this.

Dr. John Noseworthy, President & CEO Mayo Clinic
Nationwide Interoperability Roadmap

**DRIVERS**

A Supportive Payment & Regulatory Environment

**POLICY & TECHNICAL COMPONENTS**

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

**STANDARDS & FUNCTIONS**

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

**OUTCOMES**

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

- Individuals
- Public Health
- Human Services
- Payers
- Research
- Providers
- Technology Developers
Causes of Information Blocking

Information blocking occurs when persons or entities knowingly and unreasonably interfere with the exchange or use of electronic health information.

<table>
<thead>
<tr>
<th>Examples of Information Blocking</th>
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<tr>
<td>Opportunistic pricing/fees that make exchanging information cost prohibitive.</td>
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<tr>
<td>Contractual terms/restrictions that interfere with information sharing or patients' access to their electronic health information.</td>
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<tr>
<td>Implementing technology or policies in ways that are likely to “lock in” users or information.</td>
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Three Foci of Health IT Safety

• Developers and the Development Process
  » Standards
  » Workflow & Usability
  » User Centered and Safety Enhanced Design

• Implementation & Maintenance of Health IT
  » Customization and “the build”
  » Transition
  » Upgrades, Patches, Ongoing commitment

• User Community
  » Training, responsibility, professionalism
Health IT Safety Journey

Health Information Technology
Patient Safety Action & Surveillance Plan
July 2, 2013

FDASIA Health IT Report
Proposed Strategy and Recommendations for a Risk-based Framework
April 2014

HEALTH IT SAFETY CENTER ROADMAP
Collaboration calculators, informed by evidence

2011  2013  2014  2015
• Nothing has been approved at HHS or Congress
• Seed money from HHS
• Public private partnership
• Protected space for work protected from litigation

Safety Center is NOT

• A bricks and mortar physical entity
• Federal entity collecting data
Safety Collaborative: Core Functions

• **Convening:** assemble stakeholders to identify
  » critical health IT safety issues and
  » surface needed solutions

• **Research:** support development of solutions
  » Collect and assess existing analyses of health IT safety event data
  » Identify existing solutions (best practices, tools, initiatives, etc.)

• **Dissemination:** promote and distribute Collaborative work products
  » Real world pilot testing and evaluation of solutions
Roadmap Year 2: Test Plan

- Test convene, research, and disseminate functions of a potential Collaborative

- **Topic:** usability related to medication management

- **Objective:** develop (or identify) and then disseminate a solution to a critical issue related to usability and medication management

- **Possible outcomes** – solution could take the form of:
  - A new tool, guide, or other resources;
  - An initiative to promote existing tools and/or resources;
  - A combination of both.
• Focus on patient-centered cognitive support for clinicians

• Short-term research that addresses usability and workflow

• Long-term research that can remove key cognitive barriers to HIT adoption and meaningful use

http://inspiredehrs.org
ONC Current Activity in Usability

ONC Certified HIT
2014 EDITION
COMPLETE EHR

2015 Edition
Final Rule

FEDERAL REGISTER
The Daily Journal of the United States Government

CULTURE
Culture eats strategy for breakfast, operational excellence for lunch and everything else for dinner.

- Prof. Bill Aulet, during MIT Entrepreneur Development Program
Regulatory Initiatives
What can we do?

• **Documentation**
  » Purposeful design
  » Valuable
  » Evidence-based
  » Standardized
  » *Review every click*

• **Training**
  » Critically important. Not only in the classroom.
  » Integration of clinical and IT education for new hires, ongoing training.
What can we do?

• **Interdisciplinary Collaboration**
  » Cultural shift to coordinate care team, coordinated communication.
  » Highest-value care may be highest-efficiency care.

• **Terminology and Analytics**
  » Common language is critical.
  » Interoperability is key, technically, but if the languages don’t match we will still struggle.
  » Scales, Screenings, Assessments.
  » Do not forget analytics!
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 the meaningful use measures were accepted

• 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

Closing Thoughts on Culture

• We have an abundance of “new” issues related to health IT, devices, etc.

• We sometimes overlook the fact that many of our HIT issues are actually old-school, fundamental problems related to:
  » Interdisciplinary teamwork (breaking down silos)
  » Standard documentation & terminology
  » Longstanding issues with workflows and communication
  » The determination of when we need to be special and when we don’t

• Think about practice, informatics, and analytics – and how you can start to integrate and align those domains in your organization.
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.
QUESTIONS?

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