NATIONAL ASSOCIATION OF
HEALTH DATA ORGANIZATIONS

The National Association of Health Data Organizations

Health Information Technology Committee

Response to the

Office of the National Coordinator for Health Information Technology Request for Information

This response to the ONCHIT RFI was developed in collaboration with the National Association of Health Data Organizations (NAHDO) Health Information Technology (HIT) Committee

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On behalf of the National Association of Health Data Organizations' (NAHDO) Health Information Technology (HIT) Committee and the Board and members, please accept this response to the Request for Information (RFI) on a National Health Information Network (NHIN). NAHDO commends the Office of the National Coordinator for Health Information Technology (ONCHIT) for issuing this RFI to begin a national dialogue about the vision and implementation of a NHIN.

About NAHDO

NAHDO is a non-profit membership and educational association dedicated to improving health and health care delivery through the collection and use of health data. NAHDO advocates for uniformity in health care data and its public availability to support market and policy decisions, research, and public health surveillance. NAHDO members are experts in establishing community-wide and statewide health care data resources for diverse uses by many stakeholders. NAHDO members also understand the technical, legal, and political challenges associated with the aggregation of these data across enterprises and the important role aggregated information plays in translating health data into actionable information.

Introduction

NAHDO believes that the electronic health record (EHR) and the standardization of electronic exchange of clinical information has the potential to improve health care delivery by providing clinical data at the point of care. The EHR and the clinical data standards needed will not replace the need for data repositories or archives at the macro levels (community, state, and national). If designed properly, the EHR will ultimately feed into many applications outside of health care delivery, such as patient/disease registries, public reporting of quality information, disease surveillance, and research----applications that currently make use of administrative data.

NAHDO believes that unless we develop the capacity to address these non-clinical purposes, data from the EHR may remain inaccessible outside the setting of health care delivery, thus perpetuating the fragmentation and silos that exist in health care today. We hope that the ONCHIT will engineer administrative data bases into its national vision, as administrative data can provide the organizing framework for databases used outside the context of clinical decision-making, in essence acting as the core database that defines the population of interest.

NAHDO Response to Selected RFI Questions

NAHDO is directing its response to those questions or issues in which our members have the greatest interest and expertise. We believe that the EHR will build provider capacity to report clinical information which will not replace, but will augment, administrative data, thus creating more robust data resources for quality, public health, research, and policy purposes. In the near term, billing or administrative data are being enhanced to provide additional clinical detail. Such enhancements will identify core clinical information needed for non-clinical applications (such as research or quality reporting). As these enhancements are developed, they will address current research and reporting needs but will also establish the framework for future datasets based on the EHR.

Definition of a National Health Information Network

A National Health Information Network (NHIN) should create a set of policies and standards that permit local and regional health information organizations (RHIOs) to exchange clinical information. The goal of the NHIN should be to improve the quality of health care delivery and health for individuals and populations. The NHIN sets the vision and establishes the EHR framework by adopting standards for RHIOs and their local partners.

NHIN Principles

The NAHDO HIT Committee identified the following characteristics or principles of a NHIN:

- Patient-centered
    - *The vision: the patient doesn't have to give health history repeatedly, can access medical information at home, not fill in forms every visit, doesn't have to wait for prescriptions to be phoned in (or not) by physician offices*.
- Leadership role
- Multi-stakeholders
- Decentralized approach
- Secure and reliable
- Standards-based
- Interoperable
- Leverage existing technology and systems already in place
- Incorporate encounter data systems' clinical information which has 80 percent of what may be initially needed for public reporting purposes
- Not hardwiring or engineering in current inefficiencies in today's systems
- Non-proprietary and open source-based
- Innovation and flexibility balanced against standardization (deterrent to legacy systems)

NHIN Barriers

- No starting place for the EHR----a baseline is needed from which to begin, but we don't have one. Physicians and providers had billing as a starting point under HIPAA (Practice Management Systems were in place).
- Proprietary- EHR systems today are idiosyncratic in terms of design, functionality, data elements, terminology, report production capacity, level of integration with other hospital systems
- Social and cultural practices/mores related to the access/use of clinical information in health industry must be addressed/changed
- Tensions between disciplines, subgroups in industry
- Lack of patient identifier or Master Patient Index (MPI) in systems and across systems
- Public concerns about their health records and information

- Uncertain incentives: how to get industry to adopt standards for EHR and interoperability—unlike administrative transactions for 2 trading partners, this will be a bit more difficult to convince health systems to adopt.
- Getting physicians to adopt EHRs at the practice level---—return on investment has not been documented for small physician offices or rural hospitals.

NHIN Facilitators:

- Authentication technologies
- Artificial identifiers and biometrics, fingerprint
- Public message of need and benefit
- Transparency in process and relationships to reduce underlying tensions
- Incentives to move physicians and providers along
- Vendor incentives around innovating for their RHIO customers, more vendor options needed (for example, use of the Tax Software Model)
- The business case is growing with consumer demand
    - For example, a Florida health plan is providing limited personal health information to its subscribers (not laboratory) but pharmacy and refill history. The patient can enter their own information for tracking.

RFI Question 3 - National and Local Boundaries and Roles

NAHDO will actively work to ensure that the NHIN and the RHIOs will have a positive impact on existing statewide health data programs in terms of the type and quality of data and its timely and secure transmission to all appropriate stakeholders. NAHDO believes in an inclusive process and scope for the NHIN, building on existing relationships and systems rather than creating a separate and distinct clinical reporting system that does not interrelate with current systems.

At times, it can be expected that the boundaries between the NHIN and the RHIO are not absolute and may overlap. A federal-state partnership that supports local flexibility under the rubric of a national framework is the ideal. Healthcare delivery crosses political boundaries, and thus RHIO's must be designed to take into account varying reporting requirements Table 1 below suggests national and local boundaries for a NHIN.

Table 1: NHIN National and Local Boundaries

NHIN National Scope	RHIO Local Scope
Establish an entity and process to set the leadership, vision, and direction (or roadmap) to permit improvement in health care delivery and population health	Strengthen state and community-based health information resources, building on existing systems and partnerships with a mission to improve health care delivery and population health
Establish an inclusive and transparent process for adopting national standards and certifying RHIO compliance to those standards	Maintain and improve the network/infrastructure to serve its members, providing value and service for priority transactions

Adopt messaging, security, and perhaps certification standards for RHIO-to-RHIO communication	Voluntary adoption of NHIN standards into the local community health initiatives
Work with national associations and networks to diffuse knowledge and technology across the RHIOs and their partners	Working with national associations and specialty organizations, communicate lessons learned, share innovative solutions, and raise issues to the level of the NHIN for diffusion across RHIOs and their partners

RFI Question 5 - Financial model for NHIN

The model of the Medicaid match to enhance local health information infrastructures and capacities is one NAHDO believes should be considered, along with other funding sources. Medicaid and public health data are essential data bases for local, state, and national applications and, as such, should be a integral part of the NHIN and the RHIOs. This could only be accomplished with changes in Federal regulations around the use of Medicaid dollars and data. Alternatively, Medicare could contribute via a percentage "add on" for providers engaged in the development of an RHIO; given recent MedPac recommendations regarding provider efficiency and effectiveness payments.

RFI Question 12 - Impact on community/regional health information exchange projects

If designed properly, the EHR will ultimately feed into many applications outside of health care delivery, such as patient/disease registries, public reporting of quality information, disease surveillance, and research----applications that currently make use of administrative data. NAHDO believes that unless we develop the capacity to address these non-clinical purposes, data from the EHR may remain inaccessible outside the setting of health care delivery, thus perpetuating the fragmentation and silos that exist in health care today. At this point in time, vendors are not building into the proprietary systems public health reporting requirements; should these be desired by the purchaser they are programmed to ride on top of a base system. The base system should be designed to include current and future reporting requirements. And, if federal dollars are supplied the recipients should hold the vendors accountable for delivering base systems capable of public reporting requirements. This would allow changes to reporting to be less costly and less burdensome to EHR owners.

Closing Comments

In concluding, we would like to reassure our strong support for the efforts your Office is undertaking and we would like to offer our expertise in continuing advancing the work you are doing on the NHIN initiative. NAHDO and its members have significant expertise and bring a unique perspective to address the political, legal, and technical challenges associated with the implementation of local and national health care information systems. At all stages of EHR development, states and researchers will continue to require health care administrative or encounter data that have been organized, standardized, and archived for analysis.

Tomorrow's health information repositories, like today's, will need to be aggregated into pre-defined and comparative data sets and require tools and methods for cross-system and longitudinal comparisons. NAHDO and state health data organizations offer their expertise in translating aggregated health data into benchmarks and in shaping health information policies that promote access to these data resources. NAHDO expects that state health data organizations will play a crucial role in the NHIN that includes, but is not limited to the following activities:

- Helping define the business rules and standards for health data reporting
- Aggregating and normalizing the data, interfacing with all providers in a locale;
- Creating methods and tools for grouping and analyzing health care data;
- Translating data into consumer, policy, and market information; and
- Regulating access to normalized data at the state or regional level.

Thank you for this opportunity to respond to the NHIN RFI.

Sincerely,

Denise Love
Executive Director
National Association of Health Data Organizations