

HIT Policies, Information Exchange, and Implementation: National to Local

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Disclosure

We have no actual or potential conflict of interest in relation to this program and presentation.

Objectives

- Share insight on HIT policies, information exchange, and information from the national perspective and from a local implementation perspective
- Inspire dialogue, questions, and action



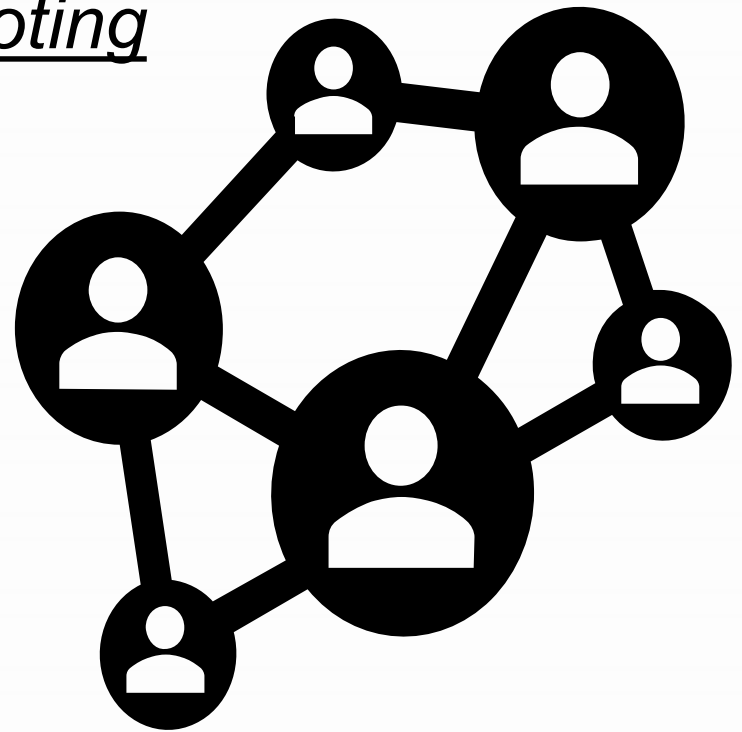
NATIONAL POLICIES AND PROGRAM



THE 21ST CENTURY CURES ACT

Meaningful Use is now *Promoting Interoperability* and includes:

- ✓ Defining requirements for IT Developers (e.g. APIs)
- ✓ Addressing Information Blocking
- ✓ Developing Trusted Exchange Framework including Common Agreement (Chain of Trust)
- ✓ Defining Provider Participation in quality measurement activities

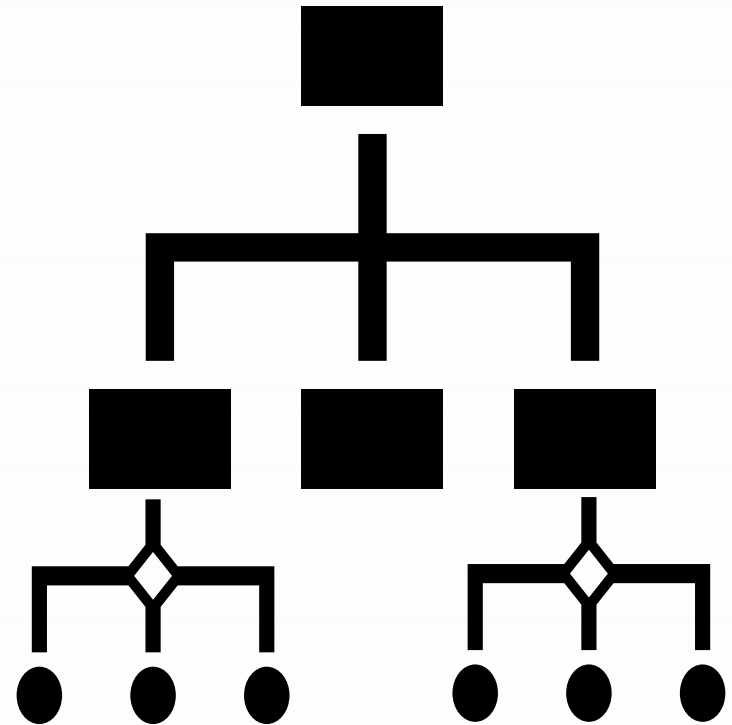




TRUSTED EXCHANGE FRAMEWORK & COMMON AGREEMENT (TEFCA)

TEFCA identifies three
Levels of Participants:

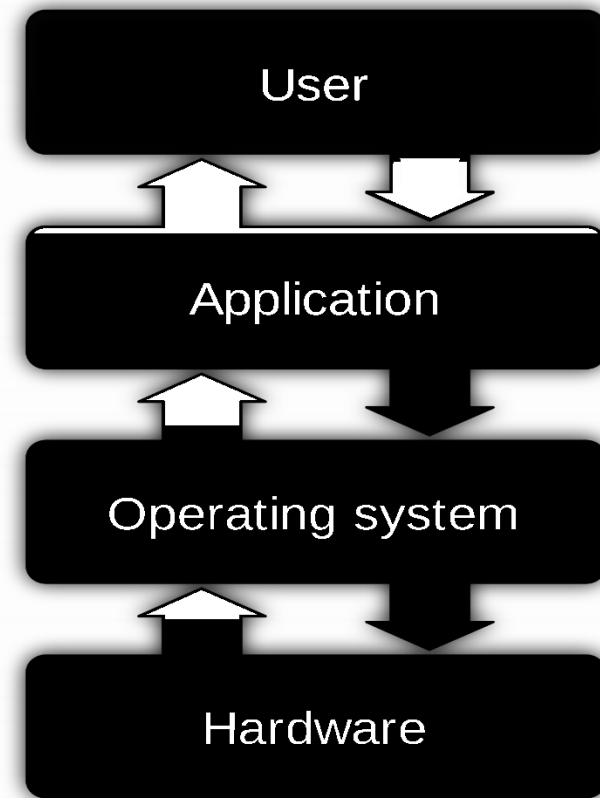
- ✓ The Recognized Coordinating Entity (RCE)
- ✓ The Qualified Health Information Network (QHIN)
- ✓ The Participant Member
(can be a consumer)



TRANSPORT STANDARDS

ONC electronic health information (EHI) message transport winners include:

- ✓ Fast Healthcare Interoperability Resources (FHIR)
- ✓ Open Application Programming Interfaces (APIs)



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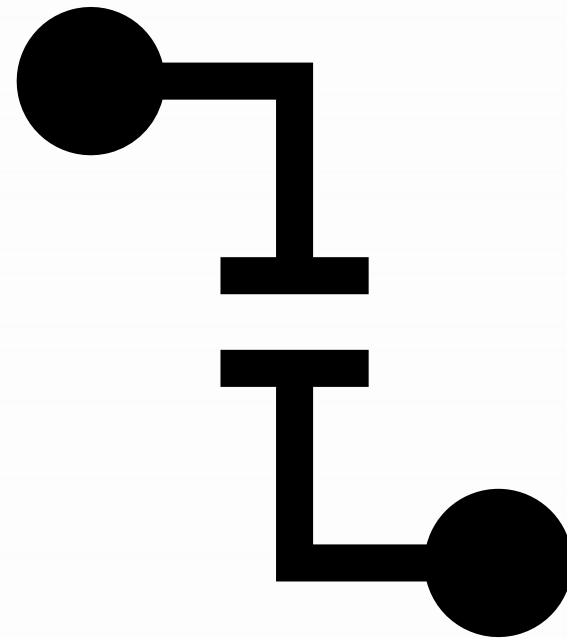




INFORMATION BLOCKING

Issues can be summed up as:

- ✓ Limited or no exchange of EHI between two organizations, or covered entities
- ✓ Impeded most often by legal interpretation that is more restrictive, vendor rules or organization policies and practices

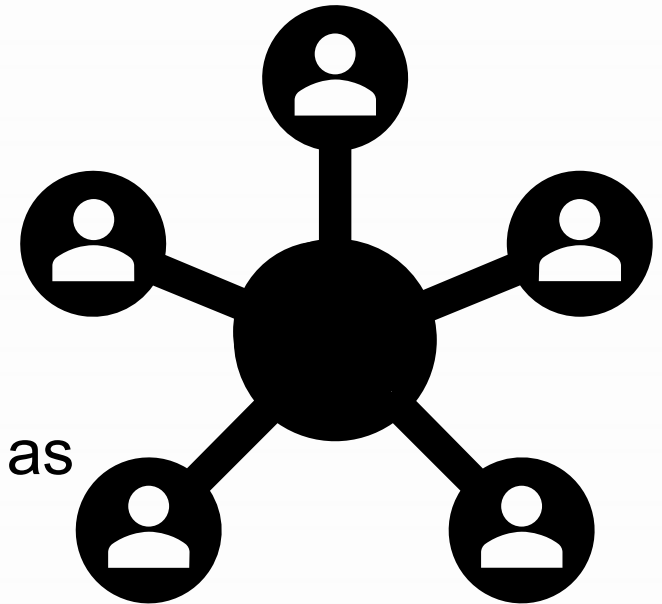




NATIONAL EXCHANGE NETWORKS

These *national networks* currently exist:

- ✓ Carequality Framework via CommonWell
- ✓ Sequoia Project and eHealth Exchange
- ✓ CommonWell Health Alliance partnered with Change Healthcare as core technology partner
- ✓ These networks are based on a national policy framework that is locally implemented





EMERGING PAYMENT MODELS

Changing payments and incentives drive new HIT needs and opportunities:

- ✓ Emerging and innovative payment models from all health care payers
- ✓ Improving care delivery, quality, and efficiency
- ✓ Point to need for foundational technology role



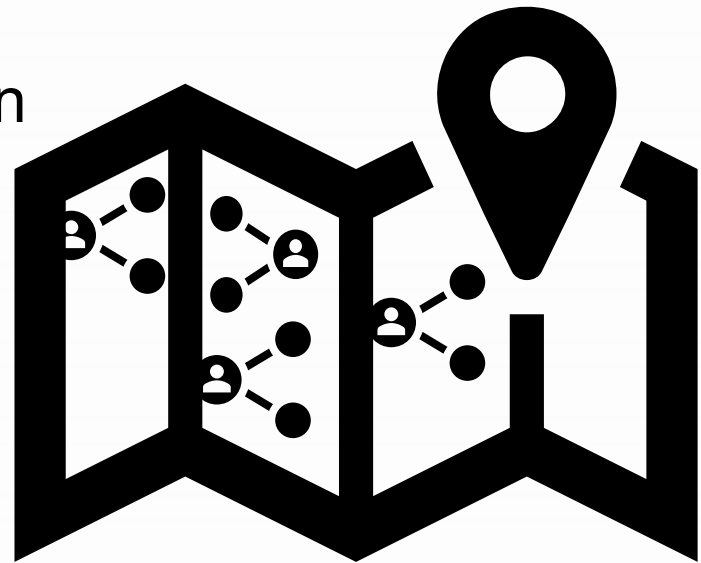
LOCAL IMPLEMENTATION



STATE INFORMATION EXCHANGE

Implementation challenges persist, but progress has been made:

- ✓ Developing “patient data home” in State Health Information Exchange Collaborative (SHIEC)
- ✓ Providing technical infrastructure for statewide HIE
- ✓ Funding still a challenge
- ✓ Gaining ground finally are the “State designated Health Information Exchanges”





POPULATION HEALTH

Care management becomes increasingly important in new models of care and payment:

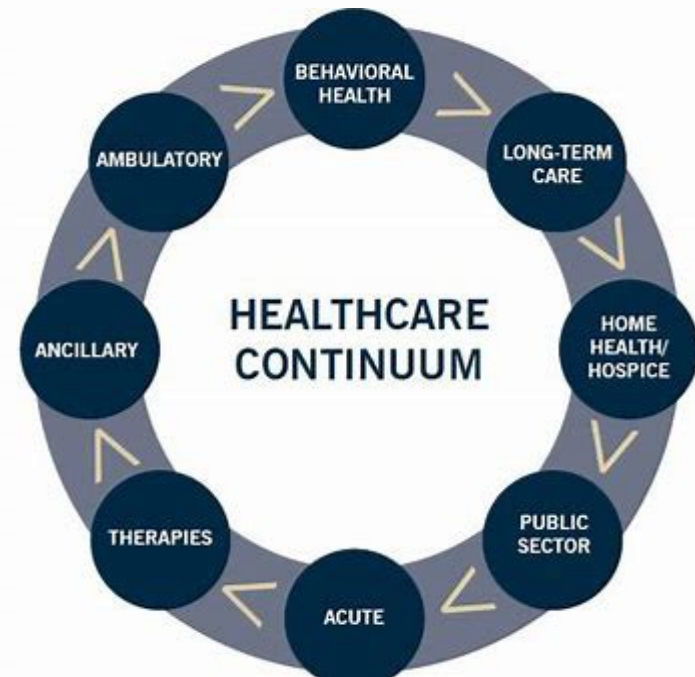
- ✓ Understanding population health and social determinants of health in care delivery
- ✓ Empowering care coordination through use of new EHR 'overlay' tools



CARE CONTINUUM CHALLENGE

Community based organizations become active participants, but remains challenging:

- ✓ Exchanging data remains largely Hospital- and clinician-centric systems of data and exchange
- ✓ Lagging patient-centered information integration
- ✓ Remaining mostly silos of data and care delivery

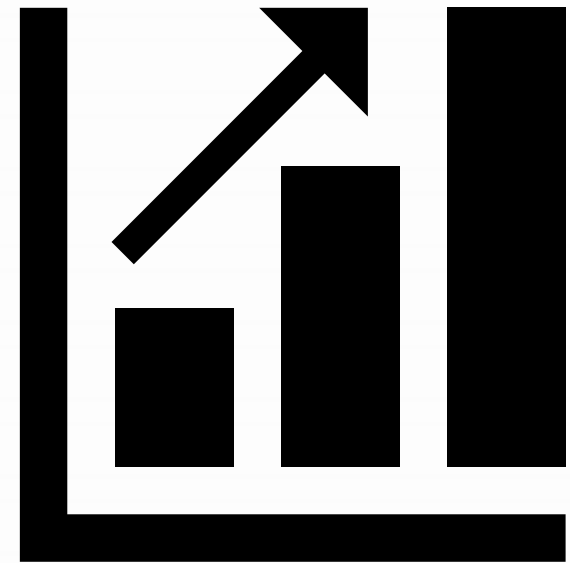




THE BIG DATA MYTH

Use of data to benefit individuals that access care and treatment is uneven:

- ✓ Reported frequently by Healthcare media as being quick, easy and mostly done
- ✓ Has tended to be the domain of the large IDNs and payers
- ✓ Locally providers, community based resources and patients are not seeing the benefit



OPPORTUNITIES



OPPORTUNITIES

- ✓ Establish nursing as a key contributor
- ✓ Actively participate in policy development and task forces
- ✓ Join innovation projects that aim to “move data”
- ✓ Ensure consumer patient and caregivers are included in the conversation

