

## MAYO CLINIC HEALTH POLICY CENTER

### Defining and Delivering Interoperable Health Information Technology

#### *Building Upon the Cornerstones:*

- *CREATE VALUE • COORDINATE CARE*
- *PROVIDE HEALTH INSURANCE FOR ALL*
- *REFORM THE PAYMENT SYSTEM*



#### **CREATING THE SPECIFICATIONS**

Participants at Mayo Clinic Health Policy Center's 2008 National Symposium on Health Care Reform recommended several action steps and strategies to further develop the four cornerstones: Create Value • Coordinate Care • Reform the Payment System • Insure Everyone

One area of action centered on interoperable health information technology (HIT). Participants ranked HIT tools as having significant potential to add value to health care by helping care providers coordinate and improve patient care services.

#### **Executive Summary**

On August 21, 2008, a group of nearly 30 experts – health care providers, information technology experts, employers, academics and a privacy advocate – gathered in Chicago to further detail how stakeholders could create and use interoperable HIT systems to exchange clinical data that would improve care and benefit patients.

Attendees examined the issues of ownership, privacy, interoperability, infrastructure, standards and adoption of HIT. Following is a summary of recommendations within these categories.



*Marcelline Harris, Ph.D., RN, Mayo Clinic; Ashley Katz, Patient Privacy Rights; and Mark Kelley, M.D., Henry Ford Health System*

## 1. OWNERSHIP AND PRIVACY

- **Provide information access to stakeholders, with appropriate privacy safeguards for patients.** Participants discussed striking the delicate balance between appropriate protection of a patient's personal medical information and shared electronic access to data elements that would help providers coordinate medical care across time and care settings. The group also recommended identifying policies and principles that address use of data for the public good (i.e. quality improvement projects and public health research).

Attendees proposed the following roles and responsibilities within the arena of HIT:

- Individuals have the right to access their health and medical information.
  - Individuals should have flexible choices about the use of that information (i.e. allow all requests or be selective about use).
  - Providers and other stakeholders should maintain and have access to the information, with appropriate protection for patient privacy.
  - Society should benefit from the accrual of medical information, which will advance our collective knowledge in the medical sciences.
- **Regulate data privacy at the federal level regardless of how the data is stored (i.e. electronic or paper).**

## 2. INTEROPERABILITY, INFRASTRUCTURE AND STANDARDS

- **Build and support HIT networks/systems that are interoperable, standards-based and efficiently implemented.** The group strongly recommended embracing and building upon existing standards rather than starting from scratch. Currently, the private-public partnership at work in the Health Information Technology Standards Panel provides a central point for convergence on a set of consensus standards designed to meet both clinical and business needs for nationwide exchange of health care information.

### HIT 101

*The Department of Health and Human Services offers the following definition and summary of benefits for HIT:*

- **Individual benefits**

HIT allows comprehensive management of medical information and its secure exchange among health care consumers and providers. Broad use of HIT will improve health care quality; prevent medical errors; reduce health care costs; increase administrative efficiencies and expand access to affordable care.

HIT can also help individuals maintain their health through better management of their health information. HIT will help consumers gather all of their health information in one place so they can thoroughly understand it and share it securely with their health care providers. Health IT can help improve public health one individual at a time by building partnerships among health care consumers and providers across the country.

- **Societal benefits**

Interoperable health IT will improve individual patient care, but it will also bring many public health benefits, including early detection of infectious disease outbreaks around the country and improved tracking of chronic disease management.

- **Establish a voluntary patient identifier.** Participants acknowledged that a small percentage of the population would be opposed to a mandatory unique patient identifier due to privacy concerns. The group proposed moving toward improved interoperability by establishing voluntary identifiers for interested patients.

- **Create a reliable repository for patient information that providers across the nation could access.** Use the Internet to bring together basic information from disparate systems to facilitate universal accessibility and sharing.



*Robert Kolodner, MD, National Coordinator for Health Information Technology, frames the HIT discussion for participants.*

- **Construct data so that physicians have the information necessary to avoid doing harm when caring for a patient in an emergency.** Providers noted that they don't need every piece of patient information but require key facts to deliver appropriate care. The group brainstormed a list of critical data elements that should be electronically accessible to all providers. These include:

- Patient identity
- Diagnosis codes
- Medications
- Allergies
- Laboratory and radiographic data
- Pharmacy information
- Vaccinations
- Names of physicians and other care providers
- Patient's active problem and history log
- Payer information
- Hospital dismissal summary

### 3. ADOPTION

Although electronic health records have the potential to enable caregivers to provide more efficient, safe and effective care, fewer than 15 percent of physicians and hospitals are using them. Peter Orszag, Congressional Budget Office, noted in July 2008 testimony before the Ways and Means Committee that adoption of HIT is generally not sufficient to produce significant cost savings, except in relatively integrated delivery systems such as Kaiser Permanente or Geisinger Health System. Participants brainstormed ways to encourage adoption at smaller, private physician practices and community hospitals.

In the end, the group supported the concept of specifically defining a compelling business case for widespread provider adoption of HIT, which could stimulate market-based interoperability solutions. Attendees suggested that several ideas be included in the business case.

- **Align incentives for widespread adoption of interoperable HIT.** Payers need to pay for value, which will make providers more willing to adopt HIT as a tool for producing value. Participants also proposed the idea of making HIT part of the ongoing revenue flow rather than a one-time incentive payment.

- **Research and demonstrate the business case for interoperable HIT adoption.** Elements might include safety, productivity, consumer preference, waste reduction, and recruitment and retention issues.
- **Harness consumer engagement to drive interoperable HIT.** Engage and empower consumers to become advocates for HIT.
- **Address implementation issues for providers of all types and sizes.** To remove technical barriers to implementation, participants suggested that execution teams be formed to assist providers who need technical support to efficiently set up and transition to electronic systems.



Mike Kappel, McKesson Corporation, and Albert Holloway, IPA Association of America

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