

# ONC Processes Review, ONC Standards in My World

*Virginia Lorenzi*

*Co-Manager, Interface Team, The New York-  
Presbyterian Hospital*

*Associate, Columbia Department of Biomedical  
Informatics*

*Involved Participant, Health Level Seven*

*[vlorenzi@nyp.org](mailto:vlorenzi@nyp.org)*

# New York Presbyterian, Interoperability Today

- Large Scale:
  - 1000+ production interfaces, most in HL7 V2, @300 active projects in our inventory.
- Lack of adequate standards limits our capabilities, increases our cost and complexity
  - Each interface installed requires analysis, specification, and coding to make it work. Custom work makes it harder to support.
- Increased need to reuse information
  - mine data for quality, decision support, research.
  - Lack of terminology standards limits our ability to reap intelligence from our information.
- Increased need for communication across organizations
  - Complexity becomes untenable without standards.

# I see the efforts of ONC as the great beacon of hope

- HITSP – providing “single” soup to nuts implementable standards solutions. As a result systems will be more “plug and play”.
- CCHIT –bringing my vendors to a higher level of interoperability capabilities and forcing them, not us, to prove it. They are making widespread adoption happen.
- NHIN – proving out inter-organizational semantic level communications and encouraging adoption of more and higher level standards.
- AHIC – defining use cases that are close to all of our hearts.
- All with a strong focus on security and confidentiality.

# HITSP



- Specifications
  - Implementation specifications can never be clear enough.
  - Would like them in electronically comparable format.
  - Should have clear process for further site specific customization
- Standards selection
  - Criteria used for comparison – apples to apples?
  - Collaboration across standards organizations– is there enough?
- When pushing to meet deadlines
  - Quality may be compromised
  - Stuff gets patched together – will the end product be cohesive?
  - When managing scope, good ideas can be lost
    - Is there a way to keep track and revisit later ?

# CCHIT



- You've got gold – market it better.
- It takes two - Don't forget to certify the systems that talk to EHRs (lab, pharmacy, radiology, cardiology, etc).
- Make it easy for customers to use CCHIT materials to test themselves even if not applying for certification.
- Seems to also be in the standards selection business. Can those be turned into HITSP standards?
- Seems to also be in the use case development business. Can Ambulatory EHR and Inpatient EHR be turned into AHIC use cases?
- Certify useful building blocks like Entity Identification Services and Terminology Services.

# NHIN in the real world



- Set standard policies and best practices for HIEs, NHIEs
  - Change/configuration management process.
  - Establish testing requirements
  - Establish test environment/production environment requirements
- Define processes for production support
  - On call protocol, schedules
  - Downtime/disaster processes.
  - Error handling, diagnostic support, monitoring, reviewing logs, auditing for reliable transfer/integrity.
- Define process for resolving quality issues
  - terminology mismatch issues, merging duplicate Ids
- Ensure Performance
- Provide support and strategic guidance to RHIOs, HIEs.
- Build in user feedback loop (surveys, forums).

# AHIC



- Can't find my use cases. Wonder why they are not at the top of the list?
  - Standards that will help improve interoperability within hospital (better patient care, safety through EHR interoperability standards)
  - Standards that will help RHIOs and other collaborative efforts get off the ground
    - Collaboration of care in the ED setting
    - Transfer of care
- Bubbling up of priorities from the field/feedback loops
  - Example, NYCLIX clinicians wanting EKGs.
  - NHIN, CCHIT, HITSP might have feedback as well.
  - Always seem to need a bit of both bottom up and top down.

# Get us involved now.

- Standards require advanced advance planning; help us start planning
  - Internal standards committee work
  - Internal education
  - Marketing the value
- There are optimum windows for making decisions on standards – once those are missed, its hard to retrofit.
  - System selection implementation planning, performing large scale upgrade, budget development
  - I have standards decisions I need to make today, and I need guidance.
- This idea of widespread standards based interoperability represents a major paradigm shift in healthcare
  - market and manage the change now.

# Help us ramp up....

- Give us a list of things we should do now:
  - Use XML, use Web Services, implement a terminology service, implement an entity identification service, use LOINC, do marketing, do training, etc.
- Rollout whatever you can as soon as you can – don't wait. Let people know what's already out there and encourage them to ask for it.
  - “Excuse me, are you CCHIT certified?”
  - “Does this results interface comply with ISO1...?”
- Make ONC standards easier to find
  - some are in HITSP, some are in CCHIT, many are buried under use cases and encourage its use.
  - Provide a place to ask, “What's the recommended ONC standard for X?”
- Provide opportunities for on-line collaboration, Q&A, feedback and support.
  - Forums, list servers, blogs, conference calls, surveys, news, FAQs, etc.

# The Real Beginning of the Project is when you Deploy It

- Expect problems and requirements to grow, not shrink.
- Make sure documentation and operational processes are in place.
- Be prepared for the immediate need to develop and rollout new versions
  - Set expectations for upgrades
  - how will versioning be done?
  - What about mixed versions environments?
  - How will testing occur?
- Encourage organizations to develop buffers to help manage upgrades
  - use levels of indirection (such as terminology services) to allow for local mappings, version handling.
- In production we find out what the user really wants.
  - Encourage feedback.

Thank You

