

Existing HIT Standards Landscape: Health Information Exchanges

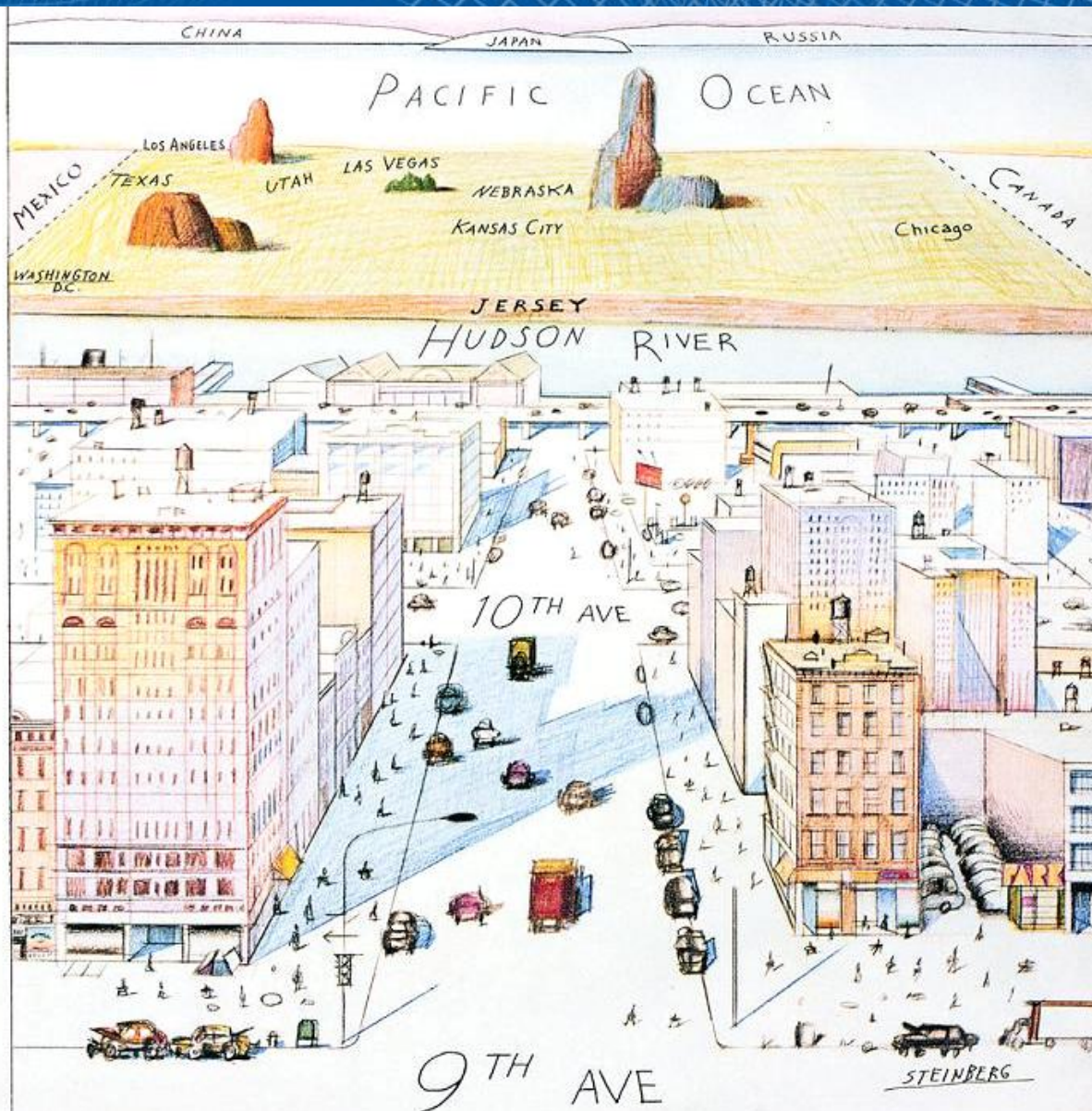
Wes Rishel
Gartner, Inc

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Committee on the Review of the Adoption and
Implementation of Health IT Standards

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Washington, DC



The Map of the World As Seen From New York's 9th Avenue



Mar. 29, 1976

THE
NEW YORKER

Price 75 cents

- Facilitating daily care
- Improving daily care
- Administration
- Public Health Casework
- Epidemiology
- Quality Assessment
- Fraud control

Gartner

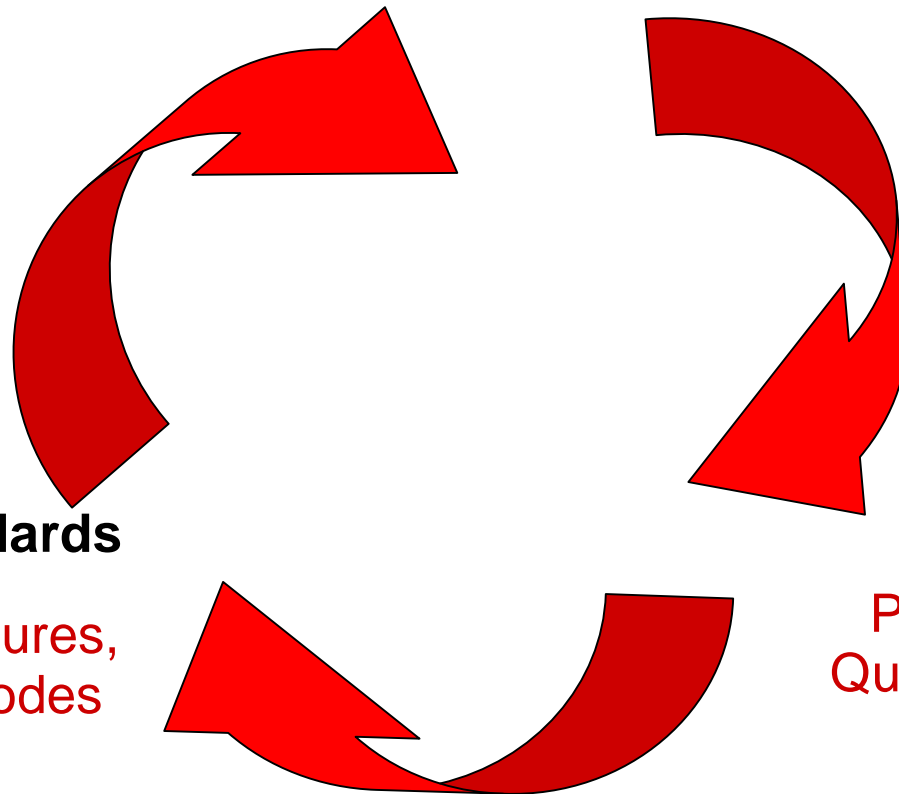
Agenda

- Achieving Interoperability
- Avoiding frozen interfaces
- Where are we now? Where can we be?

Interoperability: Ecological Interdependency

Technological Infrastructure

Broad Availability
with Privacy and Security



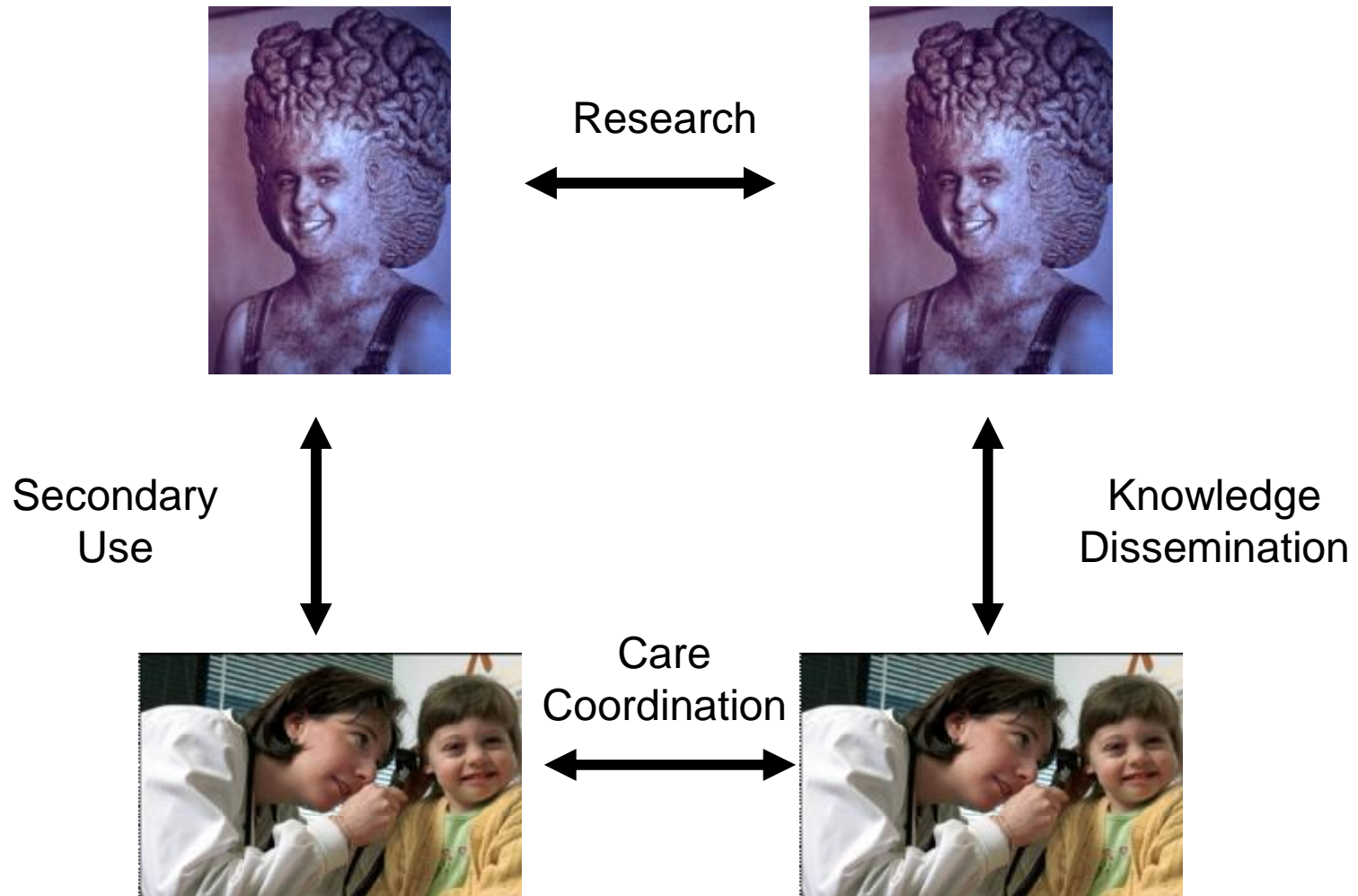
Semantic Standards

Coordinated Structures,
Utterances and Codes

Data Source and Use System Readiness

Payer, Consumer,
Quality, Public Health

Living With The Brain Mismatch

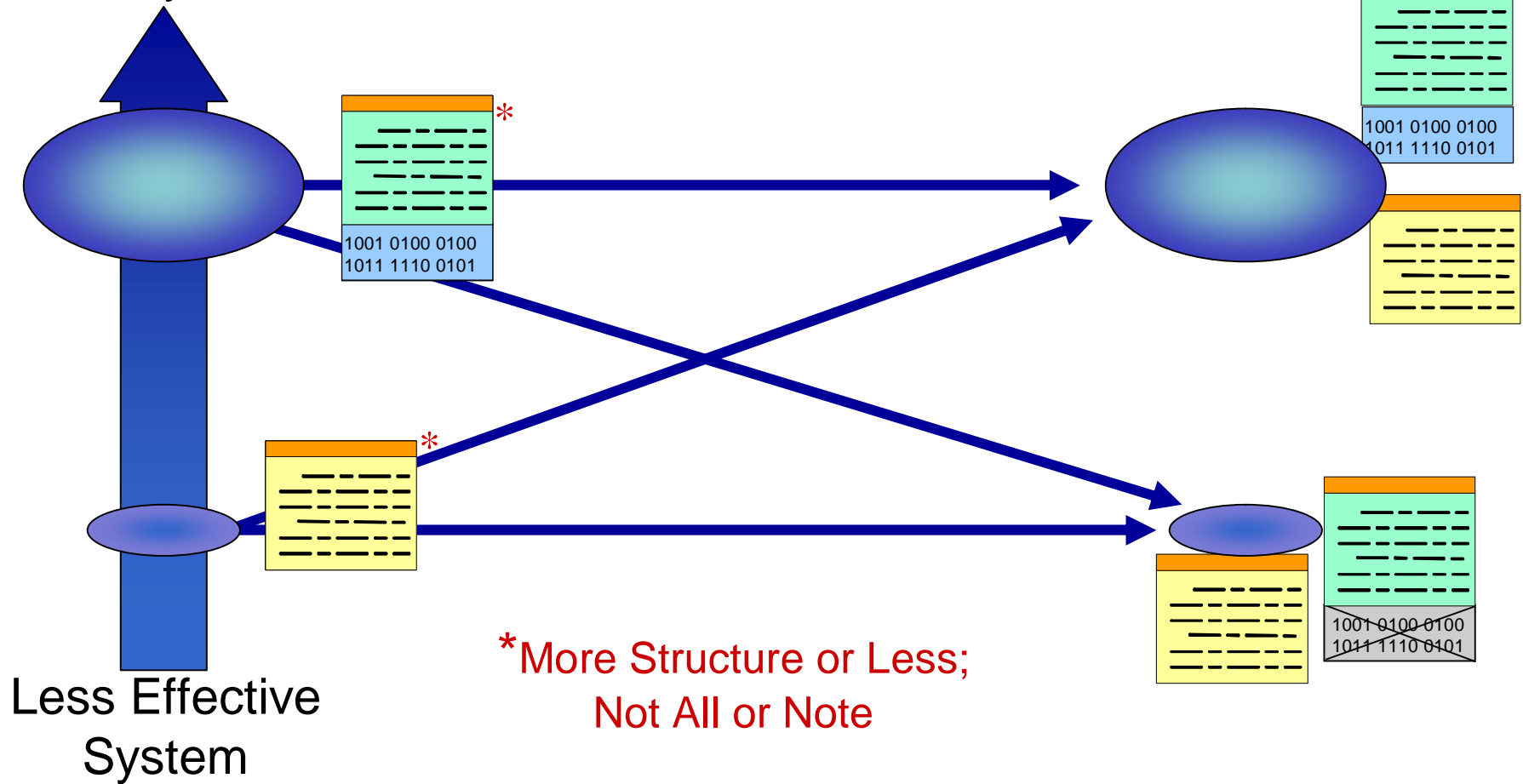


Ten Steps to Interoperability

- 1) Define the business case and incentives
- 2) Define the scope
- 3) Do the systems have to change? Who will pay? How long will it take? Are there interim measures?
- 4) Pick a standard, any standard
- 5) Aggressively recruit a consensus group
- 6) Define the interoperability specification
- 7) Profile the “adjacent” standards
- 8) Test, test, test or debug, debug, debug, debug, debug, debug
(Spin certification requirements from the interop spec)
- 9) Continually monitor and have intervention procedures for problems
- 10) Maintain on a reasonable life cycle

Incremental Interoperability

Highly "Informatical"
Systems



Preventing FIS: Frozen Interface Syndrome



- Make incremental interoperability a fundamental business premise
 - Variable structure
 - Require mappable code upgrades
 - Flexible utterances
- Use business incentives to drive upgrades to system informational levels
- Make interface negotiation a part of the infrastructure


True semantic interoperability is a state of grace we aspire to. We approach it one virtue at a time.

Where Are We Now?

- Cross-enterprise patient ID
 - A few regions only
 - Most rely on a dominant enterprise
- Lab
 - HL7 v2 implemented with great difficulty
 - Coding: local mapping, on the verge of solving the LOINC code brain mismatch
- Semi-structured reports of all flavors
 - Local solutions based on HL7 V2 wrapper
 - IHE XDS being voluntarily adopted in local solutions
 - CDA with variant document types widely adopted
 - CDA with national standard document types on the verge
- Pharmacy: driven by dominant vendors
- Research: we have the technology, do we have the will?

Where Can We Be in 3-5 Years?

- New adopters find it easier than the old adopters did, but not easy
- New interfaces with solid business drivers are easier to promulgate than current experience
 - Solid business drivers create the sense of urgency that leads to
- New interfaces with dubious business drivers or no sense of urgency continue to be discussed, and discussed, and discussed
- The business drivers for advanced semantic interoperability are rate-limited by the systems of the communities that use them



**Invention, it must be humbly
admitted, does not consist in
creating out of void, but out of
chaos.**