

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

Comment on ONC Performance
September 17, 2007
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My name is Devore Culver. I am the Executive Director and Chief Executive Officer of HealthInfoNet. HealthInfoNet is a not-for-profit corporation located in Manchester, Maine and is leading a public-private partnership of consumers, providers, employers, payers and state government in the implementation of a statewide health information exchange (HIE). I would like to thank the members of this Committee for the opportunity to share my thoughts on the Office of the National Coordinator (ONC) and the impact of its efforts to date as seen from the perspective of one organization attempting to build a statewide health information exchange service.

First, I would like to stress that as part of the federal government, ONC plays a leadership role that is vitally important. HHS Secretary Leavitt, Dr. Robert Kolodner and the staff of ONC deserve great credit and a genuine note of thanks for the work that has been initiated over the past few years. While health care delivery is local and the growth of health information exchange must begin with local commitment and investment, our success and impact on achieving meaningful transformation in health care delivery can only be fully realized if there is a strong national initiative that is focused on linking the local efforts by defining and promoting a consensus vision for meaningful improvement through the use of health information technology. To accomplish this mission, this national initiative needs to have both the authority to drive the definition and adoption of standards for health information technology and the wisdom and standing to develop an agenda that balances national priorities with the realities of what will be needed to effect meaningful, sustainable change at the local and regional levels.

In assessing ONC's efforts, my comments today focus on issues related to achieving more balance and better coordination in its agenda. The most visible area of success achieved by ONC has been in guiding and promoting the definition and demonstration of health information data and technical standards. The extensive work that has been done on defining use cases and demonstrating technical architecture directed toward achieving data interoperability has been noteworthy. To a lesser degree, but still significant, have been the efforts by ONC to support definition of and guidance for the development health information exchanges (the AHIMA State Level Health Information Exchange Steering Committee), to address intra and inter state issues of patient information privacy and security (the Health Information System Privacy and Security Collaborative, HISPC), and engage state governments in developing a consensus vision on

achieving health information technology and health information exchange adoption (State Alliance for e-Health).

These efforts have delivered some early, meaningful results. Where ONC has been less successful to date is in the coordination of work among these individual initiatives. There needs to be more attention focused on developing the organizational infrastructure and resources within ONC to better coordinate and communicate scope of work, initiative findings and development priorities among the various initiatives funded by ONC. If achieving effective interoperability is the goal of developing a national network of networks for health information management, ONC needs to focus on improving the interoperability among the initiatives it is currently sponsoring.

I believe that one of the highest priorities going forward should be creating greater alignment between the role and mission of ONC as it relates to other federal agencies and departments involved in health care policy, priority setting and funding. Agencies such as CMS, HRSA and CDC have all been active over the past year promoting funding and project engagement that is directed at health information exchange and health information technology adoption. While there has been some coordination among ONC and these other federal agencies, much more can and should be done by the Department of Health and Human Services' leadership to clearly establish ONC as the agency charged with defining federal priorities for health information exchange and health information technology adoption. There is a need for ONC to serve as the umbrella organization responsible for working directly with other agencies and departments to formally coordinate and align individual funding priorities and programs. The current absence of clear authority by a single federal agency translates in to a very challenging and inconsistent process for organizations like HealthInfoNet who are seeking federal participation in the development of local, regional and statewide health information exchanges. Because HIE development is moving at a fast pace across the nation, I believe the federal government must move quickly to address this fundamental leadership issue. There is a significant opportunity now for the federal government to take clear steps to improve overall alignment of the federal health information management vision in order to achieve meaningful change and transformation in health care delivery. Logically, ONC is the entity best positioned to take the lead in harmonizing the federal government's overall strategy. Further developing this official standing to drive a common federal vision and strategy on HIE/HIT adoption should be a priority for ONC and HHS at this time.

ONC deserves a great deal of credit for recognizing and engaging state level organizations as the key component for driving the adoption of health information data and technical standards into local and regional health delivery service areas. ONC should be commended for its support of initiatives like the AHIMA State Level Health Information Exchange Steering Committee and the Health Information System Privacy and Security Collaborative as these initiatives

engage those state level resources best positioned to initiate and sustain a national strategy for HIE/HIT adoption. Where ONC has not yet achieved its potential is in engaging state level resources in aligning its visioning, priority setting and funding to better assist local, regional and statewide initiatives to achieve business sustainability. The year two ONC NHIN contract request for proposals now in its final stages of contract bid review provides a clear example of the current misalignment of priorities that exist between ONC and most regional and statewide health information exchange initiatives. The year two ONC NHIN contract focuses on demonstrating standardized, use case based, minimum data set exchange between regions and states as a prelude to developing a national network of networks.

Unfortunately, for most regional and statewide health information exchange initiatives, the immediate challenges and priorities are focused on developing the local infrastructure with emphasis on the implementation of a first phase, including limited health data exchange within provider communities to demonstrate the value, viability and sustainability of HIE at a local, regional, and intrastate level. For many regional and statewide HIE initiatives, focusing on the national objective of exchanging use case based minimum data sets between exchanges is perceived as too ambitious at this time and a distraction from the more fundamental objective of establishing a path toward business sustainability by meeting the business and clinical care process needs of providers in local and regional service areas. The fact that a number of statewide HIE initiatives who are recognized as leaders in the development of health information exchange projects did not submit proposals for the year two ONC NHIN contract is a reflection of the current perceived misalignment of priorities between ONC and these statewide efforts. I would strongly recommend that ONC consider a fundamental redesign of its current approach to use case development. Priority should be given to defining opportunities for health information exchange that will support meaningful transformation in care delivery and care outcomes. There needs to be much tighter alignment of use case development with activities that directly support building business value and sustainability for health information exchanges. I am confident that the ONC staff recognizes this concern and is prepared to work with state level HIE leaders to achieve better alignment going forward. Within the past few months, ONC leadership has made a focused effort to directly engage state level HIE leaders in a scheduled series of small group dialogues that will be very important to achieving a balanced agenda at the national level going forward.

Thank you again for inviting me to share my observations about ONC and its performance as observed from the perspective of a developing statewide health information exchange initiative. It will be my pleasure to answer any questions that you may have during the time that has been set aside for discussion during this hour.

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