

Health IT Standards - an HIT company perspective

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Recent Progress on Standards



§ Historically remarkable

§ Transition from a small discussion and buy-in to a much larger discussion and buy-in

§ Worth noting that large companies have been the major supporters of standards work

§ Standards still very hard

§ Biologic complexity simply immense

§ Some domains are “standardizable”, others are not

§ Lab, meds, images vs. notes, temporal courses

Our perspective on current status



§ Very supportive of recent progress

§ HITSP and CCHIT

§ HL7 2.x

§ CCD

§ LOINC, DICOM

§ Need sensitivity to site of service

§ HL7 vs. NCPDP script

Current concerns



§ Saturation phenomenon

- § Limited number of experts in this field
- § These experts “volunteer” on many committees
- § Massive documents to review
- § Slowdown with AHIC use cases => HITSP => CCHIT

§ Quality issues

- § Lots of complexity in the real world only revealed by testing
- § Acquiescence on massive documents may not signal agreement – especially with short comment periods
- § Many of the standards have not really been tested
- § Quality will be central to successful diffusion
- § Version control – need annealed standards

- § **Sequence standards work on whether the item lends itself to standards – containment of complexity**

- § **Set quality thresholds and ensure that any standards have extensive real world testing**
 - § **“Quality not quantity”**

- § **Standards regulations are not free => crowd out other advances**