2015 CHIME Public Policy Priority
Interoperability

Issue
The ability for technology systems to send/receive and use data, known as interoperability.

Problem
There is a fundamental lack of interoperability across electronic health record systems throughout the country. Patient data does not flow seamlessly in usable forms across care settings and vendor types.

Background
While the HITECH Act enabled the rapid, wide-spread adoption of electronic health records (EHRs) across the nation, it has not enabled seamless data sharing across care settings. Consistent with other technology sectors, health IT interoperability requires consistent use of consensus standards and an infrastructure to exchange data. Providers can capture data into an EHR, but they struggle to share the information with other providers, especially those using different technology systems.

In April 2013, six Republican Senators (Senators John Thune (R-SD), Lamar Alexander (R-TN), Pat Roberts (R-KS), Richard Burr (R-NC), Tom Coburn (R-OK), Mike Enzi (R-WY)) issued a white paper, “REBOOT: Re-examining the Strategies Needed to Successfully Adopt Health IT,” identifying the “lack of a clear path toward interoperability” as a major finding from the report. A series of Finance Committee hearings followed during the summer of 2013, to examine the state of health IT and interoperability. The “REBOOT” report marked the beginning of Congressional concerns around interoperability and the exchange of health information. Interest has only grown over time.

- In the most recent SGR patch, passed in March 2014, language was included directing HHS to achieve nationwide interoperability by 2017, and if unable to do so, release a report dictating the path forward toward an interoperable health system.
- In June 2014, ONC acknowledged the growing frustration and announced plans for a nationwide Interoperability Roadmap. The Roadmap set out a 10-year framework for the execution of a learning health system enabled by nationwide interoperability and the critical building blocks for a nationwide interoperable health IT infrastructure.
- Congress reiterated their concerns again in December 2014, through the Fiscal Year Labor-HHS “Cromnibus” report language, requiring ONC to devise a strategy to combat information blocking, and asks the federal Health IT Policy Committee to submit a report to Congress on the technical, operational and financial barriers to interoperability. The funding package language went as far as suggesting the decertification of EHRs that hinder interoperability and participate in information blocking.
Although the 114th Congress is just underway, interoperability and the lack thereof will only continue to peak the interests of those on Capitol Hill as EHR Incentive Program funds are extinguished and data sharing remains an idea rather than a reality. CHIME believes that interoperability cannot be achieved across our fractured healthcare system in a matter of weeks, or even months. Further, interoperability will not be achieved through a command and control structure, where federal lawmakers or agency rulemakers mandate “interoperability.” The kind of interoperability that healthcare needs will only happen over time as local settings of care and technology implementations iterate towards conformance to usable, stable and extensible standards.

**Federal Ask**
National leadership is vital to expedite health data interoperability. Policymakers must understand where their comparative advantage lies in promoting interoperability and then leverage resources to support private industry efforts in areas government cannot or need not endeavor.

1. ONC should build a national interoperability roadmap based on the presumption that industry and government are positioned to achieve different, yet mutually reinforcing, goals. Such a roadmap must address technical, operational and financial barriers to interoperability;
2. ONC should reconsider the role and composition of its certification program to specifically address patient safety risks and interoperability, where interoperability is the outcome and patient safety is distal impact;
3. ONC is already well-positioned to, and should be responsible for, driving the use of standards related to the following seven priority areas:
   1. Standard terminologies
   2. Detailed clinical models
   3. Standard clinical data query language based on the models and terminology
   4. Standards for security
   5. Standard Application Program Interfaces (APIs)
   6. Standards for expressing clinical decision support algorithms
   7. Patient identifiers.

**Congressional Ask**
The need for nationwide interoperability is immediate; however, Congress must not act unilaterally and dictate the proposed methodology by which interoperability can be achieved.

1. Congress must properly fund the agencies it has directed to oversee the use of health IT;
2. Congress should bolster oversight of HHS to ensure the employment of key health IT standards on a national scale; and
3. Congress should investigate or support agency investigations into the type and prevalence of “information blocking” (as perpetrated by health IT developers or providers).