

28 June 2006

Office of the National Coordinator for
Health Information Technology

Nationwide Health Information Network Forum

Session Number: 1.1

Session Name: Care Delivery Organizations

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and Technology (NIST)**

Discussant: Linda Fischetti, Department of Veterans Affairs



U.S. Department of Health and Human Services

Agenda

Introduction

- Process for the Breakout Discussion
- Description of Content Area

Discussion

- Specific Areas of Variation or Need
- New Issues
- Architecture Differences
- Requirements Gaps
- Defining Minimal
- Questions to Consortia

Introduction - Session Process

- Please use microphones during discussions – sessions are being audio recorded
- Handouts
 - Functional Requirements .xls spreadsheet
 - Requirements Input Form
- Focus discussion on this entity area
- Not a review of individual requirements
- Requirements with policy implications will be noted and sent to appropriate process for discussion (e.g, HIT Policy Council, etc.)

Introduction - Session Overview

Session Number **Title**

- | | |
|-----|---|
| 1.1 | Care Delivery Organizations |
| 1.2 | Network Services |
| 1.3 | Record Location Services and Repositories |
| 1.4 | Consumer Systems |
| 1.5 | Data Analysis and Secondary Use Systems |



Entities to be discussed

Care Delivery Organizations (CDO)

- CDO
 - CDO NHIN Interface
 - EMR
 - LIS
 - LIS— CDO Lab
 - LIS— Reference Lab
 - Registration

Introduction - Entity Definitions

Entity	Definition
Care Delivery Org (CDO) Systems	Systems operated by care delivery organizations that participate in the NHIN. Note that some of the systems listed below may be components of one or more application. For example, some Electronic Health Systems can include registration, billing and clinical aspects of an EMR.
• Scheduling	CDO systems that include a scheduling capability.
• Registration	CDO systems that maintain registration data about patients.
• Billing	CDO systems that generate electronic bills or claims.
• EMR	All EMR systems independent of setting.
• EMR – ambulatory	Requirements specific to EMRs in a ambulatory setting.
• EMR – acute	Requirements specific to EMRs in a acute care setting.
• EMR – ED	Requirements specific to EMRs in an Emergency Department setting.

Introduction - Entity Definitions

Entity	Definition
LIS	Requirements for all laboratory information systems independent of setting.
<ul style="list-style-type: none">LIS - reference lab	Requirements specific to LISs in the setting of an independent reference lab.
<ul style="list-style-type: none">LIS - CDO lab	Requirements specific to LISs in the setting of a CDO.
Radiology	Requirements for all radiology systems independent of setting.
Pharmacy fulfillment	Requirements for all pharmacy systems independent of setting – includes pharmacy fulfillment modules integrated in an enterprise EMR.
Pharmacy independent	Requirements specific to pharmacy fulfillment systems in drugstores, chain stores and other free standing settings.
Pharmacy integrated	Requirements that are specific to pharmacy systems that are embedded in an enterprise EMR.
CDO NHIN Interface	Systems that exist specifically to interface with the NHIN – may include the enterprise application integration facilities of a healthcare stakeholder or brokering systems related to a particular application or service.

Discussion – Quick Review of Identified Issues

- Should there be a set of minimal technical criteria necessary for a care delivery organization or network to participate in the NHIN? What areas should be the principle areas of focus for such criteria?
- If care delivery organizations or markets have interests not prioritized on the national agenda, should the NHIN support addressing them? If so, to what extent?
- How should the NHIN accommodate care delivery organizations that lack electronic medical records? Can approaches minimize the infrastructure a care delivery organization needs to connect?
- What must be done for care delivery organizations to accept data to write “back” into their systems?
- Eventually, policies will determine whether edge systems have to store data queried from the NHIN. When these data do exist, should they be NHIN query-able? How can they be coordinated with the original data?

Discussion – Quick Review of Identified Issues (continued)

- Some proposals for privacy in the NHIN go beyond a general “opt-in” capability or generally protection of “sensitive” data to allow consumers to restrict the users that might receive data by role and or by specific types of data. If such a policy were to be implemented, what would be the consequential architectural and technology requirements for network systems? For edge systems?
- Should care delivery organizations be required to support provider identifiers that are common across multiple, independently administered care delivery organizations?
- What are the operational consequences on care delivery organizations if the NHIN permits their data to be shared in states where the care delivery organization does not itself operate?
- Are there functions or architectural functions of the NHIN that could bring financial benefit to care delivery organizations?



Discussion – New Issues

What other issues are there that have not been identified?

Discussion – Specific Areas of Variation or Need

- Should there be a set of minimal technical criteria necessary for a care delivery organization or network to participate in the NHIN?
- What areas should be the principle areas of focus for such criteria?

Discussion – Specific Areas of Variation or Need

- If care delivery organizations or markets have interests not prioritized on the national agenda, should the NHIN support addressing them?
 - If so, to what extent?

Discussion – Specific Areas of Variation or Need

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Discussion – Specific Areas of Variation or Need

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Discussion of New Issues Identified

- New Issues

Discussion - Architectural Differences

- Are there significant architectural differences?
- How many different architectural approaches are actually represented in this breakout area?
- What are they?

Discussion - Requirements Gaps

What are the areas where there are requirements gaps for this entity area?

Discussion – Defining Minimal

NCVHS needs to eventually refine the >1100 requirements to a “minimal”, but inclusive list. What is the best approach to having “minimal” requirements in this entity area?

Discussion - Questions to Consortia

What questions or issues would you like to ask of the consortia relative to this entity area?

Agenda Review

Wednesday, June 28 Afternoon

1:30- 3:00 pm	Entity Break Out Sessions
3:00- 3:15 pm	Break
3:15- 4:45 pm	Functional Category Breakout Sessions
4:45 pm	Adjourn

Thursday, June 29 Morning

8:00- 9:00 am	Use Case and NHIN Infrastructure Breakout Sessions
9:00- 9:15 am	Break
9:15- 10:15 am	Plenary Session- NHIN Consortia Architecture Response
10:15- 10:30 am	Break
10:30- 12:30 am	Closing Plenary Presentations to NCVHS and Public Comment

Documents for Reference

General



Functionality
Requirements XLS



NHIN Requirements
Approach

Session Specific



Session 1.1 Specific

Please note: To access embedded documents, please press “esc” key to exit presentation mode