# Office of the National Coordinator for Health Information Technology

# Nationwide Health Information Network Forum

**Session Number: 1.3** 

**Session Name: Record Locator Service and Repositories** 

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## **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**

# Record Location Services and Repositories

- •Health Information Intermediaries
- •Record Locator Services
- Master Patient Indices (MPI)
- •Repositories

### **Introduction - Entity Definitions**

Entity	Definition
Health Information Intermediaries	Requirements that are unique to NHIN participant systems that facilitate the exchange of information among healthcare organizations, whether or not such participant systems conform to the HIPAA definition of a clearinghouse.
Record Locater	Systems that contain information about and pointers to records.
Master Person Indices and other patient matching	Requirements that are unique to NHIN participant systems that are used to match patients to their data.
Repositories	Requirements with respect to data retained within the NHIN.

#### **Discussion – Quick Review of Identified Issues**

- What data and services should be included in a record locator service?
- What systems functions are necessary to support access and use rules in a record locator service? In federated master patient indices?
- What directory information and systems capabilities are needed for networks to push data to provider systems? To send recalls and alerts?
- Given the concerns about confidentially, security, and issues about authentication, maintenance, and other support costs, what are the benefits of data stores at different points in an overall architecture?
- Are there reasons that network performance can not rely on the variable system characteristics of edge systems?

# Discussion – Quick Review of Identified Issues (continued)

- How will federated approaches handle scalability issues?
- If the NHIN relies on probabilistic patient matches to lookup patient data, what technical needs should be considered in specifying the minimum data required for patient identification?
- Under what circumstances can the NHIN rely on probabilistic patient matching (e.g., user-initiated "pull" requests for data, systeminitiated "pull" requests for a data where there is not a live user, "push" routing, and/or aggregation?

#### **Discussion – New Issues**

What other issues are there that have not been identified?

 What data and services should be included in a record locator service?

- What systems functions are necessary to support access and use rules in a record locator service?
  - In federated master patient indices?

 What directory information and systems capabilities are needed for networks to push data to provider systems?

– To send recalls and alerts?

 Given the concerns about confidentially, security, and issues about authentication, maintenance, and other support costs, what are the benefits of data stores at different points in an overall architecture?

 Are there reasons that network performance can not rely on the variable system characteristics of edge systems?

 How will federated approaches handle scalability issues?

 If the NHIN relies on probabilistic patient matches to lookup patient data, what technical needs should be considered in specifying the minimum data required for patient identification?

 Under what circumstances can the NHIN rely on probabilistic patient matching?

 e.g., user-initiated "pull" requests for data, system-initiated "pull" requests for a data where there is not a live user, "push" routing, and/or aggregation

#### **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



**Session** 



**Specific** 

Session 1.3 Specific

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