2nd Nationwide Health Information Network Forum: Health Information Network Security and Services October 16-17, 2006

Panel Discussion

Information Distribution Approaches

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Why we need push

- Health care delivery is naturally interrupt driven
- This is how information is moved today (e.g. facsimile, printer, phone call)
- Many care events are asynchronous and polling is inefficient
- Providers often don't know that events have occurred (e.g. referral, copied on a result, public health event)

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Provider and Organizational directories

National Model

- <u>Pros</u>
 - Conceptually simpler
 - Enables national interoperability
- <u>Cons</u>
 - Still need regional directory
 - Technologically complex

Regional Model

- <u>Pros</u>
 - Content is mainly local
 - Allows you to deal with the complexity that exists
- <u>Cons</u>
 - Requires another "approach" to route between regions

Differing authentication needs

- Security risks of "open" services
- No fundamental differences from pull
- Proxies for recipients
 - Office staff
 - Call groups
 - Partners

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Automatic Matching the provider and the delivery address

Pros

- No personnel requirements

Cons

- Insufficient metadata to automatically map

Manually Matching the Provider and the Delivery address

Pros

- Can take advantage of metadata

<u>Cons</u> – Requires personnel

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Notifications about the Availability of the Data

Pros

 Gives more control to provider as to when data should be accessed

Cons

- Requires additional application services
- Not simple or direct
- Not time efficient
- Two step process

Other push issues

- Source get the recipient wrong frequently
- Tracking and receipt verification
- Tension between the source that wants the result delivered and the provider who doesn't want to receive it
- Multiple delivery targets does the source send multiple copies or does a service do it
- The recipient may need controls on what they receive