American Health Information Community Priorities and Road Mapping
October 31, 2006

There are several reasons for the AHIC, in an ongoing way, to manage priorities and maintain a road mapping process. A road map should help organizations and individuals understand when different areas and issues related to health IT will be considered and when there may be actions that impact their plans and activities. A road map will also help lay out next steps for the different infrastructure processes that have been developed to support the national agenda. It will help coordinate work that addresses the full spectrum of issues from technology to adoption for a particular priority.

The working groups of the AHIC can still focus on their identified priorities and issues as they progress through their broad charges. Meanwhile, the road map will strive to incorporate the work group activities and give a perspective of the overall framework of activities and policies needed. Following the AHIC public deliberations wherever possible, the Office of the National Coordinator will advance the development of specific "use cases," informed by the road map that will be used to detail business needs for follow-on activities such as data harmonization, development of the Nationwide Health Information Network (NHIN), certification, and policy analysis/development.

Previous Use Cases

Three use cases were previously developed to initiate considerations for a number of processes and focus those activities on similar objectives. These use cases strove to advance as much specificity as possible to support the considerations of the processes, but also attempted to be neutral to making determinations where there are different possible approaches so as to avoid stifling market and technical development. The existing use cases focused on lab result reporting, connecting clinical care data to public health, and supporting a consumer's registration and medication history data. While these use cases represented a good start on both specific and general functionality necessary for the national agenda, they leave several gaps, need to be connected with each other, and need coordinated extensions to cover additional priorities.

Next Steps

The AHIC and its working groups have identified many additional and important priorities. While advancing them, it is important to not create "stovepipes" of activities and to capture "end to end" processes that may span several use cases and perspectives. It is also important that the next round of use cases address some of the specific gaps that have been identified by the AHIC, HITSP and CCHIT in the areas of data harmonization, general information flow, architecture needs, and policies. Since a limited number of use cases can be advanced at any one time, it is important that some priorities from several working groups be used and that they, together, make for a coherent picture of activities being addressed. To accomplish these goals, the Office of the National Coordinator is advancing the following approach for the consideration of AHIC priority areas and use case development.

The AHIC, AHIC working groups, the different public / private partnerships of the national agenda have recommended priorities for AHIC consideration. These priorities have been tabulated by ONC and reviewed by AHIC members. A matrix of priorities has been prepared by ONC that will be used to establish a cross-cutting framework for use case advancement. The attached documents seek to establish "clusters" of priorities that crosscut the different working group activities and create logical groupings of data, architecture, policy, legal and business process issues for use case development. The clusters seek to respect the AHIC and AHIC working group priorities, but the AHIC will also have the opportunity to give input to these "clusters" on October 31st. ONC will make every effort to include the priority areas as it advances use case development. There will be many challenges to keeping a reasonable scope and having coherent

information flows as the use cases are created and some changes may still need to occur in the development process.

The process for the next steps in use case development will mirror the steps being used in the Emergency Responder use case. Priorities informed by the AHIC were used to establish a "proto-use case" that presented the general layout of use case in an effort to get feedback from relevant organizations and the public early on. With consideration for the comments and input a full draft use case has been developed which will be used to gather even further feedback leading to the final use case.

New Use Cases

While use cases can not be developed for every working group, the next round of use cases will seek to implement some priorities from all of the working group activities. Each of these new use cases will represent a broad area of need that encompasses of a series of coordinated priority areas. Three general "perspectives" have been identified, which will help to coordinate the use cases and see that they do not become "stovepiped" functions. These broad perspectives; Consumer, Provider and Secondary Use, will also include other participant perspectives, but will help aggregate existing use cases and provide a structure for new use cases. They should also allow for the extension of existing use cases to address data, architecture or business processes in a coordinated fashion.

The high level "perspectives":

"Consumer Perspective" – These priorities are oriented to, but not exclusively focused on, functions, systems, and services with which consumers will directly interact. These may include consumer, provider, payer, network, etc. systems that allow consumer access or provide consumer oriented functions. The "Consumer Facing" category will include the existing Consumer Empowerment – Registration and Medication History use case, the request for a Chronic Care Secure Messaging as well as a number of new priorities from those workgroups and others that provide functionality for consumers in their home or from other points of access.

"Provider Perspective" - "These priorities are oriented to providers of care, broadly defined, and their access and use of the functions, systems and services. The "Provider Perspective" category will include the existing EHR – Lab result reporting use case, the Emergency Responder EHR use case and functions and activities oriented to the provision and transfer of health care.

"Secondary Use" - The "Secondary Use" priorities are oriented to functions and needs for health data beyond provider or personal provision of health care and management. It will include the secondary use of clinical care data and primary data that may be accumulated in the process of care that are to be used for other purposes than the direct provision of care. The "Secondary Use" category will include the existing Biosurveillance – Connecting to clinical care use case, needs from the quality working group and other needs in research and population health areas.