



# American Health Information Community

## Electronic Health Record Workgroup

[http://www.hhs.gov/healthit/ahic/ehr\\_main.html](http://www.hhs.gov/healthit/ahic/ehr_main.html)

# Workgroup Membership

- **Co-chairs:**
  - Lilee Gelinas VHA Inc.
  - Jonathan Perlin Department of Veterans Affairs
- **Members:**
  - Carolyn Clancy Agency for Healthcare Research and Quality
  - Bart Harmon Department of Defense
  - John Houston NCVHS
  - Charles Kahn Federation of American Hospitals
  - George Lynn American Hospital Association
  - Alan Mertz American Clinical Lab Association
  - Blackford Middleton HIMSS
  - Pam Pure McKesson
  - Barry Straube Centers for Medicare and Medicaid Services
  - John Tooker American College of Physicians
- **Office of the National Coordinator:**
  - Karen Bell

# Workgroup Charges

- **Broad Charge for the Workgroup:**
  - Make recommendations to the Community on ways to achieve widespread adoption of certified Electronic Health Records, minimizing gaps in adoption among providers.
- **Specific Charge for the Workgroup:**
  - Make recommendations to the Community so that, within one year, standardized, widely available and secure solutions for accessing current and historical laboratory results and interpretations are deployed for clinical care by authorized parties.

**This presentation is focused on the Specific Charge.**

## Background Discussion Contemplating Charge

- Why Laboratory?
  - Availability of electronic data and clinical relevance suggests uptake; catalyst for broader EHR development
- Where are efforts aimed?
  - Initial Goal: More broad than clinicians with EHRs
  - Broad Goal: Ultimately to dovetail with PHRs
- What is the approach?
  - Person-Centric
  - Lab-Centric

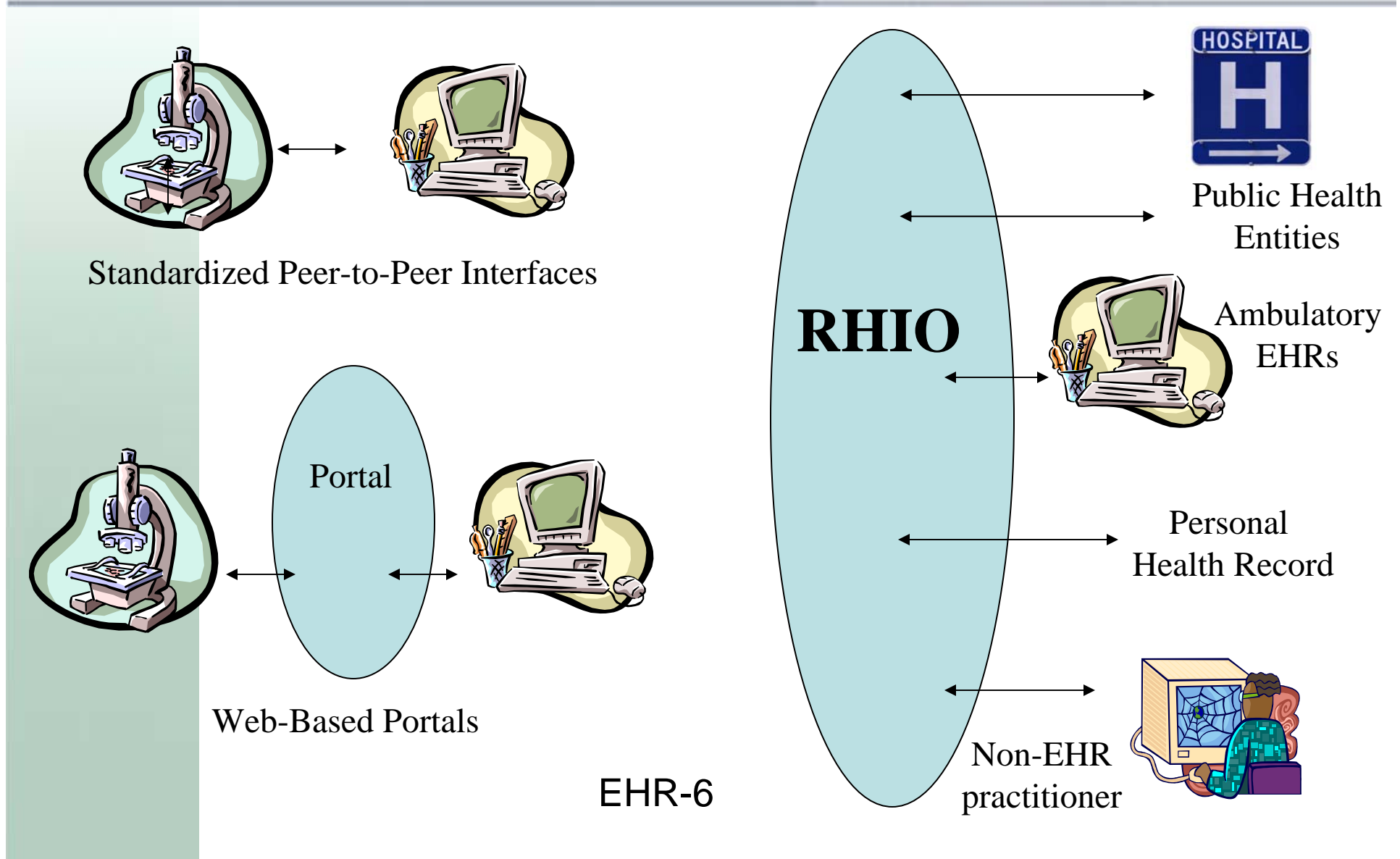
## Potential Models to Accomplish Specific Charge

- Regional Health Information Exchanges (RHIOs): **Optimal**
  - Advances governance, primary financing and sustainable business models to the above, while making comprehensive lab data from multiple sources available to authorized parties
- Standardized Peer-to-Peer Interfaces: **Alternative**
  - Fulfills need for vocabulary, transmission and implementation technical standards, but limits access to results of tests ordered by any one provider (with an EHR)
- Web-Based Portals: **Alternative**
  - Addresses market complexities and advances technical issues of patient identification, architecture, authentication, authorization and policy issues relating to authorization (CLIA) and privacy, but may be limited to specific lab sources

*N.B. Recommended Models are not Mutually Exclusive*

# Potential Models

Lab-centric & Person-centric



# Enabling Issues To Be Addressed

- Technical:
  - HITSP review of contending standards. Supplement as necessary with lab data vocabulary, transmission, and implementation guidance
  - Private and Federal consensus in the following key areas:
    - Identifiers linking patients to their clinical information
    - Identify appropriate users of patient information
    - Patient authorization for use of data
- Policy:
  - Authorization and authentication for data use
  - HIPAA and CLIA
    - Authorized use of patient data
- Business Case:
  - Value proposition to align economic incentives to support models
- Implementation of Models:
  - Where a RHIO exists:
    - Provide access to laboratory results through RHIO architecture, using RHIO's governance and business models to address multiple sources of laboratory results, data flow issues and HITSP standards
  - Where there is not a RHIO:
    - Implement access to laboratory results using HITSP standardized technologies appropriate to the market context

## Open Issues

- Which environments (mature RHIOs, hospital-based systems, other) best support the specific charge?
  - Refine Approach: Implement well in several small areas or more broadly (with greater risks) for future success?
    - Portals may be expeditious, but may disincentivize further uptake of person-centric solutions
- Limit initial provider access to EHR users or make lab information available to all authorized parties?
- How/when to include diverse laboratory data sources?
  - National laboratories
  - Federal systems
  - Hospitals
  - Local laboratories
  - 120,000 physician offices



## Next Steps

- Define environmental characteristics for successful deployment of recommended models
  - Conduct rapid environmental scan:
    - Explore RHIO and hospital-based processes currently available
    - Explore governance, financing, value proposition in successful RHIOs (Input from AHRQ studies)
    - Explore market contexts that drive specific solutions: RHIOs, web portals or direct linkage to laboratory results
  - Identify key components of a patient-driven, easy-to-use, secure authorization process, from both technical and consumer perspectives
  - Consider both technical and consumer implications of opt-in vs. opt-out patient choices
- Provide further recommendations for rapid deployment of models