

CONNECTING FOR HEALTH[®]

MARKLE FOUNDATION

A Public-Private Collaborative

NATIONWIDE HEALTH INFORMATION NETWORK PROTOTYPE PRESENTATION

INTRODUCTION

OUR TEAM

OUR APPROACH

USE CASES

Consumer Empowerment

Electronic Health Record

Biosurveillance

HCAR	RKETS



SPECIAL FEATURES

STRENGTHS OF OUR APPROACH

DISCUSSION

TECHNICAL ARCHITECTURE

CSC and the Connecting for Health Team

NATIONWIDE HEALTH INFORMATION NETWORK PROTOTYPE DEMONSTRATION



Department of Health & Human Services Office of the National Coordinator for Health Information Technology



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The CSC Connecting for Health Nationwide Health Information Network (NHIN)



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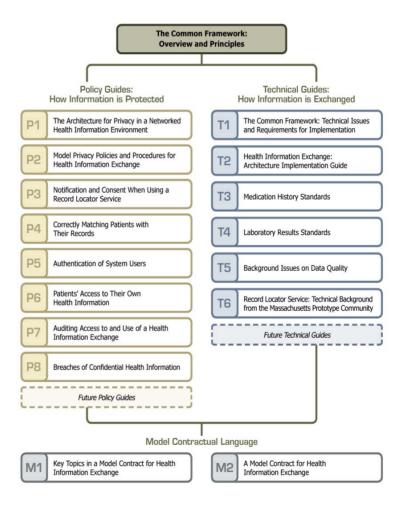
Biosurveillance



DISCUSSION

TECHNICAL ARCHITECTURE

The Connecting for Health Common Framework Policies and Standards





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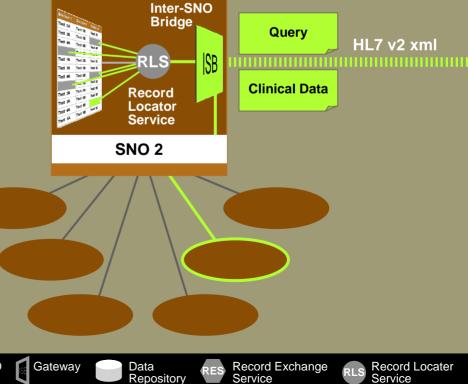
A Thin NHIN — Technical Services Requirements

Record Locator Service (RLS)

- Authorized lookup of patient data locations
- Index to data locations; NO clinical data

Inter-SNO Bridge (ISB)

- Implementation of the **NHIN** interface
- Connects diverse data sources, networks, and data types (including labs, medication history, PHR data, immunizations)
- Avoids replacing existing "edge" systems
- Formats the data into standard HL7 messages
- Transmits data securely



RLS

Service



Inter-SNO Bridge

Data

RES Repository



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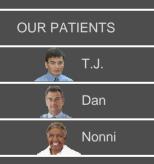
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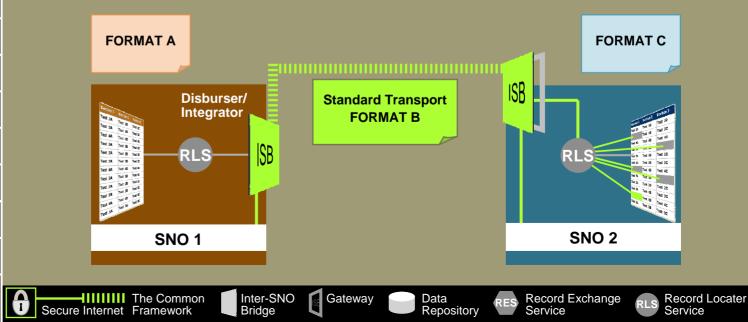
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Inter-SNO Communication Using the Common Framework

- A SNO queries other SNOs when it knows:
- An institution where the patient received care
- A region where the patient received care
- Queries are sent to the local RLS and ISB
- Local ISB converts guery to common standard and sends to remote ISBs
- Same guery format for all remote SNOs, needing only location of other ISBs
- Remote ISB looks up patient data locations in remote RLS
- Remote ISB retrieves data, converts to common standard, and transmits to requesting ISB if appropriate authorizations are in place





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Benefits of Our Approach

- Recognizes and handles diversity in subnetwork organizations
- Low barrier, very easy to enter
 - Low initial costs
 - Easy to ramp up later
- Like the Internet, requires no "top-level" operator or control
- Implements a common set of privacy policies across the network

NHIN

- Built on lines of actual human trust
- No Nationwide guery
 - Queries are targeted and authorized among trusted parties (no "fishing")
- Practical, operational approach
 - Standards are already in widespread use



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USE CASES	Mendocino H·R·E	IHIE	MA-SHARE
Consumer Empowerment		Indiana Health Information Exchange	••••
Electronic Health Record	Healthcare Partners		
Biosurveillance	Mendocino, CA Mendocino Community 	Indianapolis, IN	Boston, MA Boston Medical Center
HEALTHCARE MARKETS	 Hospital Anderson Valley Health Center Redwood Coast Medical Services Mendocino Family Care 	 Indiana University Medical Group (IUMG) Primary Care IUMG Specialty Care Indiana Department of Health (ESSENCE) Mid America Clinical Lab 	 Whittier Street Health Center South Boston CHC Beth Israel Deaconess Medical Center (BIDMC) Children's Hospital Boston (CHB) Massachusetts Department of Public Health (AEGIS) IndivoHealth
OUR PATIENTS			
T.J.			
Dan	• Andy Coren, MD		
Nonni	Mendocino County Department of Public Health		
SPECIAL FEATURES	Technology and Indust	ry Partners	
STRENGTHS OF OUR APPROACH	Browsersoft Business Gridren's Hore Program (CH	ospital Informatics • DB Consultin IIP) • eHealth Initia	
DISCUSSION	Networks – Automat	ted Epidemiologic • Electronic He poral Integrated Record Vend	ealth • OpenHRE
TECHNICAL ARCHITECTURE	Center for Surveilla Information (AEGIS)	ance System Association (EHRVA)	SiloSmashers
		Pathology • I2i Systems, I ics Network	Inc. • Sun Microsystems

(SPIN)

• GE Healthcare