



IIS Interoperability in the New HIE World

California Immunization Coalition (CIC)

2019 Summit

Riverside, CA

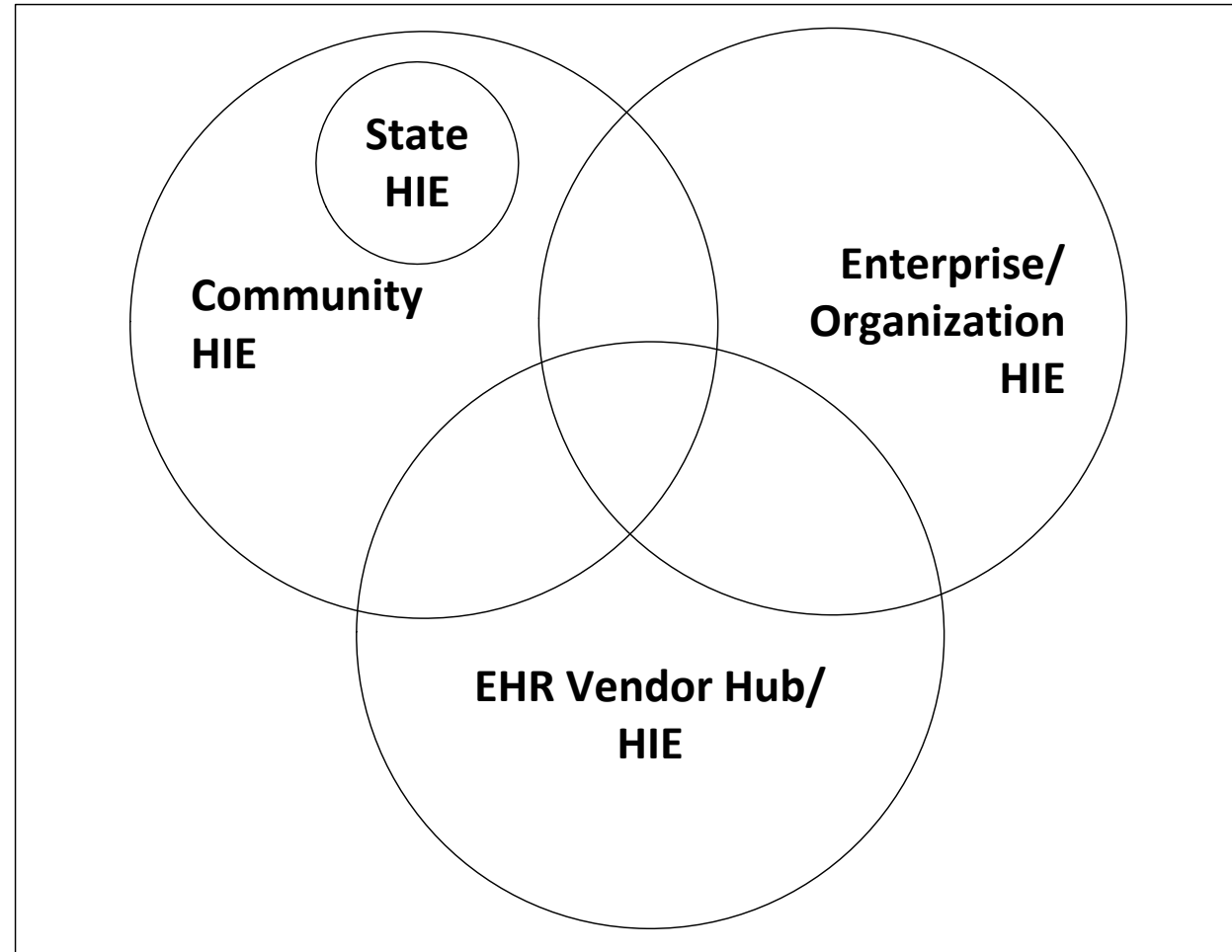
April 9, 2019



Agenda

- Model of different HIE types existing in the US today
- Review of major national market-driven networks
- Review of TEFCA
- Analysis of different types of interoperability options for immunization transactions using HIEs
- Role of standards in promoting interoperability.
- Core advice to HIE and public health projects

HIE Models



Regional HIOs in California



<https://www.chcf.org/publication/promise-pitfalls-californias-regional-health-information-organizations>

*Uses Manifest MedEx's technology platform and services.
 Note: Dots indicate counties in which multiple HIOs have participants.



Market-driven Networks

- Commonwell
 - EHR vendors
 - Anytime, anywhere access to data via common standards
 - Provides central RLS to enable query; return of consolidated C-CDA
- Carequality
 - Provider organizations are members
 - Point-to-point query by looking up site; returns whatever is found
 - No RLS or MPI
- Strategic Health Information Exchange Collaborative (SHIEC)
 - National association of HIOs/HIEs
 - Patient Centered Data Home Project



Market-driven Networks

- eHealth Exchange
 - Grew out of Federally-initiated NwHIN
 - Key Federal players as well as many private sector provider organizations participate
 - Limited practical production implementation
- State-level HIEs
 - Many started under ONC State HIE Cooperative Agreements
 - Some are networks of networks (MiHIN); some have direct clinical connections (VITL, DHIN)
 - Some states mandate public health transactions to use state HIE but most do not
- EHR Vendor Hub (*e.g.*, Epic Care Everywhere)
 - Created primarily to facilitate interoperability between users of the same EHR platform but they do enable external interoperability, often at additional cost

<https://www.hln.com/hie-the-new-landscape/>

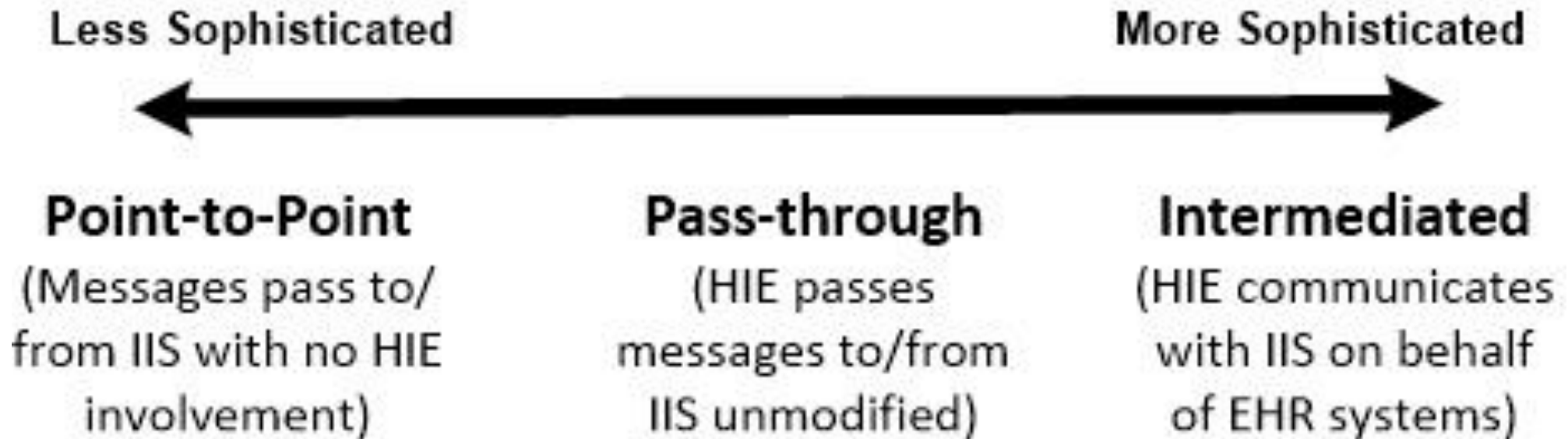


TEFCA and Public Health

- Two parts: Set of Principles; Model with minimum terms and conditions for trusted exchange
- Core of model: Limited number of qualified HINs
- Model is completely “pull”; seems to be a muddled IHE-model, most comfortable to Healtheway and Commonwell
- Model does not support public health transactions well
- Little attention paid to realities of state/local consent
- Voluntary, but Federal Agency adoption can be impactful
- Feb 2019 ONC NPRM mentions TEFCA almost in passing

<https://www.hln.com/tefca-a-public-health-perspective/>

HIE Interoperability Options



<https://www.hln.com/approaches-for-iis-hie-collaboration/>



Role of Standards

- One of the major keys to interoperability
- Healthcare standards very detailed – 80/20 rule
- Have a long tail of use – hard to advance in production
- Standards development seems to roll on relentlessly; “expensive” to participate
- Public health transactions often require different standards than other clinical transactions



Wrap-up and Advice

- Still a complicated landscape – recent CHCF report on CA (<https://www.chcf.org/publication/promise-pitfalls-californias-regional-health-information-organizations/>) and visit <http://www.ca-hie.org/>
- Public health agencies need to build (or buy) informatics capability and leverage membership organizations' informatics investments and capabilities
- Understand the environment and leverage, leverage, leverage
- Speak up! Especially in the context of Federal rulemaking



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