HIT Standards Committee

Implementation Workgroup

Review of the Adoption Experience Hearing

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- Judy Murphy, Aurora Health Care
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- Wes Rishel, Gartner, Inc.
- Cris Ross, MinuteClinic
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Top Ten Recommendations from the Implementation/Adoption Experience Hearing on 10/29/09

1. Keep it simple.
   - Think big, but start small.
   - Recommend standards as minimal as required to support a necessary policy objective or business need, and then build as you go

2. Don’t let “perfect” be the enemy of “good enough”
   - Go for the 80 percent that everyone can agree on
   - Get everyone to send the basics (meds, problems, allergies, labs) before focusing on the more obscure

3. Keep the implementation cost as low as possible
   - Minimize the costs associated with implementation of standards, including royalties, licensing fees and other expenses
   - Open the NIST interoperability certification testing processes

4. Design for the little guy
   - Make sure the endorsed standards are as broadly implementable as possible, so diverse participants can adopt it, and not only the best-resourced

5. Do not try to create a one-size-fits-all standard
   - Do not mandate or attempt to create a one-size-fits-all standard that adds burden or complexity to the simple use cases
Top Ten Recommendations, continued

6. Separate content and transmission standards.
   - Separate content standards from transmission standards; i.e., if CCD is the html, what is the https?
   - Separate the network layer from the application layer.
   - Avoid linking changes between senders and receivers.

7. Create publicly available vocabularies & code sets
   - Ensure they are easily accessible and downloadable, with straightforward means to update or upgrade.

8. Leverage the web for transport ("health internet").
   - Use what already works in transporting information securely on the internet.
   - Decrease complexity as much as possible to shorten the learning curve of implementers.

9. Position quality measures so they motivate standards adoption.
   - Strive for quality reporting to be an automated by-product of using certified technology and standards, lowering the administrative burden of reporting to the lowest extent possible.

10. Support implementers
    - Make Implementation Guides available that are human readable, with working examples and testing tools.
    - Facilitate implementers’ use of Implementation Guides with effective national communication plans.
    - Publish open source reference implementations.
Federal Advisory Committee Blog Comments

- Federal Advisory Committee Blog
  - [http://healthit.hhs.gov/blog/faca/](http://healthit.hhs.gov/blog/faca/)

- Non-governmental blogs with related content
  - John Halamka’s blog: [http://geekdoctor.blogspot.com](http://geekdoctor.blogspot.com)
  - Adam Bosworth’s blog: [http://adambosworth.net/](http://adambosworth.net/)
Conclusions

• Substantial concern about the state of the EHR
  – Difficulties improving economics, quality, or productivity
  – We are not building on a firm legacy of success, we are looking for a pathway to success

• Think big, start small, move fast
  – Thinking for future adopters and innovators is important
  – Corresponding concern that the work that has gone into complex standards will be lost

• Separate content from transport
  – “Get SDOs out of the business of creating HTTP”

• Combine the best of Internet and Informatics thinking

Question

• Are complex solutions the best answer to complex problems?
Closing Observations

From Dr. John Halamka – for discussion by the HIT Standards Committee & Implementation Workgroup members

1. Work hard on vocabularies and try to get them open sourced for the entire community of stakeholders
2. Consider adding a simple REST-based transport method for point to point exchanges between organizations
3. Work jointly with the HIT Policy Committee to establish a privacy framework that enables us to constrain the number of security standards
4. As we continue our work, try to use the simplest, fewest standards to meet the need
5. Continue to gather feedback on the 2011 exchanges (ePrescribing, Lab, Quality, Administrative) to determine if there are opportunities to enhance testing platforms and implementation guidance that will accelerate adoption