Advancing Interoperability

LEAD *the* **WAY**

Building a People-Centered Health System

BETTER HEALTH · BETTER CARE · LOWER COSTS

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

Why does interoperability matter?

- Patients, clinicians and all health care stakeholders - as well as the nation - will benefit when health information systems when their components are able to exchange clinical and other information seamlessly, and integrate that information using common standards that provide access to longitudinal information for health care providers.
- Interoperability is essential to a high-performing People-Centered Health System because it allows the widespread exchange of structured and standardized health information through interoperable health information technology. This makes it simpler to place the patient at the center of an interconnected system of his/her own medical data, and helps care providers meet a patient's needs in a more comprehensive and concise manner by eliminating barriers to data sharing and care coordination. To highlight just a few benefits, interoperability will aid providers in identifying drug interactions, recognizing changes in a patient's condition, and will reduce redundant and unnecessary testing.
- Interoperability will facilitate new payment models such as Accountable Care Organizations (ACOs) and bundled payments, which require coordination and information exchange across all venues (ambulatory, physician office, acute care, home care, skilled care, ancillary therapies, pharmacy, etc); and which will result in better coordination of care, containment of costs, improved patient outcomes and real progress toward health system transformation.

What Can Policymakers Do?

Ensure the Development and Enforcement of Interoperability Standards that Foster a Connected Health System. Focus Certification for Meaningful Use on Interoperability Standards.

- Develop and select standards for interoperability by working with the private sector.
- Base interoperability on open-source, consensus-based, transparent standards that are sufficiently mature.
- Establish comprehensive and easily accessible provider directories.
- Ensure that electronic health record (EHR) vendor systems are built to interoperate and support seamlessly sending, receiving, and querying patient data across different platforms. Certification should test EHRs for usability and should assess whether the EHR meets specified standards. Post-installation testing should confirm that installed systems work as intended.

Government Programs Should Use Only Mature Standards

The Meaningful Use program has required the use of immature standards not ready for widespread use such as the "direct" standard, which essentially is secure email that does not send information that can be readily integrated into the recipient's EHR. Further, although use of the direct standard is required, provider have direct addresses. This has unnecessarily complicated the program for hospitals, physicians, patients and vendors.

Solution: Only mature standards ready for widespread use should be required by government programs.

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Table Stage 3 and Reform the Meaningful Use Program to Focus on Interoperability and Outcomes

- Table the pending Centers for Medicare & Medicaid Services (CMS) Stage 3 proposed rule and the companion Office of the National Coordinator for Health Information Technology (ONC) certification rule, and reorient the Meaningful Use (MU) program to focus on interoperability, standards and outcomes.
- Allow providers that change certified EHR technology to have a hardship exception from MU penalties for one year, with renewal available for additional year(s) if warranted.
- Allow an optional 90-day reporting period for all years; at minimum, a 90-day reporting period should be available for the first year of every new stage and providers new to the program.
- Ensure EHR certification requires use test case with a variety of different sized organizations to assure functionality will deliver safe high-quality care.
- Require transparent sharing of technical solutions for MU certification.
- Include only mature standards with a history of successful use by providers in the MU program.
- Modify the MU program's "all or nothing" structure for measuring provider performance.
- Permit providers to remain in each stage of MU for at least three years.

Promote an Effective National Strategy for Matching Patients to their Data

- Recognize that sharing data safely, efficiently, effectively and accurately requires a national patient matching strategy so that patients are correctly identified – every time.
- Address the existing policy prohibition that prevents the federal government from promoting patient safety through a national strategy for correctly matching patients to all of their data.
- Implement a strategy for correctly identifying and authenticating patients through collaboration with the private sector.

Establish Common National Standards for Privacy and Security

- Recognize that the Health Insurance Portability and Accountability Act (HIPAA) provides strong privacy and security protections for individually identifiable health information and disallows exemptions from HIPAA preemption.
- Discourage state governments from establishing unique requirements that increase variation in standards and policies, which diminishes the ability to easily share information across state lines.

Focus Policy Changes on Standards and Revamping Meaningful Use Program

Some policymakers are focused on policy changes that will penalize "information blocking". We believe that existing market pressures, new models of care, increasing patient engagement and the move to paying for value will provide sufficient impetus to promote the ease of sharing secure health data.

Solution: Policymakers should focus their attention on furthering the development and selection of standards, revamping MU requirements and shifting ONC's certification program to focus on optimizing patient outcomes and promoting interoperability

Trinity Health is a Committed Partner

True health system transformation and effective management of population health simply cannot be achieved without interoperability – this means that electronic health information is appropriately and readily available to empower consumers; support clinical decision-making; advance science; inform population and public health; and provide the analytical capabilities needed for value-based payment.

Trinity Health supports the rapid, measureable movement toward value in the delivery of and payment for health care because it is better for our patients and their families.

Trinity Health is committed to having 75 percent of our revenue in value-based arrangements by 2020. Currently, our commitment to value-based payment models is as follows:

- 12 Shared Savings Plan (SSP) Accountable Care Organizations (ACOs)
- 18 commercial ACO programs
- 53 facilities (hospitals, continuing care and homecare) participating in the Bundled Payment Care Improvement Initiative
- 65 Patient-Centered Medical Home programs

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