

The ONC's Interoperability Roadmap: Where Does Care Delivery Intersect Care Information?

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Remember the tried and true “chicken crossing the road” jokes? As a kid, those rivaled knock-knock jokes as some of my favorites. The “road” we are talking about today is the roadmap for interoperability, crossing that road and meeting the milestones along the way.

The following graphic highlights the ONC's Interoperability Roadmap and the milestones along the road setup specific annual checkpoints. Finalized last fall, this map suggests 10 years' worth of milestones that are designed to help health IT teams achieve key interoperability goals. As we look at the roadmap, it may seem to some healthcare delivery teams that this is more a challenge of “crossing the road” without being slammed by tech obstacles. We know that there has to be some intersection between care delivery and care information, but how does that synchronization work so that we can travel this roadway successfully?

A leading concern most healthcare provider organizations have isn't the deployment of an EHR system, it is the integration of that system within their larger ecosystem. Workflow and access to care information is paramount and elusive in equal measure. The smooth flow of patient data continues to hit traffic jams, is struck by obstacles or just runs out of gas before reaching its destination. According to Dr. Karen DeSalvo, the ONC's national coordinator for health IT, “If we're going to change the care model, we need an information model to support it.”

Let's take a look at each checkpoint in detail, along with three of the sixteen goals that the ONC has outlined for each state. The full report is posted [here](#).

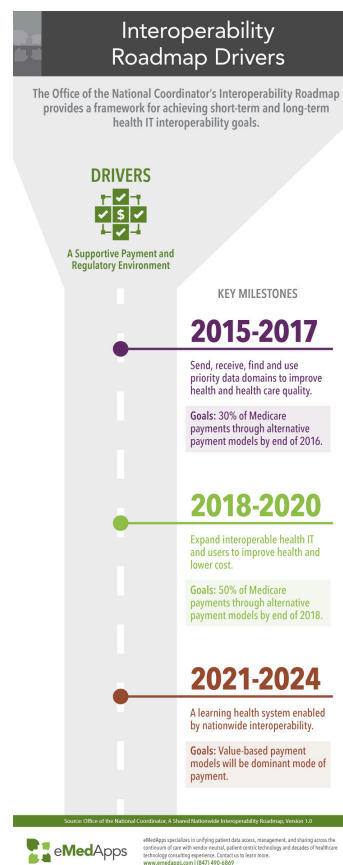
Crossing the Road: Phase 1 (2015 – 2017)

Milestone: Send, receive, find and use priority data domains to improve health and health care quality.

Goals 1 - Drivers: A Supportive Payment and Regulatory Environment
CMS will aim to administer 30% of all Medicare payments to providers through alternative payment models that reward quality and value, and encourage interoperability, by the end of 2016.

Goal 2 – Policy and Technical Components: Shared Decision-Making, Rules of Engagement and Accountability

At least 50% of electronic health information sharing arrangements (as defined above), including health information service providers (HISPs), adhere to recommended policies and business practices such that electronic health information can be exchanged by participants across organizational boundaries.



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Goal 3 - Ubiquitous, Secure Network Infrastructure

100% of Technology developers should follow best practice guidance for “building security in” their health IT products and services. Security considerations should be incorporated at all phases of the software development lifecycle, including penetration testing. Health IT products and services should be deployed with secure defaults enabled, such as encryption, and easily patched when security issues are identified.

While the foundation of information access is in place in many healthcare delivery organizations, connecting to other domains (e.g., HIEs), is a goal worth aggressively pursuing.

Crossing the Road: Phase 2 (2018 – 2020)

Milestone: Expand interoperable health IT and users to improve health and lower cost.

Goals 1 - Drivers: A Supportive Payment and Regulatory Environment

CMS will administer 50% of all Medicare payments to providers through alternative payment models that reward quality and value by the end of 2018.

Goal 2 – Policy and Technical Components: Shared Decision-Making, Rules of Engagement and Accountability

100% of electronic health information sharing arrangements (as defined above), including HISPs, adhere to recommended policies and business practices such that electronic health information can be exchanged by participants across organizational boundaries.

Goal 3 - Ubiquitous, Secure Network Infrastructure

The joint public-private Cybersecurity Workgroup within Health and Public Health (HPH) continues to develop and release general cybersecurity best practices and guidance, such as tailored NIST Cybersecurity Framework, encryption, risk management, monitoring and security testing implementation guides for varying levels of audiences.

Crossing the Road: Phase 3 (2021 – 2024)

Milestone: A learning health system enabled by nationwide interoperability.

Goals 1 - Drivers: A Supportive Payment and Regulatory Environment

The federal government will use value-based payment models as the dominant mode of payment for providers.

Goal 2 – Policy and Technical Components: Shared Decision-Making, Rules of Engagement and Accountability

Non-healthcare stakeholders, such as human services, community-based services, and researchers are included in electronic health information sharing arrangements in support of a learning health system.

Goal 3 - Ubiquitous, Secure Network Infrastructure

As a result of the efforts from the joint public-private Cybersecurity Workgroup, 80% of large organizations in the HPH sector adopt the NIST Cybersecurity Framework or equivalent risk management framework that addresses common security risks and controls such as encryption, monitoring, and security testing.

ONC Summary: While important progress is being made today, the health care landscape continues to be dominated by fragmentation in care delivery and payment models that are largely based on the volume of services delivered, rather than the delivery of efficient, high-quality care and better patient outcomes. When providers are rewarded for value, interoperability can be a significant tool to help them meet such requirements, but broad demand for interoperability has lagged and been insufficient to drive connectivity across health care providers. Providers that are increasingly accountable for patient outcomes and total cost of care, regardless of where else

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that individual has received care, will increasingly demand access to an individual's complete clinical record, laboratory results, broader health-related information (human service and other community-based information) and total cost of care required to effectively manage the person's health. As models that reward quality over quantity continue to expand, providers are more likely to see a business case for making the time and cost investments to incorporate use of interoperable health information into how they deliver care. This, in turn, will increase the demand for interoperable technology.

Crossing The Road Unscathed

Is this the final roadmap? Doubtful. By definition, the ONC's Interoperability Roadmap is intended to evolve – it is a guide that will gain ongoing input from healthcare stakeholders including providers, vendors and patients. As the central coordination point, the ONC will engage with the "ecosystem" of healthcare organizations and update guidance. Crossing the interoperability highway is challenging, but like the "chicken" each stakeholder will have their own driving force and we'll all evolve through this process to become more connected and see improved access, management and sharing of a comprehensive patient record. Our collective enhanced view of the road will improve care delivery, improve outcomes, reduce risk and costs and help us all "make it to the other side."

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