HealthData Management

HSPC Incorporates, Gears Up to Tackle Interoperability Problem

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The Healthcare Services Platform Consortium, a group of providers, IT vendors, system integrators and venture-led firms dedicated to solving the industry-wide interoperability problem, has filed for incorporation in the State of Delaware as a first step to gaining legitimacy as an organization.

“For us to really have governance and be able to make binding decisions for the group, we have to have some formal organization in place and we also want to be able to receive money and disburse money,” says Stanley Huff, M.D., chief medical informatics officer for Salt Lake City-based Intermountain Healthcare and a founding member of HSPC. He talked to *Health Data Management* Aug. 22 during a consortium meeting in Washington, D.C, hosted by IBM.

“Probably the most important thing to me is that incorporation will provide money so that we can hire a CEO whose full time job will be focused on the consortium,” says Huff. “And, then number two, is making it so people can officially join and we can put official governance in place in terms of voting, decision rights and bylaws.”

Another benefit of incorporation is that government agencies such as Veterans Affairs then can participate and join the group. “For the last year, the VA has been coming to the meetings but they sort of stayed in the shadows because they can’t officially participate or be a founding member or be an officer until we are an established non-profit venture,” Huff adds.

Launched a little more than a year ago, HSPC is attempting to create a next-generation IT platform to build a services architecture foundation that includes standard clinical-data models and terminologies to achieve true “semantic interoperability”—which the organization calls the “gold standard” required to support new models of risk-sharing for ACOs, patient-centered

medical home and health and wellness programs.

There are three levels of health IT interoperability: foundational, structural, and semantic. Of the three, semantic interoperability--which relies on a Services Oriented Architecture (SOA)—provides the highest level of interoperability, namely the ability of two or more systems or elements to exchange information and to use the information that has been exchanged taking advantage of both the structuring of the data exchange and the codification of the data including vocabulary so that the receiving IT systems can interpret the data.

This level of interoperability supports the electronic exchange of patient summary information among caregivers and other authorized parties via potentially disparate EHR systems and other systems to improve quality, safety, efficiency, and efficacy of healthcare delivery. According to HSPC, this services orientation will allow the healthcare industry to "transcend conventional clinical-data operations to enable software application developers to respond to events across disparate information systems, seamlessly aggregate data from both new and legacy systems, deliver advanced clinical decision support with data analytics, and support business process interoperability."

Building membership, technical vision

Huff argues that HSPC has made significant progress over the past year, especially in terms of securing participation from major providers and vendors. "It's incredibly important to me that we have Epic here, we have Cerner here, and we have Siemens here," he said. "Allscripts wasn't here at this [Aug. 21-22] meeting, but they are a really good supporter as is the VA. We already had Intermountain and Harris. Add to that LSU and ASU and the University of Utah. I'm really excited about the set of people that have been willing to come and spend their time doing this."

HSPC's vision is to create online resources in the form of an "App Store" for the delivery of software apps and services to consortium members and the healthcare industry at large. While providing an open service standards application development platform and application programming interfaces (APIs) to the broader community, HSPC intends to leave it to software developers to come up with the actual products. The group also wants to establish a "sandbox" or testing lab where new apps could be developed and then certified by an HSPC certification authority certifying that they meet specifications.

"We have to have enough support from the vendors that they're supporting the standard services against their back end," Huff said. "I could buy the app but if I own Cerner and they don't have the services to support the app I don't get the clinical benefit."

HSPC is "hitching its wagon" to the recently published open healthcare data standard--Fast Healthcare Interoperability Resources (FHIR)--from HL7. Huff asserts that the industry can't have interoperability without having shared, formal information models for clinical data, such as the Clinical Element Model developed by Intermountain Healthcare--which HSPC hopes will

serve as the foundational components of the SOA-based platform that will result in widespread industry adoption delivered as a Platform-as-a-Service.

“I’m very excited about the modeling work we’re doing—that’s the part where I have the most personal interest,” he said. “I think we’re doing cutting-edge work on how we create FHIR profiles, how you manage that, and how you make that a public shared resource and the basis for interoperability at the data level. We’re making technical advances around use of standardized models and using those to create FHIR profiles. It’s not just a matter of us using the same codes. You have to understand the structure of the data and how the codes participate in the structure of the data to get to true, meaningful, understandable, and unambiguous representation of the data.”

Earlier this month, a task force of the Office of the National Coordinator for Health IT held a listening session on interoperability in which stakeholders warned about moving too quickly from a consolidated clinical document architecture (CDA) to discrete data elements involving APIs and the proposed FHIR standard. Huff agrees that FHIR should not be imposed as a standard until it’s been implemented at scale. “If you force a timeline arbitrarily, we’re going to do something bad,” he warns.

However, while CDA is “good for what it was designed for, which is doing summaries and snapshots of data at a point in time,” Huff makes the case that to “support a much more dynamic response, request, and access to data requires something like FHIR.”