

Healthcare Interoperability Consortium Shows Promise

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CIOs and CMIOs around the country would do well to stop imagining that perfect solutions in a decade are worth waiting for, and instead focus on how pretty-good interoperability could serve us all in the near term.

Everyone is talking about interoperability, and at least one fledgling group, spurred by a large healthcare provider, is willing to serve up real demos to prove they mean business.

The Healthcare Services Platform Consortium (HSPC) is an intriguing mix of modern IT thinking, real-world use cases, and (so far) quite modest hype that also has that elusive quality in the interoperability world known as momentum.

While the Commonwell Alliance still spins up basic interoperability work such as harmonizing patient ID information across different providers' systems, HSPC is tackling a broad range of IT challenges, such as allowing decision support or analytics apps to work "out of the box" across different EHR vendors' platforms.

HSPC's mission is to create "plug-and-play interop, not just interop about data, but sharing of clinical decision support logic, sharing of actual applications, in an executable form, and sharing ultimately more complex processes that include workflows and other kinds of clinical scenarios," said Stan Huff, chief medical informatics officer, during a presentation at this year's HIMSS, a presentation available though little-seen on YouTube and held at the booth of a vendor, Harris Healthcare Solutions.

This type of interoperability could deliver a variety of decision-support applications to clinicians to manage sepsis, or bedside glucose in the ICU, or chronic coagulation, Huff said.

EHRs that support HSPC, and their users, would benefit in innumerable ways. "The magic between these applications and these back ends [the EHRs] are in this middleware part of the structure," Huff said at HIMSS.

He demonstrated three separate applications developed as part of the SMART project, an initiative funded in part by an ONC grant, running on platforms provided by Harris, Intermountain (through its legacy EHR) and HP's "hospital of the future" demonstration at HIMSS.

By next spring's 2015 HIMSS, HSPC plans to show an even broader range of plug and play applications, according to Vishal Agrawal, president of Harris Healthcare Solutions, who I spoke with Monday.

I asked Agrawal whether HSPC would be necessary if, for instance, meaningful use were already successful in its aims.

"The key focus on meaningful use is the exchange of information and getting patient engagement increased," he said. "What we're creating is an App Store that is far beyond the scope of meaningful use. We are creating a set of data virtualization standards, and a reference architecture. We are using FHIR profiles as a technical approach for having that advanced, standardized data format."

Meanwhile, the nonprofit business framework of HSPC would permit collaboration between providers who want to work together on developing an app but resolve intellectual property issues and revenue sharing ahead of time, Huff said at his HIMSS presentation.

"Maybe we want to work with Banner Health or Dignity Health and we want to develop an application," he said. "Certainly there will be tight scrutiny of that framework [of collaboration] by attorneys, but hopefully you can do that up front, and then the actual working together on a piece of software would relate to things that are more like task orders or scope of work type of documents."

As for HSPC itself, "We're just trying to produce enough revenue to be self-sustaining in setting the standards and making them available," Huff said. HSPC will be governed by a board where providers outnumber vendors, "to make sure no single person, organization or block of organizations could prevent [HSPC] from meeting its goals and obligations."

None of this progress has escaped the attention of the ONC, which heard a more recent presentation by Huff at its July 31 JASON Task Force meeting. At this crucial time, when ONC is debating the crafting of a national interoperability strategy, the very real actions of HSPC promise to turn up the heat on ONC to examine and perhaps endorse new ways to get healthcare unstuck from its current set of data and application silos.

CIOs and CMIOs around the country would do well to stop imagining that perfect solutions in a decade are worth waiting for, and instead expend resources to join the efforts of groups such as HSPC to see how some pretty-good interoperability could serve us all in the near term.

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