



Interoperability Takes Center Stage at ONC Annual Meeting

Greg Slabodkin
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With the Jan. 30 release of the Office of the National Coordinator for Health IT's draft Interoperability Roadmap and Standards Advisory, the buzzword at the ONC Annual Meeting in Washington, D.C.—which starts today—is interoperability.

Just days after the release of the documents for public comment, nationwide interoperable health IT—the theme of ONC's Feb. 2-3 meeting—is on the minds of many attendees. ONC's draft Interoperability Roadmap and companion 2015 Interoperability Standards Advisory are being met with widespread approval by HIT stakeholders.

Charles Jaffe, M.D., CEO of Health Level Seven International (HL7), tells Health Data Management that his standards development organization, which is focused on healthcare information interoperability, applauds the ONC effort to develop a roadmap which he calls “comprehensive” in addressing the future state of interoperable health IT.

“It's a great challenge to identify what we will be doing years down the road, but it certainly gives the community of developers and users an opportunity to see what might be part of regulation in the coming years,” said Jaffe, who argues that no single entity or organization is going to solve the challenges to interoperability but instead requires a broad coalition of public-private partners.

He adds that the Standards Advisory is a terrific first start. “I had discussions with ONC's Steve Posnack and Karen DeSalvo face to face last week and we reviewed what it means and what it doesn't mean. For most people, the advisory is a start in identifying what standards are used, what standards might be used, and what changes we need to make to the existing ones,” Jaffe says.

However, Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative, is “not quite as happy” with the Standards Advisory as he is with the Interoperability Roadmap. “When you think about some of the things that are articulated as best standards, I would recommend taking a step back and considering the maturity framework that the HIT Standards Committee approved and uses as a kind of litmus test,” advises Tripathi. “A standard should not only be published and be out there, but it should also actually be adopted and have some level of market adoption, because unless you do that it ends up becoming something that’s thrown on the market and may or may not actually work.”

Tripathi adds that there are a number of things in the Standards Advisory that are not widely deployed in the healthcare industry and don’t meet that litmus test.

Stanley Huff, M.D., chief medical informatics officer for Intermountain Healthcare, makes the case that truly interoperable standards must become an integral part of health IT systems to enable them to “talk” to one another, rather than the current situation which involves what he calls “point-to-point” negotiation.

“The situation we have today is that each system is based on different physical and logical structures for their data, as well as different coding systems,” says Huff. “We have some good standards and we’ve certainly learned a lot in creating standards, but the standards that we have today that are immediately available and ready to go don’t lead to true interoperability.”

FHIR on Fast Track

Huff, who is also a founding member of Healthcare Services Platform Consortium—a group of providers, IT vendors, system integrators and venture-led firms dedicated to solving the industry-wide interoperability problem—sees real potential in HL7’s Fast Healthcare Interoperability Resources (FHIR), a RESTful API that leverages the latest web standards.

“FHIR is much easier and simpler to implement than a lot of the previous standards that we’ve had,” he asserts. “There is the opportunity for those FHIR services to be truly interoperable if—and there’s a big if in there—we as a country and as people agree to the information models and terminology that we’re going to use for exchanging information.”

A report released last year by ONC that was put together by JASON, an independent group of scientists that advises the U.S. government on science and technology, decried the lack of interoperability in the current health IT ecosystem and called for the creation of an open, interoperable health data infrastructure based on the adoption of public APIs. The Health IT Standards and Policy Committees’ JASON Task Force agreed with the JASON report’s assessment that lack of an architecture supporting standardized APIs is a major impediment to achieving interoperability.

Tripathi, co-chair of the JASON Task Force, believes that ONC’s Interoperability Roadmap is closely aligned with the task force recommendations, specifically the “idea of having an evolutionary approach and moving to an open API-based world looking at document-level and data-level interoperability.” In addition, as the manager of HL7’s Argonaut Project to accelerate

the development and adoption of FHIR, he calls current standards such as the Consolidated-Clinical Document Architecture (C-CDA) “very cumbersome and unwieldy.”

The purpose of the Argonaut Project is to rapidly develop a first-generation FHIR-based API and core data services specification to enable expanded information sharing for electronic health records and other health IT, based on Internet standards and architectural patterns and styles. He describes the project as a “code documentation sprint.”

The project includes the participation of several major vendors and providers including: athenahealth, Beth Israel Deaconess Medical Center, Cerner, Epic, Intermountain Health, Mayo Clinic, McKesson, MEDITECH, Partners Healthcare System, SMART at Boston Children’s Hospital Informatics Program, and The Advisory Board Company.

“What the Argonaut Project represents is reflected in many ways in the Interoperability Roadmap,” according to Tripathi. “When you think about the idea of market-based governance and market accountability for interoperability, that’s exemplified in the Argonaut Project because it’s a group of providers and vendors.”

In fact, the Argonaut Project’s charter expresses the hope that FHIR’s “successful and rapid adoption would preclude the need for further federal government intervention in interoperability standards” while warning that “a premature certification requirement might have an adverse effect on the development and adoption of this important work.”

Nonetheless, Tripathi says that although FHIR-based standards are not mature enough for inclusion in 2015 Edition Certification he thinks they could perhaps be ready for certification in 2016 should ONC go that route. Regardless, HL7’s Jaffe concludes: “I think everybody recognizes that if it achieves its promise, FHIR will become a critical standard as we move forward.”