

## Growing Urgency in Developing Healthcare IT Standards

Advancing Health IT

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By [Barbara DePompa](#)

As the Department of Health and Human Services works to simplify currently cumbersome and complex standards for health information technologies, especially regarding standards that govern the exchange of information about patients, overarching concerns about privacy and security continue to grow.

In recent months, the Health Information Technology Policy Committee, for example, reached a consensus on the definition of 'meaningful use' recommended to describe what healthcare providers must do with their e-health systems to qualify for financial incentives the federal government will offer starting in October 2010. For instance, hospitals must generate 10% of their orders via computerized physician order entry by 2011 to qualify for a portion of the more than \$20 billion Health Information Technology for Economic and Clinical Health (HITECH) portion of the American Recovery and Reinvestment Act.

One barrier to standards adoption so far has been the lack of a unique set of standards. Except for standards already federally mandated, such as those governing Health Information Privacy Act (HIPAA) transactions, there are a number of competing and overlapping messaging and data vocabulary standards and in many cases, CSC officials assert that none sufficiently address current healthcare IT requirements. CSC officials cited LOINC or SNOMED for medical lab tests. LOINC adequately addresses the lab test orders but SNOMED is needed for the test results. CSC officials report there's a strong need for ongoing work to build upon, create new or harmonize existing standards schemas.

Separately, HHS officials understand that standards and certification are needed to identify and harmonize technical specifics related to health information exchanges. To accomplish this, HHS reports there is a need to oversee the development and presentation of use cases, to coordinate work with the Health IT Standards Panel (HITSP) and the Nationwide Health Information Network (NHIN) effort, and to support the certification efforts of the Certification Commission for Healthcare Information Technology (CCHIT) in its certification and accreditation activities. Commission-approved criteria and test scripts, developed during the current development cycle, have been published on the web site, [www.cchit.org](http://www.cchit.org).

HITSP, for example, is a multi-stakeholder, consensus-based body designed to provide a process for representatives from all aspects of healthcare to select and harmonize standards to support specific healthcare priorities. Currently, volunteers from over 500 healthcare-related organizations support and participate in HITSP. In 2009, HITSP focused on 'meaningful use' and ARRA's eight priorities, which include:

*\*Technologies that protect the privacy of health information;*

*\*A nationwide health information technology infrastructure;*

*\*Use of a certified electronic record for each person in the U.S. by 2014;*

*\*Technologies that support accounting of disclosures made by a covered entity;*

*\*The use of electronic records to improve quality;*

*\*Technologies that enable identifiable health information to be rendered unusable/unreadable;*

*\*Demographic data collection including race, ethnicity, primary language and gender;*

*\*Technologies that address the needs of children and other vulnerable populations.*

Meanwhile, CCHIT certifies provider-based ambulatory care, EHRs and inpatient EHRs through a public-private process that develops specific criteria for health IT systems and then rigorously evaluates them to determine whether they meet criteria for:

\* **Functionality** – ensuring that the systems can support the activities and perform the functions for which they are intended;

\* **Security** – ensuring that systems can protect and maintain the confidentiality of data entrusted to them; and

\* **Interoperability** – ensuring systems implement the recognized standards and can exchange information and work with other systems.

In 2010 and beyond, healthcare IT standards development will largely hinge on an open source market-driven process – underscored by the need to understand operational goals in building each product or service. According to recent research from INPUT, federal government spending on open source software is expected to grow from \$290 million in 2009 to \$430 million in 2014, (a CAGR of eight percent).

At a recent Harris Corp.-sponsored Washington D.C. conference on healthcare IT, Brian Behlendorf, a Collaboration Advisor within the Office of the National Coordinator for Health Information Technology said the development of standards for healthcare IT will largely depend on the creation of new open source technologies, and will replicate the success of other technologies currently on the market, such as open source web servers and browsers. “FHA has very aggressive goals to achieve nationwide health information exchange, which means we must create reusable technologies in as many places as we can,” he said.

Meanwhile, he added that licensing code may seem an obscure place to start in advancing standards, but it’s a model previously used by Linux, Apache and other software development efforts and is now a basis for commercial ecosystems. “As open source code is public and processes for development are public, the CONNECT community is developing features that can be vetted and brought to use more quickly,” he explained.

The primary benefit of this community-based development approach is that the technology used is ‘commercial-off-the-shelf,’ and based on industry standards, which sharpens each supplier’s ability to focus on services delivered. “Security will be provided through transparency, using a network that can be trusted as it centers on a high degree of confidentiality surrounding patient records and security,” Behlendorf explained.

Using a community approach to developing new standards for healthcare software and services means the solutions will be vetted, and address key privacy and security concerns, rather than waiting for a new product cycle from a single industry supplier, he explained. The community of stakeholders, providers, payers, agencies and state/local governments will drive the development of key health IT services. “FHA’s role is as facilitator of the process,” he said. And by the looks of it, FHA is having great success. At recent code-a-thons that took place in late 2009, FHA pulled programmers from a variety of organizations to developer events that were attended by more than 10 times the originally expected number of software developers.

Ultimately, the process of accelerating the adoption of health IT standards will not happen overnight. It’s an ongoing effort that will require the participation of all stakeholders in order to succeed. The standards required within the HITECH provisions of ARRA will force changes to existing applications and interfaces, along with the adoption of yet-to-be-finalized new standards to meet interoperability requirements, CSC officials maintain. Compliance to those standards is tied to the financial incentives offered, so it’s critical for state and local governments and healthcare providers to assess their current installations and begin planning for what will be needed to meet the 2011 incentive deadline.

Source: CSC

Barbara DePompa is a freelance writer for 1105 Government Information Group’s Custom Media unit. This Snapshot report was commissioned by the Custom Media Group, an independent editorial arm of 1105 Government Information Group. Specific topics are chosen in response to interest from the vendor community; however, sponsors are not guaranteed content contribution or review of content before publication. For more information about 1105 Government Information Group Custom Media, please email us at [GIGCustomMedia@1105govinfo.com](mailto:GIGCustomMedia@1105govinfo.com)