



CONNECTING FOR HEALTH COMMON FRAMEWORK

Resources for Implementing Private and
Secure Health Information Exchange

Overview of the Connecting for Health **Common Framework** MIT HIT Symposium

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What is Connecting for Health?

- A public-private collaborative of 100+ organizations representing all the points of view in healthcare
- A neutral forum established more than 4 years ago
- Founded & supported by the Markle Foundation
- Additional support from the Robert Wood Johnson Foundation

What is the Purpose of Connecting for Health?



To catalyze changes on a national basis to create an interconnected, electronic health information infrastructure to support better health and healthcare

Connectivity

- Focus on MOVING information
- Access to information when its needed, where its needed
- Necessary for realizing the full benefits of HIT—both the quality and cost effectiveness goals depend on it
- Automation vs. Transformation
- Start from here!

Some Barriers to Electronic Information Sharing in Health

- **Technical** (eg lack of standards)
- **Policy** (eg lack or incompatibility of rules about who is allowed to see information and why)
- **Financial** (eg misalignment of incentives for IT adoption)
- **Educational** (eg lack of understanding of the benefits and risks of IT)

... and the technology is the *easy* part!

Connecting for Health

Areas of Focus

1. Technology Standards and Adoption
2. Policy Framework for Successful Implementation
3. Consumer Access and Participation

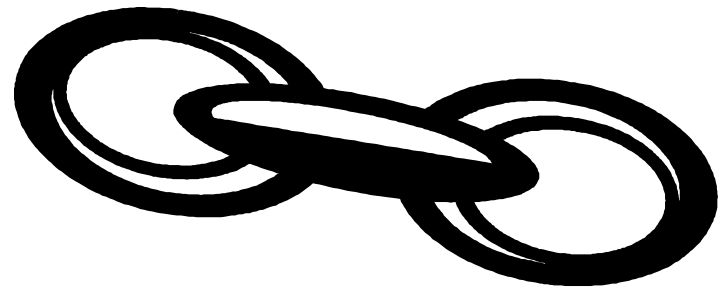
They are all necessary

What are policy issues?

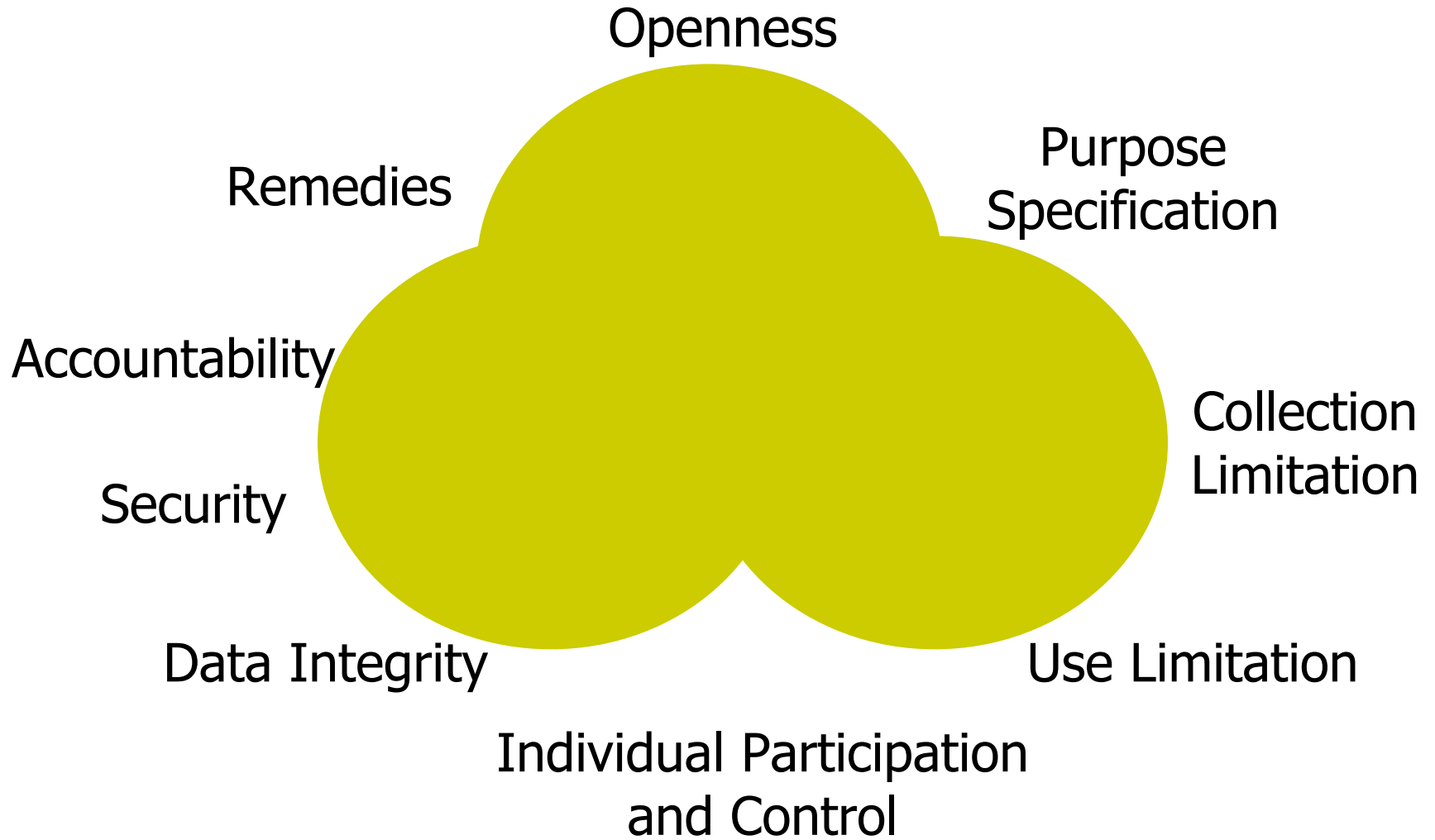
- The most challenging problems to solve have everything to do with policies for the use, sharing and protection of information
- Sorting through policy and legal questions is the least suited to “post-hoc” measures
 - Who can access the system? For what purposes? Under what conditions? With what protections?
 - How do we know they are who they say they are?
 - What do we do about privacy and patient control?
 - What about reconciling patient identities across multiple systems?
 - What about patient access?
 - What do we do about breaches?
 - And the list goes on and on.....

Technology and Policy are Linked

- Choices about one necessarily shape the other.
- To build trust, you have to put policy decisions first.



Connecting for Health: Policy Principles



Connecting for Health: Technology Principles

1. Make it “Thin”
2. Avoid “Rip and Replace”
3. Separate Applications from the Network
4. Decentralization
5. Federation
6. Flexibility
7. Privacy and Security
8. Accuracy

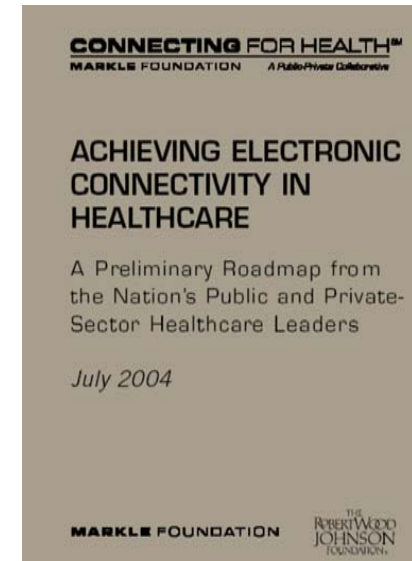
How Was the Common Framework Developed?

Connecting for Health...

- Started with Design Principles
- Wrote a Roadmap
- Built a Prototype
- Developed the Common Framework through field experience and the collaboration of many, many experts

The Roadmap Report

- Laid out the vision in 2004
- More than 60K copies in circulation



Roadmap:

Sharing Health Information = Linking Existing Sources

- Health information can *stay where it is*—with the doctors and others who created it
- Specific information is shared *only* when and where it is needed.
- Sharing *does not* require an all new “network” or infrastructure
- Sharing *does not* require a central database or a national ID
- Sharing *does* require a Common Framework

Roadmap: A Common Framework Is Needed

- The Common Framework is the minimum necessary set of rules or protocols for *everyone* who shares health information to follow.
- Helps organizations overcome the barriers without “reinventing the wheel”
- Enables nationwide interoperability...avoiding isolated islands of information
- Builds *trust*

The Common Framework

Is like a nationwide set of traffic rules that enable specific pieces of health information to travel when and where they are needed...

Connecting for Health Prototype Goals

- Develop a policy and technical framework that enables information sharing to happen for high quality patient care while protecting the privacy and security of personal health information.
- Identify what needs to be common for interoperability and what does not.
- Design and develop the documentation and the materials for communities on issues such as access, control, privacy and security.
- Share and disseminate broadly in order to continue to learn !!!

Who Developed the Prototype and the Common Framework?

- Connecting for Health Steering Group
- Policy Subcommittee: Co-Chairs Bill Braithwaite and Mark Frisse
- Technical Subcommittee: Chair: Clay Shirky
- Three communities and teams:
 - **Boston:** MA-SHARE and technical partner CSC
 - **Indianapolis:** Regenstrief Institute and Indianapolis Health Information Exchange (IHIE)
 - **Mendocino:** Mendocino HRE and technical partner Browsersoft, Inc.

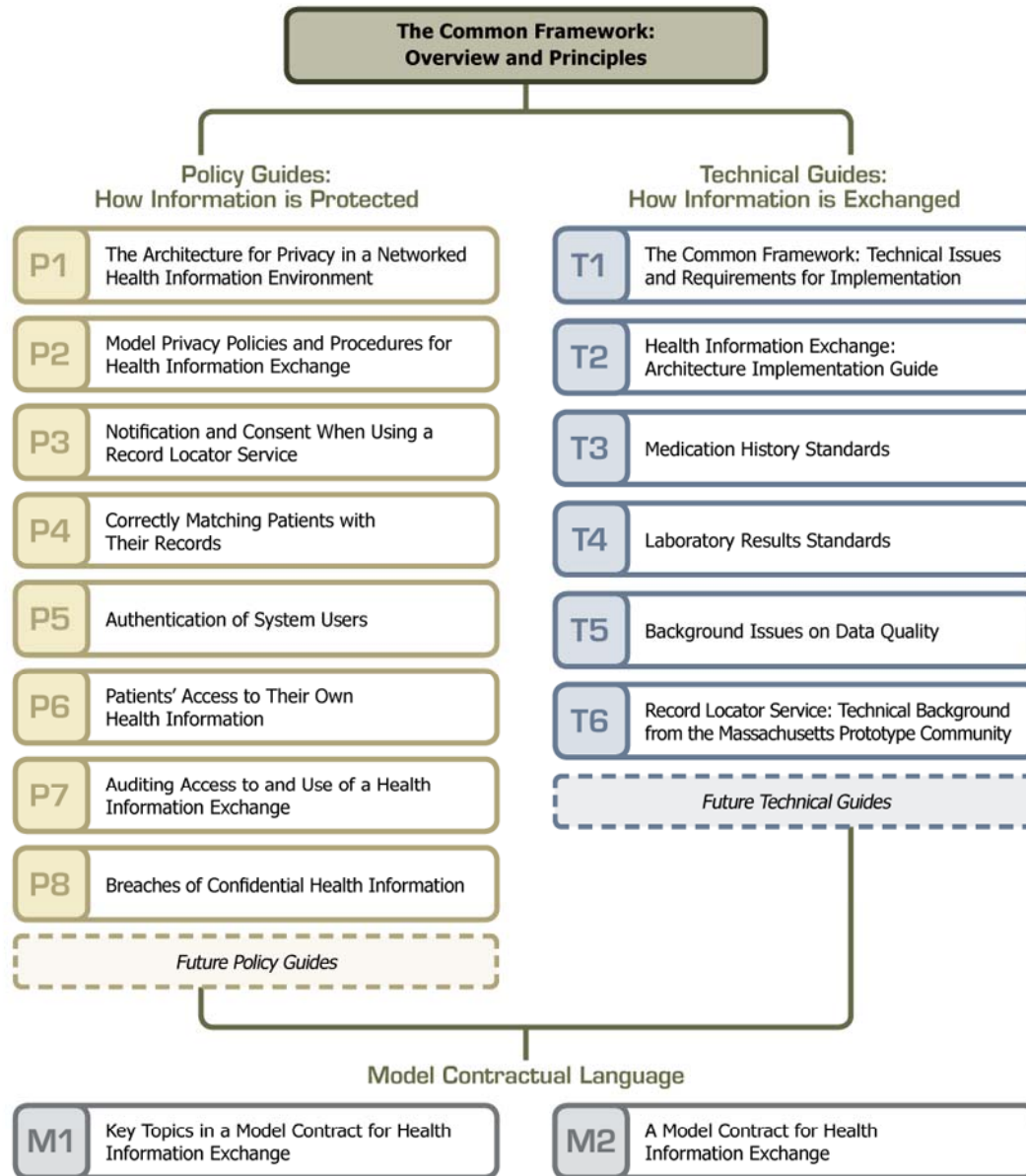
Diverse communities, models, architectures, platforms, hardware and software!

The Common Framework is Not a “RHIO in a box”

- It provides different models to consider—not one “right answer.”
- It is intended as a partial solution. It does not address finance, governance, etc.

What Do the Common Framework Resources Consist of?

- Technical rules and standards—that allow systems to “talk to” each other
- Policies on how to handle information— that build *trust*
- Model contractual language—that holds it all together



What is Available?

Technical Documentation: 3 Categories

1. Background Documents

- T6: Record Locator Service Design
- T5: Data “Cleanliness” and Quality

2. Specific Technical Documents

- T1: Technical Overview and Implementation Requirements
- T2: NHIN Message Implementation Guide (Record Locator Service/Inter-SNO Bridge)
- T3-T4: Standards Guides
 - Medication History: Adapted NCPDP SCRIPT
 - Laboratory Results: ELINCS 2.0, with modifications

3. Technical Code and Interfaces

- Test Interfaces: CA, IN, MA
- Code base: CA, IN, MA

What is Available?

Policy Documentation: 3 Categories

1. Background Document

- P1: Privacy Architecture for a Networked Health Care Environment

2. Specific Policy Documents

- P2-P8: Model privacy policies, notification and consent, correctly matching, authentication, patient access, audits, and breaches

3. Sample Contract Language

- M1: Contact Topic List
- M2: Model Contract

The Common Framework is Still Evolving

- We need your input!
- Improving the resources to better meet the needs
- Exploring how patients/consumers can access their own information
- Exploring how researchers and public health can benefit from health data

Common Framework Resources

- All available free at www.connectingforhealth.org
- Policy and technical guides, model contractual language
- Registration for AHRQ National Resource Center Common Framework discussion forum
- Technical code and test servers from regional prototype sites: Regenstrief, MASHare, OpenHRE
- Email to info@markle.org