

National Health Information Infrastructure (NHII)

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Overview

- I. **What is NHII?**
- II. **Why hasn't it already been done?**
- III. **Current Status of NHII**
- IV. **What can be done to accelerate NHII progress?**
- V. **NHII activities in HHS**



I. What is NHII?

- **Comprehensive knowledge-based network of interoperable systems**
- **Capable of providing information for sound decisions about health when and where needed**
- **NOT a central database of medical records**



What is NHII? (continued)

- Includes technologies, practices, relationships, laws, standards, and applications, e.g.
 - Communication networks
 - Message & content standards
 - Computer applications
 - Confidentiality protections
- Individual provider Electronic Medical Record (EMR) systems are only the building blocks, not NHII



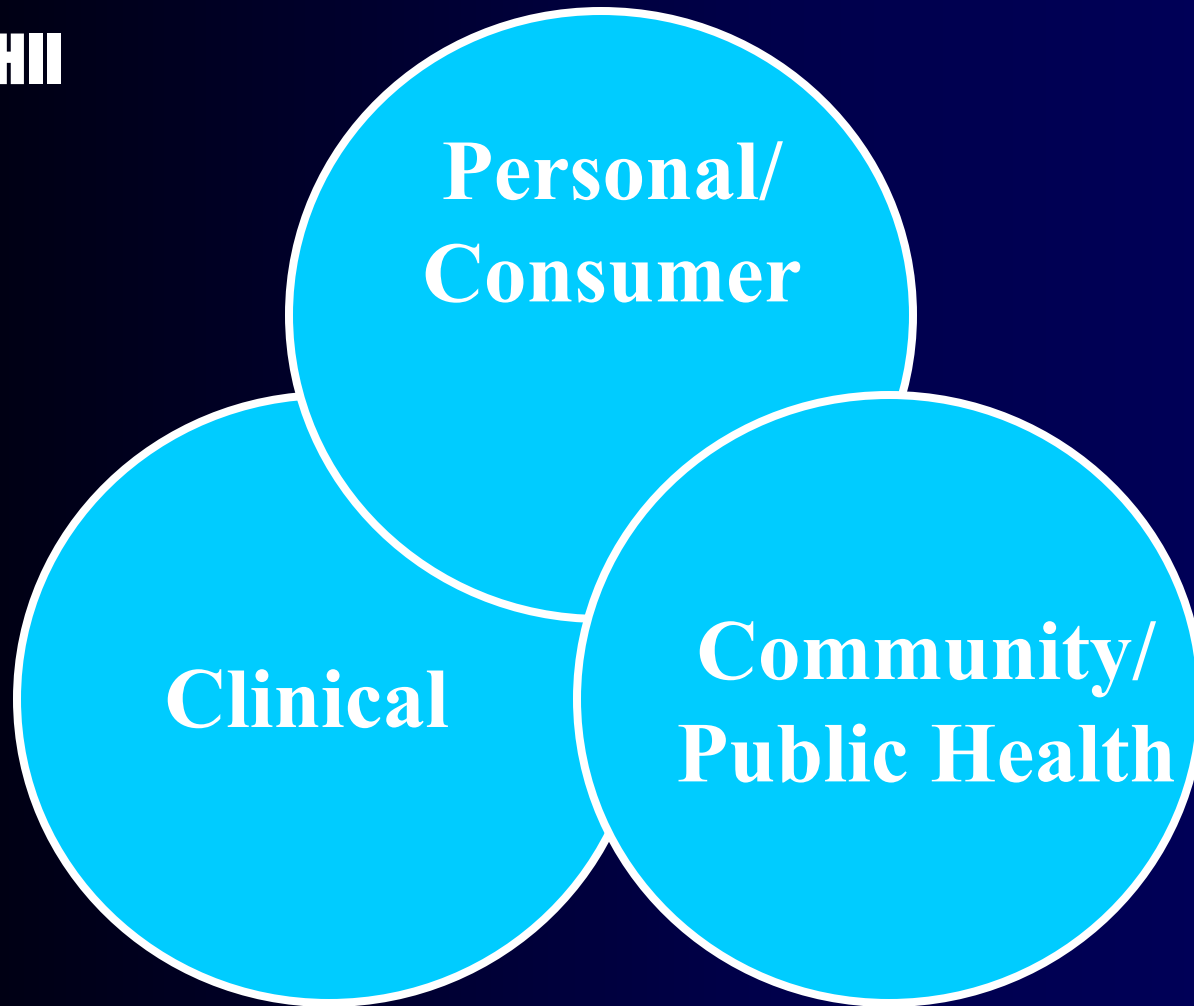
What will NHI enable?

1. Test results and x-rays always available
→ eliminate repeat studies
2. Complete medical record always available
3. Decision support always available:
guidelines & research results
4. Real-time aggregation to detect
patterns (e.g. bioterrorism detection)
5. Quality & payment information derived
from record of care – not separate
reporting systems
6. Consumers have access to their own
records



Three Domains of NHII

NHII



Characteristics of NHII

- **Immediate availability of information for patient care**
 - All patient records (NOT a database)
 - All relevant decision support
- **Availability of aggregate information**
 - Real-time health monitoring
 - Developing decision support
- **Protecting privacy**
 - Secure, confidential information
- **Government role: facilitate (not direct)**
 - Voluntary standards (not regulatory like HIPAA)
 - Promote public-private collaboration



Elements of NHII (1 of 3)

- **Standards: Messaging & Content**
 - Foundation for remainder of NHII
- **Electronic Medical Record (EMR) Systems**
 - Hospital
 - Outpatient
- **Consumer Health Information Systems**
 - Personal health record
 - Electronic patient-provider communication
 - Support groups
 - Authoritative information



Messaging Standards

- What information is requested
- Where is the information in the message
- Example: “phone number” message
 - Pick up phone
 - Listen for dial tone
 - Dial number
 - If first digit is 1, then long distance, otherwise local



Content Standards

- A common, agreed-upon, detailed vocabulary for all medical terminology
- Without a standard:
 - “high blood pressure”
 - “elevated blood pressure”
 - “hypertension”
- With a standard
 - C487231, hypertension
 - Unambiguous meaning for both sender and receiver



Elements of NHII (2 of 3)

- **Ancillary health care systems**
 - Pharmacy
 - Laboratory
 - Physical therapy
 - Home health
 - Public health reporting
- **Communication/networking systems**
 - Information moves with patient
 - Integrated information from all types of providers
 - Electronic consultation (telemedicine)



Elements of NHII (3 of 3)

- **Decision Support & Education**
 - Professional
 - Consumer
- **Confidentiality protections**
 - Information available on need-to-know basis
 - Authentication of all users
 - Encryption of data in transit
 - Audit trails of all usage
 - Penalties for violations



Benefits of NHII

- **Monitor and Protect Public Health**
(e.g. rapid disease detection)
- **Improve Patient Safety**
 - **IOM: 44,000-98,000 preventable deaths/year (more than motor vehicle accidents, breast cancer, or AIDS)**
 - **Estimated cost of medication errors alone is over \$76 billion/year**
- **Improve Quality of Care**
- **Effectively Share Decision Support**
- **Understand Health Care Costs**
- **Better-informed Health Care Consumers**



Overwhelming Support for NHII

1. IOM: Computer-Based Patient Record (1991, updated 1997)
2. IOM: “To Err is Human” (2000)
3. National Research Council/Computer Science & Telecommunications Board: “Networking Health: Prescriptions for the Internet” (2000)
4. IOM: “Crossing the Quality Chasm” (2001)



Overwhelming Support for NHII (continued)

5. **President's Information Technology Advisory Committee: "Transforming Health Care Through Information Technology" (2001)**
6. **NCVHS report on NHII (2001):
"The Committee believes that implementation of the NHII will have a dramatic impact on the effectiveness, efficiency, and overall quality of health and health care in the U.S." [p. 2]**



II. Why hasn't NHII already been done?

- Health care is the largest sector of the economy that has not fully embraced information technology
- Analogies to NHII in other sectors
 - Airline reservation systems
 - Banking information infrastructure
 - Access to funds via ATMs
 - Personal financial management
 - Auto industry: supply chain management
 - Retail industry: supply chain management, inventory control



Why hasn't NHI already been done? (continued)

- Health care information is very complex → IT systems more expensive and difficult to build
- Health care is highly fragmented
- Organizational and change management issues from IT systems are difficult to manage in clinical environment
 - Physicians are independent contractors
 - Lack of incentives for information sharing
- Difficult to generate capital needed for IT investment
 - IT is regarded as an add-on cost, not an investment for competitive advantage



III. Current Status of NHII

- Islands of Information
- Fragmentary & isolated elements of NHII exist
 - Uneven distribution
 - Lack of coordination
 - Minimal interoperability
 - Many “one-of-a-kind” systems
- Much duplicative work
 - Limited dissemination of
 - Systems
 - Lessons learned



Current Status of NHI (continued)

■ NHI requires:

- Information capture: all medical information must be in machine readable form
- Connectivity: electronic connections must exist among all providers and institutions
- Communication standards: everyone must agree on how messages will be sent & received
- Content standards: everyone must agree on the terms to be used and their meanings



IV. Accelerating NHI progress

- **Standards – Messaging and Content**
 - Interoperability
 - Comparable Information
- **Coordination and Collaboration**
 - Collecting and disseminating information
 - Facilitating cooperation
- **Encourage Capital Investment**
 - Promote market-based solutions
- **Research**
 - What are the problems of NHI?
 - Learn from prototype systems



V. NHII activities in HHS

■ HIPAA

- Transaction standards
- Message format standards
- Privacy & security rules

■ NCVHS activities

- NHII blueprint and continued hearings
- Continuing development of standards recommendations

■ Consolidated Health Informatics project

■ IOM report on actions to facilitate NHII deployment



NHII activities in HHS (continued)

- Senior Advisor, NHII (in ASPE)
 - Inform
 - Disseminate NHII vision
 - Catalog NHII activities
 - Disseminate “lessons learned”
 - Collaborate with Stakeholders
 - Convene
 - National meetings on NHII
 - Start in 2003
 - Voluntary process – no new regulations



Questions?

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