



Autumn/Fall 2015 Public Stakeholder Consultation **Guidance Questions**

International Interoperability

Roadmap Item: Collaborate with international stakeholders to develop and pilot a standardized approach for an international patient summary that can be exchange internationally.

- 1. Do you agree with the proposed timetable and organization of the work to create an international standard for a patient summary?**

Yes

No

If you wish, you can elaborate on your response:

AHIMA appreciates the collaborative approach that is proposed here to continue development of the roadmap as well as efforts to monitor, expand and maintain over time. We also appreciate the international approach to this work. Healthcare and its related data rarely know borders, so we applaud the cross-Atlantic collaboration and note its alignment with the decade-plus work of ISO Technical Committee 215 for Health Informatics which works collaboratively in a successful partnership with CEN Technical Committee 251, Health Informatics under the ISO-CEN (EU) Vienna Agreement which provides an effective mechanism to maximize standards development resources and harmonization and avoid duplication.

More specifically, AHIMA Standards Team joined the international proposal for the US-EU collaborative project entitled Trillium – II. This project proposal submitted to EU in February 2016 is envisioned as the continuation of the Trillium Bridge project that was completed in 2015. Based on the approach for the International Patient Summary (IPS) developed in the Trillium Bridge project, AHIMA will be focusing on standardization of IPS content as well as addressing the information governance standards when implementing IPS information sharing.

That said, AHIMA believes that phrasing of Q1 should be separated. In general, we agree that there is a need to keep momentum moving forward on interoperability initiatives and multi-stakeholder collaboration; however, we have concerns regarding several details of the proposal.

Specifically, we are concerned that the proposed 12-18 month timeframe may be too brief to carry out the tasks still required, including but not limited to evaluation of existing work, identifying and engaging cross-entity collaborations needed to move the initiative forward, success criteria, governance structures, and advancing the project to its ultimate conclusion. Please note that the Trillium Project proposal described above has a 3 year timeframe.

Aligning the roadmap with the 3-year timeframe for Trillium-II project will enable the maturity of existing IPS standards for semantic and functional interoperability. The former includes Health Level Seven (HL7) standards for Fast Health Information Resources (FHIR) and Consolidated Clinical Document

Architecture (C-CDA) for semantic content. The latter includes the Integrating Healthcare Enterprise (IHE) Advanced Patient Care Consent (APPC) standard and other standards for information.

2. Are there areas of technical standards work missing that would be important to the success of the international patient summary record work?

AHIMA believes that information governance standards for information availability and protection including information access protection, patient identification and matching and other specific topics are important to the success of the international patient summary record work. In the Trillium-II proposed project, AHIMA will be specifically leading the activities that are aimed to address these challenges. This is because delivering the right data on the right patient at the right point of time is the critical focus of the AHIMA information governance standardization activities and a specific AHIMA role in the Trillium-II project.

In addition, AHIMA information integrity standardization efforts in the Trillium-II project will be aimed to address challenges with information and documentation quality. Information shared must be accurate which begins at the point of collection. A recent survey of AHIMA members revealed that over half of HIM professionals routinely work on mitigating possible patient record duplicates at their facility. Of those, 72 percent work to mitigate duplicate records on a weekly basis.¹ Without information integrity standards adopted by HIM professionals, clinicians would have an incomplete record of a patient's medical history, uncoordinated care with other providers that may be treating the patient, unnecessary testing or improper treatment(s), and workflow inefficiencies.

In summary, AHIMA strongly supports the adoption of health information technology (HIT) or "technical standards" that ensure semantic (shared content), technical (information exchange infrastructure), and functional (information governance, legal and business rules) components of interoperability. In this context, standards developed by the International Organization of Standardization (ISO) Technical Committee (TC) 215 Health Informatics are crucial to the IPS information sharing. They include standards around the metadata provenance (ISO/TC215 current work project on the standard for Metadata Repository Requirements in Healthcare), information lifecycle ([ISO/TR 21089:2004 Health informatics: Trusted end-to-end information flows](#)) and information sharing (newly developed ISO/TC215 interoperability standard (Reference Standard Portfolio (RSP)) for a specific domain, e.g., Clinical Imaging.

3. What are the best use cases for the International Patient Summary to address at a global scale (e.g.—emergency, disaster, migration, tourism)?

AHIMA recommends a comprehensive review of work conducted by previous initiatives as such work and research on potential use cases could be reused, including those from epSOS, Trillium Bridge, or ANTILOPE as well as other relevant initiatives that have considered these crucial issues.

The following use cases had been identified in the EU ANTILOPE project:²

¹ Dooling, J. et al. "Survey: Patient Matching Problems Routine in Healthcare." *Journal of AHIMA*, Jan. 6, 2016. <http://journal.ahima.org/2016/01/06/survey-patient-matching-problems-routine-in-healthcare/>.

² Vincent Van Pelt, Refinement of the eHealth European Interoperability Framework.URL: http://www.antilope-project.eu/wp-content/uploads/2015/01/02-Antilope_Handover_Workshop_WP1.pdf

1. Medication
2. Radiology
3. Laboratory
4. Patient summary
5. Referral and discharge reporting
6. Participatory healthcare (chronic diseases)
7. Telemonitoring
8. Multi-disciplinary consultations

AHIMA strongly support the EU use cases above. Please note that the Trillium-II proposal has been focused on implementing these use cases with AHIMA involvement.

In addition, AHIMA suggests focus on use cases for:

9. Patient Registration
10. Patient Matching
11. Transition of Care
12. Data Quality

Please note that AHIMA has been working on use cases (9-12) with the IHE international as a part of our 2016 Information Governance Standards project.

Roadmap Item: Identify and understand current privacy and security laws and practices surrounding the exchange of health data for the purposes of clinical care across borders.

- 4. What specific privacy and security requirements or practices could improve and allow for the exchange of health data for the purposes of clinical care across borders?**

As mentioned above AHIMA collaborated with IHE on the Advanced Patient Care Consent (APPC) standard to obtain patient consent for information sharing for purposes of clinical care across borders. In addition, AHIMA recommends the inclusion of the following ISO privacy and security standards including: (1) ISO TS 17975:2015 Health informatics– Principles and Data Requirements for Consent in the Collection, Use or Disclosure of Personal Health Information; (2) ISO IS 27799:2016 Health informatics–Information Management in Health Using ISO/IEC 27002; (3) ISO IS 22600:2014 Health informatics–Privilege Management and Access Control – Parts 1-3; (4) ISO IS 22857:2013 Health informatics–Guidelines on Data Protection to Facilitate Trans-border Flows of Personal Health Data.

IT Workforce Development

Roadmap Item: Consult with qualified stakeholders to determine the skills and competencies required by each role in each setting, at each level of responsibility (in the US and EU).

- 5. Which health IT competencies and other skills are important for the development of the following healthcare workers?**

Clinical practitioners (doctors, nurses, etc.)

- Health Informatics professionals
- Non-clinical and administrative staff
- IT professionals coming to work in the healthcare environment

Innovation Ecosystems (for eHealth/Health IT)

Roadmap Item: Establish an EU-US working group to identify priority areas for collaboration (in innovative ecosystems for eHealth/Health IT)

6. Do you consider the next 18 months to be a higher priority for collaboration among the EU and US or the next 3 to 4 years?

AHIMA believes that collaboration must be ongoing. It is critical that an EU-US working group be established to identify priority areas for collaboration as well as a timetable. As new innovations emerge, the EU-US roadmap could be reused to collaborate on the latest developments in innovation. That said, AHIMA believes that there must be a clear direction and expectation of how innovative ecosystems for e-health/health IT collaboration will function, including identification of the relevant stakeholders, deliverables, as well as a review and renewal of the charter every few years.

AHIMA is happy to collaborate with the US and EU partners in the US-EU working group.

7. **Which EU and US regions and cities do you consider likely candidates for building transatlantic innovation ecosystems partnerships over the next 12 to 18 months?**

Prior to identifying potential candidates for building transatlantic innovation ecosystem partnerships, AHIMA recommends that research be conducted to identify the various interoperability pilot projects that have been initiated across the US and Europe in order to leverage the documented work, learnings, failures, and successes of these projects.

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