

# NHIN

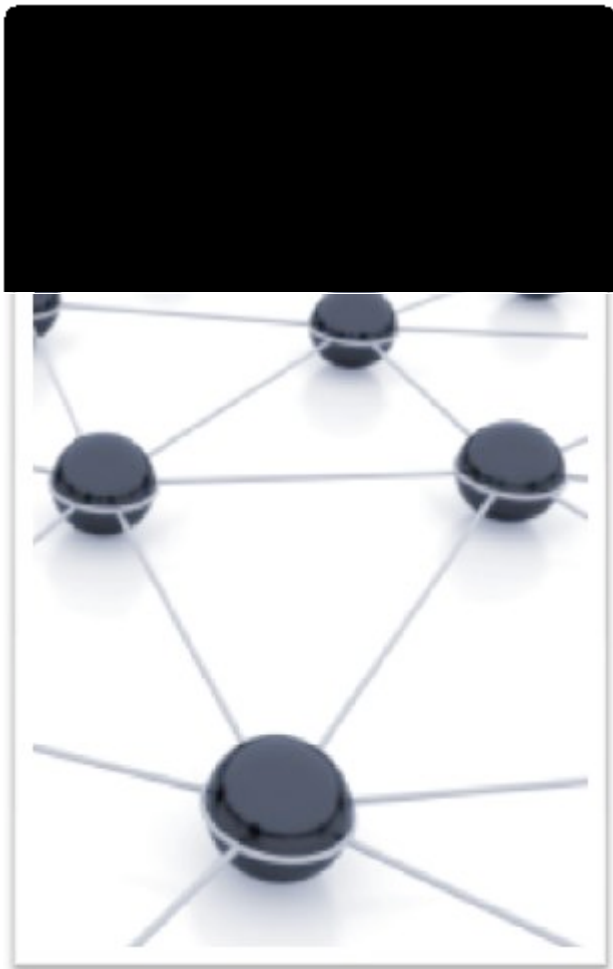
## Public and Private Partnership

Presented by  
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10 July 2009

- 1. What is NHIN?**
- 2. VA-KP Limited Production Implementation**
- 3. Discussion**

## Confederation of trusted entities, bound by mission and governance to securely exchange health information

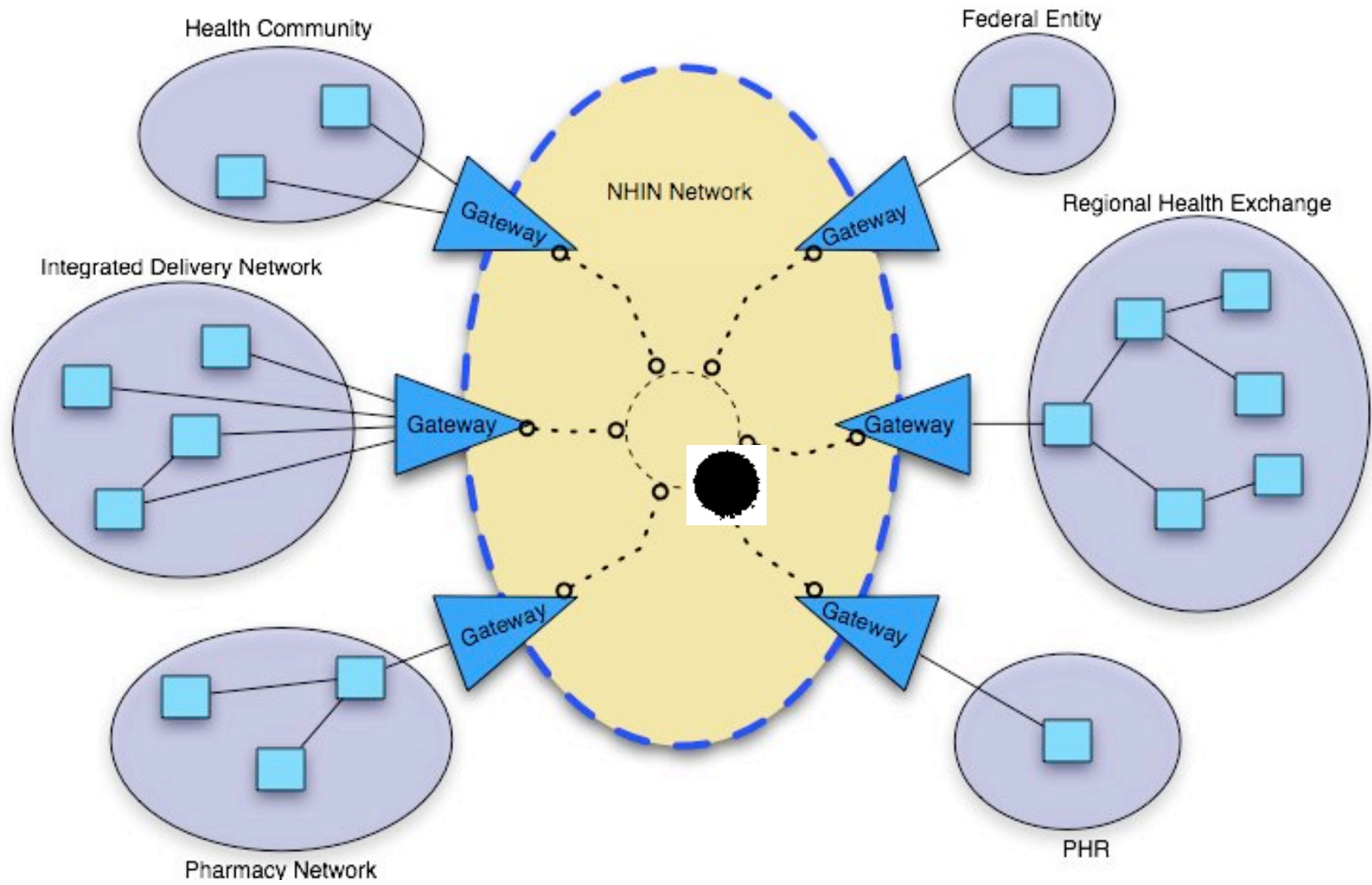


- Participants are entities that facilitate information exchange with a broad set of users, systems, geography or community
- Internet-based, using common implementation of standards and specifications with secure transport
- Membership required to enable valid, trusted entities to participate:
  - ✓ Tested for conformance and interoperability
  - ✓ Signed trust agreement that allocates responsibilities and accountability to protect information exchanged
  - ✓ Digital credentials issued to permit only approved “participants” to exchange data with other members

# NHIN Architecture

Participants in the NHIN support a gateway that conforms to NHIN requirements and enables its connected users/systems/communities to exchange information among other NHIN participants.

● NHIN  
Participants are registered in a “directory” (UDDI) so other members of the NHIN know the types of messages (NHIN services) supported and where to direct requests. Messages are secured via SSL certificates issued by a NHIN “certificate authority.”



- **Highly distributed:** Patient health information is retained at the local health information exchange level
- **Local autonomy:** Each HIE must make their own determinations with respect to the release of patient information
- **Focus only on inter-organizational health exchange:** The NHIN does not attempt to standardize implementations of the NHIN services and interfaces, only the communications between HIEs
- **Use public internet:** The NHIN is not a separate physical network, but a set of protocols and standards that run on the existing internet infrastructure
- **Platform neutral:** The NHIN has adopted a stack (web services) that can be implemented using many operating systems and programming languages



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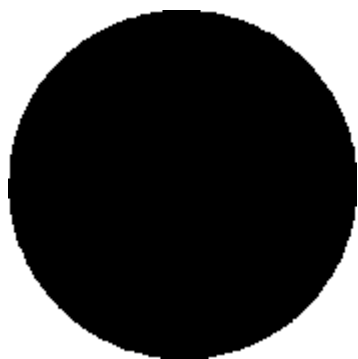
- 3 out of 4 Veterans receive care in the private sector
- More and more private sector providers will use EHRs
- Complete set of data will lead to better quality of care
- Veteran satisfaction with overall care will be higher
- Executive Order 13410 mandates use of recognized standards for Agencies

- Many thousands of KP members receive care from VA
- Improved information can help clinical decision-making
- Complete set of data will lead to better quality of care
- Opportunity to avoid duplicate or conflicting clinical orders
- Additional cost reduction from automation of manual processes
- Executive Order 13410 mandates use of recognized standards for FEHB carriers

## VA and KP

### HITSP C32 patient health summary

- Version 2.1 - Minimum data set
- Personal information
- Contacts
- Allergies
- Medications
- Problems
- Source of information



**All required data elements in the specified HITSP terminologies to the extent possible, others optional (pending NHIN specification)**

## VA and KP

- 2008 test patient data DURSA signed
- 2009 live patient DURSA finalized/ in clearance, and under review by VA and KP management
- DURSA overview (plain English) available



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# Policy: Patient Population in the San Diego Area

## VA and KP

- Oversight by our legal and privacy officers
- Analysis found shared patients:
  - Seen within last year at VA
  - A standing appointment for next year
  - With VA secondary insurance indicating KP
  - No sensitive diagnoses
- Confirmation of the list of potential shared patients among our two organizations is working its way through permissions to share information

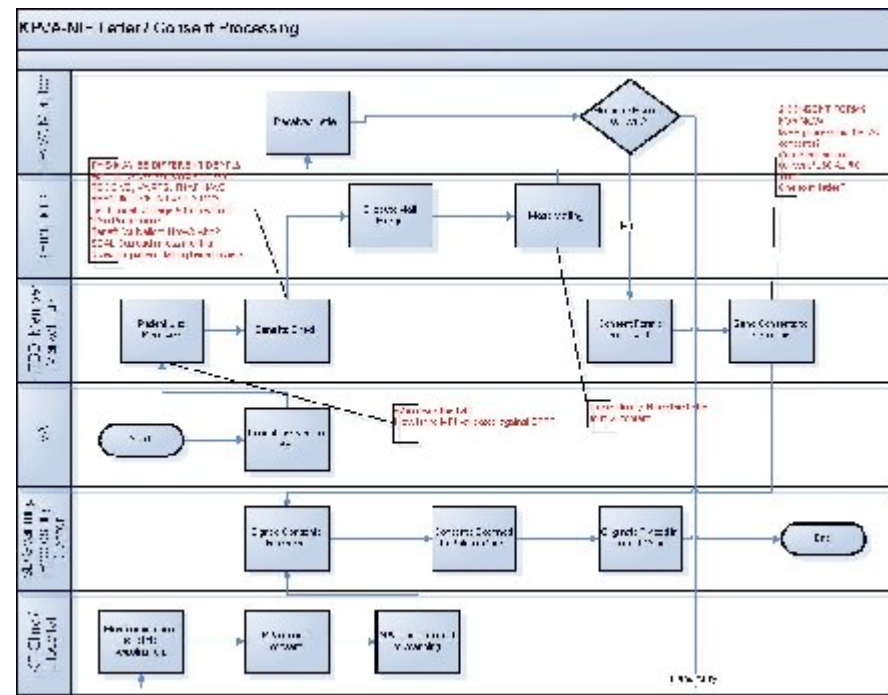
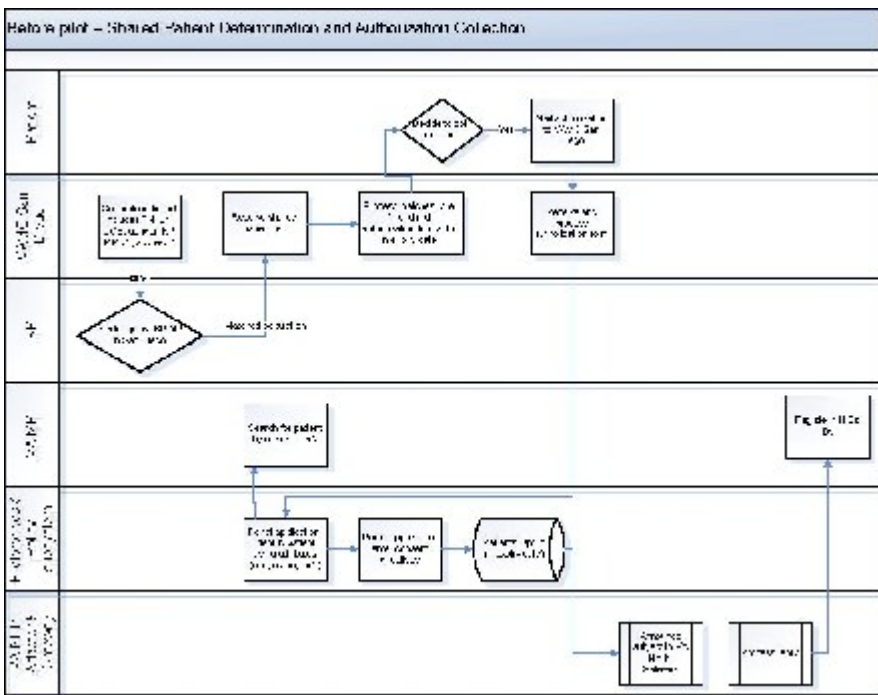


# Operational: Patient Consent



## VA and KP

- Emulating existing manual/paper workflow
  - 1 letter
  - 2 authorizations
  - 1 return envelope
  - 1 help desk
- Processing of return envelopes at local San Diego VAMC
- Final workflows subject to approval



- **Authority to operate, project and process controls**
- **Shared project scheduling and project management**
- **Local sites involvement and clinician training**
- **Measures of success**
- **NHIN/FHA support**

- **Testing and approvals/certification**
- **Limited production roll out in San Diego**
- **Training and communication**
- **Measurements and lessons learned**
- **Second, third... additional sites**
- **Scalability plan for nationwide roll out**