

Health Data Interoperability: Overcoming Selective Attention to Enable Real-World, Sustainable Interoperability

Shaun Grannis, MD, MS FAAFP

The Regenstrief Institute & Indiana University School of Medicine

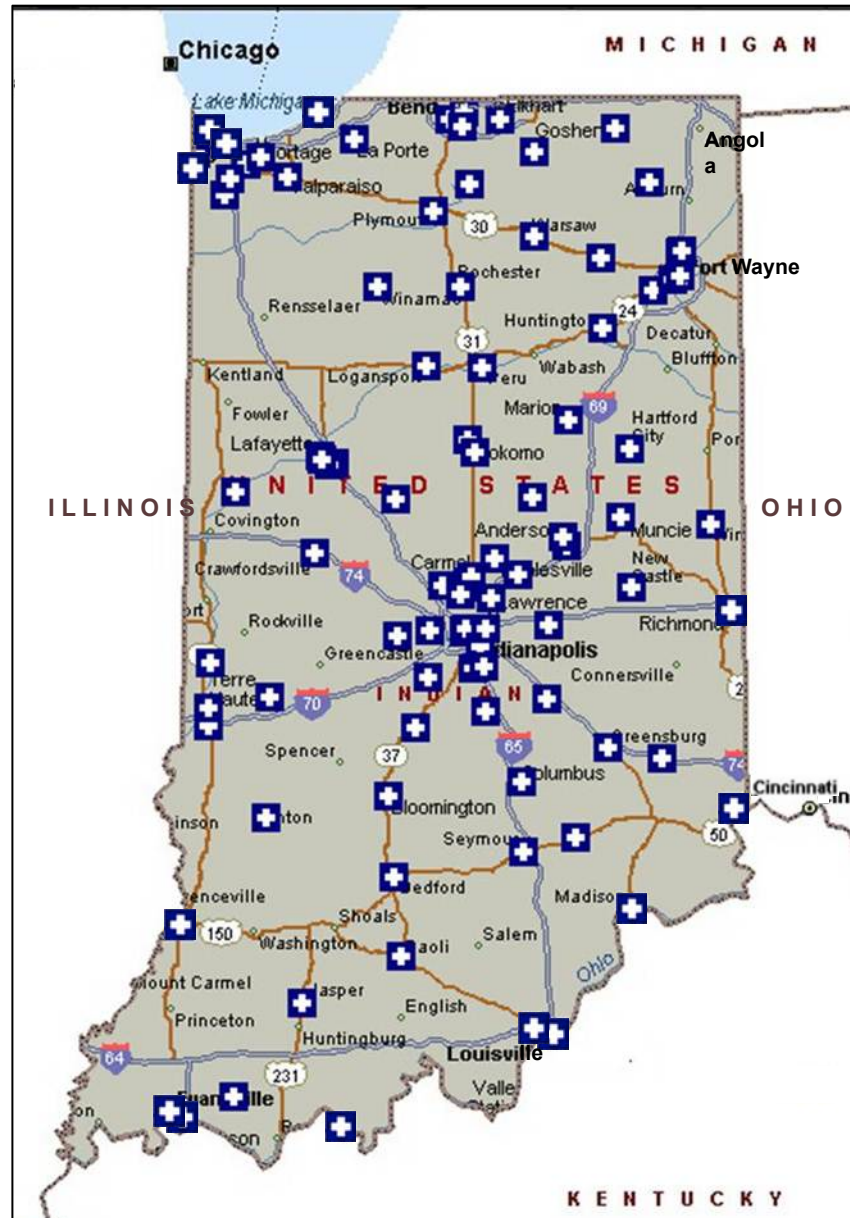
July 15, 2011

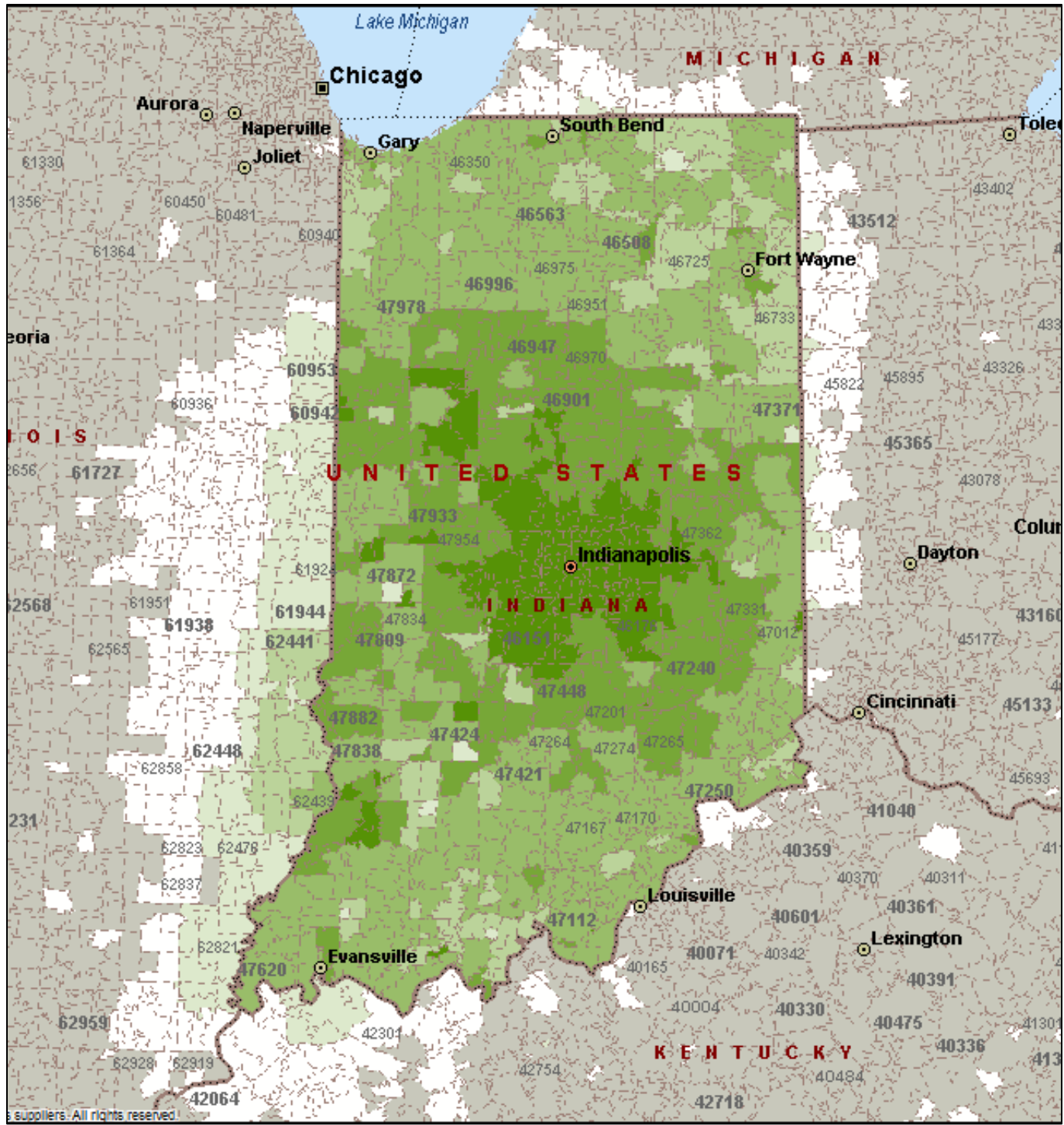


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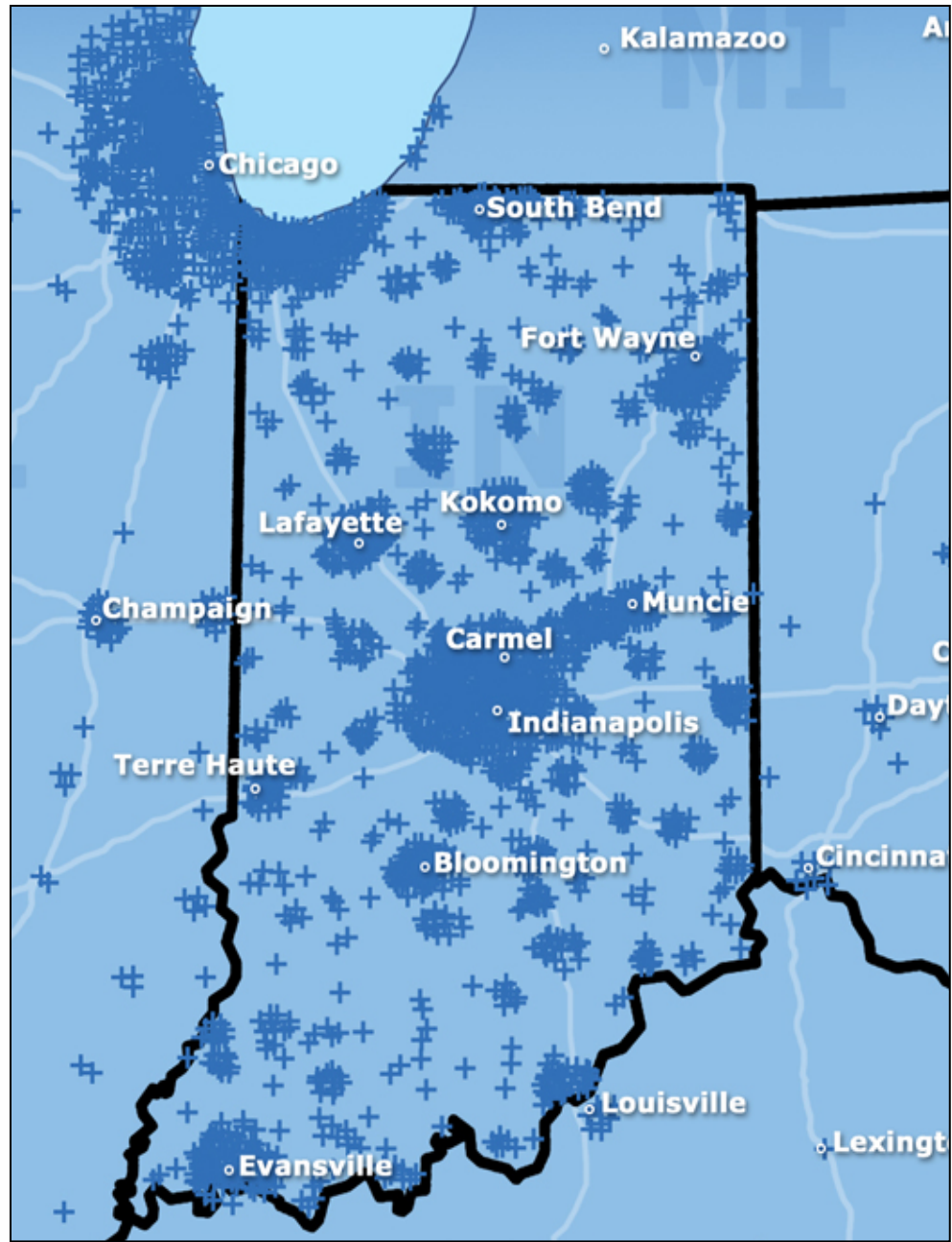
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Some History





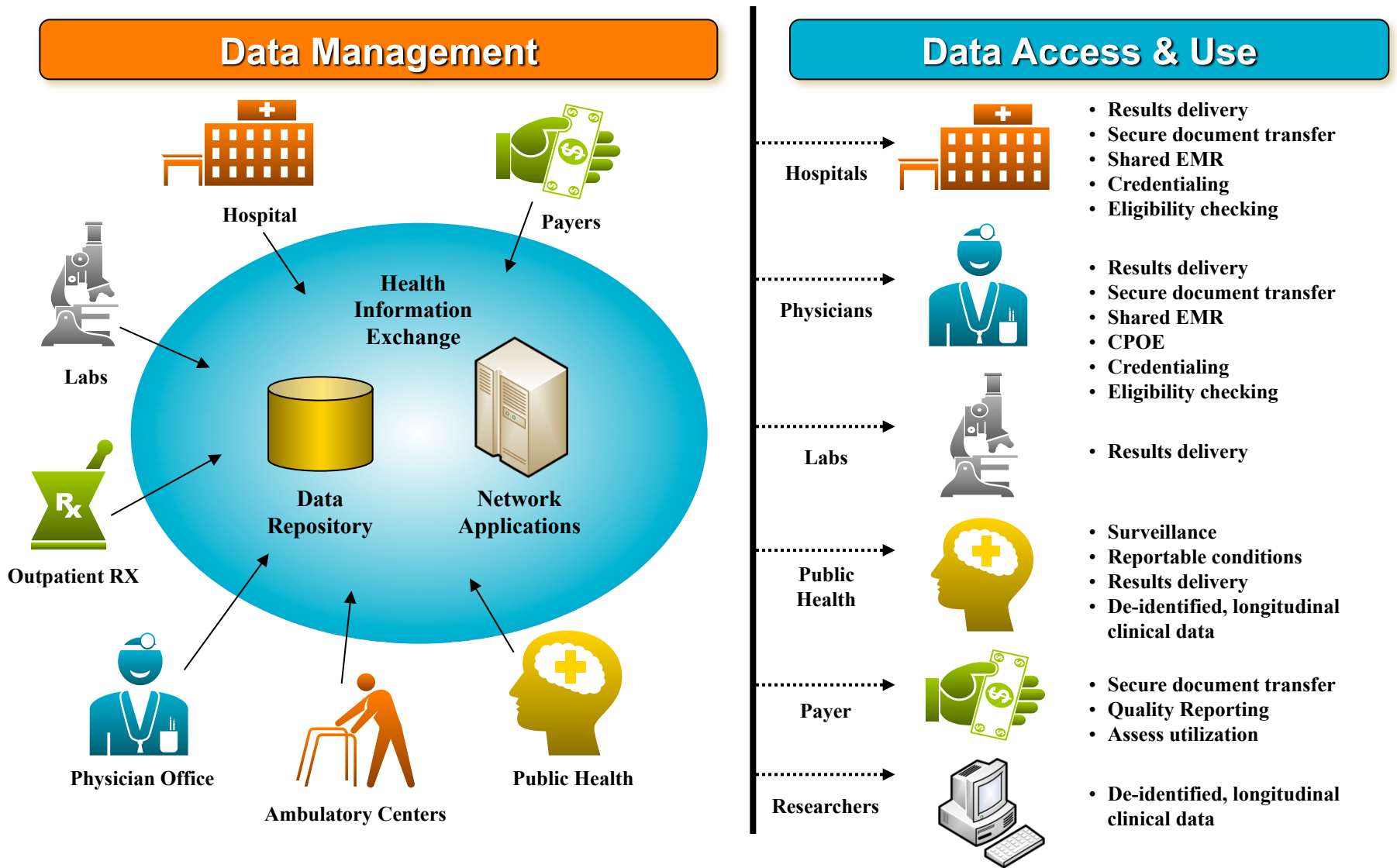
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INPC Stakeholders

- Hospitals (Inpatient / ED)
- Physician offices (Outpatient)
- Community health centers
- Indigent care centers
- County and state public health departments
- National laboratories
- Ancillary Sources (Radiology systems, etc.)
- Payors

INPC Data Management and Services



How did we accomplish and sustain
this?

Avoid selective attention

The Question

To what problem is _____ the solution?

The Question

To what problem is The Latest Flavor of Interoperability Standards the solution?

The Question

Comparing
healthcare to
To what problem is Banking the solution?

The Question

To what problem is C32/CCD the solution?

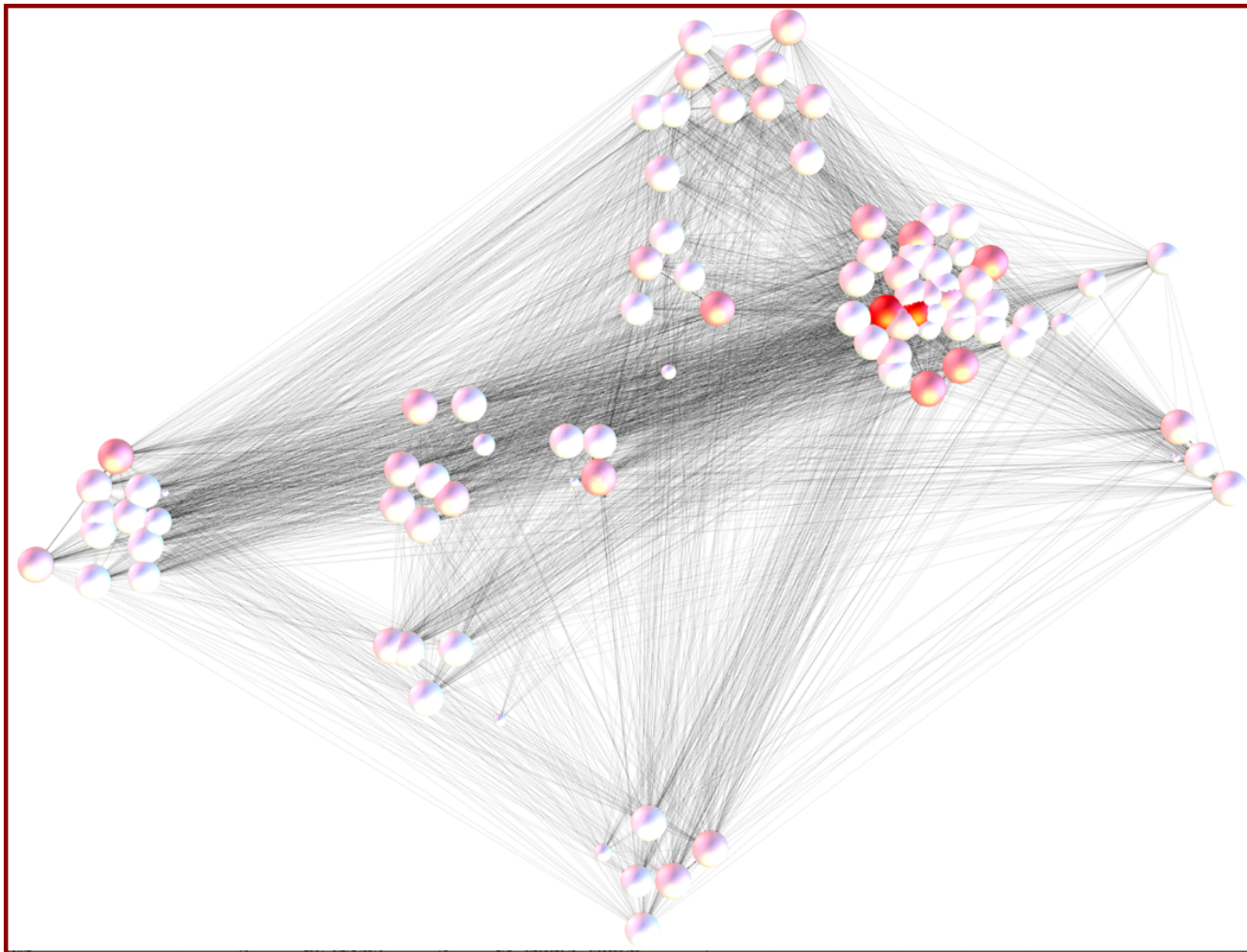
The Question

To what problem is NHIN Direct the solution?

All Health Care is Not Local: An Evaluation of the Distribution of Emergency Department Care Delivered in Indiana

- Over 3 years, 2.8 million patients totaled 7.4 million ED visits for an average of 2.6 visits per patient.
- More than 40% of ED visits during the study period were for patients having data at multiple institutions.
- This analysis suggests a pull model is necessary, and helps inform the ongoing dialog regarding the merits of peer-to-peer (push) and federated aggregate HIE (pull) NwHIN architectures.

All Health Care is Not Local: An Evaluation of the Distribution of Emergency Department Care Delivered in Indiana



Summary: Our Interfacing Strategy

- Ask Key Questions
 - What's the problem?
 - What solution?
 - How does solution address the problem?
- Success Factors
 - Add value (solve problems & innovate)
 - Proceed Incrementally
 - Re-use existing processes and standards

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