Approving RHIOs: Fledgling Programs Underscore Accountability, Trust in Data Exchange

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by **Gina Rollins**

Are health data networks ready to be tested against baseline criteria? Two reviewing organizations believe it's time to get started.

In a sign that health information exchange networks are maturing, two major organizations are introducing programs to evaluate and approve them. The programs target regional health information organizations (RHIOs) and health information exchanges (HIEs), networks of unaffiliated local providers and stakeholders that exchange administrative and clinical data.

Both the Electronic Healthcare Network Accreditation Commission (EHNAC) and the Certification Commission for Healthcare Information Technology (CCHIT) are introducing programs that will evaluate more than the security, privacy, and functionality of data transactions, data standards, and technical products.

The new programs will assess the ability of the organizations behind those transactions to meet HIPAA requirements, protect privacy, and maintain security in a systematic, ongoing manner. The two programs vary in scope and stamp. EHNAC will offer accreditation; CCHIT offers certification.

Their impact on the development of the long-envisioned national health information network (NHIN) remains to be seen, but developments bear watching by the HIM community, according to Barbara Demster, MS, RHIA, senior consultant for Just Associates in Atlanta and cochair of the AHIMA HIE practice council.

"At a high level, certification of technology is a great step forward because it brings standardization to the process rather than the Wild West world we have today. It takes us back to why HIPAA was passed in the first place—because everybody was doing their own thing," she observes.

That said, certification or accreditation won't be the sole solution for advancing the NHIN. In terms of any assessment process, the value always depends on how good the process is, notes Beth Just, MBA, RHIA, president and CEO of Just Associates in Denver and another member of the HIE practice council. "The challenge facing any external review of RHIOs or HIE networks," she says, "is there's not one that's the same, nor do they all share data in the same way."

The New Reviews

CCHIT launched a certification process for health information exchange in the fall of 2008. The program is being implemented this year in a phased rollout and will be refined over time. The new certification will be a step beyond the organization's historic focus on functional standards for technologies and information systems.

"We'll be looking at the operations of HIE networks as well as aspects of their policies and technologies related to security and privacy," says Virginia Riehl, HIE strategic work group lead for CCHIT. "Our review will not just be about whether the organization can send interoperable messages but also, does it have a disaster recovery plan, a security audit, and other practices that support security."

The certification program was developed by a working group composed of a variety of HIE and healthcare stakeholders. It was subject to a public comment period and was pilot-tested by three organizations before launch last October.

At the present time, the CCHIT HIE certification does not include a site visit, but the organization has not ruled it out, according to Riehl. "As needs evolve we'll make a decision and change as necessary," she says. At press time, no organization had yet received CCHIT's full HIE certification, but applications were in process.

Meanwhile, EHNAC expects to introduce an HIE accreditation program in 2010. This year stakeholders will be reviewing proposed accreditation criteria, which EHNAC expects to validate with one or more beta sites, according to Lee Barnett, EHNAC executive director.

EHNAC's new accreditation program places the organization in a slightly new realm. Its seven existing programs accredit more than 50 clearinghouses, transaction processors, value-added networks, and provider management organizations, among others, according to Barnett. The organization began accrediting electronic health networks in 1995.

The HIE accreditation program, which will involve clinical health information exchanges, will focus on four key areas: privacy and confidentiality, technical performance, business practices, and resources. Accreditation will require both self-assessments by the participating HIE and a site visit by an EHNAC surveyor.

"Our goal is that by providing a third-party review and validation of procedures, controls, and business practices, we can enable organizations to enhance their capabilities as well as identify areas of risk that they need to address," says Barnett.

Why Accreditation, Why Now?

Development of the CCHIT and EHNAC programs reflects a confluence of events primed to hasten the development of the NHIN. First and foremost, the Obama administration has made interoperability and data exchange centerpieces of its healthcare reform agenda. To that end, the American Recovery and Reinvestment Act passed in February included $19 billion to drive adoption of EHR and support interoperability.

The act also shifts certain HIPAA privacy and security enforcement provisions, permitting state attorneys general to bring a civil action in federal court on behalf of their residents. This new mandate will increase state-level interest in accreditation of HIE as a means of achieving accountability, according to William O'Byrne, state coordinator for health IT development in New Jersey.

"It seems clear that if the states have a responsibility for enforcing privacy and security, they will have an interest in ensuring that the organizations involved in exchanging health records of people who live in that state are doing what they say they're doing," he says. "In our case, the state doesn't have the manpower or resources to do it ourselves, so we rely on the standard-setting process and accreditation."

At present, New Jersey and Maryland are the only states that require accreditation of health information networks. New York State commissioned an evaluation of RHIO governance and accountability in 2008 as part of a $200 million initiative to create a state-wide health information network. So far, however, the state has not mandated accreditation or certification.

According to a white paper prepared for the state, at least 13 other states provide funding for local RHIOs, and so they might have an interest in an oversight mechanism for a RHIO's overall operation and adherence to privacy and security standards.

In the case of New Jersey, state law has required electronic clearinghouses to be accredited since 2005, and more than 20 currently are, according to O'Byrne. At present, EHNAC is the designated accreditation entity. RHIOs also will be required to seek accreditation; however, network activities for the exchange of clinical data have been slow to take off in the state, and none are operational thus far, he says.

A Matter of Trust

Regardless of any state-level requirements, trust among participants is essential to the expansion of any RHIO or health information exchange network, and to the extent that accreditation establishes that feeling of confidence, it is valuable, predicts Stacie Durkin, RN-C, RHIA, MBA, founder and CEO of Durkin and Associates in Kansas City, MO.

Receiving accreditation by a recognized oversight organization communicates and demonstrates the network has met a standard of performance, which leads to stakeholder and consumer trust, she observes. Durkin is cochair of the AHIMA HIE

practice council with Demster.

HIE accreditation can be beneficial for both start-up and mature health information networks, according to Jan Root, PhD, executive director of the Utah Health Information Network, which has been accredited as a clearinghouse by EHNAC since 2000.

Root says that the accreditation process "forced us to look at our network with a microscope. It's not just about meeting the minimum but about pushing the envelope," she observes. "It forces you to get your act together, and particularly for a new organization, it gives you goals to work towards. It provides a marvelous framework so you're not reinventing the wheel."

The Utah network has been the main conduit for exchanging administrative data such as claims, eligibility, and enrollment status within the state for about 15 years. It is developing a clinical HIE network, which it expects to implement next year.

As part of an environmental assessment conducted under contract to the federal government, CCHIT learned that existing RHIOs and HIEs believed an external review process would be meaningful for several reasons, including assuring the public and network participants that any data exchanged would be secure and private, that the exchanges would be interoperable for participants, and that external review would be a building block for the NHIN.

"They felt there was value in accountability to participants, the public, and for internal review," explains Riehl.

No Guarantees

Even as forces align in favor of promoting RHIO accreditation or certification, there is no guarantee the concepts will take off, especially without federal or state mandates, Barnett cautions.

He recalls the days when HIPAA had voluntary compliance provisions. "It wasn't going to happen in a broad-based way because of cost concerns," he says. "What pushed adoption was federal regulations and mandates. As much as we would like for model standards to be adopted, unfortunately, regulation may be the only way to accomplish it."

Cost could be a tally in the negative column. As fledgling RHIOs struggle to find viable business models, the added expense of certification or accreditation could be a stumbling block.

For that reason, both CCHIT and EHNAC emphasize the scalability of their programs. In the case of CCHIT, participating organizations must be able to demonstrate interoperability for at least one type of transaction, according to Riehl. If they do not have a portal that allows patients or providers to access data, the certification will note that; but if they do have a portal, it must be certified. "The certification needs to be modular, because there are variable levels of operations and types of transactions," she notes.

CCHIT has also arranged for a limited amount of federal funding to support fee reduction grants for eligible HIEs.

Cost considerations could force RHIOs to seek certification or accreditation, but not both, according to Root. "I can tell you as a person who's been in the business a long time, we can't do both, and neither can most other HIE networks," she says.

Barnett doesn't see the programs as competitors. "We want to be synergistic and collaborative. What CCHIT has developed is a good overall initial program. EHNAC's will be a more in-depth review of operational, technical resources, and infrastructure," he says. "So, many organizations may want CCHIT, and others will want a site review and one that is more detailed."

Being Involved

Demster believes that HIM professionals should get on board with accreditation and certification. "Get out and get involved in the process," she advises. "We're still discovering the implications of data, not just from HIE networks exchanging data across organizations, but within organizations, too. There are things that are just now bubbling to the top because of HIE networks and our ability to see other people's data."

Durkin echoes that point. "If your organization is a stakeholder in an HIE, who is better prepared to ensure your organization's compliance to the standards than HIM professionals?" she says. She notes that HIM professionals "understand the process flow in healthcare and all the relationships patients have in receiving care." IT professionals focus on the mechanics of the data, she says—"they need guidance in complying with accreditation standards."

Barnett thinks HIM could have a major impact in advancing the data exchange industry. "They can influence the development of accreditation standards early on, and once they see the criteria and understand what it means, they can reach out to organizations they're doing business with to bring them along," he says. "With the right controls, policies, and standards, the industry will achieve the NHIN faster than if it's done in a proprietary model."

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