Making HIEs a Reality: Federal Focus, Local Efforts Bring Nationwide Data Exchange Closer

Save to myBoK

By Alan F. Dowling, PhD, chief executive officer

The current debate over the form and function of a nationwide mechanism to exchange health information is the latest incarnation of an idea that has persisted for decades. Today it is the nationwide health information network (NHIN). In the '90s, it was the community health information network. In the '80s it was the master MPI effort.

The master MPI effort struggled due to the lack of a practical information and technology architecture and a workable business model. CHINs failed when government funding ceased and no sustainable business model had emerged. One may ask why HIEs and the NHIN would be expected to succeed when earlier efforts have failed?

But perhaps a different question is in order. Given the value of the effective, confidential, and properly controlled exchange of health information, how can we engineer its success?

These earlier efforts were not for naught. Each extended our understanding of the issues significantly. In addition, technology and information management approaches have evolved to the point that a national network is technically feasible.

Sustained Federal Guidance

What seems to be different now is that three successive federal administrations, a Republican sandwiched between two Democrats, have intervened. Three of their interventions may prove to have the most lasting impact.

The first was the imposition of certain transaction standards through HIPAA Title II, but retaining the development of those standards in private sector nonprofit organizations. This signaled the beginning of federal mandating of standards that is likely to persist, as exemplified by the 2013 ICD-10 implementation.

The second is the multifaceted federal funding of research, test demonstrations, and healthcare information system implementation. Cotemporaneous funded experiments, including HIEs, EHR adoption, and the NHIN, are further exploring both technical and business models. Simultaneously, the "meaningful use" EHR incentive program has captured the attention of health industry executives to a degree that HIM and IT leaders' efforts of the last four decades had not.

The third, through HIPAA and subsequent legislation and regulation, specifies a minimal level of privacy and security protection of people's health information. While some have criticized these interventions as insufficient and others say they go too far, these measures set federal standards that begin to resolve some of the cross-state compliance and operations issues that inhibit nationwide information exchange, use, and management.

HIEs in Practice

Despite the progress, issues around standards, governance, privacy, and funding persist. These are being tackled by community networks and federal committees.

In "Many Roads to Data Exchange," Lorraine Fernandes and Michele O'Connor offer an overview of the major approaches to HIE. "NHIN Direct" discusses the federal program to create a simplified version of the NHIN based on direct one-to-one exchange.

Lorraine Lee and coauthors describe the advantages of independent, state institution involvement in "A Strong State Role in HIE," an overview of the South Carolina Health Information Exchange. In "Virtual Record" Frankel Harris and Deb Bass

describe how the Nebraska Health Information Initiative lowered the entry barrier for providers by offering a "virtual record," a Web-based service that requires minimal IT investment in the provider office.

Article citation:

Dowling, Alan F.. "Making HIEs a Reality: Federal Focus, Local Efforts Bring Nationwide Data Exchange Closer" *Journal of AHIMA* 81, no.6 (June 2010): 29.

Driving the Power of Knowledge