
Steps for Sustainable Health Information Exchange

Step 3: Provide Flexibility and Room for Growth of Applications

Obviously, health information systems and health care is growingly complex. Trying to emphasize core fundamentals for health information exchange and business model was the topic of our first and second steps. This third step maintains that focus, but acknowledges that complexity and change can occur in at least three layers. First, the underlying institutions connecting to the utility have their own systems that are changing. Second, the utility itself can provide integration for disparate systems in an underlying institution and for a layer of additional applications. Finally, the utility must connect to other hubs and the National Health Information Network, where there may be additional applications and value.

You want the exchange layer to at least allow for changes at the underlying institution while still allowing exchange. We cannot commit the model or technology that always works here. Providing the simplicity of software oriented architecture and enterprise service bus is one approach. Other names or systems may evolve, but the key is to make the issue of exchange at least one that allows people with different levels of institutional complexity to at least be able to participate in exchange at the level that is practical for them.

Let say two disparate hospitals have a complex electronic health record system and clinical decision support from the same vendor. Ideally, the exchange should enable each system to be able to retain and read items in the same manner. This may take money and tailoring for the exchange software. That bill would need to ultimately be footed by those parties. However, the core of the exchange should allow information to travel and be downloaded onto other platforms. This may or may not provide for full functionality on the other platforms. Getting some information regarding the patient remains important. As the Nation continues to work on interoperability and gateways, we should assume there will be convergence over time.

If the core level of exchange has dated that can be downloaded, sorted and managed, there is certainly flexibility at the level of the exchange hub to add applications. These applications may be funded by multiple clients of the exchange, and provide services that could be shared instead of at each institution. In addition, in our model, the exchange utility could help integrate the functions of disparate systems in a single institution. This provides a great deal of flexibility and the ability to grow. The additional applications and functions become a big factor in the sustainability model. These premium applications may provide the upside will core services both create core sustainability and mitigate risks for participants.

With respect to the National Health Information Network or connection to other hubs, it is obviously helpful for the exchange to provide for such capability as they develop. However, the funding models for such activities are not set out. The Federal government will have agencies, presumably consistent with the gateway. This is not the case today – so the model is an aspiration. As a Nation we need to work on the business case for this and not just the mandate.

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