

Today's data. Tomorrow's healthcare.



inding \$20 in the pocket of last year's winter coat is a great feeling. Kicking off a year-long project and discovering on Day One that the work is already done is an even better feeling.

That's the good news for the health IT provisions buried in the 21st Century Cures Act, which passed the Senate this week and will arrive on President Obama's desk on Dec. 13. The \$6.3 billion package has a lot inside: It funds the National Institutes of Health, reforms the FDA drug and device review process, provides an update to mental healthcare policy, dedicates \$1 billion in funding for opioid prevention and treatment programs, and grants \$1.8 billion to the cancer initiative renamed for Beau Biden.

The bill also includes plenty of language about spurring interoperability among EHRs — which hasn't drawn as many headlines, but is just as important to the future of healthcare. And it provides a clear opportunity to let the private sector do the work.

For months leading up to the bill's passage, there was speculation that, in an effort to get EHRs to finally talk to one another, the Office of the National Coordinator for Health IT (ONC) would develop its own framework for helping reduce legal governance and technical barriers to secure information exchange.

But in the bill itself, Congress tasked ONC to convene stakeholders to "develop or support a trusted exchange framework."

Those two letters — "or" — are key. Kudos to the member of Congress and the committees who worked on the bill for their recognition of private sector leadership, which has already been at work solving this problem.

Because when ONC finally gets to work studying the issue — the bill gives the agency a timeline of six months to convene the stakeholders and 12 months from then to issue a report — it will realize that the majority of the work is already done. A trusted exchange framework is in existence today, facilitating information exchange in real time.

It's known as Carequality, an initiative of the not-for-profit Sequoia Project. It has more than 40 members to date, including major industry players such as athenahealth, Epic, Surescripts, and the American Medical Association. Since its official launch in July 2016, it has helped 172,000 physicians exchange patient records by sharing common rules of the road, technical specifications and a participant directory.

Most importantly, it was developed through a public-private collaborative process. Legal and technical agreements that must be acceptable to a wide array of private sector companies and government agencies are most effectively developed in the private sector with the collaboration of the government — and not the other way around.

That's an important message for ONC once the 21st Century Cures Act takes effect. At a time where health systems are investing more than ever in their information technology and government agency budgets are being finalized for 2017, stakeholders should be wary to not duplicate — or potentially unravel – the work to date.

Imagine the opportunity to instead redirect a year of work by HIT leaders, public and private, to improve usability with their physician clients, leverage large data sets for public health, and improve the depth of the data that is exchanged. The perceived limits of what we can achieve technically and scientifically with health information are constantly moving. Eighteen months ago Careguality didn't exist. Who knows where it, and other innovative private sector projects, will be in another 18 months.

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