NHII 03
Architecture
Group A

Consensus findings reported by:

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Architecture A: Current Status (what we all know)

- Paper-based process
- Disconnected proprietary systems and networks
- Health data scattered, unlinked
- Slow, limited knowledge transfer
- Lack of governance for proposal and adoption of standards and technology

Architecture A: Desired State

- IP (Internet protocol) based process
- Connected using robust standards
- Index to health information - “virtual health record”
- More timely, effective knowledge transfer
- Transparent, active governance process

Architecture A: Key use cases

- **Shared clinical care and knowledge across physical and organizational boundaries**
- **Consumer / patient centered access to health information resources and records**
- **Population-based health information collection for public health and research**

Architecture A: Attributes of an NHII Architecture

- Scalable nationally and beyond
- Can grow incrementally from a basic model (e.g., “Model T”)
- Technologically simple to access and use
- Low barriers to entry (effort, $$)
- Adaptive
- Non-proprietary

Architecture A: Attributes of an NHII Architecture (cont.)

- Valuable (supports desired use cases)
- Distributed / federated systems
- Standards-based
- Interoperable security
- Confidential
- Reliable and responsive

Architecture A:
Short Term Recommendation 1

- **Seed and facilitate the creation of a NHII Task Force, an IETF-like self-organizing governance and working body consisting of voluntary participation from all stakeholders. Appoint a Steering Group and detail the working structure and process.**
  - **Federal government**
  - **NHII**
  - **Stakeholders**

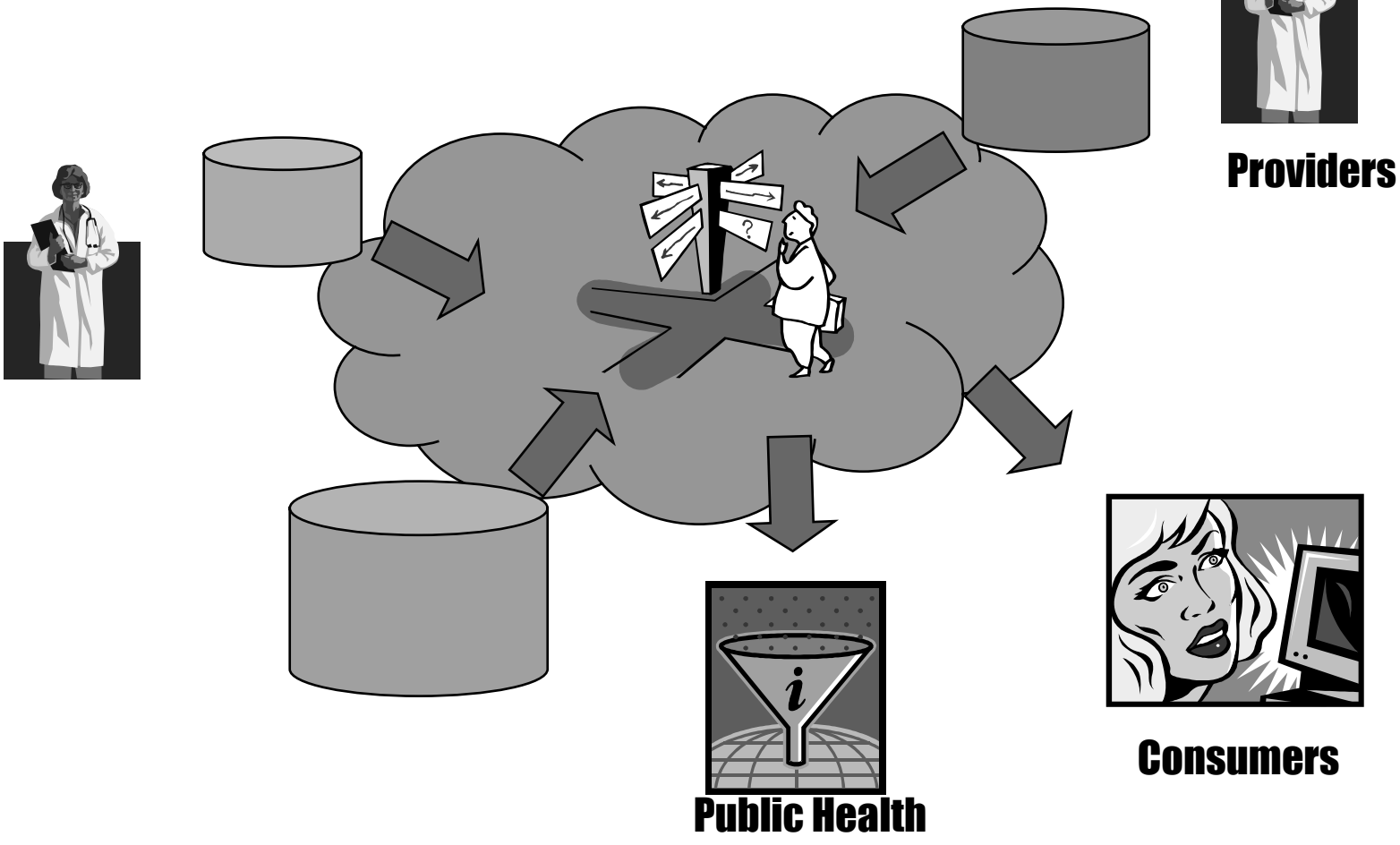
Architecture A: Short Term Recommendation 2

- **Establish an Architecture working group to:**
  - **Specify a communications protocol open to diverse interaction models (push, pull, subscribe, etc.)**
  - **Specify a basic "envelope" for diverse information types**
  - **Specify a basic API for the above**
  - **Initiate a simple but *widespread* demonstration project available to unrelated participants**

- **NHII Task Force Steering Group**

Architecture A: Straw man

"presence of information"



Architecture A: Short Term Recommendation 3

- **Proceed immediately *without* a national health identifier, but review all potential mechanisms for uniquely identifying patients nationally**
  - **NHII Task Force**
  - **Architecture working group**
  - **Privacy organizations**
  - **Federal government**

Architecture A: Short Term Recommendation 4

- **Commit to adoption of key standards where applicable; e.g., SNOMED, LOINC, HL7, NCPDP, DICOM, others**

  - **Federal government**
  - **NHII Task Force Steering Group**

Architecture A: Medium Term Recommendation 1

- **Initiate, enable and facilitate projects that embody attributes previously identified:**
  - **MPI (i.e., DNS for people)**
  - **Provider MPI**
  - **Seminal document types**
  - **Vocabulary services**
  - **Interoperable security services**

- **NHII Task Force Architecture Working Group**

Architecture A:
Medium Term Recommendation 2

- **Publish reference material for all architectural initiatives to facilitate active participation**

  - **NHII Task Force Architecture working group**

Architecture A:
Medium Term Recommendation 3

- **Facilitate, create incentives for the implementation of key standards and technology by all stakeholders**

  - **Federal government**
  - **Vendors**
  - **Health care organizations**

Architecture A: Other Gr'oup Observations

- Easy to miss the good for the perfect
- Ensure public health information needs get continued attention as the process continues
- Have had enough regional / partner-based demonstration projects, need something broader
- What will happen going forward from this event?