Interoperability 2016-2017

BACKGROUND

Interoperability is defined as the extent to which systems and devices can exchange data, and interpret that shared data. One of the goals in using health information technology is to provide comprehensive information on patients at the point of care, as well as integrating information across different sources and sites, so that the provider can evaluate the most appropriate options for patients based on the effectiveness of treatments, including factors such as quality, risk, benefit and costs. Currently the promulgation of common data messaging standards and clinical vocabularies have increased interoperability, but they are not as effective as they could be for the seamless exchange and use of data to derive the maximum benefits of health IT. For two systems to be interoperable, they must be able to exchange data and subsequently present that data such that it can be understood by a user.

Over the last few years, there has been an increased awareness by both private and public sectors of the ability to improve the quality and safety of healthcare with interoperable health information technology (HIT) systems. These technologies include electronic health records, personal health records, health information exchanges, and medical devices. As healthcare systems are increasing in their adoption of health IT, a growing amount of data are being gathered. In order for the healthcare industry to move towards better care management for patients, preventative care and population health management, there is need for usable clinical information to flow freely across networks and between hospitals and physicians. For this reason, healthcare organizations need interoperability, an efficient and secure means for hospital computer-based systems and applications to communicate and exchange patient data. However, true interoperability is a significant challenge to healthcare organizations for a number of reasons: lack of a common, standard framework that reconciles the differences in data as well as the varying data types; difficulties in product and system compatibility with existing infrastructures within hospitals; and consistent and persistent struggles internally to disclose the appropriate data within a hospital and with partners in their community. The result is health data that cannot be effectively used across the facility or system levels and that disrupts continuity of care at the patient level.

National Quality Forum (NQF) will conduct a multistakeholder review of the current issues and barriers to interoperability in order to identify a set of proposed measure concepts around interoperability. A conceptual framework will be created to analyze, prioritize, and make recommendations for those concepts to be developed into performance measures.

COMMITTEE CHARGE

NQF will convene a multistakeholder committee charged with providing guidance and

Nominations Due By Monday, October 3, 2016 6:00 PM ET

recommendations for considerations around interoperability through answering the following questions:

1. What current efforts have been taken to address issues in interoperability to date? What actions are necessary to overcome persistent barriers?
2. What attempts have been made to develop measures of interoperability and can they be incorporated into a framework to evaluate interoperability?
3. How can a framework be created that will provide a mechanism to standardize and prioritize measures of interoperability in a logical, unifying and strategic way?
4. Are there currently any local or regional measures of interoperability that could be leveraged for national use?

COMMITTEE STRUCTURE

The Committee will include no more than 25 individuals seated for one year.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls may be scheduled or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

Committee participation includes:

- Participation in the Committee Orientation Web Meeting
- Participation in one Committee In-Person Meetings, and
- Participation at four Committee Web Meetings in order to meet the goals and objectives of the project

Table of scheduled meeting dates

Meeting	Date/Time
Committee Orientation Meeting (2 hour)	November 9, 2016, 1:00PM-3:00PM ET
Committee Web Meeting #2 (2 hours)	January 3, 2017, 1:00PM-3:00PM ET
Committee Web Meeting #3 (2 hours)	February 1 2017, 1:00PM-3:00PM ET
Committee Web Meeting #4 (2 hours)	February 28, 2017, 1:00PM-3:00PM ET
Committee In-Person Meeting (2 days)	March 21 – 22, 2017
Committee Web Meeting #5 (2 hours)	April 5, 2017, 1:00PM-3:00PM ET
Committee Web Meeting #6 (2 hours)	April 20, 2017, 1:00PM-3:00PM ET
Committee Web Meeting #7 (2 hours)	May 8, 2017, 1:00PM-3:00PM ET
Committee Web Meeting #8 (2 hours)	May 23, 2017, 1:00PM-3:00PM ET

Meeting	Date/Time
Committee Web Meeting #9 (2 hours)	June 20, 2017, 1:00PM-3:00PM ET

PREFERRED EXPERTISE & COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, health professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is seeking nominees with relevant expertise in interoperability, including experts in data standards and vocabularies; architects of information networks that facilitate data exchange; providers participating in statewide or regional health information exchanges; federal, state and local government agencies, that have developed and implemented policies to encourage interoperability; informaticists; data architects; privacy and security experts; consumer representatives; providers and payers that have developed, participated and/or currently use interoperable health networks; standards development organizations; vendors; etc.

Please review the NQF Conflict of Interest Policy **to learn about how NQF identifies potential conflict of interest.** All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Committee, please **submit** the following information:

- A completed online nomination form, including:

    o a brief statement of interest

    o a brief description of nominee expertise highlighting experience relevant to the committee

Nominations Due By Monday, October 3, 2016 6:00 PM ET   3

- o a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
- o curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Monday, October 3, 2016.**

QUESTIONS

If you have any questions, please contact Poonam Bal at 202-783-1300 or interoperability@qualityforum.org. Thank you for your interest.