



HITSP

Healthcare Information Technology Standards Panel

a webinar series on U.S. healthcare interoperability



Steve's Story* . . . part four

"Steve" is a 26-year-old male coping with the long-term effects of a brain tumor that was removed during his childhood. He continues to face issues regarding the availability and usability of his medical information during follow-up and emergency care.



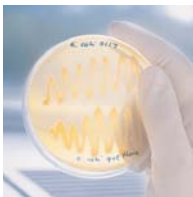
Because I've had some trouble in the past, I often avoid traveling long distances or going to places where a local doctor isn't familiar with my medical background. Over the years, though, my family has made San Diego a regular vacation spot. The pediatric neurosurgeon that took care of me when I was younger practices there, so my parents became very familiar with the city when I was a kid. It's a nice break for us to get away, but it's not too far from our home in Las Vegas.



One of our favorite beaches is near a bay where the San Diego River empties into the Pacific. During one of our vacations a few years ago there was a big news announcement about a fuel tank farm near the stadium that was polluting the river. My sister and I had spent the entire day on that beach.



The next day, I woke up with severe cramps and really bad diarrhea and had to be taken to a local emergency room. Later, my sister became so sick that she was rushed to another hospital with full kidney failure. Initially, the doctors thought we must have been contaminated by pollution in the water. I was given lots of fluids and electrolytes and, eventually, got well enough that I was allowed to leave the hospital after about two days. My sister was much worse. Her lab results tested positive for E. coli O157:H7; she ended up staying in the hospital for several weeks. Some vacation, huh.



A few months later we were contacted again by my sister's attending physician who told us that the California Department of Public Health had identified the source of the E. coli outbreak: a restaurant where we had stopped for lunch on the drive to San Diego. Because the restaurant was on a busy interstate highway, most people had continued on for hundreds of miles before they started feeling sick. It was only after more than 100 cases were identified in dozens of different facilities around southern California and Nevada that health officials were able to isolate that contaminated "home-grown" lettuce had been served at the restaurant.



I wonder — would fewer people would have gotten sick if there had been a way of tracking the reports of E. coli as soon as the patients started to come into the various hospitals?



**based on a true story*

continued next page



Steve's story is not happy, and it is not uncommon. Poor communications between and among doctors, labs, pharmacies, insurance companies and other providers cause many patients to suffer from fragmented care that is detrimental to their health.

Healthcare in an Interoperable World

In an interoperable world, information about the presenting chief complaints and subsequent cultures from Steve and his sister will transfer directly to a public health biosurveillance information system. The system will identify an increase in the usual number of cases of diarrheal illness in Southern California, especially cases with positive cultures for *E. coli* O157:H7. The analysis of this data will allow investigators to drastically reduce the time required to track the source of an outbreak and remove the contaminated products.

Patient healthcare-related data will conform to nationally recognized Interoperability Specifications (IS) established by the Healthcare Information Technology Standards Panel.

The seamless and secure exchange of this data — in either document or message-based format — between and among diverse healthcare systems will provide public health officials with the information needed to identify and manage threats to the population in a much more timely way.

Pseudonymized information will help to protect the privacy of affected patients — unless otherwise required by policy for the purpose of case investigation.

The same biosurveillance system will be able to monitor and determine the availability of hospital resources during an emergency situation. Enhancements during future iterations of the HITSP IS are expected to enable monitoring of other critical resource availability during emergencies.

HITSP: Enabling Healthcare Interoperability

The Healthcare Information Technology Standards Panel (HITSP) is a national, volunteer-driven, consensus-based organization that is working to ensure the interoperability of electronic health records in the United States.

A cooperative partnership between the public and private sectors, HITSP identifies and selects the necessary functional components and standards to enable the interoperable exchange of healthcare data. HITSP also documents any gaps in standards which must be resolved. The Panel then develops guidance documents known as Interoperability Specifications (IS) that recommend the standards that will meet clinical and business needs for sharing information across organizations and systems. Once an IS is recognized by HHS Secretary Michael Leavitt, agencies administering or sponsoring federal health programs are required to implement the standards.

Operating under contract to the U.S. Department of Health and Human Services (HHS), HITSP is sponsored by the American National Standards Institute (ANSI) in cooperation with strategic partners the Healthcare Information and Management Systems Society (HIMSS), the Advanced Technology Institute (ATI), and Booz Allen Hamilton.

Nearly 400 organizations representing consumers, health care providers, public health agencies, government agencies, standards developing organizations, and other stakeholders now participate in the HITSP and its committees.



More Information

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