



David Lansky
Executive Director
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David Lansky, Ph.D., is the senior director of the Health Program and executive director of the Personal Health Technology Initiative at the Markle Foundation. Dr. Lansky has 20 years' experience with healthcare policy issues and is focusing on the adoption of interoperable health information technology throughout U.S. healthcare, with an emphasis on patient and consumer representation.

Q&A With David Lansky

The executive director of the Markle Foundation explains why interoperability is essential for improving the quality of care and for creating a platform that enables innovation.

Healthcare Technology: *Can you tell us a little bit about the Markle Foundation and your role there?*

David Lansky: The Markle Foundation is a philanthropic organization, a 501C3 charity. Our interest has always been in how information, communications and technology can better serve society. For example, we were one of the first funders of the Children's Television Workshop which produced Sesame Street. So we've had a lot of interest in how media communications can be used to benefit the public interest. The last four years we've been interested in how electronic health records (EHRs) and the interoperability of health records can best be applied to improve the healthcare system. In particular, we have an interest in how patients and consumers can themselves be part of that process, and can be better involved in managing their own care and managing their own information. In terms of my role, I am director of the Health Program, and my particular interest is the question of how consumers and patients become more involved in their healthcare. We have come to believe that creating an interoperable health information environment is an important first step before we can do all the things we'd like to do to have patients more involved.

HCT: *Why is interoperability so important?*

DL: I think there are two primary challenges. One is to improve the quality of care that's delivered now, and the second is to create a platform that would allow the healthcare system to innovate and evolve.

The first challenge I mentioned, improving safety and quality, is driven by the many well-documented cases of medication errors and inadequate quality of

care today – much of which could be addressed by having information when it's needed, where it's needed, in the right person's hands. An interoperable health information environment would allow professionals and patients to move information from where it is now to where it's needed in a more timely and reliable way.

We need to recognize that people move around a lot, they change doctors, they change plans, they move between communities, they have many different doctors at once. Many people may believe that because they primarily see only one doctor their information is in one person's hands, and of course it isn't; it's scattered all over the place. So it's very important to create an environment in which that information can be accessed appropriately. I don't think it's as obvious to the public as it is to the people working inside the system. As a result of this fragmentation, it is very hard to develop new ways of organizing care itself; it's very hard for healthcare innovators to succeed.

We see that the healthcare system has been relatively inflexible in the way it's organized, partly because information is locked inside the "silos" of a very fragmented and disjointed system. So by having a platform in which information can move more freely, we think that will create an environment where there can be more creative solutions to how to deliver healthcare as well.

HCT: *What are some of the requirements and challenges?*

DL: Undoubtedly, one of the requirements is that end users – doctors, hospitals, pharmacies, clinics – need to have some level of EHR installed as a starting point. And we're certainly not very far along in that. But

Markle's work has not focused primarily on how to get end users to adopt EHRs. We want to make sure that once they do, whatever they've adopted can communicate and exchange information appropriately with other components of the healthcare system.

We see three challenges to creating a more interoperable health information environment. The first group of issues that surrounds the need to define commonly accepted standards and see them widely and uniformly adopted. If all the different healthcare organizations are out there today, buying whatever they want, building whatever they want, there's no particular requirement or even guidance that would ensure that what each organization or each doctor or each hospital installs is capable of communicating information in a standardized way with every other organization. Until all of the parties in the system recognize and use the same standards, it'll be very hard to achieve interoperability – very expensive, very difficult.

Once the standards have been identified, how do we then encourage their adoption? It seems unlikely that we will see the government or major payers mandating that all providers and suppliers adopt uniform standards. So how will we, in a voluntary system, get many different organizations all to agree to use the same standards? We must not only have agreement to use the common standards, but we also will need providers to adopt uniform profiles or implementation guides. In order to solve a particular problem, even a simple problem like moving a prescription from a doctor's office to a pharmacy electronically, or retrieving a lab result from a laboratory to a doctor's electronic health record, there are a number of different standards that come into play. It's not just identifying standards, it's bundling those standards into a particular solution, and doing that in such a formal way that everybody who implements those standards in their own systems will do it in the same way. Today there are few commonly accepted implementation guides – bundles of standards applied to a common task. Right now the standards

organizations do a great job of identifying standards for each part of the process, but nobody has the job of assembling all the parts together into a complete and uniformly applied solution.

The last standards-related need is certification. Once we have standards, once we know what the implementation guides look like, how do we know that anybody who claims to be selling a system that supports interoperability can actually do it, that the system will actually talk to other systems, other networks. There's a lot of interest now in having some independent entity certify which products are complying with the standards and which are not.



The second set of challenges emerges from the need to assure the privacy and security of personal health information. Regardless of how elegant and brilliant and efficient the technical process is, what really matters most is that the public trusts this system to be private and to treat their information respectfully, and to allow them to control where their information goes and when. And obviously, given the privacy spills of the Internet in the last few months, there's a very high public concern about having their health information online. We think that it's an absolute priority to design this system to permit interoperability, and at the same time to do everything possible to assure the security and privacy of information. That really means two things. One is preventing anything from being spilled when it shouldn't be, and the second is to make sure that if something bad happens, the consequences are universal and severe.

The public has to know that anybody who breaks any of the rules around privacy is going to face a severe sanction. So getting the privacy and security program to be uniform across the country – again without new mandates or laws that will address these things – is a second really big challenge. Underlying that is that the states do things differently, so you have 50 different jurisdictions, and you have to somehow achieve some uniformity despite the fact that the states certainly have the right to do their own thing.

Finally, if you know you need universal standards, and you know you need policies for privacy and security, and you want these things to be relatively uniform so that a person in Orlando has as much confidence in the system as a person in Seattle, who is going to establish these nationwide policies and standards? The question, in a nutshell, is who decides what the rules are going to be? And again we have no national institution or entity with the authority to decide how this system will work. However well-intentioned all the different hospitals and doctors and providers in the country might be, right now they have no one to turn to get these questions answered.

HCT: *Do you think we'll have widespread adoption in five years?*

DL: I would be surprised. I would not be optimistic that we can make a five-year time line. The steps I mentioned before – setting standards, seeing them adopted, defining implementation guides, establishing common privacy policies – all of that will take time and a shared commitment across the industry. But perhaps most critical – the public has to insist upon it; the public has to say “we demand a safer, more reliable, more efficient system.” For example, just personally, I will virtually never go to a doctor who doesn't use electronic medical records, I don't think it's safe. So I think it's important for a lot of Americans to begin to feel that way and to say to their doctor: “Are you using an EMR to manage my information?” ■