

Making and adoption of health data standards

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Critical Analysis Paper: The Making and Adoption of Health Data Standards

Health Data Standards (HDS) are a key part of the construction of a National Health Information Network (NHIN). Having these standards will increase interoperability of various groups and organizations, improve safety, lower costs, and enable providers in all aspects of healthcare to access the same patient medical information easily and efficiently. W. E.

Hammond (2005), discusses the urgent need for HDS, the process of creating these standards, problems and issues regarding the development and implementation of these standards, and he suggests possible solutions to these issues. According to Hammond (2005), HDS are crucial to building an interchange of health data between different sites involved in patient care, building a population database for public health surveillance and bioterrorism defense, creating a network of personal health records and a regional health network, and the development of a “ patient centric” electronic health record.

Interoperability is discussed as the goal of the development of HDS. Interoperability is the ability of different organizations, structures, and systems to work together and communicate; sharing information, by using common words and data elements. These common data elements; such as medications, measurements, or lab tests, must be in the same “ language” for different systems to be able to access them. Hammond suggests, however, that no one has been able to define the data standards necessary for the development of a functional NHIN.

No successful resolution or plan has been put into place to create a system of data standards in the United States. Although there are standards that

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exist, there is no nationwide coordination of these standards which would make them useful. HDS are created for the benefit of patients, vendors, healthcare organizations, the government, and society in general. Hammond (2005) relates these standards to the barcode system used in grocery stores or the standardization of ATM machines to accept all kinds of debit cards. Even though different “ brands” are competing against one another, standardization will benefit all involved parties.

A single, integrated system is the best solution. Using different systems requires the use of expensive, custom made interfaces. HDS would avoid this problem. To develop standards, the individual organizations involved must “ buy-in” to the acceptance process. Hammond suggests that standards can be created by interested parties who join to create a standard, the government, marketplace competition and the adoption of newtechnology, or by a formal consensus process lead by an organization such as the American National Standards Institute (ANSI).

ANSI is a private, non-profit organization which administers and coordinates United States voluntary standards activities. It defines the formal balloting process for HDS which is used by most Standards Development Organizations (SDOs). Hammond lists several issues with the progress and acceptance of HDS. These include competition between SDOs, problems with the balloting process, the interest of vendors, HIPAA standards, and the involvement of stakeholders. Since healthcare is such a dynamic field, new standards must be approved often.

This process is taking too long and has caused administrative burdens in trying to fill in the gaps. There is also a lack of funding for the development

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of HDS. In addition, there is no universally agreed upon method of approving standards in a timely fashion to ensure that vendors make money on their products while keeping up with rapidly changing standards. A registry for data elements is also needed and has yet to be developed. Finally, stakeholder input is needed in the standards development process and this has also posed a challenge.

Clinical specialist input is increasingly important in order to develop a set of standards which is relevant to healthcare workers in the field. Building this type of knowledge base has been difficult, according to Hammond (2005). Hammond (2005) suggests that past efforts to identify and create standards have been poorly executed and in order for the US health care system to move forward, current issues must be resolved. He suggests that a neutral, non-profit organization in the private sector should be authorized to manage HDS. Funding should come from membership dues, revenue from services, and the federal government.

Clinical groups should volunteer to share their expertise to help create new standards. These steps, he claims, will resolve the issues currently hindering the advancement of HDS development. These ideas, however, are neither new nor untested. Hammond's ideas have been used in the past in the quest for a NHIN and they have not yet been successful. The process of finding successful HDS is not simple and finding a solution will not be as easy as Hammond suggests. References Hammond, W. E. (2005). The making and adoption of health data standards. *Health Affairs*, 24(5), 1205-1213. doi: 10.1377/hlthaff. 24. 5. 1205