

180 degrees

This discussion arose from comments made during an earlier UMA WG meeting where someone suggested perspectives could be 180 degrees different. Naturally, whenever we consider product development one needs to consider multiples roles and use cases. In healthcare one might easily expect 360 different perspectives.

That reality aside, this document is intended to illustrate two different perspectives in two industries, healthcare and finance, where we may want to use UMA to solve data exchange. Depending on one's viewpoint, we may see the problem in very opposite ways. In order to solve the problem, we need to understand all perspectives. But one perspective does not need to negate the other.

180 degrees

In regards to healthcare interoperability, does it ever seem like we are at odds with folks when we try to agree on the objectives? It may be that we are simply coming from different perspectives. Consider this:

Hypothesis: In two well-known industries we have common roles that view the problem from one of two perspectives – each 180 degrees opposed.

Finance

Group X: Loan Officer, Bob, deciding to provide Consumer, Alice, with money.

Bob needs to know that Alice is indeed Alice, then he needs to know all kinds of detail about Alice before he begins to establish a relationship. At the beginning of this relationship, Alice has almost no rights, and by the end of the exchange, Bob develops trust, but even then, Bob is in the driving seat and has control.

Group Y: Alice, a banking customer, who maintains all of her accounts at 'Incredible Bank'. Alice is a busy consumer and values convenience, privacy and security. Customer Service at Incredible Bank shares this perspective and they want to enable Alice to take advantage of convenience features.

Naturally Incredible Bank needs to be certain that it is Alice who is making requests about Alice's accounts. Alice often travels for work and she wants her husband, Joe, to have access to her accounts. She also wants her financial advisor, Erica, to have access to her account data. Incredible bank also needs to be able to know that Joe is Joe and Erica is Erica, but after that, if Alice wants to give either of them permission, then Incredible Bank wants to put Alice in the driver's seat.

If you are in Group X – you may not want to give Alice too much control.

But if you are in Group Y – then there is a lot of advantage in giving Alice full control.

As our paradigms shift, it is critical for the success of Incredible Bank to do just that. Further, Alice is demanding it and if Incredible Bank will not provide those services, Alice will go elsewhere.

Healthcare

Group X: A new PCP provider, Bob, is taking on a new patient, Alice.

Bob needs to know that Alice is indeed Alice, then he needs to know all kinds of detail about Alice before he begins to establish a relationship. At the beginning of this relationship, Alice has almost no rights, and by the end of the exchange, Bob develops trust. During this exchange Bob needs to know that Alice can pay for her services. Bob, or someone from Bob's office needs to collect all of Alice's medical data and enter it into his system. He probably needs to do a battery of tests to access her current health (Gee, wouldn't it be nice if he could easily just import all this in?) At any rate, getting up to this point where he is ready to treat Alice is a lot of work. He does need to know that Alice is uniquely Alice and not someone else.

Further, now that he has all of the PHI about Alice, he is bound by HIPAA to protect that data. He often worries about liability and inadvertently sharing data that should be kept confidential.

Group Y: Alice, is a healthcare customer of provider Bob and his health care system. Bob is her PCP and so has her most current records. Alice has several chronic conditions and needs to see several specialists for additional care. Dr. Bob wants to easily share Alice's records with the specialists and hospitals and he wants to get their care plans back so that he can integrate them with Alice's overall care plan. He needs to know the details of Alice's care provided by other providers in order to stay on top of Alice's overall health.

Alice would like to share her medical record with Dr. Erica in advance of her visit with this new specialist. Alice would also like to share her medical data with her husband, Joe.

Naturally, Dr. Bob's healthcare system needs to be certain that it is Alice who is making requests about Alice's data. Bob's health care system also needs to be able to know that Joe is Joe and Erica is Erica, but after that, if Alice wants to give either of them access, then Bob's Healthcare system wants to put Alice in the driver's seat and provide the appropriate access to the appropriate users as indicated in Alice's consents.

If you are in Group X – you don't want to give Alice too much control

But if you are in Group Y – then there is a lot of advantage in giving Alice full control.

As our paradigms shift, it is critical for the success of Dr. Bob's care of Alice to share her clinical data, whether it be to empower Alice to take control of her own health or to enable her caregivers to work as a team in providing healthcare to Alice. Further, Alice is demanding it and if Bob's Health Care System will not provide those services, Alice will go elsewhere.

In Healthcare, both groups X and Y can use the same system. They are simply at different points along the continuum. The core requirements need to be in place to share.