The Office of the National Coordinator for Health Information Technology

Briefing on HIT Standards Committee

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Agenda

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- Summer Camp Activities
  - Meaningful Use Crosswalk Update
    - Transport
    - Content
    - Vocabularies
  - HITSC Summer Camp PowerTeams (PT) Update
    - Metadata
    - Patient Matching
    - ePrescribing
    - Surveillance Implementation Guide
    - NwHIN
  - S&I Framework Initiatives
    - CDA consolidation
    - Electronic Lab Reporting (ELR)
    - Transitions of Care (ToC)
    - Directories (new)
    - Distributed Query (new)

HITSC: Health Information Technology "Summer Camp"

Summer Camp for HITSC

- Analyze the standards implications of HITPC recommendations
  - Prepare for Meaningful Use Stage 2
  - Identify gaps in Standards
  - Triage Standards Work

HITSC Principles - I

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- Keep it simple; think big, but start small
  - recommend standards as minimal as possible to support the business goal and then build as you go
- Don't let "perfect" be the enemy of "good enough"
  - go for the 80% that everyone can agree on
  - get everyone to send the basics (medications, problem list, allergies, labs) before focusing on the more obscure
- Keep the implementation cost as low as possible
  - eliminate any royalties or other expenses associated with the use of standards
- Design for the little guy so that all participants can adopt the standard and not just the best resourced
- Do not try to create a one size fits all standard, it will be too heavy for the simple use cases

HITSC Principles - II

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- Separate content standards from transmission standards
  - i.e., if CCD is the html, what is the https?
- Create publicly available controlled vocabularies & code sets that are easily accessible / downloadable
- Leverage the web for transport whenever possible to decrease complexity & the implementers' learning curve ("health internet")
- Position quality measures so that they will encourage adoption of standards
- Create Implementation Guides that are human readable, have working examples, and include testing tools

HITSC Action Items for MU2

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- Refresh/Reload
  - Recommend revisions to adopted certification criteria
  - Recommend new/updated standards/implementation specifications to associate with adopted certification criteria
- Analyze MU WG draft recommendations
  - Identify and draft new certification criteria
  - Associate standards/implementation specifications, where available

Buckets to Consider

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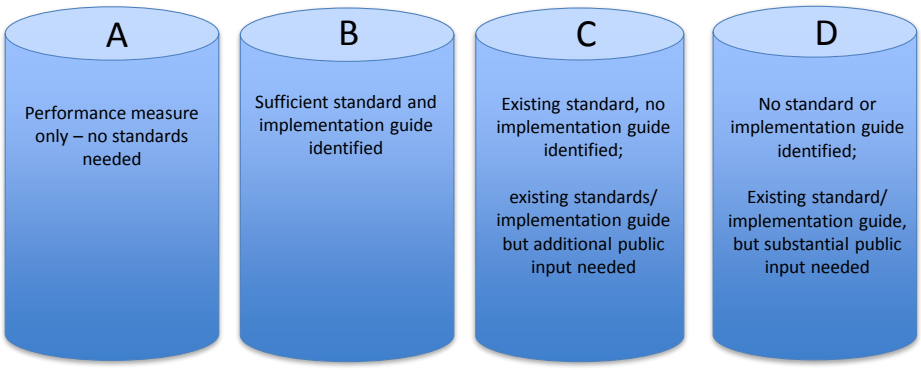

Bucket A: Performance Based Measures

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- CPOE lab/rad (entry process only, see below for electronic transmission)
- Interaction Checking
- Record Demographics (entry process only)
- Maintain problem, medication, allergy lists; record smoking, vitals (see below for electronic transmission)
- CDS Rule
- Record advanced directives
- Generate patient lists
- Physician notes
- Electronically track medication administration
- Patient education
- Patient preference for communication medium
- Medication reconciliation (see below for ToC-based data sources)
- Record care team members

Bucket B: Sufficient Standard and Implementation Guide

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Measure	Standard	IG
Record Demographics		Value Sets for IOM Categories
Report CQM Electronically	PQRS XML (Physician Quality Reporting System) Note: may need to move to a new standard QRDA level 3, but standard has not yet been tested (bucket C)	CMS IG (Implementation Guide)
Drug Formulary Checks	NCPDP Eligibility and Benefits	
Submit Immunization Data	HL7 VXU (Vaccination Record Update)	CDC Immunization WG working on revisions to IGs
Submit Electronic Lab Reporting	HL7 V2 2.5.1 (Observation Result)	Existing IG; will be harmonized to final ambulatory lab IG in 2011

Bucket C: Needs Community Input

Measure	Standard	IG
Incorporate Lab Results	HL7 ORU (Obv Result), LOINC, Transport?	LOINC subset Ambulatory: S&I LRI Initiative
Provide electronic copy to patient (health information, discharge instructions, clinical summaries)	S&I ToC exploring CDA, CCR, greenCDA Transport?	Vocabulary subsets S&I ToC Initiative
Provide summary on ToC	S&I ToC exploring CDA, CCR, greenCDA Transport?	Vocabulary subsets S&I ToC Initiative
Care plan	S&I ToC exploring	S&I ToC Initiative – could be Bucket D
Syndromic Surveillance		CDC IG
Privacy and Security Assessments		Pending HITPC recommendations (Tiger Team work in progress)

Bucket D: Substantial Public Input Required

Measure	Standard	IG
CPOE, lab/rad	HL7 V2 message	High priority but beyond 2011 (electronic orders of ancillary services, scope)

Needs Discussion

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Measure	Standard	IG
Transport for Lab, Transitions of Care	Direct/NwHIN or Performance Based?	Direct, Certificate S&I Work
Send patient reminders	Direct/NwHIN or Performance Based?	
Web Portal, Timely Access	Direct to PCHR (Personally Controlled Health Record) or Performance Based?	S&I Transitions of Care (Toc) Initiative
Online Secure Messaging	Direct or Performance Based?	
Test of HIE	Direct/NwHIN or Performance Based?	
Directories	LDAP? XPD? Microformats? DNS?	Directories S&I Work, may be Bucket D

Additional Priorities for the Health IT Standards Committee

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- *CDS* attributes for certification
  1) Source of CDS
  2) configurable rules
  3) rules respond to patient data
  4) configurable timing of decision support
  5) based on roles
  6) integrated with other EHR functionalities
- *eMar* attributes for certification
  1) Alert to wrong patient
  2) Alert to wrong medication
  3) ID as dose form
  4) ID provider
  5) Record time medication administered
- View and capability to download information
  1) Track number of views
  2) Track number of downloads
  3) Electronically counted for compliance and measurement
- *Summary of care record/plan:* Stage 2 will include additional data elements to be included in the record/plan

Priorities for the Health IT Standards Committee

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- *Timely Electronic Access*: consider including a warning message before downloading personal health information
- *Hospital labs* provide structured electronic lab results in LOINC, where available
- *PH* objectives: Consider a single standard to be used for the submission of all public health data, i.e. three different health domains, one Implementation Guide
- *PH* objective of submitting reportable cancer conditions: Possible use of IHE cancer reporting implementation guide
- Demographics--Stage 2 includes expansion of existing fields

Priorities for the Health IT Standards Committee

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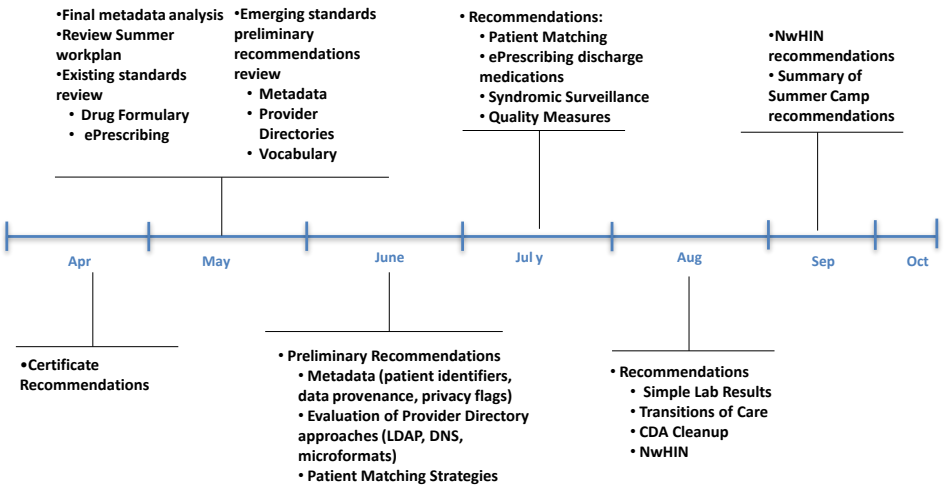
Privacy and Security

1. Single factor authentication (user and password) for patient online account
2. Audit trails for access to patient online account
3. Provisions for data provenance
4. Portal should have secure download ability (e.g., to transfer to PHR)
5. Instructions to standards committee about demographic fields, etc.
6. Signal Stage 3 plans about NWHIN governance

Stage 3

- Standards for recording *family history*
- Patient-generated data submitted to public health agencies
- Add new fields in demographics per IOM report
- Capability to retrieve AD from EHR
- Mechanism for patient entered data

Timeline for HITSC to review Standards



Update on HITSC Summer Camp

Power Teams:

- Metadata
- Patient Matching
- ePrescribing
- Surveillance Implementation Guide
- NwHIN

Metadata Power Team

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- The HIT Standards Committee put together recommendations based on the Metadata Power Team analysis and has submitted it to ONC
- The overall standard recommended for patient ID, provenance and privacy metadata elements was HL7 CDA R2
- Will need additional work on pilots and testing of DEAS and integration with PHRs

Patient Matching Power Team

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- The Patient Matching Power Team met on July 1, 2011
- They discussed the data necessary to provide explicit guidance on which patient attributes to "require" or for which to improve quality
- Discussion was around Core and Menu item Matching Fields ---what constitutes the Unique Patient Identifier, which was the main focus of the discussion.
  - Core
    - Name (last, first, middle initial)
    - Birth date
    - Gender (administrative?)
  - Menu (some required to successfully match)
    - Address including zip (current and past)
    - Social security number
    - Maiden name
    - Full middle name
    - Healthcare provider (individual or institutional)
    - Visit information
    - Allow other assigned identifiers to support evolution
- Specificity more critical than sensitivity (need policy decision about the rate of false positives that can be tolerated)
- The next call will revisit PCAST report to tally up the metadata needed for patient matching

ePrescribing Power Team

- The Power Team first convened on June 24, with Jamie Ferguson as Lead.
- Discussed the charge, scope, and priorities of the Power Team.
- Discussed what extent standards exist; priorities for addressing the scope of what is in team's purview.
- The next call will be held on July 27.

Surveillance Implementation Guide Power Team

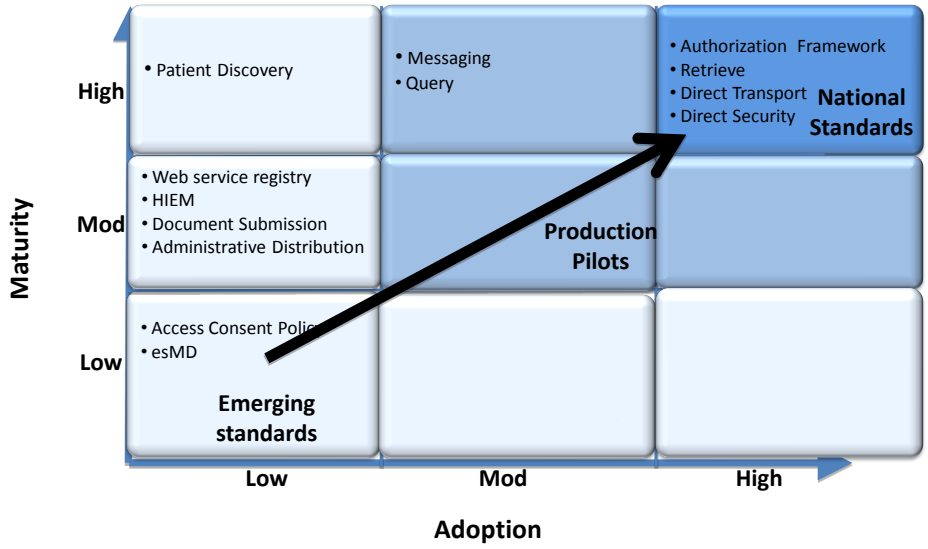
- The Power Team first convened on June 28, 2011with Chris Chute as the lead
- Discussed the, charge, scope and priorities of the power team
- Discussed what extent standards exist; focused on CDC's Syndromic Surveillance Messaging Guide
- The next meeting will be held on July 22, 2011

NwHIN Power Team

- ONC presented a draft approach to the NwHIN Power Team on June 30th, 2011 on how to choose specifications that will go through Modular Specification process. May not include just NwHIN and Direct specs.
- The NwHIN Power Team agreed that the process and approach proposed by ONC are good for the purpose intended.
- ONC is making adjustments to the criteria based on Power Team recommendations and updating the grid.
- Ken Tarkoff (Relay Health) will lead a small group that will identify other mechanisms that are being widely used for healthcare exchange, such as those used for ePrescribing, administrative transactions, and lab reporting.

S&I Framework Initiatives

"Big Tent" Infrastructure



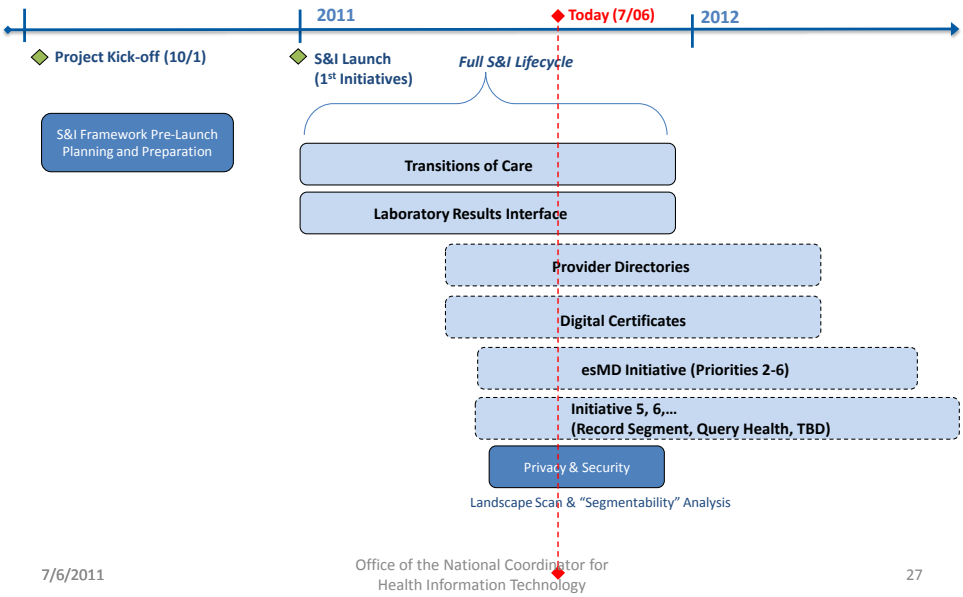
Direct Project Update

- Based on HITPC NwHIN Workgroup guidance to expand scope of NwHIN to broadly accommodate individual providers in support of MU with a near-term focus on directed exchange
- Rapid focused effort to develop and pilot test standards and specifications
  - Announced March 2010, kicked off late March/early April
  - 90 days to specs and working proof of concept, 90 more to working reference implementation, less than a year to first in production usage
- Based on policy "sandbox" provided by HITPC recommendations and technology principles provided by HITSC, created approach for directed exchange that:
  - Allows for exchange with exposing PHI to intermediaries (while preserving ability for providers to work with BAs if needed)
  - Provides for high assurance that only the receiver or delegates can access PHI
  - Provides for high assurance in organizational identity of sender and receiver
  - Allows for "universal addressing and transport" to enable any sender to send to any receiver (that shares a common definition of identity and trust)
  - Is simple to implement and adopt

Pilot Experience

- Direct is in production both with commercially released product and with a set of pilot implementations in geographies with existing volume of care transitions
- Predominate usage is to support **transitions of care** and **consumer engagement**
  - Transitions of Care: pilots demonstrating use for closed loop referral, ED and hospital discharge, acute to LTC
  - Consumer Engagement: pilots demonstrating ability to send from any EHR to any PHR
  - Also, pilots demonstrating usage for **public health reporting** and **electronic laboratory results**
- Pilots have demonstrated the need for common and consistent definitions and levels of assurance for identity assurance and authentication

Initiatives Update



S&I Initiatives

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Transition of Care –

- Supports quality goals and Meaningful Use Stage 1 and foreseen Stage 2 requirements by standardizing clinically meaningful core data supporting high quality transitions of care
- Current Status:
  - Defining clinically meaningful core data for transitions of care
  - Harmonizing data to existing standards to support implementers
  - Planning reference implementations and pilots
- Expected timeline: Pilot & Testing complete by September 2011, update Standards & Certification NPRM by Fall/Winter 2011

S&I Initiatives

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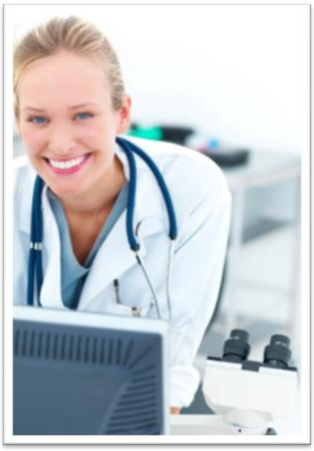
Lab Results Interface –

- Focuses on identifying the requirements, specifications and standards, and on providing the implementation guidance for electronic reporting of ambulatory care laboratory test results in the US Realm.
- Supports Meaningful Use Stage 1 requirements for exchange of data for decision support, quality reporting and transitions of care , by enabling incorporation of lab results into an EHR as structured data.
- Achieve cost and time savings to develop new lab results interfaces through the development of one standard implementation guide, enabling certification of EHRs.
- Current Status:
  - Harmonizing message structure and vocabularies, building on existing HL7 implementation guides
  - Outlining harmonization plan for Public Health Reporting
- Proposed timeline: Pilot & Testing complete by October 2011, updated Standards and Certification NPRM by Fall/Winter 2011



S&I Initiatives

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Certificate Interoperability –

- Supports nationwide exchange of health information which requires a fabric of trust that enables secure data transfer and identity assurance among providers, HIEs and other healthcare industry participants
- Analyzing issues related to complying with digital certificate requirements for exchanging data with Federal agencies.
  - Assessment to consider cost, complexity, and feasibility of providers acquiring, managing, and using digital certificates that are cross-certified with the Federal Bridge.
  - Collaborating with the Certificate Authority Taskforce under the HIT Policy Committee Privacy and Security Tiger Team to conduct research and interviews with broad base of stakeholders.
  - Collaborating with the HIT Standards Committee and the Privacy and Security Workgroup to investigate architectural and operational alternatives for cross-certifying Direct CAs with the Federal Bridge CA
- Proposed Timeline: Analysis completed by July 2011 to enable revision to NPRM of Standards & Requirements.

S&I Initiatives

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Provider Directories –

- Facilitates secure exchange of health data by enabling senders to identify destination s and obtain their digital certificates.
- **Focus Area #1:** Standards for discovery of digital certificates in directed exchange.
  - Proposed timeline: Use Case and Standards Analysis by July/August 2011; Pilot testing by October 2011 to enable revision to NPRM of Standards & Requirements.
- **Focus Area #2:** Standards and data model for querying provider directories to discover electronic addresses.
  - Timeline TBD – focus on broad agreement among implementers rather than influencing NPRM.