



Health IT Standards Committee Meeting

Meeting Notes

June 30, 2010

[Meeting Agenda](#)

NHIN Direct Specifications; Standards & Interoperability Framework; Concept of Operations

- Dr. Doug Fridsma and Mr. Arien Malec presented to the HIT Standards Committee on the [NHIN Direct program's Standards & Interoperability Framework and Concept of Operations](#).
- Of particular interest for HIMSS and IHE is the next step requirement for NHIN Direct to work with IHE to make modifications to the IHE XDR specification to "better suit policy guidelines and usage needs" associated with NHIN Direct and NHIN Exchange requirements
- There appears to be considerable concern that the NHIN Direct program's point-to-point activities will undermine the overall NHIN Exchange effort that has been underway since 2005. Dr. Blumenthal assured the members of the Committee that ONC's intent is to support the compatibility between NHIN Direct and NHIN Exchange.
- NHIN Exchange does not meet providers at the point of maturation within their particular EHR and information exchange experience. NHIN Direct is intended to address that challenge in the short term with understanding that NHIN Direct and NHIN Exchange are both part of the long term NHIN strategy.
- Dr. Blumenthal suggested that the Committee, audience, and interested parties take the view that their uncertainty about compatibility between NHIN Exchange and NHIN Direct can be a point of common focus. Rather than saying compatibility is impossible, everyone should be using their resources and creativity to identify steps along the solution trail.

NHIN Governance

- Dr. Mary Jo Deering, Director of the ONC Office of Policy and Planning, [briefed the Committee](#) on the outline for gaining Committee and public input on Guidance on Governance for NHIN policies, Standards, and Services.
- Ultimately, ONC expects to have a final rule on NHIN Governance in place by summer 2011. The steps along the way include a public input period in August 2010 through a Request for Information process, followed by additional input from the HIT Policy and HIT Standards Committees in late fall 2010. A Notice of Proposed Rule Making in place in early 2011, followed by the final rule.
- Keys areas include Transparent Oversight, Enforcement and Accountability, Identity Assurance, and Technical Requirements. Each area has a series of associated questions and challenges that will be addressed during the rule making process.

Privacy & Security Tiger Team

- Deven McGraw and Paul Egerman, co-chairs of the Privacy & Security Tiger Team, briefed the Committee on the [Tiger Team's latest activities](#).
- The Tiger Team is utilizing the resources of the individual members of the HIT Policy and Standards Committees, as well as the National Committee on Vital and Health Statistics.
- The Tiger Team is focusing on message handling in Directed Exchange, with particular emphasis on developing “trust”, to include the role of the Regional Extension Centers, the Health Information Exchanges, and the NHIN Direct Initiative.
- Greatest level of concern over “who” should have access to unencrypted data, with a particular emphasis on HHS regulations, guidance, and best practices that promote greater transparency to increase the “trust” factor.

Enrollment Workgroup

- U.S. Chief Technology Officer, Aneesh Chopra, [presented to the Committee on the Enrollment Workgroup's activities](#), with particular emphasis on the government's response to the requirements in Section 1561 of the Affordable Care Act.
- In Section 1561, the federal government is required to “develop interoperable and secure standards and protocols that facilitate enrollment in Federal and State health AND human services programs through methods that include providing individuals and authorized 3rd parties notification of eligibility and verification of eligibility.”
- Candidate standards might include core data elements, messaging requirements, and privacy and security
- A base use case with a consumer-facing web portal is being considered to allow applicants access to tools that will identify available services; conduct initial screening and enrollment checks; retrieve electronic verification information; and store and reuse eligibility information
- Secretary Chopra indicated the Enrollment Workgroup will be working with the HIT Policy Committee to identify and close policy gaps in enrollment.
- After going through his presentation on the status of the program, he surmised that there must be individuals or facilities out in the U.S. that have figured out techniques and tools to identify local, state, and federal programs and other resources that can be utilized to provide assistance to eligible individuals/families.
- He then asked the members of the HIT Standards Committee who work for hospitals (Judy Murphy, Walter Suarez, Jamie Ferguson, etc.) to reach out billing departments to find out the following:
 - If a person arrives at the hospital for care AND is uninsured, are there innovative IT-based techniques and tools that the billing department staff or IT staff have developed to help a) **identify** local, state, and federal programs the person is eligible to participate –insurance-based programs, pharmaceutical purchasing support, WIC, food stamp programs, etc. b) equally innovative ways **to get the person enrolled** in the program(s).
 - If you have examples, please send them to tleary@himss.org or stsoucalas@himss.org



Quality Workgroup

- Janet Corrigan and Floyd Eisenberg presented to the Standards Committee on the latest initiatives of the Quality Workgroup.
- The Workgroup is in the midst of completing the Measure Retooling, to include 44 ambulatory measures
- The Workgroup coordinated with ONC on an environmental scan of 12 leading healthcare systems to get an understanding of their current use of standards and performance measures.
- In addition, NQF has been tasked by ONC to fast track two objectives
 - Identify “types of measures” that might be appropriate for 2013 Meaningful Use
 - Identify pathways to generate the desired types of measures within the identified time frame.
- The NQF report is due in July 2010, which is intended to inform the HIT Policy Committee MU measures recommendations for 2013, while identifying measure development requirements that must start immediately.
- In response to a question about Quality Measures and specialty care, Ms. Corrigan indicated that NQF’s experience is that it is difficult to identify quality measures that cut across multiple specialties and that the process runs the risk of identifying too many measures, thus further frustrating the provider community.

Clinical Operations Workgroup

- Mr. Jamie Ferguson updated the Committee on the Clinical Operations Workgroup activities around solving the question of what other standard document types CCR and CCD implementers may need to transfer patients, particularly with respect to Inpatient Discharge Summaries and ED Discharge Summaries because there is data available that is not captured in either the CCR or the CCD.
- Mr. Ferguson emphasized that the Workgroup will likely recommend that the process to standardize template CDA sections can build on the work that is already in place through CCR and CCD.
- Committee members suggested that a multiple solution approach may be required, so the standards do not slow down the process of innovation. In addition, there may be information that is required that is captured somewhere in a facility’s health IT solutions, but does not populate the CCR or CCD.
- In addition, there was considerable discussion around limiting optionality of approaches, so solutions do not deviate from the standards, thus creating situations where senders are never certain if receivers have received the health data in a readable format.
- Finally, Nancy Orvis from DoD reminded everyone that DoD has a requirement to hold patient data for 75 years. The same is not true for the civilian community, so there is an unanswered question of who will be responsible for saving the data on an individual in the long term.

Public Comment

- HIMSS expressed support for the Clinical Operations Vocabulary Task Force recommendations that a single federal office or agency should be responsible for ensuring the creation, maintenance, dissemination, and accessibility of all controlled vocabularies, vocabulary value sets, and subset related to Meaningful Use.



- AHIMA suggested that the single federal entity should look beyond Meaningful Use to other vocabulary requirements.

