



Health IT Policy Committee Meeting
Meeting Notes
August 19, 2010

[Meeting Agenda](#)

Meaningful Use Workgroup

Population Health Hearing – Presented by Dr. Art Davidson

- [Presentation](#) by Dr. Davidson on the July 2010 hearing
- General sense is public health has got to be part of the Meaningful Use landscape. One presenter suggested a “report to public health” button for Eligible Professionals and Eligible Hospitals, so we can achieve the “one health” approach. Tie in personal health records, public health, and Population Health Record (information on health status of local community).
- Strong support for standards-based transfer of data with the CCD and LOINC to ensure structured data, and fosters bidirectional data flow to improve information for public health and providers.

Care Coordination Hearing – Presented by Mr. David Bates

- Mr. Bates [presented on the Care Coordination hearing](#) that was held in July 2010.
- Observations on existing EHRs and needs for the future included concerns that by and large, current EHR solutions do not support care coordination easily. Part of challenge is disparity of consistency across the nation on professional education and workflow.
- Functions that would improve usability and are more intuitive will support care coordination. Shared care plans, longitudinal aspects of the record, and provider practice. Common approaches exist
- General concern by hearing witnesses that vendor capabilities need to evolve in order to get shared care plans.

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 utilized the resources of the individual members of the HIT Policy and Standards Committees, as well as the National Committee on Vital and Health Statistics to develop a [letter to ONC outlining their recommendations](#).
- Core Recommendation (Taken directly from the slides):
 - **All entities involved in health information exchange – including providers (individual and institutional) and third party service providers like Health Information Organizations (HIOs) and other intermediaries – should follow the full complement of fair information practices(FIPs) when handling personally identifiable health information.**
 - **Each set of recommendations is mapped to applicable fair information practice principle(s)**

- Core Values (Taken directly from the slides)
 - **The relationship between the patient and his or her health care provider is the foundation for trust in health information exchange, particularly with respect to protecting the confidentiality of personal health information.**
 - **As key agents of trust for patients, providers are responsible for maintaining the privacy and security of their patients' records.**
 - **We must consider patient needs and expectations. Patients should not be surprised about or harmed by collections, uses, or disclosures of their information.**
 - **Ultimately, to be successful in the use of health information exchange to improve health and health care, we need to earn the trust of both consumers and physicians.**
- The majority of the conversation by the HIT Policy Committee was spent discussing concerns over the language "not be compelled" under the meaningful consent attributes. Policy Committee members were concerned that providers cannot refuse medical care to patients who do not consent to having their information in an HIO. The concern was that providers would be duplicating efforts (creating separate EHRs) and having extra layers of complexity by creating multiple models of exchange; one for the pool of patients who consent and one for those who do not.
- The Privacy and Security Tiger Team suggested the language was not intended to have providers create a separate record or multiple means of exchange but rather dictate what an HIO can do with a patient's health information. For instance, an HIO can still provide services to providers for information exchange but when a patient does not consent they cannot retain the data and use it for other purposes (such as selling to pharmaceutical companies).
- Focusing on when additional consent will be required, the Tiger Team suggested **“When the decision to disclose or exchange the patient’s identifiable health information from the provider’s record is not in the control of the provider or that provider’s organized health care arrangement (“OHCA”), patients should be able to exercise meaningful consent to their participation.”**
- Examples of Triggering Events
 - **A centralized HIO model, which retains identifiable patient data and makes that information available to other parties.**
 - **A federated HIO model, which exercises control over the ability to access individual patient data.**
 - **Information is aggregated outside the auspices of the provider or OHCA and comingled with information about the patient from other sources.**
 - Described by Paul Egerman as an organization like an E-Prescribing Gateway providing information between the provider and the off-site pharmacy.
- Tiger Team members stressed that patient expectations are key to consent triggers requirements (if the action would not fall under what a patient would reasonably expect as a part of the care giving process – consent would be needed)
 - Patients need choices, providers need to educate their patients on how their information is used; and without dialogue and trust between provider and patient the system will not work

- HIT Policy Committee Members suggested the healthcare community should work together to reduce educational and administrative burden
- Patient needs to be able to provide meaningful consent BEFORE the transaction is initiated. If patient doesn't provide meaningful consent, then the providers should utilize directed exchange. If patient does not provide consent, then the transaction can occur, but the receiving organization cannot retain the patient specific information.
- Tiger Team Suggested Attributes of Meaningful Consent
 - Advanced knowledge of the agreement – would not include Urgent Care
 - Consent is not a pre-condition to receiving care
 - Provide patient education on the process and ensure transparency.
 - Consent needs to be consistent with patient expectations of the need of the system to receive personal health information
 - Consent needs to be revocable by the patient
- Final Observations: Current state of technology did not seem mature enough to have ONC write meaningful use criteria around this issue
- HIT Policy Committee members stressed that more work should be done on this issue prior to rulemaking

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.”
- The Enrollment Workgroup presented draft recommendations for Core Data, Verification Interfaces, Business Rules, Transmission of Enrollment Information, and Privacy and Security. The draft recommendations are identified below. The draft recommendations will be finalized and presented to the HIT Policy and HIT Standards Committees September 14th and 15th, respectively.
- Combination of Core Data, Verification Interface, Business Rules, Transmission of Enrollment Information, and Privacy and Security
 - Core Data recommends leveraging the National Information Exchange Model (NIEM) guidelines. Essential to developing, disseminating, and supporting necessary standards and processes. NIEM is an acronym that should be on everyone's radar these days.
 - Verification Interfaces attempt to tie federal activities with Section 1411 of the Affordable Care Act (Health Insurance Reform) regarding eligibility verification for federal and state health and human services programs. Workgroup also suggests the development of a federal reference implementation tool that can be leveraged across federal agencies.
 - Business Rules are intended to drive transparency by clarifying how States determine eligibility. As each State has different requirements and thresholds for eligibility, the technology challenge will be providing transparency into the operating rules that have been hard coded over many years.



- Recommendation is to develop an Open Source Collaborative Forum with government as the convener. States, the federal government, companies, individuals, and organizations will be able to work together to develop common “human readable” operating rules that can be improved over time.
- For Transmission of Enrollment Information, the Workgroup recommends leveraging HIPAA standards (834, 270, 271) to ensure accurate transfer of eligibility and enrollment data between interested parties (health insurance programs, health and human service programs, etc.)
- Privacy and Security recommendations focus on ensuring the consumer has timely access to electronic data; they are able to control appropriate use, and have the ability to correct inaccurate data. In addition, they look to streamline the proxy designation process, and encourage States to leverage strong security measures to protect personal health data.

Information Exchange Workgroup

- Presented by Micky Tripathi and David Lansky, Workgroup co-chairs.
- HIMSS staff had technology challenges during the web-based presentation. Workgroup slides are not yet available on the web at time of posting. Recommendation on expanding the group to include public health and other interested parties.
- HIMSS will provide updates after speaking with ONC and Workgroup members.

