



Health IT Standards Committee Meeting

Meeting Notes October 27th, 2010

[Meeting Agenda](#)

On October 27th, 2010, the [Health IT Standards Committee](#) hosted the 14th HIT Standards Committee meeting. HIT Standards committee Vice Chair John Halamka welcomed the committee and listeners and then reviewed the meeting agenda.

Key news items from this meeting:

- The Meaningful Use Workgroup of the HIT Policy Committee provided the HIT Standards Committee with a timeline and philosophical framework for Meaningful Use Stage 3
- Dr. Doug Fridsma from ONC and acting chair John Halmaka noted that the NIEM framework is a Homeland Security framework. Using NIEM means using the lessons learned from NIEM Homeland Security process, not the adoption of NIEM Homeland Security standards. HIT Stakeholders can anticipate that the lessons learned will be relevant, but the term NIEM may be phased out.
- The Vocabulary Taskforce presented findings on how to develop a “one-stop shop” for providers and hospitals to purchase code and content sets. The Taskforce has determined that EPs and hospitals do not mind paying to compensate for use of intellectual property, but only want to pay one source. It was suggested by the Taskforce that HHS either serve as that central body, or withhold a small fee from the Meaningful Use incentive payments to compensate the owners of the content sets.
- The HIT Standards Committee Implementation Workgroup has upcoming meetings on November 4th and December 2nd. The goal of those meetings is to plan a hearing in 2011 designed to receive testimony from providers and hospitals based on their experiences implementing Stage 1 of Meaningful Use.

Meaningful Use Workgroup Update:

The HIT Policy Committee Meaningful Use Workgroup Chair Paul Tang reviewed the timeline for the development of Meaningful Use Stage 1 Recommendations and overviewed the Workgroup recommendations for Stage 2 and Stage 3.

- Workgroup focused on:
 - Goals for Stage 2
 - Incremental change over Stage 1
 - All optional criteria in Stage 1 become Core
 - Criteria will be a stepping stone to Stage 3
 - Outcomes focused criteria in stage 3 Stage 3 (outcomes based versus use of tools) through the uses of “performance thresholds”
 - Rather than measure what solutions are used, measure “how” the provider achieves using the solutions
 - Use HIT to support value-based purchasing
 - Reduce dependence on process measures in Stage 3 NPRM, which will foster innovation
 - Stage 2 should be the platform for introducing outcomes measurement.
 - Possible Examples
 - Apply clinical decision support to achieve outcome (vs. use specific type of CDS)

- Reduce prescribed major drug interactions (for prescribed drug categories) by x%
 - Reduce 30-day readmission rate by 10%
 - Patient engagement information sharing
 - Stage 2 and 3 must move towards innovative patient use of data
 - Comment from Dr. Blumenthal: “Health Information should follow patients. If your organization is not the sole provider of care, other organizations should get access to your patient’s data (with their permission.)”
 - Types of information sharing
 - Hospitals would provide discharge instructions
 - Ambulatory offices would provide visit summaries
- Meaningful Use Workgroup Proposed Timeline for Development of Stage 2 CMS EHR Incentive Program Final Rule (Meaningful Use Stage 2)
 - October 20, 2010: Workgroup received directional guidance from the HIT Policy Committee
 - December 13, 2010: The Meaningful Use Workgroup will present the draft recommendations for Meaningful Use stages 2 and 3 criteria
 - January, 2011: HHS will release a Federal Register item with a request for comments from the public on the MU workgroup MU Stage 2 and Stage 3 recommended criteria
 - February, 2011: The MU Workgroup will analyze request for comment responses and revise MU draft criteria based on those comments
 - March, 2011: present revised draft MU criteria to the HIT Policy Committee
 - 2nd Quarter 2011: HIT Policy Committee will report on initial MU recommendations and public feedback to CMS
 - 3rd Quarter 2011: Final HITPC recommendations on stage 2 of Meaningful Use will be officially submitted to Secretary Sebelius
 - 4th Quarter 2011: Anticipate the publication of the CMS EHR Incentive Program Stage 2 Notice of Proposed Rulemaking in the Federal Register

ONC Update on Nationwide Health Information Network, NHIN Direct, and Security

NHIN Direct Update from Arien Malec, ONC

- NHIN Direct now features 60+ organizations participating in the implementation
- NHIN Direct will release detailed implementation specifications in November.
- NHIN Direct partners will conduct their implementations of NHIN Direct in December and January
- Pilot implementations are taking place at:
 - CareSpark (TN)
 - MedAllies (NY)
 - Medical Professional Services (CT)
 - Rhode Island Quality Institute (RI)
 - VisionShare (MN)
 - VisionShare (OK)
 - Redwood MedNet (CA)
- The HIT Standards Committee will have an opportunity to review the effectiveness of NHIN Direct in March once all implementations are complete.
- The primary goal of the implementation is to reduce the costs of web interfaces by 90%

Standards and Interoperability Framework Update from Dr. Doug Fridsma, ONC

- Using the core principles of prioritization, transparency, engagement, and rapid results, focused collaboration allows ONC to achieve high levels of collaboration without forsaking the command and control required to deliver focused policy.
- Several Members of the HIT Standards Committee expressed concerns that many of their recommendations were not utilized.