



Health IT Standards Committee
Meeting Notes December 17th, 2010

[Meeting Agenda](#)

Background

The **Health IT Standards Committee** is charged with making recommendations to the National Coordinator for Health IT on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. In developing, harmonizing, or recognizing standards and implementation specifications, the Health IT Standards Committee will also provide for the testing of the same by the National Institute for Standards and Technology (NIST).

Dr. Blumenthal Briefing on the Presidential Council of Advisors on Science and Technology (PCAST) Report

[PCAST released a report](#) on that examines how health IT could improve the quality of healthcare and reduce its cost, and considers whether existing federal health IT efforts are optimized for these goals. Dr. Blumenthal commented that the most positive aspect of the report was that the Obama administration is committed to interoperability and interoperability is a core issue for the White House. He noted that the White House is very aggressively moving towards health information exchange “faster than” ONC expected.

Dr. Blumenthal announced that ONC will establish a workgroup with members of both the HIT Policy Committee, the HIT Standards Committee, and outside participants to make recommendations on how to address the issues raised in the PCAST report. He also noted that PCAST members will brief the HIT Stan

Implementation Workgroup Update

Implementation Workgroup Co-Chairs Judy Murphy updated the HITSC on the Implementation Workgroup preparations for a hearing in January on initial feedback on the implementation of EHRs for Meaningful Use from the private sector. The hearing is scheduled for the afternoon of January 10th and will run through January 11th. (Please note January 12th will be the next in person Standards Committee meeting.)

- The January 10th-11th hearing will be titled “Real World Experiences Working with Meaningful Use”
- The hearing will feature 5 panels:
 - Supporting Implementation (Regional Extension Centers/ Certifiers)
 - Early adopters of MU seeking attestation –Eligible Providers Experience – small and large practices



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- Early adopters of MU seeking attestation Hospitals Experience – small and large, IDNs
- Meaningful Use Criteria (Including workforce issues, metrics and vendors) (Performance Metrics, Quality Measures)
- Operationalizing Exchange
- Each panelist has been asked to respond to the following questions in their testimony:
 - Within your area of expertise, what are some of challenges, barriers, and successes?
 - Can you tell us what approaches and methods worked? What has not?
 - What have been your outcomes/results? Have there been any surprises or unexpected outcomes? How have you addressed them?
 - What do you anticipate to be issues in the future? How would you mitigate them?
 - Do you have any real-world user stories, illustrations, and/or examples?
- Judy Murphy indicated that the panelist selection is ongoing and currently half the panel slots have been filled.

Clinical Operations Workgroup/Vocabulary Taskforce Update on Medical Devices

- Initial feedback to the Workgroup from EHR implementers:
 - Difficulty integrating data from devices to EHRs
 - Difficult to achieve interoperability between medical devices and EHRs
 - Difficult to retrieve data on the devices from EHRs
- FDA will be releasing a unique medical device identifier in 2011
- FDA also develops interoperability standards.
- Workgroup is holding a planning meeting in January of 2011 to set up a hearing on the issue later in the winter.

ONC Security and Interoperability Framework Update

- Doug Fridsma (ONC) presented a summary of the 12 Security and Interoperability Initiatives currently being considered by ONC and the HITPC/HITSC

Clinical Summary

Challenge	<ul style="list-style-type: none"> ● exchange of Clinical Summaries hampered by the lack of common definitions for what data elements must be exchanged, how they must be encoded, and how they map to MU specified formats
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	<ul style="list-style-type: none"> • CCD and CCR standards are too complex and hinder information exchange. • No robust toolset to aid in development and validation of conformant Clinical Summaries.
Scope	Work with stakeholders and SDO's to create a minimum baseline data set for clinical summary that includes unstructured text and coded data elements that allow for provider adoption (in accordance with MU requirements)
Target Outcomes	<ul style="list-style-type: none"> • Enable Clinical Summary validation services be available • Reduce template development time and reduce time to create a new minimal unstructured and structured summaries using CCD/CCR through the use of S&I Framework tools
Meaningful Use Alignment	Exchange key clinical information among providers of care and with patients and other authorized entities electronically
Related Use Cases and Stories	<ul style="list-style-type: none"> • Consultations and Transfers of Care, medication summaries and public health case reporting (<i>ONC/AHIC</i>) • Endocrinology Referral (<i>HIMSS</i>) • Dermatology Referral (<i>HIMSS</i>)

Templated Clinical Documents

Challenge	Due multiple implementation guides, referenced standards, & terminologies published by different sources as paper documents with extensive redirection to other paper documents, there is a clear need for a set of simple to use tools to create and validate clinical documents that can be constrained for different business purposes.
Scope	Collaborate with stakeholders and SDOs to create computable implementation guide and validation tools for clinical documents that can be constrained by templates to meet specific information exchange and interoperability requirements
Target Outcomes	<ul style="list-style-type: none"> • Enable Clinical Summary validation services to be available such as if an organization passes validation, they have a high degree of confidence that any other organization passing the same validation has a 99.9% opportunity to understand the same clinical summary (unstructured data or structured and encoded data) • Reduce template development time through new tools developed through the S&I Framework and public/private activities and reduce time to create a new unstructured and structured documents based on the HL7 CDA
Meaningful Use Alignment	Exchange key clinical information among providers of care and with patients and other authorized entities electronically based on level of system capability, i.e., human readable, unstructured text or full interoperable structured data
Related Use Cases and Stories	Use cases will be developed

Lab Interface Improvement



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Challenge	There is a lack of harmonized specifications standards and code sets to enable the exchange of lab results
Scope	Limited to address this challenge for the subset of lab reporting to primary care (internal medicine, family practice, pediatrics)
Target Outcomes	<ul style="list-style-type: none"> • Achieve cost savings of up to 90% due to lab interface development improvements by 2015 • Reduce total lab interface implementation time by up to 20% by 2013
Meaningful Use Alignment	Incorporate lab results into EHR as structured data
Related Use Cases and Stories	<ul style="list-style-type: none"> • Electronic Health Record (Laboratory Result Reporting) (<i>ONC/AHIC</i>) • EHR Lab Scenarios (<i>ONC/AHIC</i>) • Laboratory sends lab results to ordering provider (<i>NHIN Direct</i>)

Medical Reconciliation Improvement

Challenge	When medication and medication allergy and adverse reaction data are electronically available from multiple sources it should be possible to partially automate comparisons in medication lists and flag potential changes, deletions, and additions, but there is no clear guidance on how this should be done. The lack of guidance has hampered implementation of this function in clinical IT.
Scope	Focus on improving medication reconciliation tools, with the medications templates and entries undergoing further refinement as ambiguities are addressed.
Target Outcomes	<ul style="list-style-type: none"> • Develop a provider directory specification to allow for rapid development of federated provider directories that can communicate provider information with initial adoption projected at 10% by 2013. • Develop a content specification for provider directory data elements with a commensurate increase in response time of 25-50%
Meaningful Use Alignment	Perform medication reconciliation at relevant encounters and each transition of care and referral
Related Use Cases and Stories	<ul style="list-style-type: none"> • Medication Management (<i>ONC/AHIC</i>) • Medication Management (<i>NHIN</i>)

Provider Directories

Challenge	There is no clear guidance as to how to set up a directory in a way that provides consistent information and promotes interoperability, EHRs and directories will have to deal with different directory instances that provide overlapping information on the same entity. There is no clear guidance on how to incorporate interoperable end points.
Scope	Develop a specification to allow third parties to build a provider directory that is interoperable with other provider directories



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Target Outcomes	<ul style="list-style-type: none"> Develop a provider directory specification to allow for rapid development of federated provider directories that can communicate provider information with initial adoption projected at 10% by 2013. Develop a content specification for provider directory data elements with a commensurate increase in response time of 25-50%
Meaningful Use Alignment	Exchange key clinical information among providers of care and patient authorized entities electronically
Related Use Cases and Stories	<ul style="list-style-type: none"> Healthcare Provider Directory (<i>IHE</i>) Entity Level Provider Directory (<i>ONC HITPC Information Exchange Workgroup</i>)

Syndromic Surveillance

Challenge	There is a direct need for a simplified way of reporting standardized data to appropriate public health authorities that will enable meaningful use requirements associated with surveillance to be fulfilled.
Scope	Develop a syndromic surveillance service specification to be used by vendors to deploy a standardized syndromic surveillance service within their infrastructure. This would complement the work conducted by ISDS and CDC to develop Stage 1 meaningful use recommendations for syndromic surveillance.
Target Outcomes	<ul style="list-style-type: none"> Increase syndromic surveillance reporting by 10% by 2013 Increase syndromic surveillance data collection response times for at least 2 conditions by 20%
Meaningful Use Alignment	Provide electronic syndromic surveillance data to public health agencies
Related Use Cases and Stories	<ul style="list-style-type: none"> Public Health Case Reporting (<i>ONC/AHIC</i>) Hospital or provider send chief complaint data to public health (<i>NHIN Direct</i>)

Quality Measures

Challenge	There is no clear linkage and guidance between defined standards and vocabularies and the quality measures required by CMS. A root cause of this challenge is the lack of good, easy to use tooling, modeling, and mapping between semantic health concepts and quality measures.
Scope	Focus on quality reporting format specification to help meet Stage 1 meaningful use requirements, with initial scope highlighting the most critical quality measures needed.
Target Outcomes	<ul style="list-style-type: none"> Develop a quality measure development standard for the 44 Stage 1 Clinical Quality Measures by 2012 Promote adoption of quality measure specification by 25% of eligible providers by 2013.
Meaningful Use Alignment	Provide electronic syndromic surveillance data to public health agencies



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<p>Related Use Cases and Stories</p>	<ul style="list-style-type: none"> • Quality (<i>ONC/AHIC</i>) • Quality Use Case Requirements (<i>NHIN</i>) • <i>HIMSS</i> Use Cases <ul style="list-style-type: none"> ○ Public Health Quality Monitoring using eMeasure ○ Ambulatory Quality BMI eMeasure Utilization ○ Hospital Quality eMeasure Utilization ○ Quality ACE ARB eMeasure Utilization
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Population Health Query

<p>Challenge</p>	<p>A standardized query approach is needed to help determine how clinical providers, hospital systems and public health will share and report information important for public health situational awareness, clinical decision support, and quality monitoring and prevention.</p>
<p>Scope</p>	<p>Develop detailed specifications focused on enabling distributed query mechanisms to aggregate data from multiple public health data sources into a single view</p>
<p>Target Outcomes</p>	<ul style="list-style-type: none"> • Development of a common query standard for all population health data sources, which can be reused by all population health query systems by 2012 • Reduce total population health query costs by at least 20% • More than 25% of total unique providers using population health query standard by 2013
<p>Meaningful Use Alignment</p>	<p>None</p>
<p>Related Use Cases and Stories</p>	<p>None</p>

Clinical Decision Support

<p>Challenge</p>	<p>There will be a need to standardize these rules and alerts across EHRs using interoperable templates. There also will be value in enabling interoperability between an EHR system and a CDS provider, e.g., to notify a provider that a patient or panel of patients require a test. Without a set of standards to guide development, rule development will be localized, costly, and non-standardized.</p>
<p>Scope</p>	<p>Development of a standard content specification for implementation and exchanging clinical decision support rules and alerts across various EHR platforms.</p>
<p>Target Outcomes</p>	<ul style="list-style-type: none"> • Develop a common standardized format for submitting patient data to CDS service providers that is adopted by up to 20% of providers by 2013. • Develop standardized format for submitting and generating CDS rules that is adopted by 20% of CDS vendors by 2013. • Increase total deployment cost savings for clinical decision support service capabilities by



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	<p>25%</p> <ul style="list-style-type: none"> • Generate a total increase in clinical decision support usage of 10%
Meaningful Use Alignment	Implement Clinical Decision Support Rules
Related Use Cases and Stories	<ul style="list-style-type: none"> • Medical Home: Problem Lists & Practice-Based Registries (<i>ONC/AHIC</i>) • Care of the Stroke Patient in the Acute Care Setting (<i>HIMSS</i>)

Blue Button

Challenge	In order for the blue button to work, though, there is a need to develop a common standard for downloadable information so that a text file can be processed as patient readable.
Scope	Focus would be on developing a standard content specification for how the text file would be structured to make it readable for patients, and ensuring the structure could be mapped and/or transformed to the CCD
Target Outcomes	<ul style="list-style-type: none"> • Develop a common format for representing the blue button text file that is adopted by VA and CMS in 2011. • Increase in blue button deployment to 10 additional organizations in 2012. • Develop the capability to map a blue button standardized text file to C32 summary documents by 2013.
Meaningful Use Alignment	Provide clinical summaries to patients
Related Use Cases and Stories	None

Green Button

Challenge	There is no standardized mechanism to allow data transfer to occur in EHR system transitions, creating a less dynamic market for EHR systems by encouraging lock-in.
Scope	Develop clear standard format for how data from one EHR can be transferred to another EHR using a green button specification
Target Outcomes	<ul style="list-style-type: none"> • Achieve cost reduction of at least 25% compared to paper transfer options by 2012. • Promote VLER adoption of green button standard by 2013.
Meaningful Use Alignment	Exchange key clinical information among providers of care and patient authorized entities electronically
Related Use Cases and Stories	None

Value Set Development



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Challenge	For a given meaningful use requirement needing a value set, experts would need to define the value sets appropriate to the specific requirement with due consideration of harmonization with similar and existing solutions. The infrastructure and format for maintaining the actual value sets and making them available as needed would also require specification. Stakeholders would have to agree to use or map value sets from master(s) code sets like SNOMED rather than maintaining domain specific codes.
Scope	There is a specific need for standardized value sets in areas such as: <ul style="list-style-type: none"> • Lab Orders – critical for meaningful use • Reportable Conditions • Lab Results – for the most frequently reported tests
Target Outcomes	<ul style="list-style-type: none"> • Initial value sets ready to support meaningful use by end of 2011 • Align 2011 developed value sets to existing vocabularies and vocabulary mappings by 2012. • Reduce value set development response time by 50% by 2013
Meaningful Use Alignment	Foundational to Meaningful Use
Related Use Cases and Stories	None

NW-HIN Direct Review by HITSC (Dixie Baker)

The HIT Standards Committee, as tasked by ONC, conducted an analysis of the NHIN Direct initiative, now known as The Direct Project. The task was to:

- To assess “the extent to which the NHIN Direct Project’s* body of existing documentation meets the ONC’s goal of defining a "set of policies, standards and services that enable simple, direct, scalable transport over the Internet to be used for secure and meaningful exchange between known participants in support of meaningful use"
 - Simple: driven by ease of implementation, concern for the "little guy," and recognition of the fact that the development community is broad and "unspecialized"
 - HITSC rated this aspect as “Undetermined,” and recommends:
 - Simplification by using SMTP transport of S/MIME secured objects between entities
 - Clean up core specification
 - Remove optionality
 - Remove necessity of sender to know technology of receiver
 - Remove TLS and S/MIME wrapping from core specification as options for protecting against information leakage
 - Recommend a standard for certificate discovery and distribution (do not require DNS)



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- Direct: transport of content from a sender to a receiver, with no content-aware intermediary
 - HITSC rated this aspect as undetermined
 - HITSC recommends
 - Make it direct through secure exchange of content objects from Org. A to Org. B.
 - Keep content-agnostic (sender should be able to send and receiver receive unstructured, semi-structured, and structured content, with the default being a human-readable content package)
- Scalable: ability to support increasing workload and to adapt to new exchange models
 - HITSC that the Direct Project is scalable
 - Recommends clarification of purpose, concerns about impact on workflow and local policies requiring bandwidth limits preventing exchange of large attachments
- Secure: minimizing confidentiality, integrity, and availability risk to the content being transported
 - HITSC determines that Direct Project is secure
 - Recommends:
 - Specifying S/SMIME as Standards for Content end-to-end
 - Remove TLS and Message Wrapping as Security Options, consider potential security enhancements on future specifications
 - Address residual risk through policy direction regarding suitable content for subject fields
- HITSC expressed concern that The Direct Project's intended scope was exceeded by the exchange model presented (XDR/XDM)
- HITSC noted that how end points are implemented to create an on/off-ramp for small providers and NHIN Exchange participants is a deployment issue and should not be included in Direct Project specifications.
- Using XDR/XDM increases complexity, is no longer direct exchange, and makes security "undeterminable"
- HITSC recommends adding "Postel's Law ("Be Conservative in what you send, be liberal in what you receive") and "Fridsma's Corollary" ("optionality of standards should be limited but services should have maximum flexibility") as principles in standards development moving forward.

Meeting Adjournment

- The next HIT Standards Committee meeting will take place (virtual meeting only) on January 12th, 2010 from 9AM-4:00PM.
- "Real World Experiences Working with Meaningful Use" hearing hosted by the Implementation Workgroup will take place in Washington DC on January 10th and 11th.