



HIT Standards Committee Meeting
April 20, 2011

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).

Opening Remarks – Farzad Mostashari, MD National Coordinator for Health Information Technology

- This will be the summer of fun with the process and timelines for taking the recommendations of the Policy Committee and creating Certification criteria and appropriate standards.
- Hearty thank you to HIT Standards Committee members and Judy Sparrow
- It is important to recognize other non-Meaningful Use initiatives (National Quality Strategy, ACO's, Other New Payment Models)
- If it becomes a choice between ACO's and Meaningful Use, ACO's will win. Meaningful Use must align with other efforts.

Meaningful Use Stage 2 Update & Discussion Paul Tang, Chair, Meaningful Use Workgroup, HITPC Josh Seidman, ONC

- Timeline for Meaningful Use Workgroup
 - Apr/May: MU WG revises draft recommendations in response to RFC input, other WG recs (e.g., IE, P&S, PCAST, QM)
 - May 11, 2011: Present revised set of stage 2 MU recommendations to HITPC
 - May 13: Hearing on specialists and feedback from field
 - June 8: Final stage 2 MU recommendations for HITPC approval
- May 13 Specialists Panel
 - Care Coordination Among Specialists, Primary Care, Care Management, Patients
 - EHR Support of Specialists in Patient Care + CDS
 - Population Data, including Registries
 - Experience from the Field
- Meaningful Use Stage 2 Request for Comment Summary
 - Changes to existing objectives generally supported
 - Some question as to degree (such as increasing threshold and broadening the definition, e.g., CPOE)
 - Strong support for these new objectives:
 - ERx for discharge prescriptions
 - Electronic clinical progress notes
 - Electronic medication administration record
 - Patient-provider secure messaging

- Recording patient preferences for communications
 - Mixed support for these new objectives:
 - Advanced directives for EPs
 - View & download longitudinal record
 - List of care team members
 - Longitudinal care plan
 - Some support current timeline (e.g., consumers /purchaser, health plans, disease management organizations)
 - Some propose lengthening timeline (e.g., hospitals, physicians, EHR vendors)
 - Timing issues:
 - EHR vendor development time
 - HIE governance time
 - Provider implementation and training time
 - For new functionality:
 - Final Rule/Certification criteria requires vendor development, certification, end user implementation before getting to Meaningful Use qualification for incentives.
 - For existing functionality (already certified):
 - Final Rule then steps to Meaningful Use qualification for incentives
- Options for Stage 2 Timing
 1. Maintain current timeline and one-year reporting period; or
 2. Maintain current timeline and permit 90-day reporting period (gain up to 9 months delay); or
 3. Delay transition from stage 1 to stage 2 by one year (providers could get third-year payment for meeting stage 1 expectations); or
 4. Phase-in approach that separates existing from new functionalities
 1. 2013: Stage 2a using existing certified EHR functions with all-core objectives, increased performance thresholds and new quality measures
 2. 2014: Stage 2b objectives requiring new EHR functionalities take effect
- The Meaningful Use Workgroup will present full draft recommendations at May 11 HITPC meeting for feedback prior to final recommendations on June 8
- Mostashari- I wish that the Standards Committee considered the certification criteria in Stage 1 (what would be the test to measure the certification criteria?)
- HITSC will make standards to make these recommendations functional.

Process for Deliverables between HIT Policy Committee, HIT Standards Committee, ONC/S&I Framework Doug Fridsma, ONC

- Summer Camp for the Standards Committee



HIT Standards Committee Meeting
March 29, 2011

- Analyze Standards implications of HIT Policy Committee recommendations
- Prepare for MU Stage 2
- Identify gaps in standards and triage standards work
- Anticipate hearings, working groups, and S&I framework submissions
- HITSC Action Items for Stage 2 of Meaningful Use
 - Revisions to adopted certification criteria
 - New/Updated standards and implementation specifications
 - Identify and draft new certification criteria
 - Recommend standards to support criteria when available
- Suggested Timeline for Stage 2 Meaningful Use Standards
 - April 2011- PCAST Report and initial metadata analysis
 - May 2011
 - Final Metadata
 - Existing Standards Review
 - Emerging Standards
 - Longitudinal Care Plans
 - Directories
 - Certificate Interoperability
 - June 2011
 - List of Care Team Members
 - Hospital Portals vs. EHRs
 - Advance Directories/Value Sets
 - Family History (Supporting Standards)
 - Reportable Conditions
 - Immunization and Lab Reporting for Public Health
 - July 2011
 - Standards and Interoperability Framework
 - Lab Results
 - Transitions of Care
 - Transport Standards
 - NWHIN and Direct Project Specifications
 - August 2011
 - Vocabularies (SNOMED, ICD10, LOINC, UCUM)

PCAST Report Workgroup – Results of Analysis Paul Egerman, Chair, PCAST Report Workgroup,
HITPC Mitre Analysis of Existing Metadata Standards Doug Fridsma, ONC

- Submitting a [letter on PCAST Report](#) for Approval by HITPC
- Does not “judge” the report and doesn’t make recommendations. It only suggests alternative options.
- Three Major Directives of PCAST
 1. Accelerate progress to robust exchange health information
 2. Establish a new exchange architecture with a universal exchange language (change from ONC position of “a network of network” to “one flowerpot.”)
 3. Establish a transition path to the new exchange architecture
- Top three policy issues singled out by the Workgroup
 1. Privacy and Security



2. Secondary Use of Data
 3. Governance
- Four use cases: 1) Patient push between 2 points 2) Simple Search 3) Complex Search 4) De-identified aggregate data search
 - Meaningful Use Alternatives (Staged options that can build on each other)
 1. Patient Portal and Patient Access to Data
 2. Certification criteria for exchange transaction
 - Summary
 1. PCAST provides a strong vision for how that technology could be beneficially used as an important aspect of the learning health system
 2. There are major policy and operational feasibility concerns with the proposed technology.
 3. Aggressive and rapid progress is possible only with an incremental test-bed approach. Large operational tests are needed that resolve the policy and feasibility concerns.
 - **Doug Fridsma-MITRE Analysis of Existing Metadata Standards**
 1. Metadata Elements
 - Patient Matching
 - Provenance (Who ordered, where did it come from)
 - Granular Consent
 2. ONC asked MITRE to review current standards and see how they fit with the PCAST metadata elements
 3. MITRE's [results](#)
 - Patient Matching- most available standards have the required metadata elements
 - Provenance- Current standards have spotty coverage
 - Granular Consent- Also spotty coverage

Clinical Quality Workgroup Update - James Walker, Chair - Karen Kmetik, Co-Chair

- The Clinical Operations Workgroup will hold a hearing on the Quality Data Model on May 19th at the Washington DC Marriot (1221 12th ST, NW, Washington DC)
- The Clinical Operations Workgroup has agreed by consensus that the Quality Data Model is well designed to support the development and implementation of quality measures.
- Purpose of the hearing is to get feedback from (see below) on Stage 1 issues that must be addressed in Stage 2 and Stage 3
 - Small Practices, small hospitals, RECs, and QIOs
 - Health Information Exchanges
 - IDNs and Hospital Systems
 - Measure Developers
 - Associations
 - LTPAC
- Later Workgroup Deliverable: Population Management Test Case

Privacy & Security Standards Workgroup Update Dixie Baker, Chair Walter Suarez, Co-Chair

- Digital Certificate Standards Update
 - Recommendations on Digital Certificate Standards has been sent to ONC
 - Recommended requirements and evaluation criteria for standard



- Recommendation to investigate benefits and alternatives for cross-certifying Direct Certificate Authorities (CAs) with Federal Bridge CA
- To enable Direct users to exchange health information with federal health agencies, the HITSC Privacy and Security Workgroup recommends that the ONC investigate architectural and operational alternatives for cross-certifying Direct CAs with the Federal Bridge CA, including an examination of potential benefits, and implications on cost, market dynamics, and complexity
- Recommendation that HIT Policy Committee recommend policy and governance to establish a minimum level of trustworthiness for CAs issuing certificates for Direct exchanges
- Update on Recommendations for Provider Directories
 - ONC has identified an immediate need for recommendations for standards that can certify EHR capability to query provider directories (for Stage 2 of Meaningful Use)
 - The HIT Policy Committee Information Exchange workgroup was scheduled to present on Individual Provider Directories on April 13th, but it was postponed until May 11.
 - The Workgroup recommends that any provider directory standard needs to be implementable at both the individual and enterprise level.
 - A Provider Directory standards must work for providers, payers, and consumers.
 - Full detailed recommendations will be presented at the May 18th HIT Standards Committee hearing,

