



HIT Standards Committee Meeting
July 20th, 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

- Dr. Mostashari suggests that discussions focus on the maturity of standards and adoptability to address differences in adopter promulgation of standards against the creation of standards via development.
- Adoptability is necessary for the public good and participation is required by every eligible member.
- Certification criterion standards are not the only mechanism for adoptability but there is a need to think critically on ways to create standards or adopt standards for niche areas of HIT.
- Dr. Mostashari continued to emphasize that the Standards Committee needs to focus on a series of short term deliverables, rather than focusing on Meaningful Use Stage 2's deadline in 18 months.
- Dr. Mostashari welcomed Dr. Rebecca Kush to the HIT Standards Committee. Dr. Kush is currently the President and CEO of the Clinical Data Interchange Standards Consortium and she is expected to add a healthcare researchers perspective to the activities of the Standards Committee.
- The next Standards Committee Meeting is scheduled for Wednesday, August 17th in Washington, DC.

Clinical Quality Workgroup and Vocabulary Taskforce Update Jamie Ferguson, Chair, Vocabulary Task Force, Betsy Humphreys, Co-Chair Vocabulary Task Force, Jim Walker, Chair, Clinical Quality Workgroup, Karen Kmetik, Co-Chair Clinical Quality Workgroup

- Recommended Code Sets Adverse Drug Effects
 - RxNorm for Medications (inactive ingredients to be added)
 - SNOMED CT for non-medication substances
 - SNOMED-CT for Adverse Effect
- Recommended Code Sets Patient Characteristics
 - ISO 639-2 for Preferred Language
 - HL7 for Administrative Gender

- PHIN-VADS for Race & Ethnicity
 - LOINC for assessment instruments (“questions”)
 - SNOMED-CT for appropriate responses (“answers”), including behaviors, psychosocial resources, and tobacco use
 - Socio-economic Status - referred to CMS for clarification of request (in the absence of widely accepted typologies)
 - Payer typology – Confirming the aptness of ANSI ASC X12 and the Payer Typology with CMS.
- Condition/Diagnosis/Problem (active and inactive)
 - SNOMED-CT
 - Device
 - SNOMED-CT (for now)
 - Non-laboratory diagnostic study results
 - LOINC for specific study name
 - SNOMED-CT for appropriate findings
 - UCUM for units
 - Patient-Professional Interaction (“Encounter”)
 - SNOMED-CT
 - Communication
 - SNOMED-CT
 - Patient Experience
 - LOINC for surveys
 - SNOMED-CT for appropriate responses
 - Family History
 - LOINC for surveys
 - SNOMED-CT for appropriate responses
 - Functional status
 - ICF (International Classification of Functioning, Disability, and Health) for categories of function
 - LOINC for assessment tools and individual functions
 - HIT Components
 - LOINC for components
 - HL7 for messaging among systems
 - Interventions (forming one end of a spectrum with Procedures)
 - LOINC for interactions that produce an assessment or measurable results
 - SNOMED-CT—for appropriate results and interventions that do not produce measurable results (e.g., counseling)
 - Procedures
 - SNOMED-CT
 - Laboratory test
 - LOINC for lab name and results
 - SNOMED-CT for appropriate results
 - UCUM for units of Measures
 - Medication (including vaccines)
 - RxNorm
 - Physical Exam
 - LOINC for component (“question”)
 - SNOMED-CT for appropriate observations (“answer”)
 - Patient Preferences
 - LOINC for surveys
 - SNOMED-CT for appropriate responses
 - Risk Assessment
 - LOINC
 - Symptoms



- SNOMED-CT
- LOINC and HL7
- System resources
- Transfer-SNOMED-CT

Standards Summer Camp

Doug Fridsma, ONC, Overview of Summer Camp

- Clinical Document Architecture (CDA) has been approved for testing and use in pilot studies.

Jamie Ferguson, Lead, & Scott Robertson, ePrescribing of Discharge Meds Power Team

- Seeks approval to forward recommendations to ONC
 - Align Standards For Discharge eRx With CMS Standards For Medicare Part D
 - NCPDP SCRIPT for eRx to external/retail pharmacies
 - Includes eRx to long-term care associated pharmacies
 - HL7 for eRx to internal/hospital pharmacies
 - Limitations for Controlled Substances eRx
 - Align timeline and functionality for updates and changes
 - Align Standards For Medication History Used in Discharge eRx With Meaningful Use And EHR Certification Standards
 - Ability to use comprehensive Medication History obtained from longitudinal summary documents in certified EHRs (CCD, CCR)
 - Standards for patient-reported medications a possible future capability
 - Align Standards For Discharge Prescription Medications Eligibility and Benefits With HIPAA Administrative Simplification
 - X12 270/271 when used during the prescription writing process
 - No Formulary Standard Is Recommended
 - NCPDP exists but not tested or implemented to prescribers
 - No current standard represents all types of formulary data
 - Team believes each EHR should not be required to contain the multiple formularies of all relevant drug benefit payers
 - Use case for standardizing transmission of formulary data is not clear and mostly unrelated to discharge eRx
- A link to the full letter to ONC with recommendations is located [here](#)

Marc Overhage, Lead Patient Matching Power Team

- The power team is current drafting a recommendation letter to address the following:
 - Data Elements
 - Query Formats, Content
 - Data Matching, definition of confidence levels Data Quality
 - The Patient Matching Power Team has asked that the Policy Committee provide guidance to define:
 - Definition of a match, a 'perfect' match
 - Degree to which False Positives are acceptable



Chris Chute, Surveillance Implementation Guide Power Team

- The Surveillance Implementation Guide Power Team has been tasked with refining the implementation guides for syndromic surveillance.
- The Implementation Guide Power Team hosted meetings on June 28th and July 22nd, but have not developed any recommendations for the Standards Committee at this time.

Dixie Baker, NwHIN Power Team

- Agreement that process and approach proposed by the ONC are good for the purpose intended
- Suggested modifications to evaluation criteria:
 - Add whether an alternative standard exists
 - Add need
 - Add technology maturity within the life cycle
 - Replace “Industry Adoption” with “Market Adoption” – considering broad market, not just health care
 - ONC will make these criteria adjustments and update the grid
 - Ken Tarkoff to lead small group that will identify mechanisms other than Exchange and Direct that are being widely used for healthcare exchange – such as those used for ePrescribing, administrative transactions, and lab reporting
 - Additional work is necessary to provide a “logical flow” across meaningful use implementation

Implementation Workgroup Update Judy Murphy, Co-Chair Liz Johnson, Co-Chair

Implementation Timeline

- The Workgroup has completed analysis of survey results re: certification and generate recommendations [PAST]
- Stage 1 (any immediate clarifications needed)
- Stage 2 (future suggestions)
- Work with ONC to create a Stage 2 grid [PRESENT]
- Coordinate with NIST re: future Certification Strategy [FUTURE]

