



HIT Standards Committee Meeting  
August 17th, 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).

**Review of the Agenda - John Halamka**

- FACA committees have met almost every other day over the past two years
- This is the 28<sup>th</sup> Meeting of the HITSC
- Parsimonious approach to creating single standards for all domains
- Engineer for the little guy and think of the impacts of future mandates
- Every EHR and PHR in the near future will be able to exchange data in simple formats

**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

**Clinical Quality Workgroup and Vocabulary Taskforce Update**

Project Scope

- Assign minimum necessary vocabulary standards to fundamental concepts in NQF Quality Data Model v3.0 (QDM) to enable effective expression of quality measures and interoperable EHR data elements
- Key themes-
  - Limit code sets: One code set addresses each question
  - Certified HIT must process all legal codes in the code set for a given concept
  - Only code sets required for certification should be required for Meaningful Use incentives

**Recommended Code Sets**

Adverse Drug Effect (Allergy/Non-Allergy)	<ul style="list-style-type: none"> <li>• RxNorm for Medications</li> <li>• SNOMED CT for non-medication substances</li> <li>• SNOMED CT for adverse events</li> </ul>
Patient Characteristics	<ul style="list-style-type: none"> <li>• ISO 639 for Patient Preferred Language</li> <li>• CDC PHIN VADS (HL7) for Admin Gender</li> <li>• CDC PHIN VADS Race and Ethnicity</li> <li>• SNOMED-CT for Responses to Instruments</li> <li>• LOINC for assessment instruments</li> <li>• Payer Typology of PHDSC</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>
Condition/Diagnosis Problem	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>
Non-Lab Diagnostic Study	<ul style="list-style-type: none"> <li>• LOINC for specific study name</li> <li>• SNOMED-CT for appropriate findings</li> </ul>

	<ul style="list-style-type: none"> <li>• UCUM for specific units of measure</li> </ul>
Encounter-Patient Professional Interaction	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>
Patient Experience	<ul style="list-style-type: none"> <li>• LOINC for assessment instruments</li> <li>• SNOMED-CT for appropriate responses</li> </ul>
Family History	<ul style="list-style-type: none"> <li>• LOINC for assessment instruments</li> <li>• SNOMED-CT for appropriate responses</li> </ul>
	<ul style="list-style-type: none"> <li>• LOINC for assessment tools</li> <li>• SNOMED-CT for appropriate responses</li> <li>• ICF for categories of function</li> </ul>
Health Record Components	<ul style="list-style-type: none"> <li>• LOINC for naming of components and their relationships</li> <li>• HL7 for messaging among systems</li> </ul>
Intervention	<ul style="list-style-type: none"> <li>• LOINC for interactions that produce assessment or measurable results</li> <li>• SNOMED-CT for results and interventions that do not produce measurable results (counseling)</li> </ul>
Adverse Effect other than Allergy	<ul style="list-style-type: none"> <li>• RxNorm for medications and inert ingredients</li> <li>• SNOMED-CT for non-medication substances</li> <li>• SNOMED-CT for adverse events</li> </ul>
Lab tests	<ul style="list-style-type: none"> <li>• LOINC for test name and results</li> <li>• SNOMED-CT for appropriate results</li> <li>• UCUM for unites of measure</li> </ul>
Medication	<ul style="list-style-type: none"> <li>• RxNorm for Medications</li> <li>• CVX for vaccinations as standard vocabulary</li> </ul>
Physical Exam	<ul style="list-style-type: none"> <li>• LOINC for assessment instrument</li> <li>• SNOMED-CT for appropriate reasons</li> </ul>
Patient Preference	<ul style="list-style-type: none"> <li>• LOINC for assessment instruments</li> <li>• SNOMED-CT for appropriate responses</li> </ul>
Procedure	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>
Risk Evaluation	<ul style="list-style-type: none"> <li>• LOINC for evaluation instruments</li> <li>• SNOMED-CT for appropriate responses</li> </ul>
Substance	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>
Symptom	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>
System Resources	<ul style="list-style-type: none"> <li>• LOINC for Staffing Resources</li> <li>• HL7 for EHR Functions</li> <li>• SNOMED-CT for equipment</li> </ul>
Transfer	<ul style="list-style-type: none"> <li>• SNOMED-CT</li> </ul>

## Discussion and Approval

Approved with the following caveats:

- The Implementation workgroup must actively monitor and seek the experience and feedback on industry as a transition plan adopting these new standards and phasing out old standards takes place.
- A transition plan will be developed for standards that may be phased out over time.

## Standards Summer Camp

### Member Patient Matching Power Team-Jamie Ferguson, Lead, & Scott Robertson

- Discussed best practices for implementing patient matching algorithms
- Pick from a core set and accessory set to address local needs
- Anticipate future metadata needs
- Extensive discussion on unique identifiers

### Surveillance Implementation Guide Power Team-Chris Chute, Lead

- Recommendations for public health surveillance
  - o Electronic Laboratory Reporting
  - o Immunization Reporting
  - o Syndromic Surveillance
- 2.5.1 infrastructure may change in the future as reporting changes no change at the time
- Need to address future issues such as immunization outside of EP's i.e. Immunization service through pharmacies
- No objections to moving forward

### NwHIN Power Team-Dixie Baker, Lead

Recommend as building blocks

Exchange-Based Architecture

- Exchange Messaging Platform
- Exchange Patient Discovery
- Exchange Query
- Exchange Retrieve

Direct-Based Architecture

- Direct Secure Transport (SMTP, S/MIME)

Building Block for bridging from Direct-based architecture to Exchange-based architecture

- Direct XDR/XDM
- Consider alternatives for
  - Web Service Registry (S&I Framework already considering alternatives to this specification)

Consider remaining specs within context of need and architectural compatibility with other building blocks, and decide on case-by-case basis whether to recommend as building block or to recommend alternative

- Authorization Framework (high need, Exchange architecture)
- Administrative Distribution (moderate need, Exchange architecture)
- Document Submission (moderate need, Exchange architecture)

Decide whether to recommend as building blocks or suggest alternatives for:

- Authorization Framework
- Administrative Distribution
- Document Submission
  - Recommend alternatives for Web Services Registry and any of the above, as applicable
  - Subjectively assess gaps
  - Present final recommendations at September HITSC meeting



## Standards and Interoperability

### Key Findings: Certificate and Interoperability - Jitin Asnaani

- •There is a gap in Federal PKI policy to address identity validation for organizations requesting server certificates.
- •In light of this, the initiative evaluated options for ONC to provide support to the industry

#### Suggested Actions for HIT Standards Committee:

- •Monitor progress of GSA development of policies for organizational certificates
- •Confirm that interim certificate practices align with anticipated FBCA policies
- •Review transition plan for migration to FBCA organizational certificates
- •Monitor development of a Health Bridge

### Key Consensus Findings: Transitions of Care Initiative – John Donnelly Russell Leftwich

- The CDA Consolidation (HL7 CDA Release 2) ballot results are the best standard to use in support of meaningful use requirements.
- Tooling, testing and educational resources will ease implementation
- The Transitions of Care CIM provides clinical perspective for care transitions and maps to HL7 CDA Release 2.

#### Suggested Actions for HIT Standards Committee:

- Agree on a standard for care transitions for Meaningful Use Stage 2
- Recommend EHR certification criteria for incorporation and usage of structured care transitions documents

There was discussion on the applicability of international standards

### Key Consensus Findings: Summary & Action Items –Lab Results Interface Initiative Hans Buitendijk & Ken McCaslin

- The new Lab Results Interface IG leverages profiles to simultaneously provide constraints while allowing for flexibility and higher interoperability.
- LOINC should be used for observation identifiers and SNOMED CT should be used for reporting of appropriate lab results.
- Use of SNOMED for reporting specimen information and UCUM for Units of Measure are likely, but each requires piloting for consensus
- In near-term, textual units of measure should be transmitted in correct Observation segment

#### Suggested Actions for HIT Standards Committee:

- Agree on a lab results reporting standard for ambulatory primary care to support Meaningful Use
- Recommend vocabularies or near-term guidance for observation identifiers, lab results, specimen information and units of measure



### Key Consensus Findings: Provider Directories Initiative Bob Dieterle

- Certificate Discovery for Direct Project:
    - A hybrid DNS/LDAP solution allows a greater number of implementers to effectively enable certificate discovery and management
    - Implementers have volunteered to expend the resources to build this solution into the Direct Project RI and to conduct pilots.
  - Query for Electronic Services (including the Electronic Address): standards to support queries to provider directories have limited deployment. Broader implementation experience is needed to allow an evidence-based approach to standards selection
- Suggested Actions for HIT Standards Committee:
- Agree on an approach (including additional data required and timetable) for recommending:
    - Standards for certificate discovery for Direct Project participants
    - Provider directory query standard(s)

### **Implementation Workgroup Update - Judy Murphy, Co-Chair**

#### Summary of Findings

- Process
  - Scripts should require version control and schedule release prior to use
  - Alignment with „real“ clinical workflow and context in care settings
  - Provision of test procedures to vendors prior to testing
  - Deletion of any obsolete drugs or other clinical references
- Specific Testing Scenarios/Scripts
  - Nine tests for each code related to Smoking Status
  - Need to separate testing for radiology, laboratory and medications
  - Need to combine like processes: med orders, eRx & drug-formulary checks
  - Accuracy of CQM calculations should be clarified
  - Tighten correlation between security risk assessments versus testing scripts
  - Test for accounting of disclosures requires further description.

#### Action Items

##### Past generate recommendations

- Stage 1 (any immediate clarifications needed)
- Stage 2 (future suggestions)

##### Present

- Work with ONC to create a Stage 2 grid
- Coordinate with NIST re: future Certification Strategy

