



Health IT Standards Committee
Meeting Summary
December 14, 2011

[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).

Opening Remarks (John Halamka; Doug Fridsma, ONC)

What's important in this meeting is the opportunity to look ahead so ONC can begin to plan for the future of the committee.

Judy Murphy: As we move forward, the standards work is really going to be the focus of ONCs work. We are moving from adoption into the era of standards. This will be the infrastructure we need to make our work sustainable. We doubled the adoption of physicians in private practice from 2 years ago. The work ahead of us is so much the work of this group.

Update from NCVHS on ACA Section 10109 (Walter Suarez, NCVHS; Judy Warren, NCVHS)

- ◆ Overview: There will be a convergence of the administrative world and the clinical world
 - Hope that this will be the beginning of a closer collaboration between NCVHS and HITPC and HITSC
- ◆ There is a provision of the ACA that asks the Secretary to seek input from FACAs on the future of standardization (ACA Section 10109)
 - Specifically, the Secretary is to seek the input of NCVHS, the HIT Policy and Standards Committees and SDOs on the following issues:
 - The application process for enrollment of health care providers
 - Whether the HIPAA standards and operating rules should apply to automobile insurance, worker's compensation, and other property and casualty insurance programs
 - Whether standardized forms could apply to financial audits required by health plans, Federal and State agencies, and other relevant entities.
 - Whether there could be greater transparency and consistency of methods used to establish health plan claim edits
 - Whether health plans should be required to publish timeliness of payment rules
- ◆ There has been a persistent "storm" of standards work to be done:
 - HIPAA I and II
 - Health Reform
 - EHR Standards
 - Meaningful Use
 - State requirements
- ◆ NCVHS has a 5 year plan ahead to address standardization issues
 - One example is health plan identifiers to ensure compliance with standards and rules
 - CMS is putting together some guidance on how to achieve compliance

- ◆ NCVHS held a series of hearings on various standards issues:
 - NCVHS will develop recommendations surrounding provider enrollment into health plans
 - Not in the very near future; will require some time
 - NCVHS heard that HIPAA should not be applied to other programs/insurance at this time
 - NCVHS heard that providers would like to standardize audit processes
 - Overall NCVHS heard that there is a sense that any formal recommendations are premature in terms of actions and standards for operating rules
 - Need to put some workgroups in place to develop recommended standards
 - Electronic claim attachments: NCVHS heard that the standard would need to be consistent with the standards for clinical messages
 - There is strong support for adopting a national standard such as X12 and HL7 CDA
 - There is support for having structured messages that can be automated, but there is still a need to consider electronic unstructured messages that require human intervention
 - Heard also that there is no reason to wait until January 2016 to use this functionality
- ◆ Next Steps for NCVHS
 - Draft letters of Observations and Recommendations (January 2012)
 - Distribute to HIT Committees for input (January-February, 2012)
 - Submit to Secretary (February, 2012)
- ◆ Sub-committee on Standards: Agenda Forward (2012 and beyond)
 - Continue work on Administrative Simplification (HIPAA, ACA)
 - Review new areas for standardization (ACA Section 10109)
 - Provider enrollment in health plans, applicability of standards and operating rules to workers' comp., auto insurance; standardization of claim edits; etc
 - New areas for standardization, beyond Section 10109
 - First Report of Injury (original HIPAA transaction); electronic signature standards; metadata standards; e-consent standards; personal health record standards (messaging, content, privacy and security); standards for APCDs;
 - Continue review and improvement of standards and operating rules maintenance process
 - Public Health Data Standards
 - Bi-directional exchange of information between public health, clinical care, health plans and others
 - National/International standard for public health messaging/reports (including vital records, acute disease reporting, chronic conditions reports, disease-specific reporting, event-specific reporting, other); activities being done by PHDSC, HL7, ISO, IHE, S&I Framework and others
 - Public Health Information Technology Architecture reference model
 - Enterprise architecture model for public health; health information model applicable to public health; health terminology model used by public health
 - Public Health Reference Information Model
 - Identifying and adopting and national reference information model for public health

- Other Areas
 - Data standards related to health disparities
 - Other

Discussion:

- ♦ John Halamka: This agenda going forward aligns very well with the work of the HITSC
- ♦ Recommended process of coordination? Fridsma: If we identify a series of fundamental building blocks, it seems to me that NCVHS, as they move from paper to structured documents, can really start to identify and reuse those building blocks for the sake of consistency.
 - Walter Suarez: NCVHS is going to be looking at those fundamental building blocks for all the standards as those recommendations become more applicable to messages with clinical information.
- ♦ Wes Rishel: Concerned about the public health information and the development of a public health information model. I am having a hard time understanding what would be the same and what would be different in a public health model. Is there dual legislation defining public health information?
 - Walter Suarez: There is no legislation or regulatory requirement for this. Within the public health field, there is concern about the standardized method of looking at public health data. Conceptually, the idea is we would look at the universe of data being collected and used, and develop a reference model as a tool.
- ♦ Dixie Baker: How are the public health standards related to standards coming out of the CDC?
 - Walter: The PHIN standards and the next iteration of BioSense are going to be part of this. Those standards are clearly being established and used within public health systems. They are related mostly to data reported from agencies to CDC.
- ♦ Carol Diamond: We no longer have a world where public health and other groups are silo-ed. There should be a more active process proposed to resolve these questions.
- ♦ David McCallie: There is a divergence between the administrative and clinical sides: Administrative processes use ICD-10 while clinical processes use SNOMED. This is a persistent problem.

Implementation Workgroup Update (Liz Johnson, Co-Chair; Cris Ross, Co-Chair)

Summary of work related to testing

- ♦ Working on an enhanced grid including testing procedures, recommendations for improvements and implications
 - Assigned Workgroup members to specific measures to review test procedures & suggest changes
 - Findings will be presented at March HITSC meeting

Discussion:

- ♦ John Halamka: Your work on testing is going to be critical. Testing criteria for Stage One didn't always make sense, and often added no value.
- ♦ Dixie Baker: The Privacy and Security Workgroup made recommendations related to this issue. There would be value in soliciting input from stakeholders on what we recommended, so we would be happy to work with you to do this. The recommendations have not been fully fleshed out.

Updates from ONC (Doug Fridsma, ONC)

Query Health: Confirm technical approach and proposed standards/specifications

- ♦ Rich Elmore provided an overview presentation on Query Health initiative. Slides available [here](#).

Discussion:

- ◆ Carol Diamond: There has been some AHRQ research surrounding identifying and matching duplicate records in disparate databases without revealing the identity of the patient.
 - Rich Elmore: There are probably policy considerations as well. We can accommodate this in a health system, but we felt that given the current state of policy that it would be challenging to go beyond that.
- ◆ Stan Huff: There should be some testing of prototypes in institutions that may not have been involved in the original design.
 - Rich Elmore: That is our next step. We are building out a reference implementation guide, and our goal is to be able to demo and pilot it.

Other S&I Initiatives and Tools

◆ Initiative (chronologically, by start date)	◆ Value Created
◆ Transitions of Care	◆ Enables improved coordination of patient care by defining standardized content that enables electronic exchange of core clinical information among providers, patients, and other authorized entities in alignment with Meaningful Use
◆ Laboratory Results Interface	◆ Standardizes results reporting to ambulatory primary care, in support of Meaningful Use objectives for decision support, quality reporting, and transitions in care
◆ Provider Directories	◆ Provides a scalable, standardized solution to discover digital certificates, and an extensible model to query for electronic service information to facilitate health information exchange
◆ Certificate Interoperability	◆ Enables providers to electronically exchange and protect electronic health information created or maintained by certified EHR technology
◆ Query Health	◆ Focuses on establishing standards for distributed queries, which can increase the ability to understand macro health trends, proactively respond to disease outbreaks, understand the efficacy of drug treatments, and contribute to reduction of healthcare costs
◆ Data Segmentation for Privacy	◆ Enables the implementation and management of electronic health information exchange disclosure policies allowing providers to share specific portions of an electronic medical record
◆ esMD	◆ Gives providers a new mechanism for submitting medical documentation to Medicare Review Contractors

- ◆ Current work products:
 - Key clinical constructs
 - Clinical element data dictionary
 - Consolidated CDA

- ◆ Propose future outputs
 - ToC “How To” Guide
 - Incorporation of CEDD to CIM
 - Green CDA
- ◆ Laboratory Results Interface: piloting in January
- ◆ Provider Directories Initiative: piloting in January/February
- ◆ Data Segmentation Initiative: still in the discovery phase
- ◆ Electronic Submission of Medical Documentation: don’t have a timeline just yet; still in early phases

Preliminary framework for HITSC 2012 Workplan (Doug Fridsma, ONC)

- ◆ Need strategic long-term view to plan for MU Stage 3
- ◆ HITSC should provide input early
- ◆ Goal: present a draft 2012 plan at Jan 25th meeting
- ◆ Seeking to align HITPC and HITSC
- ◆ Will firm up as Stage 2 is finalized and plans for stage 3 crystallize

Quarter 1

- ◆ NPRM response (MU Stage 2)
- ◆ QM standards
- ◆ NWHIN standards criteria
- ◆ Value sets/mapping

Quarter 2

- ◆ NWHIN portfolio (extended)
- ◆ Query Health review
- ◆ Radiology Standards
- ◆ Governance

Quarter 3

- ◆ CEDD/CIMI/CIM
- ◆ Consumer-mediated info exchange
- ◆ One-stop-shop for resources
- ◆ GreenCDA

Quarter 4

- ◆ Maintenance strategy for standards (who does what over time)
- ◆ Public Health
- ◆ Data/Practice Portability
- ◆ APIs/tools

Discussion:

- ◆ What is the regulatory and certification mechanism for the cases where, with best intention, we put the best work into an implementation guide and then learn that clarification is required? How does ONC respond in an appropriate way to support implementers in that process?
 - Doug Fridsma: The plan is to take all of these things for discussion so that we have a broad and rich description of what needs to happen so we can align the Committee and Workgroup activities.
 - It is an ongoing challenge to find regulatory flexibility. We have another shot at it with the Stage 2 MU NPRM.

- ◆ Wes Rishel: When the implementation guide is published and cited in a regulation, there is no possible way that it is right. That is to say, we know from all our experience that standards evolve through use and for something that has just come off the assembly line, there are going to be issues that arise. One is when implementers try to implement them, second is when they try to test with one and other, and the third is when they go for certification. HHS knows this; identical issues came up with HIPAA. There has to be a forum for discussing these issues. It is really our best hope that implementation around Stage 2 goes beyond being the minimal implementation requirements and become really active benefits to healthcare within a single MU stage cycle.
- ◆ Walter Suarez: There is a question out there about, when you step back and look at the work being done by the S&I Framework, how do the products get put into adoption? We have the MU process to define metrics, so the question is how does the work of the initiatives get put into the mainstream? Are they Stage 3 regulations? Or is there some other way to get them adopted?
 - Doug Fridsma: Not sure exactly. We have a lot of different ways to create incentives to adopt this work. Adoption and use is our success metric: we have to produce things that are usable and relevant and implementable. Some may come in other ways to incentivize quality and payment for performance, etc. We have to leverage our federal partners: VA, CMS, and all those folks.
- ◆ Walter Suarez: I didn't see privacy and security standards in the list of proposed activities. Do you see any specific privacy and security products coming out in the next year?
 - Doug Fridsma: The ESMD work on data segmentation is an important aspect of adding to the conversation. Also the NPRM. There will be some opportunities, so maybe we should highlight that explicitly and make sure we aren't missing anything.
- ◆ Leslie Hall: are there other opportunities for work surrounding patients as a member of the care team?
 - Doug Fridsma: We know we will spend at least one meeting on the NPRM and other rules in Q1. We would be remiss if, as we think about health and privacy and security, etc. if we don't make sure to have the patient/consumer perspective.
- ◆ Doug Fridsma: As we think about the work that needs to be done in 2012, we may need to invite folks to tell us more about what they're doing.
- ◆ David McCallie: Does ONC have any role in the usability discussion?
 - Doug Fridsma: Yes. We are working with NIST on usability and safety. We take that very seriously and we want to minimize any harm that might come because we all know that there is so much benefit. This may be something we need to discuss as well.
 - Jodi Daniels: We are looking to develop a surveillance and action plan to address recommendations of the IoM report. At this point we are digesting and trying to figure out our authority and how to address some of the issues they raised. We are working with NIST on usability as it relates to patient safety.