


Health IT Standards Committee
Meeting Summary
January 25, 2012

[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 (Jonathan Perlin; John Halamka)

Today's agenda is important in terms of stage setting. It's remarkable to look at our progress, but we have an ambitious schema moving forward. The ecosystem in healthcare is still not robust in terms of interoperability for information exchange. The call to action is still as immediate and important as before, but in fact, more tantalizing than before because it is no longer an abstraction.

Our year-long agenda is broken down by quarter, as reported by Dr. Fridsma during the December meeting.

* Note: David Muntz, [Principal Deputy National Coordinator](#), was present and took this opportunity to address the committee for the first time since taking on his new role.

HITSC 2012 Workplan (Doug Fridsma, ONC)

We are a year into the work of the S&I Framework. We are now at a point where we can start talking about how to use the building blocks we've created to build.

Refresher of agenda:

Quarter 1

- ◆ NPRM response (MU Stage 2)
- ◆ Governance Response
- ◆ QM standards
- ◆ NWHIN standards criteria
- ◆ Value sets/mapping
- ◆ **NEW:** Discuss [Section 1561 of the ACA](#)

Quarter 2

- ◆ NWHIN portfolio (extended)
- ◆ Query Health review
- ◆ Imaging Standards (not just radiology – may be other images.)
 - Need to have additional conversations about what would be helpful as we think through these problems. Need dialogue with HIT Policy Committee
- ◆ Vocabulary

Quarter 3

- ◆ Standards Strategy
- ◆ 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 (ability to move between implementations without losing information or being locked in)
- ◆ APIs/tools

- ❖ We are going to try to stagger these items as best we can
 - ◆ Success in standards is not developing them, but getting them out and getting them used → Adoption is the ultimate goal

Discussion:

- ◆ Consumer mediated data exchange may need to be moved up in the discussion
- ◆ What are the short-term range NPRMs and ANPRMs
 - NPRMs: Standards and Certification for MU Stage 2 (first quarter – in the next month)
 - CMS is aiming for February. ONC will shoot for February as well
 - ANPRMs: Governance of NwHIN (this year if possible)
- ◆ Suggestion: We should seek testimony from large and small organizations about their experiences with this technology
- ◆ Follow-up of ANPRM on Metadata – next step? Plan was to take input and fold it into the Standards and Certification Rule
- ◆ Privacy and Security – need more conversation on virtualization, cloud computing, etc.
- ◆ NCVHS developed a plan to ensure coordination and HIT Standards and Policy Committees
 - Standards (administrative standards and new standards for claim attachments, etc.)
 - Public health and population health
 - Privacy and Security
 - Quality

Updates from ONC (Doug Fridsma, ONC)

- ❖ S&I Framework
 - ◆ Incremental approaches to putting out “building blocks” for interoperability
 - ◆ Transitions of Care (TOC), Lab Results and Provider Directories initiatives are the furthest along
 - Almost ready to launch and begin pilots
 - ◆ There are over 20 pilots either committed or in discovery
 - Over 25 pilot vendors

Discussion:

- ◆ One of the measures of success of S&I Framework is that organizations are looking to the group for reference.
- ◆ Areas not included, but may require some attention:
 - Medications/prescribing – fairly mature
 - Medication adherence
 - ACO/value-based purchasing: needs related to attribution and quality reporting
 - Fridsma: [SHARP](#) is performing some of this work outside the S&I Framework
- ◆ Any thoughts on whether the process as well for innovative work, or how it should be different? Seems that there are some different dynamics as work through the different stages of development
 - Fridsma: There are some times that you need to take a forming initiative and not impair it with too much structuring. There is a sweet spot – we are trying to figure out what things are best handled by S&I, and what are the things that are best tracked, but not needing structuring and validating. We have to be humble about what S&I can do well and recognize there are other mechanisms that are better suited for some initiatives.

- ◆ Life cycle: do you expect initiatives to be completed through S&I and then handed over to SDOs and other groups for maintenance, or would they continue to be part of S&I?
 - Fridsma: Hopeful that initiatives graduate and go on to do bigger and better things. The strategy includes thinking about the ecosystem and ensuring that the initiatives have the support they need.
- ◆ Future initiatives?
 - Fridsma: This is a portfolio and it has to be constantly balanced. As we go through the lifecycle, we will have to rebalance. We haven't done a lot with new initiatives just yet, because we are in a good place with the portfolio of initiatives we have.
- ◆ Forecast of funding – expect continued funding through 2013 and 2014?
 - Fridsma: I think the most important thing going forward is demonstration of success and being able to leverage decreasing resources to the greatest good. We have to demonstrate that what we're doing makes a difference; the more we do this, better it is going to be to have that sort of communication. Will be an interesting year with Congress, etc. but the best we can do is demonstrate the value of the work that has gone on and communicate that correctly.
- ❖ NwHIN
 - ◆ Transition to sustainability – we are in phase 2
 - Goal is to mature, grow, and scale
 - ◆ One of the most significant things that has happened over the last year is that we expressed the limiting nature of the requirement for contractors to have official, direct affiliation
 - OGC lifted that requirement
 - This means that the doors of been thrown open – no need to have formal contract
 - We have enough governance that that Office of General Counsel has lifted that requirement
 - Significant milestone

Discussion:

- ❖ What is the interplay between the impending regulation and the business plan, specifically, the plan to move toward a 501(c)3
 - Fridsma: The intention is not to have the Governance Rule govern this 501(c)3. But we have to ensure that we have the appropriate input and conditions. Conditions related to trust (breach notification, data protection, etc) and conditions related to technology (using standards for interoperability). The rule will require some feedback from this group.
- ❖ Dr. Stephen Ondra: DOD/VA Virtual Lifetime Electronic Record: Strategic network composed of a series of tactical approaches. There are many pieces for VLER, but many times the independent pieces are misconstrued as VLER. It's like confusing a tire with a car.

[Update from Clinical Quality Workgroup \(Jim Walker, Chair\)](#)

ONC is taking a new and deeper look at clinical quality measures

- ❖ Questions the Workgroup will address:
 - ◆ How can the standards needs of quality measures be aligned with the HITPC quality work group?
 - ◆ What are appropriate standards for the definition of quality measures?
 - ◆ What are appropriate standards for value-set definition?
 - ◆ What entities should use what processes to validate, provide, and maintain quality measures and value sets?
 - ◆ How should this work be aligned with information management for CDS—which has nearly identical dependencies on value sets?
 - ◆ What standards should be used for the extraction and export of data for quality-measure computation?

- ❖ Timeline:
 - ◆ Kick off the re-chartered Clinical Quality workgroup by 2/15/2012
 - ◆ First work-group report - March HITSC meeting.

[Update on Value Sets and Vocabulary Mapping](#) (Doug Fridsma, ONC; Betsy Humphreys, NLM)

(Review of use cases using S&I building blocks)

- ◆ Anticipate helping people implement building blocks using vocabularies, packages, transport systems, and security. ONC is on its first attempt to configure these building blocks to be used in real cases to improve patient care

Discussion:

- ◆ The current set of building blocks, those assessed by the power team, was built for a world in which it was presumed there would be 50-some national HIOs. We're headed for a world with one exchange partner per ACO, so we have at least one order of magnitude more of exchange partners. These building blocks don't work to achieve the scenario. You cannot get to the world we need to create with the current set of building blocks
 - Fridsma: I'm hopeful because we need to be able to articulate how this is supposed to be put together. I wanted to get feedback to help communicate that more effectively. The purpose is not to have a discussion about the specific services/tools. The intention is to illustrate the possibilities, not to allow the use cases to constrain potential development.

❖ NLM Vocabulary Portfolio

- ◆ ONC-NLM Interagency agreement: priorities/activities
 - Additions to SNOMED CT, LOINC, RxNorm
 - High priority subsets and mapping
 - Tools for value set development, maintenance
 - Enhanced APIs
- ◆ Problem most concerned with: SNOMED CT
 - Challenge for MU Stage 2: migration from uncontrolled or local vocabulary (+/OR ICD-9-CM) and implementing ICD-10
- ◆ Expect to release initial mapping subset of SNOMED CT to ICD-10-CM in February 2012
 - Trial version
 - Updated version in June 2012
- ◆ Medications/medication allergies
 - Target: RxNorm
- ◆ Tests and Measures
 - Target: LOINC
 - Challenge for MU: get labs to report using LOINC (has been significant progress)
- ◆ Public Health Reporting
 - Target: LOINC, SNOMED CT
 - Challenge for MU: action required by providers, vendors and public health entities
- ◆ Clinical quality measures value sets
 - SNOMED CT, LOINC, RxNorm
 - Challenges for MU: developing measures and vocabulary sets and indentifying formats, mechanisms, tools, etc. that will be helpful to implementers

[Update on CMS' Meaningful Use Activities](#) (Rob Anthony, CMS; Jessica Kahn, CMS)

- ❖ Active registrations: 176,049
 - ◆ About 3/5 of all hospital systems and CAHs are registered

- ❖ YTD Medicare Incentive Payments: \$1,384,212,512
- ❖ YTD Medicaid Incentive Payments: \$1,149,476,633
 - ◆ 43 states have launched; 33 are dispersing incentives
 - ◆ Some states will begin accepting attestation in April
 - ◆ December's numbers are modest compared to what is to come in the first quarter of this year
- ❖ Do we have a critical mass to start drawing conclusions about MU or specific objectives?
 - ◆ We do not have a representative sample of providers; we are still looking at early adopters