



Health IT Standards Committee Vocabulary Task Force Meeting

Meeting Notes September 1-2 2010

Meeting Agenda

Background

The HIT Standards Committee created the Vocabulary Task Force In January 2010 to “To identify gaps, issues and needs for clinical and administrative vocabulary solutions within the scope of the HIT Standards Committee; to develop recommendations to the HIT Standards Committee for methods, actions, and/or programs to mitigate, manage, or solve these vocabulary concerns.”

Introduction

Workgroup Chair Jamie Ferguson welcomed the group and stated that following the release of the CMS EHR Incentive and ONC Standards, Implementation Specifications, and Certification Final Rules, the HIT Standards Committee has directed the workgroup to change its focus from recommendations of value sets to recommending the requirements needed to create a “one stop shop” for medical vocabularies and value sets needed for end users to achieve Meaningful Use. The hearing brought together panels representing Measures Developers and Value Set Creators, End Users, EHR Vendors, and Terminology Services Vendors. Each group was asked to respond to the following questions:

Questions to panelists

- What are the requirements for a centralized infrastructure to implement “one-stop shopping” for obtaining value sets, subsets, and vocabularies for meaningful use?
- Which requirements or functionalities are urgent, i.e., absolutely required to support “meaningful use”? Which would be most useful immediately? What would be a staged approach over time to get to the desired end state?
- Where are you using value sets and subsets? For what domains? How many value sets and subsets?
- In your experience with creating, disseminating, updating and/or using value sets, subsets, and entire vocabularies, what works and what does not work?
- What human resources does it take to implement and manage value sets, subsets, and entire vocabularies? Informaticists? Clinicians? IT people? How are you organized?
- What national resources and services could be leveraged to reduce the level of effort required for local implementations? What is the irreducible minimum of local work at an implementation site, or within an organization or system?
- What is your maintenance process? How do you manage updates?



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- What metadata do you maintain and how do you maintain versioning?
- Is there a difference between versioning for clinical documentation vs. versioning for reported measures, i.e., when do you go live with a change in the EHR vs. when do you use the new version of measures?

Themes from Panel Discussions:

- 1) ONC should promote a “one stop shop” that contains simple methods to browse, search, and download vocabulary content (e.g., value sets, subsets, mappings, synonyms, translations, etc.)
- 2) Any “one-stop shop” should include not only required Meaningful Use Value Sets, but also other value sets required for healthcare end-users, with the ability to version the value sets to fit the business needs created by business model, regional and cultural impact, and the brand of EHR.
- 3) Vocabulary content should be made available using standard (or widely used) formats, and augmented with instructions and best practices for implementation and use.
- 4) The primary urgent need is for mapping to be made available for Meaningful Use Stage 1 so end users can map current databases to ICD9/SNOMED CT.
- 5) Large healthcare organizations have the resources to easily adopt value sets to their needs. Smaller practices don’t have the resources to do so, so any “one stop shop” must be able to assist smaller practices.
- 6) Any “one stop shop” must be created through cross functional stakeholder engagement and consensus. End users, payers, SDOs, and government must be brought together, with government using its power as a convener (or potentially using rulemaking) to create consensus.
- 7) Funding of any standards adopted for value sets cannot be subject to political gamesmanship. Funding and standards promoted must be consistent and not incur massive change each election cycle.
- 8) The largest barrier to the creation of a one stop shop is intellectual property rights over ownership of the standards. Organizations which currently develop licensed value sets (such as AMA, X12, and HL7) have a business model where customers pay to utilize their data sets. Other organizations (CDSIC, CDC) make standards and implementation guides free in the public domain.