



## Meeting Notes

### Health Information Technology Advisory Committee

#### Health IT for the Care Continuum Task Force

March 6, 2019, 09:30 a.m. – 11:00 a.m. ET

Virtual

The March 6, 2019, meeting of the Health IT for the Care Continuum Task Force of the Health IT Advisory Committee (HITAC) was called to order at 9:30 a.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

**Lauren Richie** welcomed everyone to the Health IT for the Care Continuum Task Force (HITCCTF). The HITCCTF will be commenting on the [21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program](#) notice of proposed rulemaking (NPRM).

**Lauren Richie** conducted roll call.

### Roll Call

**Carolyn Petersen**, Co-chair, Individual

**Christoph Lehmann**, Co-Chair, Vanderbilt University Medical Center

Chip Hart, Member, PCC

Susan Kressly, Member, Kressly Pediatrics

Aaron Miri, Member, The University of Texas at Austin, Dell Medical School, and UT Health Austin

Steve Waldren, Member, American Academy of Family Physicians

### MEMBERS NOT IN ATTENDANCE

### ONC STAFF

Cassandra Hadley, HITAC Back Up/Support

Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Zoe Barber, Health IT for the Care Continuum Task Force Back Up/Support

Stephanie Lee, Health IT for the Care Continuum Task Force Staff Lead

Samantha Meklikr, Health IT for the Care Continuum Task Force SME

Elise Sweeney Anthony, ONC

### Call to Order

**Lauren Richie** turned the meeting over to the co-chairs.



## Welcome and Introductions

**Carolyn Peterson and Chris Lehmann, co-chairs**, introduced themselves and expressed their excitement to be kicking off the HITCCTF. The members of the HITCCTF then introduced themselves.

The ONC staff that will be supporting the HITCCTF also introduced themselves.

## Overview of Charge

**Samantha Meklir, ONC** reviewed the charge.

**Overarching Charge:** Provide recommendations on ONC’s approach, recommendations, and identified 2015 Edition certification criteria to support pediatric care and practice settings; related criteria to support multiple care and practice settings; and a request for information on how health IT can support the treatment and prevention of opioid use disorder.

**Specific Charge:** Provide recommendations on the following:

- The ten ONC recommendations to support the voluntary certification of health IT for pediatric care, including whether to remove a recommendation
- Identified 2015 Edition certification criteria for supporting the certification of health IT for pediatric care and practice settings
- Pediatric technical worksheets
- 2015 Edition data segmentation for privacy (DS4P) and “consent management for APIs” certification criteria
- How health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis

**Chris Lehmann** noted that all of these items come together, as they all fall into the interest of people who take care of pediatric patients.

## Background/Overview - Pediatric Recommendations

**Samantha Meklir** reviewed the pediatric recommendations in the NPRM.

### HEALTH IT FOR PEDIATRIC CARE AND PRACTICE SETTINGS

- In response to the requirements set forth in section 4001 of the Cures Act, ONC has:
  1. Developed ten recommendations for the voluntary certification of health IT for pediatric care that does NOT include a separate certification program for pediatric care and practice settings.
  2. Identified current and proposed new 2015 Edition certification criteria that support pediatric care and practice settings.
  3. Focused on non-regulatory initiatives that are nimble and responsive to stakeholders, including development of informational resources to support setting-specific implementation that aligns with the ONC Health IT Certification Program.



## Recommendations for Pediatric Health IT Voluntary Certification Criteria

1. Use biometric-specific norms for growth curves and support growth charts for children
2. Compute weight-based drug dosage
3. Ability to document all guardians and caregivers
4. Segmented access to information
5. Synchronize immunization histories with registries
6. Age- and weight-specific single dose range checking
7. Transferrable access authority
8. Associate mother's demographics with newborn
9. Track incomplete preventative care opportunities
10. Flag special health care needs

## Proposed new 2015 Edition Criteria:

- United States Core Data Set for Interoperability (USCDI)
- Electronic prescribing
- FHIR-based API
- Data segmentation for privacy

**Chris Lehmann** noted his excitement to see these recommendations moving forward.

## TECHNICAL WORKSHEET

**Samantha Meklir** oriented the Task Force to the pediatric worksheet. This document is attached to the NPRM, and there are four overarching questions included, along with ten recommendations.

## The questions include the following:

- **Questions 1.** What relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) may impact or support feasibility of the recommendation in practice?
- **Question 2.** How can the effective use of IT support each recommendation as involves provider training, establishing workflow, and other related safety and usability considerations?
- **Question 3.** Should any of the recommendations not be included?
- **Question 4.** Should any of the functional criteria listed under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification Criteria" be removed as a correlated item to support any of the recommendations?

**Chris Lehmann** emphasized that these questions will be used to inform all of the work coming out of the HITCCTF. He also asked the HITCCTF to keep unintended consequences in mind that may impact pediatric care.

**Carolyn Petersen** added that access by patients and caregivers is a part of ONC's larger mission and should be kept in mind when reviewing.

**Chris Lehmann** reviewed the recommendations, reminding the Task Force to keep the four questions in mind.



Chris Lehmann and Al Taylor shared the review of the recommendations. Chris provided the overview while Al provided specifics related to certification.

## **Recommendation 1: Use biometric-specific norms for growth curves and support growth charts for children**

- Based on the age of the patient, the system should be able to plot a trend of how the patient is doing in the form of growth and development
- ONC believes this recommendation is supported by the 2015 Edition definition and criteria listed below:
  - Common Clinical Data Set (CCDS) includes optional pediatric vital sign data elements with the reference range/scale or growth curve for BMI percentile per age and sex for youth 2-20 years of age, weight for age per length and sex for children less than three years of age, and head occipital-frontal circumference for children less than three years of age.
  - Demographic criterion requires the ability to record birth sex in accordance with HL7 Version 3 (“Administrative Gender”) and a null flavor value attributed as follows: male (M); female (F); and unknown (UNK).
  - Clinical Decision Support (CDS) can be used to develop a variety of tools to enhance decision-making in the pediatric clinical workflow including contextually relevant reference information, clinical guidelines, condition-specific order sets, alerts, and reminders, among other tools.
  - Application programming interfaces (APIs) criteria including the “application access patient selection,” “application access- data category request,” and “application access-all data request” which can help address many of the challenges currently faced by caregivers accessing pediatric health data.

## **Recommendation 2: Compute weight-based drug dosage**

- The system shall compute drug dose, based on appropriate dosage ranges, using the patient's body weight and body surface area, and shall display the dosing weight and weight-based dosing strategy (when applicable) on the prescription.
- ONC believes this recommendation is supported by the 2015 Edition criterion:
  - Electronic Prescribing

**Susan Kressly** asked the HITCCTF to be mindful of timing. There should be an awareness of eprescribing timeline for certification.

## **Recommendation 3: Ability to document all guardians and caregivers**

- The system shall provide the ability to record information about all guardians and caregivers (biological parents, foster parents, adoptive parents, guardians, surrogates, and custodians), siblings, and case workers, with contact information for each.
- This recommendation is supported by the 2015 Edition criteria listed below, and ONC believes this recommendation also is supported by health IT beyond what is included in the certification program.
  - Care Plan: criteria includes the ability to record, change, access, create, and receive care plan information according to the care plan document template in the HL7 implementation guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), draft standard for Trial Use Release 2.1 (including the sections for health status evaluations and outcomes and for interventions (V2))



- Transitions of Care: criteria includes the ability to create, receive, and properly consumer interoperable documents using a common content and transport standard that include key health data that should be accessible and available for exchange.
- APIs
- Transitions of Care criteria includes the ability to create and to receive interoperable documents using a comment content standard that include key health data that should be accessible and available for exchange to support the care of children across care settings
- Demographic criterion requires the ability to record various demographic information for a patient including potential supports for patient and parental matching.
- ONC believes this recommendation is supported by the proposed new and updated certification criteria in this proposed rule:
  - United States Core Data for Interoperability (USCDI): The USCDI (§ 170.213) which enables the inclusion of pediatric vital sign data elements, including the reference range/scale or growth curve for BMI percentile per age and sex, weight for age per length and sex, and head occipital-frontal circumference.
  - Data Segmentation for Privacy: (two for C-CDA ((§ 170.315(b)(12)) and (§ 170.315(b)(13)) and one for FHIR (§ 170.315(g)(11))) could provide functionality to address the concerns multiple stakeholders expressed regarding the need to restrict granular pediatric health data at production based on the intended recipient of the data.
  - Application Programming Interfaces (APIs): § 170.315(g)(10), would require the use of Health Level 7 (HL7®) Fast Healthcare Interoperability Resources (FHIR®) standards and several implementation specifications to establish standardized application programming interfaces (APIs) for interoperability purposes and to permit 3rd party software developers to connect to the electronic health record (EHR) through the certified API technology.

#### **Recommendation 4: Segmented access to information**

- The system shall provide users the ability to segment health care data in order to keep information about minor consent services private and distinct from other content of the record, such that it is not exposed to parents/guardians without the minor's authorization.
- ONC believes this recommendation is supported by the 2015 Edition criteria listed below, and ONC believes this recommendation is supported by health IT beyond what is included in the certification program
  - Data Segmentation for Privacy criteria:
    - Data segmentation for privacy – send criterion provides the ability to create a summary record (formatted to Consolidated CDA (C-CDA) Release 2.1) that is tagged at the document level as restricted and subject to re-disclosure restrictions using the HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Release 1
    - Data segmentation for privacy – receive criterion requires the ability to receive a summary record (formatted to Consolidated CDA Release 2.1) that is document level tagged as restricted and subject to re-disclosure restrictions using the HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Release 1. Requires the ability to separate the document-level tagged document from other documents received. Requires the ability to view the restricted document without having to incorporate any of the data from the document



- Transitions of Care criteria includes the ability to create, receive, and properly consumer interoperable documents using a common content and transport standard that include key health data that should be accessible and available for exchange. Alignment with Children’s EHR Format Alignment with 2015 Edition Certification Criteria
- ONC believes this recommendation is supported by the proposed new and updated certification criteria in this proposed rule:
  - United States Core Data for Interoperability (USCDI): The USCDI (§ 170.213) which enables the inclusion of pediatric vital sign data elements, including the reference range/scale or growth curve for BMI percentile per age and sex, weight for age per length and sex, and head occipital-frontal circumference.
  - Data Segmentation for Privacy: (two for C-CDA ((§ 170.315(b)(12)) and (§ 170.315(b)(13)) and one for FHIR (§ 170.315(g)(11))) would provide functionality to address the concerns multiple stakeholders expressed regarding the need to restrict granular pediatric health data at production based on the intended recipient of the data.
  - Application Programming Interfaces (APIs): § 170.315(g)(10), would require the use of Health Level 7 (HL7®) Fast Healthcare Interoperability Resources (FHIR®) standards and several implementation specifications to establish standardized application programming interfaces (APIs) for interoperability purposes and to permit 3rd party software developers to connect to the electronic health record (EHR) through the certified API technology.

## **Recommendation 5: Synchronize immunization histories with registries**

- The system shall support updating and reconciling a child's immunization record with information received from immunization information systems or other health information exchanges (HIEs).
- The system shall use the messaging standards established through meaningful use requirements to send data to immunization information systems or other HIEs.
- The system shall use the messaging standards established through meaningful use requirements to receive data from immunization information systems or other HIEs.
- ONC believes this recommendation is supported by the 2015 Edition criterion listed below
  - Transmission to Immunization Registries criterion, which:
    - Provides the ability to create immunization information according to the implementation guide for Immunization Messaging Release 1.5, and the July 2015 addendum, using CVX codes for historical vaccines and NDC codes for newly administered vaccines o provides the ability to request, access, and display the evaluated immunization history and forecast from an immunization registry for a patient in accordance with the HL7 2.5.1 standard, the HL7 2.5.1. IG for Immunization Messaging, Release 1.5, and July 2015 addendum
  - View, Download, and Transmit to Third Party (VDT) criterion, which:
    - provides the ability for patients (and their authorized representatives) to view, download, and transmit their health information to a third party via internet-based technology consistent with one of the Web Content Accessibility Guidelines (WCAG) 2.0 Levels A or AA

## **Recommendation 6: Age- and weight-specific single-dose range checking**

- The system shall provide medication dosing decision support that detects a drug dose that falls outside the minimum-maximum range based on the patient’s age, weight, and maximum



recommended adult dose (if known) or maximum recommended pediatric dose (if known), for a single dose of the medication.

- This will help to stay within the appropriate age for pediatrics.
- ONC believes this recommendation is supported by the 2015 Edition criterion listed below:
  - Clinical Decision Support (CDS) can be used to develop a variety of tools to enhance decision-making in the pediatric clinical workflow including contextually relevant reference information, clinical guidelines, condition-specific order sets, alerts, and reminders, among other tools.
  - APIs

### **Recommendation 7: Transferrable access authority**

- Description: The system shall provide a mechanism to enable access control that allows a transferrable access authority (e.g., to address change in guardian, child reaching age of maturity, etc.).
- ONC believes this recommendation is supported by the 2015 Edition criterion below.
  - VDT
  - APIs
- Alignment with Proposed New or Updated Certification Criteria
  - DS4P
  - APIs

### **Recommendation 8: Associate maternal health information and demographics with newborn**

- The system shall provide the ability to associate identifying parent or guardian demographic information, such as relationship to child, street address, telephone number, and/or email address for each individual child
- ONC believes this recommendation is supported by the 2015 Edition criterion below:
  - Care Plan: criteria includes the ability to record, change, access, create, and receive care plan information according to the care plan document template in the HL7 implementation guide for CDA<sup>®</sup> Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), draft standard for Trial Use Release 2.1 (including the sections for health status evaluations and outcomes and for interventions (V2))
  - Transitions of Care criteria includes the ability to create and to receive interoperable documents using a comment content standard that include key health data that should be accessible and available for exchange to support the care of children across care settings
  - Demographic criterion requires the ability to record various demographic information for a patient including potential supports for patient and parental matching.
  - Family Health History criterion permits the ability to record, change, and access a patient's family health history (according to the September 2015 release of SNOMED CT<sup>®</sup>, U.S. edition)
  - Social, Psychological, and Behavioral Data criteria capture information (also known as social determinants of health) that can help to provide a more complete view of a mother's overall health status
- Alignment with Proposed New or Updated Certification Criteria
  - USCDI



- APIs

**Chris Lehmann** noted that maternal information about the newborn will play an important role in the long-term care of the child.

### **Recommendation 9: Track incomplete preventative care opportunities**

- The system shall generate a list on demand for any children who have missed recommended health supervision visits (e.g., preventive opportunities), according to the frequency of visits recommended in Bright Futures™.
- ONC believes this recommendation is supported by the 2015 Edition criterion below:
  - Clinical Decision Support (CDS) criterion includes configuration that enables interventions based on various CCDS data elements, including vital signs
  - Clinical Quality Measures criteria for record and export, import and calculate, and filter criteria
  - APIs
- Alignment with Proposed New or Updated Certification Criteria
  - APIs

### **Recommendation 10: Flag special health care needs**

- The system shall support the ability for providers to flag or un-flag individuals with special health care needs or complex conditions who may benefit from care management, decision support, and care planning, and shall support reporting.
- ONC believes this recommendation is supported by the 2015 Edition criterion below.
  - Problem List criterion contains the patient's current health problems, injuries, chronic conditions, and other factors that affect the overall health and well-being of the patient.
  - CDS
  - Clinical Quality Measures criteria for record and export, import and calculate, and filter
- Alignment with Proposed New or Updated Certification Criteria
  - APIs
  - USCDI

## **Background/Overview – Opioid Use Disorder (OUD) Request for Information (RFI)**

**Samantha Meklir** walked through section VI of the NPRM and the opioid use disorder RFI.

- ONC recognizes that health IT offers promising strategies to help medical specialties and sites of service as they combat opioid use disorder (OUD).
- ONC requests public comment on how our existing Program requirements and the proposals in this rulemaking may support use cases related to opioid use disorder (OUD) prevention and treatment and if there are additional areas that ONC should consider for effective implementation of health IT to help address OUD prevention and treatment.





## Health IT and Opioid Use Disorder Prevention and Treatment RFI

Section VI of the NPRM addresses Health IT for the Care Continuum:

- VI (A) Health IT for Pediatric Setting
- VI (B) Health IT and Opioid Use Disorder Prevention and Treatment – Request for Information Questions for OUD RFI:
  - General
  - What's your general sense of how our existing requirements and the proposals in the NPRM supports use cases related to OUD prevention and treatment and additional areas for ONC consideration for effective implementation of health IT?

### OUD RFI Topics:

1. Neonatal Abstinence Syndrome (NAS)
  - a. What are some health IT policies, functionalities and standards to support the NAS use case?
  - b. Are there any ONC pediatric recommendations that are particularly relevant to the NAS use case?
2. Data Segmentation for Privacy (DS4P)
  - a. What are your thoughts on the proposal to remove the current 2015 Edition DS4P-send and receive certification criteria and replace them with three new DS4P criteria (two for C-CDA and one for FHIR), as related to OUD? As related to pediatric care?
  - b. What are some best practices, including processes and methods for displaying OUD information?
3. Electronic Prescribing and PDMPs
  - a. What are some effective approaches for the successful dissemination and adoption of standards including the NCPDP SCRIPT 2017071 standard (see section IV.B.2) that can support the exchange of PDMP data for integration into EHRs and also enable further adoption and use of EPCS?

Sue asked if there was the ability to have additional subject matter experts participate in future calls.

**Lauren Richie** confirmed this is feasible.

## Review Workplan

**Carolyn Petersen** reviewed the work plan. In general, meetings will be on Friday mornings. The HITCCTF will review and prepare recommendations. Draft recommendations will be shared with the HITAC on March 19-20. There will then be an opportunity to refine recommendations in preparation for a presentation to the HITAC on April 10. Recommendations from all of the NPRM Task Force's will be combined into a HITAC transmittal letter that will be sent to the National Coordinator no later than May 3, 2019.

**Lauren Richie** opened the lines for public comment.

## Public Comment

There was no public comment.



## Next Steps and Adjourn

**Lauren Richie** adjourned the meeting at 10:47 a.m. ET. The next meeting will be on Friday, March 8, 2019, at 9:00 E.T.