



## Meeting Notes

### Health Information Technology Advisory Committee

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

March 8, 2019, 09:00 a.m. – 10:30 a.m. ET

Virtual

The March 8, 2019, meeting of the Health IT for the Care Continuum Task Force of the Health IT Advisory Committee (HITAC) was called to order at 9:00 a.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

### 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

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

Cassandra Hadley, HITAC Back Up/Support

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

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

Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

### Call to Order/ Roll Call

### Welcome Remarks

**Carolyn Petersen**, co-chair, welcomed the HITCCTF.

**Chris Lehmann**, co-chair, noted that he was looking forward to today's discussion.

### Discussion – Pediatric Recommendations

**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

## Discussion

- **Chris Lehmann** commented that the ability to adjust for gestational age is missing from the recommendations. He also noted that disease-specific growth charts are missing from the recommendations (e.g., down syndrome)
  - **Susan Kressly** commented that the normative data sets are not in the public domain which makes this difficult.
  - **Chip Hart** concurred with Susan Kressly. The most important thing that can be done is to require vendors to cite their data. The American Academy of Pediatrics (AAP) has a position paper, and he will share with the HITCCTF.
  - **Susan Kressly** noted that premature curves are not ready for incorporation by vendors.
- **Chip Hart** also shared that it is important to receive an alert when a child changes more than a deviation; this would be more valuable than a data error.
- **Susan Kressly** noted that there isn't consensus on what an alert is within the industry.
- **Chip Hart** noted his agreement with Susan Kressly. Vendors need consensus on evidence-based guidelines.
- **Steve Waldren** conveyed the need to separate the data from the access to the data to generate biometric norms.
  - He commented that there is a need to separate out the capability of the EHR to leverage rules, from embedding rules into the EHR. There is an opportunity where products can set rules based on the individual pediatrician.
  - Not clear on what the signal is to the market for a product that has undergone the voluntary certification in pediatrics.
    - **Chris Lehmann** shared that the goal is to provide recommendations that are considered part of the minimally viable product to take care of children.
- **Chip Hart** questioned if this is an inpatient function or an ambulatory function. To create a certification of what is minimally required, these questions need to be answered.
  - **Chris Lehmann's** assumption was this was for outpatient, but wanted confirmation from ONC.
  - **Sam Mekler** shared that a separate certification is not being established for pediatrics. These recommendations are the top priorities that have been worked through over the years in an ambulatory setting.
- **Chip Hart** shared a safety concern for uncited growth charts.
  - **Chris Lehmann** added that there is a need to validate the algorithm that displays in the growth chart – this needs to be certified.
- The HITCCTF seemed to have consensus that the recommendation should remain. Clarification is needed, as follows:
  - There must be a visual display because it will serve as an alert that there might be something wrong that needs to be addressed.
  - This needs to be limited to data that is in the public domain and is evidence-based.

## 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.

## Discussion

- **Susan Kressly** expressed concern about the scope (i.e., liquid medications). The scope should be limited to orally administered liquid medication; it has the ability to calculate the weight with the prescription. Unsure what the details are in regards to age and what prescriptions it is needed with. The weight is displayed on the prescription and the day the weight was taken. There needs to be specifications around the timing for certain ages, as well.
  - **Chris Lehmann** cited work out of Agency for Healthcare Research and Quality (AHRQ) that could be leveraged.
- **Chip Hart** shared that the concept is important, but clinical evidence-based guidelines are needed.
- **Chip Hart** noted that AAP provided guidance around weight and height and age.
- **Chris Lehmann** commented that the ability to enter weight is needed with the ability to define the dose. There is a need to transmit how the dose was derived which allows the pharmacist to double check and mitigate any errors. This is focused on liquid oral medications.
- **Susan Kressly** expressed concern about multiple decimals.
  - **Chris Lehmann** noted more than two numbers from leading numeral are not useful.
  - **Susan Kressly** suggested measurement in mL, no other units of measure should be allowed.
- **Chip Hart** noted there are safety concerns related to usability.
- The HITCCTF agreed that:
  - This recommendation should remain, but should be limited to liquid medications.
  - More information is needed regarding the pharmacy process.
  - Out of range lab values displayed during the prescription process is not relevant and should not be included.

## 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.

## Discussion

- **Chip Hart** noted that the spirit of the request is to identify caregiver sources and create understandings of networks.
- **Chris Lehmann** shared that this information needs to be documented in a structured way. At some point in the future, there will need to be nomenclature for this.
- **Chip Hart** shared that the four supplemental items are vital for pediatricians but are difficult due to state rules.
- **Susan Kressly** noted the requirement should state that there is an infinite ability to include all relevant contacts for the family.
- **Chris Lehmann** commented that there is a need to differentiate between active and nonactive.
- **Chip Hart** noted there are things that trigger data access and exchange to different parties. This is probably future work but should be considered at some point.



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

## Public Comment

There was no public comment.

## Next Steps and Adjourn

**Chris Lehmann** asked the HITCCTF members to review the remaining recommendations. During the next meeting, those items will be prioritized so that the HITCCTF is prepared to shared draft recommendations during the March 19-20 HITAC meeting.

The next meeting of the HITCCTF is Friday, March 15, 2019 at 9:00 a.m. ET.

**Lauren Richie** adjourned the meeting at 10:30 a.m. ET.