



Meeting Notes

Health Information Technology Advisory Committee

Health IT for the Care Continuum Task Force

March 22, 2019, 09:00 a.m. – 10:30 a.m. ET

Virtual

The March 22, 2019, meeting of the Health IT for the Care Continuum Task Force (HITCCTF) 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).

Lauren Richie called the meeting to order and then conducted the roll call.

Roll Call

MEMBERS IN ATTENDANCE

Carolyn Petersen, Co-chair, Individual

Christoph Lehmann, Co-Chair, Vanderbilt University Medical Center

Chip Hart, Member, PCC

Susan Kressly, Member, Kressly Pediatrics

Steve Waldren, Member, American Academy of Family Physicians

MEMBERS NOT IN ATTENDANCE

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

ONC STAFF

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 Mekler, Health IT for the Care Continuum Task Force SME

Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Al Taylor, Health IT for the Care Continuum Task Force SME

Lauren Richie turned the meeting over to Carolyn Petersen, co-chair.

Welcome Remarks



Carolyn Petersen, co-chair, reviewed the agenda starting with the feedback from the HITAC meeting earlier this week and then transitioning to the review of additional recommendations.

Carolyn Petersen shared that the primary consideration from the HITAC was in regards to how this is going to be different than other special situations. She noted that the process done by this group could serve as a model for future items. Overall there was a general consensus that the recommendations are headed in the right direction.

Discussion

RECOMMENDATIONS

Recommendation 7: Transferrable access authority

- **Chris Lehmann** noted that he felt that this is already implemented in most EHRs.
- **Al Taylor** commented that there are standards to designate who a person is in relation to the patient who can be granted access.
- **Susan Kressly** questioned how to operationalize this and expressed concern for having to track state regulations.
- **Chris Lehmann** commented that nomenclature needs to be developed that can be used and applied based on state law.
- **Chip Hart** noted that he is on board with the philosophy, but had concerns because it is so broad. There are probably 25-50 custom access examples that could be needed. When things are so broad, design choices from the developer can have unintended consequences. While this is an important item, it is difficult to know how to document within the EHR.
- **Susan Kressly** suggested having a standard nomenclature at some point. In the short-term, the focus should be narrowed to giving the end-user the ability to identify. In many places, it is the health system making the decision, rather than the end-user who should have the control.
- **Chris Lehmann** suggested coming up with a limited nomenclature, such as:
 - Access to information
 - Ability to add information
 - Ability to make medical decisions
 - Ability to take the child to the pediatrician
- **Susan Kressly** suggested doing this for a broad audience, not just for children.
- **Al Taylor** noted that the security assertion mark-up language (SAML) may be something that can be leveraged.

Recommendation 8: Associate maternal health information and demographics with newborn

- **Chip Hart** suggested an ambulatory EHR receiving a material record into the child medical record.
- **Susan Kressly** suggested providing a link or the ability to record pertinent maternal information that is obviously not the child's information.
- **Chip Hart** commented that this is very limited in scope.
- **Susan Kressly** suggested there are privacy concerns. Maternal information should not be shared with the patient when the patient is of age.
- **Chris Lehmann** summarized that there is a desire for some maternal information relevant to the health of a child, as well as the newborn screen to be able to be sent and digested by an EHR.



There currently are not standards, but it is a functionality that is important to the well-being and health of the child.

- **Al Taylor** commented that the standards that exist are Logical Observation Identifiers Names and Codes (LOINC).
- **Susan Kressly** mentioned that there is a logistic issue with LOINC results. Most state screenings are not feeding it back to the PCP.

Recommendation 9: Track incomplete preventative care opportunities

- **Susan Kressly** suggested creating care plans that identify care gaps.
- **Chip Hart** agreed with Susan Kressly. He suggested there is a need to generate lists and flag patients. He agreed with starting with something simple.
- **Susan Kressly** suggested population management with a recall capability. She also suggested alerting the user at the point of care. The alert can be done elegantly within the system, doesn't necessarily mean it has to be a pop-up alert.
- **Chip Hart** commented that there are a lot of clinical quality measures (CQMs) related to these items.

Recommendation 10: Flag special health care needs

- **Al Taylor** noted that the technical specifications are identical to recommendation 9. It is just a matter of defining with a set of codes and health care need rules. Guidelines are needed with clinical decision support and clinical quality measurement aligned.
- **Susan Kressly** suggested that it would be very helpful to have special health needs, such as:
 - Physical needs
 - Social determinants of health
 - Mental health needs
- **Chip Hart** commented that the growing mental health crisis is becoming more and more important to be able to track.
- **Susan Kressly** noted that to get to value-based payment, this is half of their risk and is not being calculated by payors.

Work plan Updates

Samantha Meklir shared that the HITCCTF will go back and review all of the feedback received, working to refine the comments on the recommendations.

Lauren Richie opened the lines for public comment.

Public Comment

There was no public comment.

Comments in the Public Chat

Steven Waldren: SAML Overview - https://en.wikipedia.org/wiki/Security_Assertion_Markup_Language



Next Steps and Adjourn

Chris Lehmann thanked everyone for their contributions during the call.

The next meeting will be held on Friday, March 29 at 9:00 a.m. ET.

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