Health Information Technology Advisory Committee
Interoperability Standards Priorities Task Force
Meeting Notes – July 20, 2018
VIRTUAL

The July 20, 2018, meeting of the Interoperability Standards Priorities Taskforce (ISP TF) of the Health IT Advisory Committee (HITAC) was called to order at 2:00 pm ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

ROLL CALL
ISP Task Force Members participating in the call:
(Member, Representing)
Kensaku Kawamoto, co-chair, University of Utah Health
Steven Lane, co-chair, Sutter Health
Arien Malec, Change Healthcare
Terry O'Malley, Massachusetts General Hospital
Sasha TerMaat, Epic
Anil Jain, IBM Watson Health
Ram Sriram, NIST
Raj Ratwani, MedStar Health
Valerie Grey, New York eHealth Collaborative
David McCallie, Cerner
Victor Lee, Clinical Architecture
Ricky Bloomfield, Apple
Victor Lee, Clinical Architecture
Ming Jack Po, Google

Members not participating in the call:
Andrew Truscott, Accenture
Clement McDonald, National Library of Medicine
Leslie Lenert, Medical University of South Carolina
Scott Weingarten, Cedars-Sinai and Stanson Health

ONC Staff
Steve Posnack, Executive Director, Office of Technology (ONC)
Farrah Darbouze, ISP TF Lead (ONC)
Lauren Richie, Designated Federal Officer (ONC)
Brett Andriesen, Standards Advisory Lead, Office of Technology (ONC)

DISCUSSION
Welcome and Introductions

Lauren Richie, Designated Federal Officer (ONC), conducted roll call and then kicked off the meeting with a few housekeeping items. She reminded members to use the hand-raising feature within Adobe Connect to ask questions. She also reminded the ISP TF and the public that there would be time for public comment at the end of the meeting. Comments will be limited to three minutes each. She then turned the meeting over to Steven Lane and Ken Kawamoto, the co-chairs of the ISP TF.

Steven Lane, co-chair, Sutter Health, thanked the members of (ISP TF) for their participation. He noted that the ISP TF has assembled of a diverse mix of experience and new voices that will be valuable to completing the ISP TF's charge. He emphasized that their goal is to make recommendations that are relevant to the current health IT environment while also keeping the current forces at play in mind.

Steven Lane asked each member to introduce themselves and share their aspirations for their work with the ISP TF. He introduced himself first; he is a practicing family physician, interested in supporting interoperability worldwide and bringing key data to bear when caring for patients and populations.

Ken Kawamoto, University of Utah, noted that it would be helpful if members can think of recommendations relevant to their organization and the sectors each member represents. He also would like to see the ISP TF help to work to support the quadruple aim.

Arien Malec, Change Healthcare, shared that he has seen amazing results when the ecosystem of health IT developers, providers, app developers, and consumers get together around common directions, design and implementation, and test around priorities. It is not as successful when standards are moving in one direction, and the provider community is moving in another. He noted that he would like to see a state of the world more like the former than the latter.

Terry O'Malley, Massachusetts General Hospital, expressed that the more foundational pieces that can be put into place, the better interoperability will be.

Sasha TerMaat, Epic, noted that in addition to her work with Epic she also serves in a leadership role with the EHR Association (EHRA), a trade association of EHR vendors that has a vested interest in furthering the progress of the industry.

Anil Jain, IBM Watson Health, given that his organization has several thousand clients dependent on them for data analytics and AI solutions, interoperability standards are the way to accelerate adoption in the field with robust solutions that solve healthcare problems.

Ram Sriram, National Institute of Standards & Technology (NIST), noted that there are two things that NIST is doing related to the ISP TF. The first is developing a test infrastructure for interoperability testing and standards. The second is looking at future technologies for enabling both syntactic and semantic interoperability.

Raj Ratwani, MedStar Health, said he is interested in ensuring that standards encourage usability and safety, and hopes to inform those aspects of the work.

David McCallie, Cerner, is also a clinical neurologist who served on the original Health IT Standards Committee and several task forces.

Victor Lee, Clinical Architecture, was an internal medicine hospitalist before getting involved in health IT. His experience is primarily in clinical decision support, and he emphasized the importance of semantics.

Ricky Bloomfield, Apple, noted his interest in ensuring that the value and quality of data increase for consumers and the friction to access data decreases. He also noted that standards are only real once they have been implemented.

Edward Juhn, Blue Shield of California, noted that he is interested in supporting interoperability and committing to standards that allow individuals to receive the right care at the right time, in the right place, by the right provider.

Tamer Fakhouri, One Medical, noted he is excited to participate and further develop standards to help make this happen.

Ming Jack Po, Google, noted the need for standards to look at data in multiple places.

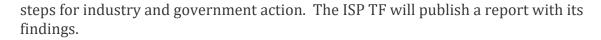**Steven Lane** then asked ONC staff members to introduce themselves.

Steve Posnack, Executive Director, Office of Technology introduced himself and thanked the members for their participation. He noted that the ISP TF is a dynamite group and he is looking forward to their contributions.

Farrah Darbouze, ONC staff lead, introduced herself to the members of the ISP TF.

TASK FORCE CHARGE

Steven Lane turned things over to **Ken Kawamoto** to review the ISP TF charge. Kawamoto started by reviewing the overarching charge: To make recommendations on priority uses of health information technology and the associated standards and implementation specifications that support such uses. He then reviewed the specific items the ISP TF will make recommendations on: 1) Priority uses of health IT (consistent with the Cures Act's identified priorities); 2) The standards and implementation specifications that best support or may need to be developed for each identified priority; and 3) Subsequent

steps for industry and government action. The ISP TF will publish a report with its findings.

Ken Kawamoto reviewed the specific section from 21st Century Cures where the work of the ISP TF originated.

> *SEC. 3003. SETTING PRIORITIES FOR STANDARDS ADOPTION. "(a) IDENTIFYING PRIORITIES.— "(1) IN GENERAL.—Not later than 6 months after the date on which the HIT Advisory Committee first meets, the National Coordinator shall periodically convene the HIT Advisory Committee to— "(A) identify priority uses of health information technology, focusing on priorities— "(i) arising from the implementation of the incentive programs for the meaningful use of certified EHR technology, the Merit-based Incentive Payment System, Alternative Payment Models, the Hospital Value-Based Purchasing Program, and any other value-based payment program determined appropriate by the Secretary; "(ii) related to the quality of patient care; "(iii) related to public health; "(iv) related to clinical research; "(v) related to the privacy and security of electronic health information; "(vi) related to innovation in the field of health information technology; "(vii) related to patient safety; "(viii) related to the usability of health information technology; "(ix) related to individuals' access to electronic health information; and "(x) other priorities determined appropriate by the Secretary;*
> *"(B) identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities identified in subparagraph (A); and "(C) publish a report summarizing the findings of the analysis conducted under subparagraphs (A) and (B) and make appropriate recommendations.*

Ken Kawamoto noted that value and cost might be missing from the list of priority items, but he thought these items might fall under patient care. He also noted that most items that the group identifies as important would likely be covered under the priorities identified.

David McCallie asked about the Trusted Exchange Framework Common Agreement (TEFCA), another section of 21st Century Cures, questioning whether this is something the ISP TF should or should not be concerned about. **Steve Posnack** confirmed they should not and noted that the only intersecting point would likely be permitted purposes.

Steven Lane transitioned to the review of the workplan. The group will work to identify the initial scope of the ISP TF over the next couple of meetings, review standards and priority uses through early 2019, and then shift to findings and recommendations in the summer of 2019. The ISP TF will complete its work by reporting to the Health IT Advisory Committee (HITAC) with recommendations and findings in September, 2019. The ISP TF will meet on a semi-monthly basis to complete its work. Any meetings that land on holidays or overlap with industry conferences will be rescheduled.

Ricky Bloomfield asked whether U.S. Core Data for Interoperability (USCDI) should be included in the discussion. **Steven Lane** agreed and asked to come back to this topic after the Interoperability Standards Advisory discussion.

Arien Malec suggested that the ISP TF first look at national priorities and then think about other priorities.

INTEROPERABILITY STANDARDS ADVISORY OVERVIEW

Brett Andriesen, Standards Advisory Lead, Office of Technology, ONC reviewed the Interoperability Standards Advisory (ISA) to level set. The ISA is a single, public list of the standards and implementation specifications that can best be used to address specific interoperability needs. It reflects the results of ongoing dialogue, debate, and consensus among industry stakeholders. The ISA documents known limitations, preconditions, and dependencies as well as other helpful information. The ISA also serves as an informational resource, is non-binding, and does not create or confer any rights or obligations for, or on any person or entity.

David McCallie asked for clarity between the purposes of the ISP TF and the ISA. Brett noted that the ISA is not prioritized.

Steve Posnack further nuanced that the ISP TF will be able to elevate the priority of a use case that warrants further input from industry or government. The ISA will be the place where nuances and priority uses can be addressed. ONC can list items as HITAC priority items within the ISA.

SCOPE OF THE TASK FORCE

Steven Lane noted that this is the group's initial discussion and there will be time to dig deeper in the future. Before opening to public comment, he returned to Ricky Bloomfield's earlier comment regarding USCDI. USCDI describes the set of data that should be made available and builds on the Meaningful Use Common Clinical Data Set. The draft USCDI, published earlier this year, proposes a structured way to evaluate items that should be required in the future. It is structured so that there are standards under evaluation that then move from evaluation to the required list. Lane asked the group to think about other areas that should be monitored to assist the group with their work. He also noted that just having a list of required items does not necessary correlate to implementation, thought needs to be put into how the work will get done. Argonaut is doing some of this work, but he questioned whether that was sufficient. He noted that this may be beyond the charge of this group, but it could be worthwhile to consider how to make things less abstract (e.g., ideas on a list) and make them more concrete.

Steven Lane asked for members who weren't available at the start of the call to introduce themselves.

Valerie Grey, New York eHealth Collaborative, introduced herself and noted that she was honored to be a member of the ISP TF.

Steven Lane then reviewed the matrices included in the meeting materials. He noted that what is across the top of the document in the columns are the priorities called out in 21st Century Cures. He reviewed that the multi-page document can be used to identify, clarify, prioritize, and assist the ISP TF with future discussions.

Valerie Grey asked whether the priority uses outlined would also include state level value-based programs (e.g., Delivery System Reform Incentive Program (DSRIP))? **Farrah Darbouze** noted that the charge from the ISP TF comes from federal legislation; thus, should be focused on federal programs, but would inquire with ONC staff for verification.

Steven Lane asked the ISP TF to review the rows of the matrices as a way to begin to identify items that are missing or need to be split apart. The current version of the matrices is an initial draft from ONC, but feedback from members is encouraged. The ISP TF will decide what is of highest priority and may even decide to primarily concentrate on the highest priority items.

PUBLIC COMMENT

The following public comments were received in the chat feature of the webinar during the meeting:

Linda Van Horn, iShare Medical: We are an Accredited DirectTrust Trust Anchor. I think identity management NIST 800-63-3 and trust is a key to interoperability. I would like to make the group aware of the work that is being done to leverage Trust Certificates to digitally sign JASON Web Tokens (JWT) in real time to allow FHIR to scale in real time. Currently FHIR requires that the users must have a username and password at the location to which they are sharing data. By using a Certificate there is no need to be have a username and password at each location.

Amol Vyas, Cambia Health: Hello, sorry I am not on the phone call. I have a question: Is the focus of this task force also on Interoperability? in the Health Plan/Payer domain? Thanks.

NEXT STEPS
The next virtual meeting of the ISP Task Force is scheduled for Tuesday, July 31, 2018, from 10:00-11:30 am EST.

Steven Lane closed the meeting at 3:02 pm.