



AGENDA

Health Information Technology Advisory Committee
Interoperability Standards Priorities Task Force
July 20, 2018, 2:00 p.m. – 3:00 p.m. ET
VIRTUAL

- 2:00 p.m.** **Call to Order/Roll Call**
- *Lauren Richie, Designated Federal Officer (ONC)*
- 2:05 p.m.** **Welcome & Introductions**
- *Ken Kawamoto, Task Force Co-Chair*
 - *Steven Lane, Task Force Co-Chair*
- 2:10 p.m.** **Overview of Task Force Charge and Legislation**
- *Ken Kawamoto, Task Force Co-Chair*
- 2:15 p.m.** **Overview of Work Plan**
- *Steven Lane, Task Force Co-Chair*
- 2:20 p.m.** **Review of Interoperability Standards Advisory**
- *Brett Andriesen, Standards Advisory Leads (ONC)*
- 2:35 p.m.** **Initial Discussion of Scope of Task Force**
- *Ken Kawamoto, Task Force Co-Chair*
 - *Steven Lane, Task Force Co-Chair*
- 2:50 p.m.** **Public Comment**
- 2:55 p.m.** **Next Steps**
- 3:00 p.m.** **Adjourn**



The Office of the National Coordinator for
Health Information Technology
Health IT Advisory Committee

Interoperability Standards Priorities Task Force

Kensaku Kawamoto, co-chair
Steven Lane, co-chair

July 20, 2018



Agenda

- Call to Order/ Roll Call
 - » Lauren Richie, Designated Federal Officer
- Welcome and Introductions
 - » Ken Kawamoto and Steven Lane, Task Force Co-Chairs
- Overview of Task Force Charge and Legislation
 - » Ken Kawamoto, Task Force Co-Chair
- Overview of Work Plan
 - » Steven Lane, Task Force Co-Chair
- Review of Interoperability Standards Advisory
 - » Brett Andriesen, Standards Advisory Lead (ONC)
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 - » Ken Kawamoto and Steven Lane, Task Force Co-Chairs
- Next Steps
- Public Comment
- Adjourn

Welcome & Introductions - ISPTF membership

Name	Organization	Role
Kensaku Kawamoto	University of Utah Health	Co-Chair
Steven Lane	Sutter Health	Co-Chair
Arien Malec	Change Healthcare	HITAC member
Andy Truscott	Accenture	HITAC member
Terry O'Malley	Massachusetts General Hospital	HITAC member
Leslie Lenert	Medical University of South Carolina	HITAC member
Cynthia Fisher	WaterRev, LLC	HITAC member
Sasha TerMaat	Epic	HITAC member
Tina Esposito	Advocate Health Care	HITAC member
Clem McDonald	National Library of Medicine	HITAC member

Name	Organization	Role
Anil Jain	IBM Watson Health	HITAC member
Ram Sriram	NIST	HITAC member
Raj Ratwani	MedStar Health	HITAC member
Valerie Grey	New York eHealth Collaborative	HITAC member
David McCallie	Cerner	Public member
Scott Weingarten	Cedars-Sinai and Stanson Health	Public member
Victor Lee	Clinical Architecture	Public member
Ricky Bloomfield	Apple	Public member
Edward Juhn	Blue Shield of California	Public member
Tamer Fakhouri	One Medical	Public member
Ming Jack Po	Google	Public member

Welcome & Introductions – ONC Staff

Name	Title	ISPTF Role
Donald Rucker	National Coordinator for Health Information Technology	
Steven Posnack	Executive Director, Office of Technology	
Brett Andriesen	Standards Advisory Lead	
Mera Choi	Division Director, Technical Strategy & Operations	
Caroline Coy	Branch Chief, Strategic Initiatives	
Farrah Darbouze	Public Health Analyst	ONC ISPTF Lead
Elise Anthony	Executive Director, Office of Policy	
Seth Pazinski	Division Director, Strategic Planning & Coordination	
Lauren Richie	Branch Chief, Coordination	Designated Federal Officer (DFO)
Michelle “Mitch” Kost	Public Health Analyst	Project Coordinator

ISP Task Force Charge

- **Overarching Charge:** To make recommendations on priority uses of health information technology and the associated standards and implementation specifications that support such uses.
- **Specific Charge:** The ISP Task Force will:
 1. Make recommendations on the following:
 - Priority uses of health IT (consistent with the Cures Act’s identified priorities);
 - The standards and implementation specifications that best support or may need to be developed for each identified priority; and
 - Subsequent steps for industry and government action.
 2. Publish a report summarizing its findings.

Section 3003 of the Public Health Service Act as amended by the 21st Century Cures Act

“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.

ISPTF Work Plan

Milestone	Anticipated Timeframe
Welcome Meeting	July 20 th , 2018 2-3pm ET
Initial Scope of the ISP Task Force Decided	July/August 2018
Review of Standards & Priority Uses	August 2018 – February 2019
Develop Findings & Recommendations Letter	March – August 2019
Report to Full HITAC ISP Task Force Recommendations & Findings	September 2019

Interoperability Standards Advisory Overview

- The Interoperability Standards Advisory will serve as a valuable resource from which the ISPTF can start its work and ultimately contribute content back into.



The Office of the National Coordinator for
Health Information Technology

Interoperability Standards Advisory (ISA) Overview

Brett Andriesen
Standards Advisory Lead, Office of Technology, ONC
July 20, 2018



What is the ISA?

- A single, public list of the standards and implementation specifications that can best be used to address specific interoperability needs
- Reflects the results of ongoing dialogue, debate, and consensus among industry stakeholders
- Documents known limitations, preconditions, and dependencies as well as other helpful information
- 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

How is the ISA used?

- Stakeholders who administer government and non-governmental procurements, testing, certification or grant programs look first to the ISA to meet their interoperability needs.
- Developers of health IT look first to the ISA for available and appropriate standards/implementers specifications to support interoperability efforts.
- Implementers and users of health IT products ensure purchased products include standards that support their specific interoperability needs.
- The ISA and their associated informative characteristics are also available to help more fully inform policy and implementation efforts, including limitations, dependencies or preconditions for use.

Ongoing Process

- The web-based version of the [ISA](#) is updated frequently throughout the year, as new comments from stakeholders come in or as changes occur, with a call for review and comments in late Summer timeframe.
- ONC publishes a static “[Reference Edition](#)” of the ISA (PDF) each December that can be referenced in contracts, agreements, or as otherwise needed with certainty that the information will not change.

High Level ISA Structure

- Introduction
- Section I: Vocabulary/Code Set/Terminology
- Section II: Content and Structure
- Section III: Services
- Section IV: Models and Profiles
- Section V: Administrative
 - » Under each section, there are Subsections with numerous Interoperability Needs
 - » Specific standards and implementation specifications support each Interoperability Need

ISA Content

- Characteristics and other helpful information for each standard and implementation specification listed for each interoperability need
 - » Standards Process Maturity
 - » Implementation Maturity
 - » Adoption Level
 - » Federally Required
 - » Cost
 - » Test Tools
 - » Limitations, Dependencies, Preconditions and Other Qualifying Information
 - » Applicable Value Set(s) and Starter Set(s) and Security Patterns
- Appendixes for “Sources for Privacy and Security Standards” and Educational / Informational Resources

Search

Search

Interoperability Standards Advisory

[2018 ISA Reference Edition](#)

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[Recent ISA Updates](#)

[Table of Contents](#)

[Introduction to the ISA](#)

[Section I: Vocabulary/Code Set/Terminology Standards and Implementation Specifications](#)

[Section II: Content/Structure Standards and Implementation Specifications](#)

[Section III: Standards and Implementation Specifications for Services](#)

[Section IV: Models and Profiles](#)

[Section V: Administrative Standards and Implementation Specifications](#)

[Section VI: Questions and Requests for Stakeholder Feedback](#)

[Appendix I – Sources of Security Standards and Security Patterns](#)

[Appendix II - Educational and Informational Resources](#)

[Propose a New Interoperability Need](#)

Welcome to Interoperability Standards Advisory (ISA)

[Section I](#)

[Section II](#)

[Section III](#)

[Section IV](#)

[Section V](#)

▶ Admission, Discharge, and Transfer

▼ Care Plan

- [Documenting and Sharing Care Plans for a Single Clinical Context](#)
- [Domain or Disease-Specific Care Plan Standards](#)
- [Sharing Patient Care Plans for Multiple Clinical Contexts](#)
- [Documenting and Sharing Medication-Related Care Plans by Pharmacists](#)
- [Sharing Patient Care Teams for Care Planning in Multiple Clinical Contexts](#)

▶ Clinical Decision Support

▶ Clinical Quality Measurement and Reporting

▶ Data Provenance

▶ Diet and Nutrition

▶ Drug Formulary & Benefits

▶ Electronic Prescribing

▶ Family Health History (Clinical Genomics)

▶ Healthy Weight

▶ Images

▶ Laboratory

▶ Medical Device Communication to Other Information Systems/Technologies

▶ Patient Education Materials

▶ Patient Identification Management

Documenting and Sharing Care Plans for a Single Clinical Context



Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally required	Cost	Test Tool Availability
Implementation Specification	HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Release 2.1 ↗	Balloted Draft	Pilot	● ● ● ○ ○	Yes ↗	Free	Yes ↗
Emerging Standard	HL7 Fast Healthcare Interoperability Resources (FHIR), STU 3 ↗	In Development	Pilot	● ○ ○ ○ ○	No	Free	No
Emerging Implementation Specification	HL7 Resource Care Plan (v3.0.1) ↗	Balloted Draft	Pilot	● ○ ○ ○ ○	No	Free	No

Limitations, Dependencies, and Preconditions for Consideration	Applicable Value Set(s) and Starter Set(s)
<ul style="list-style-type: none"> The care plan as expressed in the C-CDA standard does not attempt to represent the longitudinal care plan; rather it represents a “snapshot” of a care plan at a single point in time for transmission to other providers and teams to ensure continuity of care. The Care Plan Domain Analysis Model is used as a reference model for C-CDA care plan documents in the context of the longitudinal care plan. FHIR Resources are in various stages of maturity. Please refer to the FHIR website for updates on specific profiles and their progress. The FHIR Maturity Model and each of the levels is described on the HL7 wiki ↗. See CDA and FHIR projects in the Interoperability Proving Ground. 	<ul style="list-style-type: none"> Feedback requested



The Office of the National Coordinator for
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Find the ISA at:
<https://www.healthit.gov/ISA>

Questions?

Brett.Andriesen@hhs.gov



@ONC_HealthIT



@HHS ONC

HealthIT.gov 

Resources for the ISP Task Force

- [Interoperability Standards Advisory](#)
- The Interoperability Standards Advisory will serve as a valuable resource from which the ISPTF can start its work and ultimately contribute content back into.
- [21st Century Cures Act](#)

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

*(once connected, press “*1” to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
“Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Task Force and made part of the Public Record.

Next Steps

- Next Meeting
 - » July 31, 2018 10-11:30am ET

- Interoperability Standards Priorities TF Homework
 - » Review the ISA
 - » Review the 21st Cures Section 3003 Language



The Office of the National Coordinator for
Health Information Technology

Health IT Advisory Committee



Meeting Adjourned



@ONC_HealthIT



@HHSOHC



Example Priority Use Matrix

Priority Uses (Use Cases) vs Statutory Categories

Priority Uses	Does the Priority Use address the Statutory Category?								
	Uses arising from Payment Incentive programs	Quality Patient Care Uses	Public Health Uses	Clinical Research Uses	Privacy & Security of electronic health information	Innovation in HIT	Patient Safety	Usability of HIT	Ability for Individuals to access the electronic HIT
Medication Reconciliation									
Closed-loop referrals									
Hospital Discharge									
Care Planning									
Exchange with BH providers									
Get a pediatric patient's immunization history									

Example Priority Use Matrix

Setting for which the priority uses would occur vs Statutory categories.

Care Setting	Priority Uses	Does the Priority Use address the Statutory Category?								
		Uses arising from Payment Incentive programs	Quality Patient Care Uses	Public Health Uses	Clinical Research Uses	Privacy & Security of electronic health information	Innovation in HIT	Patient Safety	Usability of HIT	Ability for Individuals to access the electronic HIT
Ambulatory	Immunization history									
	Specialist Consult									
	Disease Reporting									
Inpatient	Device recall									
	Discharge									
	ER visit									
LTPAC										
	Re-admission from SNF									
Laboratory	LOI/LRI									

Example Priority Use Matrix

Interoperability Purpose vs Statutory Categories

	Does the Priority Use address the Statutory Category?								
Interoperability Purpose	Uses arising from Payment Incentive programs	Quality Patient Care Uses	Public Health Uses	Clinical Research Uses	Privacy & Security of electronic health information	Innovation in HIT	Patient Safety	Usability of HIT	Ability for Individuals to access the electronic HIT
Clinical									
Public Health									
Research									
Administrative									

Example Priority Use Matrix

Interoperability Use vs Statutory Categories

	Does the Priority Use address the Statutory Category?								
Interoperability Uses	Uses arising from Payment Incentive programs	Quality Patient Care Uses	Public Health Uses	Clinical Research Uses	Privacy & Security of electronic health information	Innovation in HIT	Patient Safety	Usability of HIT	Ability for Individuals to access the electronic HIT
Admission, Discharge & Transfer									
Clinical Decision Support									
Clinical Quality Measurement & Reporting									
Images Exchange									
Laboratory (Orders & Results)									
Public Health Exchange									
Research									
Summary Care Record/Consumer Access/ Exchange of Health Information									
Query									