Health Information Technology Advisory Committee
Interoperability Priorities Standards Task Force
Meeting Notes
August 14, 2018, 10:00 a.m. - 11:30 a.m. ET
VIRTUAL

The August 14, 2018, meeting of the Interoperability Standards Priorities (ISP) Task Force of the Health IT Advisory Committee (HITAC) was called to order at 10:04 am ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

ROLL CALL
(Members in attendance, representing)
Kensaku Kawamoto, Co-chair, University of Utah Health
Steven Lane, Co-chair, Sutter Health
Ricky Bloomfield, Member, Apple
Edward Juhn, Member, Blue Shield of California
Anil Jain, Member, IBM Watson Health
Leslie Lenert, Member, Medical University of South Carolina
Arien Malec, Member, Change Healthcare
David McCallie, Jr., Member, Cerner
Clement McDonald, Member, National Library of Medicine
Terrence O'Malley, Member, Massachusetts General Hospital
Ming Jack Po, Member, Google
Raj Ratwani, Member, MedStar Health
Ram Sriram, Member, National Institute of Standards and Technology
Sasha TerMaat, Member, Epic
Sheryl Turney, Member, Anthem
Scott Weingarten, Member, Cedars-Sinai Health System
Valerie Grey, Member, New York eHealth Collaborative
Victor Lee, Member, Clinical Architecture

Members not in attendance:
Tina Esposito, Member, Advocate Health Care
Tamer Fakhouri, Member, One Medical
Cynthia Fisher, Member, WaterRev, LLC
Andrew Truscott, Member, Accenture

ONC Staff
Caroline Coy, Branch Chief, Strategic Initiatives
Farrah Darbouze, Public Health Analyst, ONC ISP Task Force Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Michelle "Mitch" Kost, Public Health Analyst

Lauren Richie called the task force (TF) meeting to order and conducted roll call, then turned the meeting over to the co-chairs.

Steven Lane welcomed **Sheryl Turney,** HITAC member and senior director of all-payer claims database analytics and data policy and administration at Anthem.

Ken Kawamoto reviewed the TF charge.

Discussion #1: Continued comments on standards and technical needs – Co-chairs Steven Lane and Ken Kawamoto

The chairs noted that the TF meeting on July 31, 2018, focused on standards and technical needs; this meeting will focus on the priority uses of health IT. Members will have time to comment on or add ideas to the standards discussion after opening remarks.

Steven Lane related points in an email sent by TF member **Tamer Fakhouri**. *One Medical* built its own home-grown EHR and is doing work to integrate it with interoperability solutions. Tamer Fakhouri suggested that the TF:

- Prioritize transitions of care use cases;
- Investigate how standards could simplify reconciling external data;
- Prioritize privacy and information security; and
- Prioritize finding how standards can support transparency to patients.

Edward Juhn emphasized transitions of care and reconciliation.

Clem McDonald noted that the TF needs to address the exchange of radiology results.

Steven Lane noted that the work of this TF will link up with the U.S. Core Data for Interoperability (USCDI) TF, which focused on the data elements and types that clinicians and others in healthcare need to share. **Terry O'Malley** is a TF member who also served as a co-chair of the USCDI Task Force.

David McCallie related that at ONC's recent Interoperability Forum there were many discussions of successes and failures. Many of the failures were not due to the standard, or whether the standard is missing, but were failures of the business case or processes that would support the use case. He suggested that the TF consider whether an issue is about a business case, rather than standards.

- **Steven Lane** agreed and suggested that the TF highlight those situations with business case issues throughout its work. He stated the TF cannot pick a business driver, but there are other levers within the federal process and the business community that potentially could be pulled.
- **Arien Malec** emphasized **David McCallie's** comment that standards have been developed that in the end have no utility. He also agreed with **Clem McDonald's** point and said that independent of the USCDI, we have underestimated the need for text-based notes, especially in transitions of care and other data exchange. Arien stated that what's needed is to prioritize making sure that clinicians receive simple human-curated clinical narrative as a core interoperability requirement.

- **Ricky Bloomfield** emphasized **Arien Malec's** point on transmitting narrative data for transitions of care. The Argonaut Project's work on clinical notes may satisfy some aspects of that, but incentives would need to be aligned to drive behavior. The TF needs to think about how to incentivize the provider to create a concise summary that is useful.
- **David McCallie** agreed with **Ricky Bloomfield,** noting that much of the work in this area has already been done by CommonWell Health Alliance, Care*e*quality and Argonaut Project. Stating now the vendor community needs to make it a priority to adopt it.
- **Steven Lane** noted that the HL7 FHIR Argonaut Project work on sharing clinical notes and the CommonWell Health Alliance/Carequality work are on the same topic but actually two separate work streams. He clarified the former is supporting sending clinical notes by FHIR; the latter uses Consolidated Clinical Document Architecture (C-CDA). As **Arien Malec** noted, there is a need to make interoperable ad-hoc clinical messaging that supports care coordination among providers.
- **Clem McDonald** suggested there are opportunities to use large databases for reconciliation; for instance, Surescripts has one. Clem said if those were provided to clinician offices, it would be easy to reconcile records and the database could be used like a master standard with which to make a comparison.

David McCallie said another issue that came out of the ONC Interoperability Forum is the *#axethefax* movement. David explained that CMS Administrator Seema Verma made a commitment to eliminate the use of faxes to exchange health information by 2020. To do that, there must be a clear understanding of how these priorities integrate into the workflow. He said some of that is vendor-specific but making it a requirement of the vendor could move it forward.

Steven Lane asked whether the notion of standards around secure real-time text messaging should be part of the TF work.

- **Jack Po** said secure text messaging and multimedia sent through texts are concerns. Speaking to the fax point and the new incentives for telemedicine, he suggested it would be useful for us to get ahead of that and be sure that these silos don't start getting created in telemedicine.
- **Ricky Bloomfield** noted that the predominant use case for text messaging is intra-health system rather than inter-health system. He explained inter-health system workflows aren't robust. The business process first needs to be aligned with the standards, noting that the industry isn't ready for that. It could be an incredibly complicated issue.

Terry O'Malley asked if the TF should consider creating a process for establishing priorities, as the USCDI TF established a process for ranking data classes. He noted TF could use the process to help identify emerging interoperability standards priorities and noting the TF is thinking about what the priorities are at present.

Discussion #2: Priority Uses of Health IT – Co-chairs Steven Lane and Ken Kawamoto

Steven Lane proposed that members identify a small number of uses or domains of uses that the TF should focus on in depth. He suggested those could then be assigned to small workgroups of 3 – 4 members. The workgroups would have a charge and report their findings back to the TF. He stated the co-chairs have been in discussions with ONC staff to figure out logistics.

Priority Use Characteristics
Priority characteristics that could be used to narrow down the use cases. The TF would focus on uses that:

- Are new or emerging;
- Have received inadequate attention;
- Lack established or well-adopted standards;
- Would benefit from the engagement/input of new stakeholders; and/or
- Have the biggest impact on society today.

Members shared their thoughts:

- **David McCallie** said his only concern would be that members don't get too focused on new uses and not give enough attention to older problems that have yet to be completely addressed.
- **Clem McDonald** reasserted the need to get lab results and radiology reports going to the right places.
- **Ken Kawamoto** suggested identifying those items that provide the "biggest bang for our buck," or are "achievable and impactful."
- **Terry O'Malley** reinforced Clem McDonald's point that the interoperability of existing data such as labs and radiology reports need to be a top priority. Terry also suggested the TF prioritize the original USCDI list. Perhaps that work could be parallel to this process.

Steven Lane turned the members' attention to a list of potential domains for priority uses and asked members to consider whether the TF could identify the three most important use cases.

Proposed Priority Use Domains to consider for initial working group focus.
1. Social determinants of health
2. Evidence-based medicine for common chronic conditions
3. Medication/pharmacy data
4. Closed-loop referral
5. Orders & results
6. Cost transparency

Anil Jain said he would prioritize interoperability that would complement both evidence-based medicine and personalized medicine. He suggested prior authorization data could help providers and payers by collecting quality information to make sure the therapies and treatments are making a difference

TF members noted a few concerns before identifying prioritized items:

- **David McCallie** noted that this is a good list, but before addressing it, the TF should understand what work is already underway or finished. In particular, he noted the cost transparency, claims, and prior authorization work that the Da Vinci Project has started.
- **Ken Kawamoto** said there are relatively small things that could be done with data that's already been collected; adding data that's already being collected could save thousands of lives.
- **Clem McDonald** said he is assuming labs won't use proper messaging. It's best to encourage that they use the right standards, so they don't need mapping.

- **David McCallie** noted that there is an infrastructure gap; there isn't a standard way to distribute documents and results.
- **Arien Malec** noted that it could be interesting to see how best the TF can use standards that already are in place—FHIR-based API, C-CDA, the variety of Integrating the Healthcare Enterprise (IHE) document exchange standards—and consider small changes that could broaden their use. From an ONC priority perspective, we should make recommendations for areas that are not universally or scalably getting done.
- **Leslie Lenert** emphasized the need to decide which of these is so important that the whole TF needs to discuss.
- **Terry O'Malley** noted the list is diverse. Some, like the social determinants, is really a vocabulary/semantics issue. Others are broader, including IT functions, like document exchange, query, permitted use, unique ID. He suggested breaking into two groups—One focusing on the underlying functions in place to help with the exchange of all this information. The other would look at emerging areas where we don't even have semantics in place, such as social determinates of health and evidence-based medicine.
- **Clem McDonald** noted that some items should be dropped from the list.
- **David McCallie** said there will not be an easy way to separate these items. But to **Clem McDonald's** point, some of them won't make sense and the TF can de-prioritize them. On opioids, the CDC has done impressive work. **David McCallie** added that The Prescription Drug Monitoring Program (PDMP) national standards problem is not going to be solved. It has been molded by local rules and state laws. It is not something that can be mandated from the top down. In Missouri, the state legislature won't even allow screening.
- **Steven Lane** said this is part of our charge to provide that kind of feedback to ONC, which can forward it on to other branches of government. He suggested that, as critical as opioids are, there's a lot of need to include medication functionality. He suggested keeping opioids together with the others until we can do a deeper dive.

Steven Lane noted that the TF charge is to focus on priority uses of health data and they will inevitably need to talk about both functions and the data needed. Focusing on a domain, teasing it apart, seeing what's needed, and reporting out on that.

CLOSING REMARKS
Steven Lane asked each member of the TF, as homework, to rank order their top 3 priorities from the list. The top picks will be discussed at the next meeting.

PUBLIC COMMENT
The following public comment was received in the chat feature of the webinar during the meeting:

r: Patient matching, a day-long track at ONC's interoperability forum last week, could fall under med reconciliation, closed-loop referral, and other areas. It's really cross-cutting for interoperability.

NEXT STEPS
The next meeting of the TF is scheduled for August 31, 2018, at 10:00 am. The HITAC will meet next on September 5.

Lauren Richie adjourned the meeting at 11:28 a.m.