Health Information Technology Advisory Committee
Interoperability Priorities Standards Task Force
January 22, 2019, 10:00 a.m. - 11:30 a.m.
Virtual

The January 22, 2019, meeting of the Interoperability Standards Priorities (ISP) Task Force (TF) of the Health IT Advisory Committee (HITAC) was called to order at 10:02 a.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Roll Call

Members in attendance

Kensaku Kawamoto, co-chair, University of Utah Health
Steven Lane, co-chair, Sutter Health
Cynthia Fisher, Member, WaterRev, LLC
Edward Juhn, Member, Blue Shield of California
Valerie Grey, Member, New York eHealth Collaborative
Victor Lee, Member, Clinical Architecture
Arien Malec, Member, Change Healthcare
David McCallie, Jr., Member, Cerner
Clement McDonald, Member, National Library of Medicine
Ming Jack Po, Member, Google
Andrew Truscott, Member, Accenture
Ricky Bloomfield, Member, Apple
Sasha TerMaat, Member, Epic
Sheryl Turney, Member, Anthem
Terrence O'Malley, Member, Massachusetts General Hospital
Tamer Fakhouri, Member, One Medical

Members not in attendance

Tina Esposito, Member, Advocate Health Care
Leslie Lenert, Member, Medical University of South Carolina
Raj Ratwani, Member, MedStar Health
Ram Sriram, Member, National Institute of Standards and Technology
Scott Weingarten, Member, Cedars-Sinai Health System

ONC Staff

Wanda Govan-Jenkins, Nurse Informaticist, ONC ISP Task Force Co-Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Lauren Richie called the meeting to order, conducted roll call, and then turned the meeting over to the co-chairs.

Introduction

Steven Lane, co-chair wished the group a happy new year and reviewed the agenda. During today's discussion the ISPTF will be reviewing updates to the draft recommendations for orders and results and closed-loop referrals. Following that discussion there will be a review of the remaining identified domains to decide on a prioritized list of items to work.

Review of ISPTF Draft Recommendations for Orders & Results and Closed-Loop Referrals & Care Coordination

Steven Lane, co-chair, noted that the recommendations were shared with members prior to the meeting and a couple of members added comments. He started the discussion with these comments to initiate the review of the recommendations.

Observation: Laboratory and other test results are not consistently encoded with appropriate standard codes, limiting the ability to exchange actionable results between HIT systems.

- The discussion resulted in the following Policy/Lever update: Should above steps be insufficient to promoting standards-based interoperability, require certification as a condition of participation, certification, and/or payment for laboratories.
  - o This change was made due to **Sasha TerMaat's** suggestion of adding "for laboratories".
  - o Through a discussion between **Arien Malec, Cynthia Fisher,** and **David McCallie** the addition of "conditions of participation, certification and/or payment" were added.

Observation: Not all results are sent to clinicians in codified format with the necessary metadata to allow integration and utilization in EHRs.

- **David McCallie** questioned whether provenance was discussed in another recommendation and it was determined that it is included in another recommendation.
- **Ming Jack Po** suggested updating the recommendation to suggest that this should be the responsibility of SNOMED.
  - o **Steven Lane, co-chair** questioned whether it was the appropriate for the ISPTF to make that type of recommendation.
  - o **Arien Malec** noted that LOINC and SNOMED may be applicable but aren't used in all cases. He suggested that there should be a recommendation for the use of codes that are currently created.
  - o **David McCallie** noted there could be a suggestion to urge funding be shared with organizations to continue their work.

  » **Policy Lever(s)/Responsibility:**

  » **Reconsider "topped out" nature of electronic laboratory receipt in the Merit-based Incentive Payment System (MIPS) program. Previous requirements addressed receipt or entry of electronic laboratory information but not the structure, content and terminology associated with such receipt which should be re-introduced with these additional requirements.**

- There was a lot of ISPTF discussion around this policy lever.
- **Sasha TerMaat** kicked off the discussion noting her concern for making providers responsible for something they may not have control over and suggested removing the measure. If there is a clear provider action that can be done by providers to produce an outcome, it works well, but as written it isn't clear this makes a good MSSP measure.
- **Arien Malec** asked if this was a numerator/denominator problem where exclusions are available for labs.
  - **Sasha TerMaat** noted her reservations due to the difficulty of calculating the denominator.
- **Arien Malec** noted that there is manual work involved for some in calculation the measure and that requires an administrative effort. In many cases EHRs are not using the state of the art that is available through the lab or the provider is not pushing to use the state of the art. This may be too blunt an instrument.
- **Steven Lane, co-chair**, suggest removing the recommendation and the task force agreed.
- **Clem McDonald** commented that it is wrong to consider this measure to be topped out as many providers still do not receive results electronically.

Observation: Not all results available for patients/proxies to effectively view, receive, and utilize.

Recommendations: Make all results in the EHR available to patients via APIs, whether results are LOINC/SNOMED encoded.

- **Cynthia Fisher** commented that it is important that consumers can receive access to their own data that is free of charge and analyzable to the patient.
- **Arien Malec** shared that the Office on Civil Rights (OCR) has confirmed that when an electronic format is available and requested by the patient, the provider must provide it to the patient at cost. He also noted that patients have the right to access their lab information.
- **Steven Lane, co-chair,** suggested adding "free of charge" to the recommendations. This resulted in updating the recommendation to: "Make all results in the EHR available to patients via APIs, free of charge, whether results are LOINC/SNOMED encoded."
- The discussion continued with concerns from members that there could be unintended consequences. It seemed unlikely that there would be consensuses on a path forward and more time had already been dedicated to this discussion than originally planned. Therefore, **Steven Lane, co-chair,** suggested moving on to the next agenda items and scheduling additional time to continue the discussion at a future meeting. He also asked Arien Malec to help update some of the language to summarize some of the discussion from today's meeting.

Steven Lane, co-chair, walked through the five domain areas identified noting that there would be time to review each of the domains at a high-level to help the members prioritize the items they would like to work on next. Each ISPTF member was asked to rank their top three items in a shared Google document.

Five Domain Areas
- Evidence-based Disease Management (Ken Kawamoto)
- Social Determinants of Health (Al Taylor, ONC)
- Prior Authorization (Group Discussion)
- Price Transparency (Group Discussion)

- Medication & Pharmacy Data exchange (Group Discussion)

Evidence-based Disease Management – Ken Kawamoto

- **Ken Kawamoto, co-chair** shared that he proposed this domain because there is a lot of evidence that patients often do not receive the care they should. There is a lot of electronic data available and an important purpose is to make sure that the patient receives appropriate care.
    - Data already collected in an electronic form should be collected in a standardized way.
    - As an example, lung cancer is the number one cause of cancer deaths in the U.S. There is a national screening recommendation that is estimated to potentially save more lives than breast cancer screening, but current screening rates are under five percent. There is a need for relevant information to be available as standard data elements to support evidence-based decision making.
        - As an example, if the data is being collected, there should be a FHIR profile defined to support its interoperability.
    - This is about using data to provide the best care.

Social Determinants of Health – Al Taylor

- Al Taylor provided a brief overview of social determents of health (SDOH).
- SDOH is a key determinant of overall health and health outcomes.
- There are a lot of surveys and instruments available to screen for and document social needs.
    - There is a gap because there is poor representation of these screening tools within health care vocabularies and standards. There also is not agreement on what tools are best in which setting. It is difficult to capture these data in the electronic health record and make them interoperable.
- There is a lot of work being done in the community on these instruments; these users have started to close the gap.
- ONC has proposed that SDOH and the elements be considered in the U.S. Core Data for Interoperability (USCDI). It is currently not proposed as something more advanced because there is a gap between the concepts and the codes.
- There was a recent article in the Journal of American Medical Informatics Association (JAMIA) which highlighted the gaps in three areas of SDOH which involves the screening instruments, assessments (diagnostic codes), and the interventions for social needs.
    - There is a gap between what is available for screening and what is available in health IT.
    - There is a compendium of existing codes within these three realms that is published through the research network that is coordinating a lot of this.
- The ability to capture, share, and use SDOH will allow for a fuller picture of the patient.

Discussion

- **Clem McDonald** asked for more information about the screening tools that were described.
- **Cynthia Fischer** noted that there could be a dark side of SDOH if this data is used against patients.

Prior Authorization and Price Transparency (Group Discussion)

- **Lauren Richie** noted that there is a lot of work happening within these domains. There is an opportunity for this task force to address these items, as they tie in well with the work of this group. She encouraged that there be input from the rest of the committee to identify their thoughts and approaches, as well.
  - o **Arien Malec** noted that standards and systems for medical prior authorization is different than for prior authorization for medications/pharmacy claims. There should be different recommendations in each of those areas.
- **David McCallie** noted there is existing work in these areas and it may make sense to take on items that have activities happening and then help to refine ideas. He questioned what the best strategy would be for the ISPTF.
  - o **Steven Lane, co-chair,** mentioned that the chairs were waiting for feedback from Steve Posnack from ONC regarding his opinions regarding the best path forward.
- **Ken Kawamoto**, co-chair noted that there is a lot work happening and the ISPTF could help refine and make sense of all the activities happening.

Medication & Pharmacy Data exchange (Group Discussion)

- **Ken Kawamoto, co-chair,** noted the scope for this domain will need to be defined.
- **Steven Lane, co-chair,** noted he initially proposed this domain due to struggles with the absence of discrete Signatura (sig) data for many prescriptions. He also noted that this domain is currently ranked the highest priority from the ISPTF members who have documented priorities on the shared spreadsheet.
  - o **David McCallie** shared that he made his rankings based on the urgency of the domain, rather than considering activities that are happening already. Discrete sig is important and an open question and has been for quite some time. He noted that if their direction is to focus on unexplored space, he would rank SDOH higher.
  - o **Ricky Bloomfield** commented that consumers can get medication data from providers, but there is no incentive for data to be available to consumers that could be valuable, especially related to medication dispense data.
  - o **Andrew Truscott** commented that he ranked his priorities similarly to how David McCallie did, but if the direction is to investigate unexplored space, he would rank evidence-based disease medicine higher.

Ken Kawamoto, co-chair noted that the idea was to have ISPTF members rank their priorities based on what they were most interested in working on.

Several members were not on the call or did not have the document to provide their rankings; therefore, the chairs decided to provide more time for the members to do their rankings. The opportunity to rank items will be open through the end of the week.

Steven Lane, co-chair, encouraged all members to vote based on the information provided. He also noted that the co-chairs will consult with ONC to discuss the best path forward. He then shifted to public comment.

Lauren Richie opened the lines for public comment.

Public Comment

There was no public comment.

Chat Comments

Chris Baumgartner: Are we able to get a copy of the excel file being worked on after the meeting?
Ricky: It's a Google spreadsheet - the link went out in the email.
Chris Baumgartner: I didn't get an email. I just joined the meeting from the ONC website. How do I get on the email list? chris.baumgartner@doh.wa.gov
Sasha TerMaat: We should make sure that the first and second bullets don't contradict each other. The API can only return results which are allowed to be electronic by state law.
Andy Truscott: Agreed. And where I was heading.
Andy Truscott: We keep shifting focus onwards. When are we going to come back to these points again? I'm minded that we haven't reopened conversations from prior calls again.
David McCallie: And Arien, make sure to distinguish between APIs from providers vs APIs from labs and other aggregators?
Andy Truscott: On the legacy data access point. I could be wrong, but I thought regulation didn't cover where a Patient no longer receives services from a Provider, yet the Provider has retained that Patient Data.
Andy Truscott: Cynthia makes a completely reasonable point that we should ensure that access to that "orphaned" data is still possible to patients in exactly the same way that if they were receiving care from that provider still. IMHO.
Chris Baumgartner: The next meeting is 2/12 during HIMSS. Any chance it could be rescheduled?
Steven Lane: TF members are invited to register their priorities regarding these domains at https://tinyurl.com/isptfpoll1
Chris Baumgartner: What about submitting SoDH data from Public Health back to providers in their EHR?
Evelyn Gallego: The SIREN Compendium is available here: https://sirenetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors. SIREN is standing up a SDOH Standardization Project in the coming month with a focus on identifying data elements and associated value sets specific to three domains: food insecurity, housing instability and transportation.
Chris Baumgartner: The link says page not found...
Evelyn Gallego: The SIREN project will focus on identifying data elements and be agnostic to the screening and assessment tool
Evelyn Gallego: https://sirenetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors
Chris Baumgartner: Thanks
Al Taylor, ONC: The JAMIA article outlining the gaps in SDOH data: https://academic.oup.com/jamiaopen/advance-article/doi/10.1093/jamiaopen/ooy051/5260817
Chris Baumgartner: WA State has had good success using NCPDP (from the ONC ISA) in integrating PMP data into the EMR and allows the data to be stored in the patient record in the EMR
Ricky: Andy - have you seen that pharmacies are providing medication Rx and dispense info via API (as opposed to via app or website)?
Sheryl Turney: I was not able to bring the poll up

Next Steps

There was a lot of discussion about whether the ISPTF should meet in-person and/or still hold the meeting during the Healthcare Information and Management Systems Society (HIMSS) conference. After some discussion, it was decided that the group would have an informal meet-up at HIMSS and cancel the February 12 meeting currently scheduled. Two additional meetings will be added for February 5 and 19 to finish the review of the recommendations regarding Orders & Results and Closed Loop Referrals & Care Coordination that was initiated during today's meeting.

The next meeting will be scheduled for February 5, 2019 at 10:00 a.m. ET. The meeting was adjourned at 11:26 a.m. ET