



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

Health IT for the Care Continuum Task Force

Carolyn Petersen, co-chair
Chris Lehmann, co-chair

April 12, 2019



Agenda

- Call to Order/Roll Call
- Welcome Remarks
- Clinical Decision Support (CDS) Presentation
- Data Segmentation for Privacy (DS4P) and Consent Management for Application Programming Interfaces (APIs) Certification Criteria Presentation and Discussion
- Opioid Use Disorder (OUD) Request for Information (RFI); General OUD Discussion
- Public Comment
- Next Steps and Adjourn

HITAC Meeting 4/10 Feedback Summary

- **Logistical Comments & Questions:**
 - » HITAC members sought clarification on framing for recommendations for which they are voting on
 - » Members sought clarification on ONC pediatric recommendations as pertains to supporting certain settings and/or universal setting
 - » HITAC sought a listing of functionalities that should be included in technology and reference each standard (if time permits)
 - Note – ONC will develop a visual table based upon the correlated items in the technical worksheet
 - » Comment to limit certification requirements because it may cause regulatory burden
 - Caution to avoid creating redundant certification criteria or requirements
- **Recommendation 8 (Associate maternal health information and demographics with newborn)**
 - » One comment of disagreement on the statement that there are no standard nomenclature available
 - » Question on what process has been used to look at the certification criteria in the pediatric setting and if there has been input from consumers
 - Separate question on if there was any discussion about newborns and/or adults who are privately adopted; should be able to link to birth maternal info crucial for the care of child
 - » Suggestion to look where we can push out and allow the consumer to be able to transfer and be able to determine privacy and control

HITAC Meeting 4/10 Feedback Summary

- **Recommendation 4 Supplemental (Problem-specific age of consent)**
 - » Comment that removing this Children's EHR Format requirement to the main recommendation could be a red flag. Agrees that it is not vendor responsibility to know all state/local laws but they should be required to provide certified technology that fits into their customer's practice
- **Recommendation 5 Supplemental (Synchronize immunization histories with registries)**
 - » Noted that there are school forms in certain states/local areas that cannot be digitized
- **General Comments:**
 - » Encouraged TF and Chairs to listen in on USCDI meetings for their discussion on pediatric vital signs – commented that there are substantial overlaps and that our task forces should stay in sync
 - » Suggestion to keep in mind FHIR based apps as we move towards app economy. Note to make sure there is nothing specific in regulations to prohibit
 - » Commended TF for taking on complex issues

PLACEHOLDER – CDS Presentation

Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

- **Overarching Task Force Charge:** Provide recommendations on ONC’s approach, recommendations, and identified 2015 Edition certification criteria to support pediatric care and practice settings; related criteria to support multiple care and practice settings; and a request for information on how health IT can support the treatment and prevention of opioid use disorder.
- **Specific Charge:** Provide recommendations on the following:
 - 2015 Edition “DS4P” and “consent management for APIs” certification criteria
 - [DS4P Certification Criteria Preamble](#)
 - [DS4P Certification Criteria Regulation Text](#)
 - [Consent management for APIs Preamble](#)
 - [Consent management for APIs Regulation Text](#)
 - How health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis

Data Segmentation for Privacy and Consent Management Criteria

The **Data Segmentation for Privacy (DS4P)** standard describes the ability to apply and recognize security labels in a summary document (C-CDA) so that the recipient of the document can recognize the existence of sensitive elements within the summary document. The current DS4P criteria focus on document level “tagging.” Under the proposed new criteria, health IT would be required to be able to tag data at the **document-level**, the **section-level**, and individual **data element-level**.



Consent2Share is an open source application for data segmentation and consent management. SAMHSA created a FHIR implementation guide that describes how the Consent2Share application and associated access control solution uses the FHIR Consent resource to represent and persist patient consent for treatment, research, or disclosure. Under the new “consent management for APIs” criterion, we propose to support data segmentation and consent management through an API in accordance with the Consent IG.

PROPOSED UPDATES

Remove current
DS4P Criteria

CCDA Criteria

- ~~• DS4P-send
(§ 170.315(b)(7))~~
- ~~• DS4P-receive
(§ 170.315(b)(8))~~

Replace with new

DS4P and Consent Management certification criteria

C-CDA Criteria Based
on HL7 DS4P Standard

- + New DS4P-send
(§ 170.315(b)(12))
- + New DS4P-receive
(§ 170.315(b)(13))

FHIR Criteria

- + Consent
management
for APIs
§ 170.315(g)(11)

Health IT and Opioid Use Disorder Prevention and Treatment RFI

Section VI of the NPRM addresses Health IT for the Care Continuum:

- » VI (A) *Health IT for Pediatric Setting*
- » VI (B) *Health IT and Opioid Use Disorder Prevention and Treatment – Request for Information*

Questions for OUD RFI:

- **General**

- » What's your general sense of how our existing Program requirements and the proposals in this rulemaking support use cases related to OUD prevention and treatment and additional areas for ONC consideration for effective implementation of health IT?
 - **General sense/value** for how existing and new criteria can support clinical priorities and advance interoperability for OUD
 - **General sense/value** for how the successful implementation of health IT can support OUD and aid in the achievement of national and programmatic goals, especially where they may align with initiatives across HHS and with stakeholder and industry led efforts
 - **Discuss** health IT solutions and effective approaches to improve opioid prescription practices and clinical decision support for OUD.

*Please see appendix slides for RFI preamble text

Workplan

Meeting Date	Draft Discussion Items
	<ul style="list-style-type: none"> • TF Kick-off Meeting • Review of charge, discussion
	<ul style="list-style-type: none"> • TF Meeting • Discussion/early draft recommendations
	<ul style="list-style-type: none"> • TF Meeting • Discussion/early draft recommendations
	<ul style="list-style-type: none"> • Present draft recommendations to HITAC
	<ul style="list-style-type: none"> • TF Meeting • Discussion, update and/or revise recommendations
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	<ul style="list-style-type: none"> • TF Meeting • Discussion, update and/or revise recommendations
	<ul style="list-style-type: none"> • Present progress on draft recommendations to HITAC
	<ul style="list-style-type: none"> • TF Meeting • Discussion, update and/or revise recommendations
April 19	
April 23	<ul style="list-style-type: none"> • TF Meeting • Update and revise recommendations
April 25	<ul style="list-style-type: none"> • Present final recommendations to HITAC
April 29 – May 2	<ul style="list-style-type: none"> • ONC prepares final transmittal letter from HITAC
<u>May 3, 2019</u>	

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 Workgroup and made part of the Public Record.



The Office of the National Coordinator for
Health Information Technology

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Meeting Adjourned



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OUD RFI Appendix

- In the proposed rule, we summarize some of these 2015 Edition certification criteria identified and indicate how they support care coordination, the prevention of OUD and overdose, and the detection of opioid misuse, abuse, and diversion. We have also identified the proposals for revised or new 2015 Edition criteria within this proposed rule that we believe can support clinical priorities, advance interoperability for OUD (including care coordination and also the effective use of health IT for the treatment and prevention of OUD). We welcome input from stakeholders specifically on these criteria within the context of OUD prevention and treatment, as well as input on the identification of other criteria included either in the 2015 Edition and/or that are proposed in other parts of this rule that may be considered a clinical and interoperability priority for supporting OUD treatment and prevention.*

OUD RFI Appendix – CDS Hooks

- *Improving how opioids are prescribed through evidence-based guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the risk of opioid misuse, abuse, or overdose from these drugs. In response to the critical need for consistent and current opioid prescribing guidelines, the Centers for Disease Control and Prevention (CDC) released the Guideline for Prescribing Opioids for Chronic Pain. While progress has been made in training prescribers and fostering the adoption of the CDC guideline, the President’s Opioid Commission acknowledged that “not all states have adopted the guideline, not all physicians are aware of them, and sound opioid prescribing guidelines are far from universally followed.” Clinical decision support (CDS) Hooks is a health IT specification that has the potential to positively affect prescriber adoption of evidence-based prescribing guidelines by invoking patient-specific clinical support from within the clinician’s EHR workflow. ONC is currently collaborating with CDC on a project to translate the CDC guideline into standardized, shareable, computable decision support artifacts using CDS Hooks. We recognize that CDS Hooks is still an emerging technology and seek input on the adoption of the CDS Hooks specification for opioid prescribing and OUD prevention and treatment. We also request public comment on other health IT solutions and effective approaches to improve opioid prescription practices and clinical decision support for OUD.*
- [Guideline for Prescribing Opioids for Chronic Pain:
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)
- [President’s Opioid Commission:
https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf)