



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

Health IT for the Care Continuum Task Force: (DRAFT) Recommendations to the HITAC April 25, 2019

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HITCC Task Force Presentation: Outline

- Task Force Members
- Task Force Charge
- ONC Pediatric Recommendations
- Opioid Use Disorder (OUD) Request for Information (RFI)
- Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria
- Questions and Feedback

Membership

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Christoph Lehmann	Vanderbilt University Medical Center	Co-Chair
Aaron Miri	The University of Texas at Austin	HITAC Committee Member
Steve Waldren	American Academy of Family Physicians	SME
Susan Kressly	Kressly Pediatrics	SME
Chip Hart	Physician's Computer Company	SME

Health IT for the Care Continuum Task Force Charge

- **Overarching 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:
 - The 10 ONC recommendations to support the voluntary certification of health IT for pediatric care, including whether to remove a recommendation
 - Identified 2015 Edition certification criteria for supporting the certification of health IT for pediatric care and practice settings
 - Pediatric technical worksheets
 - 2015 Edition “DS4P” and “consent management for APIs” certification criteria
 - How health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis

Clarifications/Summary of ONC Pediatric Recommendations

- The Task Force recommends to retain the ten ONC Pediatric Health IT Recommendations for the voluntary certification of health IT for pediatric care and to affirm the proposed rule identified existing and proposed certification criteria as relevant for the voluntary certification of health IT for pediatric care
- The Task Force also provides recommendations for the development of non-regulatory informational resources that can provide additional technical support for pediatric health IT implementation focused on the ten ONC Pediatric Health IT Recommendations and that this resource may be informed by the implementation considerations as identified by the Care Continuum Task Force

Summary of ONC Pediatric Recommendations

ONC Pediatric Health IT Recommendations HITCC Task Force Crosswalk

	Alignment with Proposed New or Updated Certification Criteria	HITCC Task Force Draft Recommendations and Implementation Considerations to Inform Future (Potential) Non Regulatory Informational Resource	
	<ul style="list-style-type: none">• Common Clinical Data Set* (CCDS)• Demographic• Clinical Decision Support (CDS)• Application Programming Interfaces	<ul style="list-style-type: none">• United States Core Data for Interoperability (USCDI)• Application Programming Interfaces (APIs)	

Summary of ONC Pediatric Recommendations

ONC Pediatric Health IT Recommendation and Supplemental Children’s EHR Format Requirements	Alignment with 2015 Edition Certification Criteria	Alignment with Proposed New or Updated Certification Criteria	HITCC Task Force Draft Recommendations and Implementation Considerations to Inform Future (Potential) Non Regulatory Informational Resource
<p>Recommendation 2: Compute weight-based drug dosage</p> <p>Supplemental Children’s Format Requirements for Recommendation 2:</p> <ol style="list-style-type: none"> 1. Rounding for administrable doses 2. Alert based on age-specific norms 	<ul style="list-style-type: none"> • Electronic Prescribing 	<ul style="list-style-type: none"> • United States Core Data for Interoperability (USCDI) • Electronic Prescribing 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Should be limited to liquid medications ○ Should be displayed in mL ○ Calculators – should not be able to round more than what is humanly measureable ○ Prescription final dose should be transmitted with metadata – additional information in text on how dose was derived ○ Include original weight for calculation • Recommendation for Supplemental Requirements: Retain “Rounding for administrable doses” and remove “Alert based on age-specific norms” (pertains to medication dosing only due to the lack of availability of age specific dose ranges for pediatric medication in the public domain)

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<p>Recommendation 3: Ability to document all guardians and caregivers</p> <p>Supplemental Children’s Format Requirements for Recommendation 3:</p> <ol style="list-style-type: none"> 1. Ability to document parental (guardian) notification or permission 2. Record parental notification of newborn screening diagnosis 3. Authorized non-clinician viewers of EHR data 4. Document decision-making authority of patient representative 	<ul style="list-style-type: none"> • Care Plan • Transitions of Care • Application Programming Interfaces • Transitions of Care • Demographic 	<ul style="list-style-type: none"> • Unites States Core Data for Interoperability (USCDI) • Data Segmentation for Privacy • Application Programming Interfaces 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Guardian and caregiver information should be documented in a structured way (including role) ○ Encourage nomenclature development in the future to reference to ○ Should have infinite ability to add list for all relevant contacts of the family (no limited fixed number) ○ Ability to manage list of active and historical participants (remove, archive, or start/end date) • Recommendation for Supplemental Requirements: Retain all supplemental requirements for Recommendation 3 (with additional implementation consideration that the “Authorized non-clinician viewers of EHR data” requirements should not be provided as free text

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<p>Recommendation 4: Segmented access to information</p> <p>Supplemental Children’s Format Requirements for Recommendation 4:</p> <ol style="list-style-type: none"> 1. Problem-specific age of consent 	<ul style="list-style-type: none"> • Data Segmentation for Privacy • Transitions of Care 	<ul style="list-style-type: none"> • United States Core Data for Interoperability (USCDI) • Data Segmentation for Privacy • Application Programming Interfaces (APIs) 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Prevent what information gets sent out relevant to dependents on family based insurance (e.g., billing information) ○ Allow EHR to grant user access level to tag ○ Provide protection when user adds data ○ Prevent tagged data from showing in CDA, portal, or exit note given to another provider • Future work considerations: improvement in the transmission and sharing of data, and level of granularity involved with tagging • Recommendation for Supplemental Requirements: <ul style="list-style-type: none"> ○ Remove “Problem-specific age of consent” requirement (due to challenges of varying state and local laws)

Summary of ONC Pediatric Recommendations

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<p>Recommendation 5: Synchronize immunization histories with registries</p> <p>Supplemental Children’s Format Requirements for Recommendation 5:</p> <ol style="list-style-type: none"> 1. Produce completed forms from EHR data 	<ul style="list-style-type: none"> • Transmission to Immunization Registries • View, Download, and Transmit to Third Party (VDT) 	<ul style="list-style-type: none"> • United States Core Data for Interoperability (USCDI) • Application Programming Interfaces (APIs) 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Needs future work into consolidating state immunization forecasting model into single resource ○ Reduce amount of time to update forecasting ○ Look into onboarding practices for immunization forecasting ○ Clinicians should be able to verify source origins • Recommendation for Supplemental Requirements: <ul style="list-style-type: none"> ○ Retain supplemental requirements as is for Recommendation 5

Summary of ONC Pediatric Recommendations

ONC Pediatric Health IT Recommendation and Supplemental Children’s EHR Format Requirements	Alignment with 2015 Edition Certification Criteria	Alignment with Proposed New or Updated Certification Criteria	HITCC Task Force Draft Recommendations and Implementation Considerations to Inform Future (Potential) Non Regulatory Informational Resource
<p>Recommendation 6: Age and weight-specific single-dose range checking</p>	<ul style="list-style-type: none"> • Clinical Decision Support (CDS) • Application Programming Interfaces (API) 	<ul style="list-style-type: none"> • United States Core Data for Interoperability (USCDI) • Application Programming Interfaces (API) 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Consider similar limitations on dose calculations as seen in Recommendation 2 (Compute weight-based drug dosage) ○ Existing sources for dose range recommendations should be integrated into workflow ○ Allow user access to best practices or standards (demonstrating correct information source + element of shown work for clinician to verify) ○ Ability to test EHR accuracy ○ Include in QA/QI testing process

Summary of ONC Pediatric Recommendations

ONC Pediatric Health IT Recommendation and Supplemental Children’s EHR Format Requirements	Alignment with 2015 Edition Certification Criteria	Alignment with Proposed New or Updated Certification Criteria	HITCC Task Force Draft Recommendations and Implementation Considerations to Inform Future (Potential) Non Regulatory Informational Resource
<p>Recommendation 7: Transferrable access authority</p> <p>Supplemental Children’s Format Requirements for Recommendation 7:</p> <ol style="list-style-type: none"> Age of emancipation 	<ul style="list-style-type: none"> View, Download, and Transmit to Third Party (VDT) Application Programming Interfaces 	<ul style="list-style-type: none"> Data Segmentation for Privacy Application Programming Interfaces (APIs) 	<ul style="list-style-type: none"> Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed Additional Implementation Considerations: <ul style="list-style-type: none"> more control needs to be at the end user (e.g., mark individuals with specific privileges until standard nomenclature can be developed) Important to distinguish access vs. legal decision authorities Recommend an ad hoc limited standard or best practice paper to be developed in the meantime Need for nomenclature to be developed based on state/local laws Contradictory access – broad and vague at moment (EHR should be able to document via text field) Recommendation for Supplemental Requirements: <ul style="list-style-type: none"> Retain supplemental requirements as is for Recommendation 7

Summary of ONC Pediatric Recommendations

ONC Pediatric Health IT Recommendation and Supplemental Children’s EHR Format Requirements	Alignment with 2015 Edition Certification Criteria	Alignment with Proposed New or Updated Certification Criteria	HITCC Task Force Draft Recommendations and Implementation Considerations to Inform Future (Potential) Non Regulatory Informational Resource
<p>Recommendation 8: Associate maternal health information and demographics with newborn</p>	<ul style="list-style-type: none"> • Care Plan • Transitions of Care • Demographics • Family Health History • Social, Psychological, and Behavioral Data 	<ul style="list-style-type: none"> • United States Core Data for Interoperability (USCDI) • Application Programming Interfaces (APIs) 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Information should be available in a format that can be exported and easily digested by pediatric EHR ○ Further integrate records between maternal and child (e.g., capability exists but mainly as text info such as family health history) ○ Further research is needed on existing transmission of this type of data

Summary of ONC Pediatric Recommendations

ONC Pediatric Health IT Recommendation and Supplemental Children’s EHR Format Requirements	Alignment with 2015 Edition Certification Criteria	Alignment with Proposed New or Updated Certification Criteria	HITCC Task Force Draft Recommendations and Implementation Considerations to Inform Future (Potential) Non Regulatory Informational Resource
<p>Recommendation 9: Track incomplete preventative care opportunities</p>	<ul style="list-style-type: none"> • Clinical Decision Support (CDS) • Clinical Quality Measures • Application Programming Interfaces 	<ul style="list-style-type: none"> • Application Programming Interfaces (APIs) 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Generate lists for recall purposes ○ Flag patients – create alert for when patient falls outside expected values

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<p>Recommendation 10: Flag special health care needs</p>	<ul style="list-style-type: none"> • Problem List • Clinical Decision Support (CDS) • Clinical Quality Measures 	<ul style="list-style-type: none"> • United States Core Data for Interoperability (USCDI) • Application Programming Interfaces (APIs) 	<ul style="list-style-type: none"> • Recommendation: All functional criteria under the “Alignment with 2015 Edition Certification Criteria” and the “Alignment with Proposed New or Updated Certification” should be retained as listed • Additional Implementation Considerations: <ul style="list-style-type: none"> ○ Ability to determine generic flags ○ Ability to transmit in coded way from system to system ○ Ability to track mental health for children ○ Would like to see incorporated into SNOMED or ICD

Request for Information (RFI) on Health IT and Opioid Use Disorder (OUD) Prevention and Treatment

- The TF identified and explored promising tools (i.e. CDS hooks) and practices of health IT for OUD prevention and treatment and offers its collective input so that the HITAC may vote to affirm the value of health IT for OUD prevention and treatment and to convey information as discussed by members to the National Coordinator (NC)
- Discussed various topics around how health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis. The TF provides feedback as per ONC's request for information
 - » Supports that health IT can further clinical priorities, as well as public health goals, while offering more systematic coordinated approaches for OUD prevention and treatment
 - » Health IT can support a clinician's ability to access and use community resource information and to make referrals for individuals with or at risk for OUD
 - » Recommends that the medication history in Prescription Drug Monitoring Programs (PDMPs) should be available "as a single point of entry" for clinicians to access without burden of having to log in to and use multiple portals

Request for Information (RFI) on Health IT and Opioid Use Disorder (OUD) Prevention and Treatment

- As a general sense and value, existing and new criteria can support clinical priorities and advance interoperability for OUD
 - » The successful implementation of health IT can help support OUD and aid in the achievement of national and programmatic goals, especially where they may align with initiatives across the Department of Health and Human Services (HHS) and with stakeholder and industry led efforts
- The Task Force also discussed topics around health IT solutions and effective approaches to improve opioid prescription practices and clinical decision support (CDS) for OUD
 - » Explored issues of burden, usability, and “trigger” for CDS Hooks from a clinician’s perspective as pertains to workflow considerations and acknowledge the value of CDS tools, including CDS Hooks for the OUD use care, and recognize the importance of having underlying data available and of the United States Core Data for Interoperability (USCDI)
 - » Implementation should be made as simple as possible (possibly one click) to ease tracking and monitoring the desirable outcome
 - » Should be functional at point of care, especially for rural areas where internet connection can be unreliable
 - » TF also recommends the creation of a standardization order sets to more effectively and quickly bring decision support into the treatment of this disorder

Request for Information (RFI) on Health IT and Opioid Use Disorder (OUD) Prevention and Treatment

- **Health IT and Neonatal Abstinence Syndrome (NAS)**
 - » The TF supports the idea of health IT policies, functionalities and standards to support providers engaged in the treatment and prevention of OUD
 - Specifically for the NAS use case, the TF recommends exploring broader ways to begin standardizing definitions with order sets. These order sets must be computable and identify specific language for EHRs to implement more accurately
 - Recommend that when such data sets are created, the data sets should not be used for punitive measures as it may discourage patients from receiving care when needed (e.g., child protection services and prosecution)

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

- ONC proposes to remove the current 2015 Edition DS4P-send and receive certification criteria and replace them with three new DS4P criteria (two for C-CDA and one for FHIR)
 - » Based on discussion to date, the Task Force supports this proposal and acknowledges that DS4P would help for opioid management and provide greater confidence in sharing OUD information
 - » TF also recognizes that the “consent management for APIs” proposal would also aid in furthering the exchange of information.
- Recommends that users should have the ability to tag at user level
- Acknowledges need for the development of a minimal data set description to represent stakeholder consensus on what data is considered private
- Further work is needed to develop patient privacy best practices for universal adoption

Questions/Feedback