

The Office of the National Coordinator for Health Information Technology

Health IT for the Care Continuum Task Force: **DRAFT Recommendations to the HITAC** May 13, 2019

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May 13, 2019



HITCC Task Force Presentation: Outline

- Task Force Members
- Task Force Charge
- Recap ONC Pediatric Health IT Recommendations
- Recap Opioid Use Disorder (OUD) Request for Information (RFI)
- Recap 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

- 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

- The TF expressed great enthusiasm for the planned voluntary pediatric certification of EHRs as the members expect significant improvements in the care of children and a reduction in burden for providers caring for children
- The TF further notes that these implementation considerations should be regarded as a starting point to achieving full pediatric functionality, and that future work is needed to improve and advance pediatric EHR functionality beyond these first requirements
- The following slides highlight edits/clarifications based on previous HITAC feedback and questions

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
Recommendation 2: Compute weight-based drug dosage Supplemental Children's Format Requirements for Recommendation 2: 1. Rounding for administrable doses 2. Alert based on agespecific norms	• Electronic Prescribing	 United States Core Data for Interoperability (USCDI) Electronic Prescribing 	 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: Minimum standard is limited to liquid, enteral medications that are dosed based on weight 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)

ONC Pediatric Health IT			HITCC Task Force Draft Recommendations an
Recommendation and	Alignment with 2015 Edition	Alignment with Proposed	implementation Considerations to inform Future
	Certification Criteria		
Supplemental Children's EHR		Criteria	(Potential) Non Regulatory Informational
Format Requirements			Resource
Recommendation 3: Ability	• Care Plan	Unites States Core Data	Recommendation: All functional criteria under (All graphs of the control of
to document all guardians	• Transitions of Care	for Interoperability	the "Alignment with 2015 Edition Certification
and caregivers	Application Programming	(USCDI)	Criteria" and the "Alignment with Proposed
	Interfaces	Data Segmentation for	New or Updated Certification" should be
Supplemental Children's	• Transitions of Care	Privacy	retained as listed
Format Requirements for	 Demographic 	 Application 	Additional Implementation Considerations: Coording and coronical information.
Recommendation 3:		Programming Interfaces	 Guardian and caregiver information should be documented in a structured
1. Ability to document			way (including role)
parental (guardian)			Encourage more robust nomenclature
notification or			development towards a standard in the
permission			future to reference (e.g., through
2. Record parental			various paths including Standards
notification of newborn			Development Organizations,
screening diagnosis			Interoperability Standards Advisory,
3. Authorized non-			USCDI)
clinician viewers of EHR			 Should have infinite ability to add list
data			for all relevant contacts of the family
4. Document decision-			(no limited fixed number)
making authority of			 Ability to manage list of active and
patient representative			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 (allows user to choose from a vendor
			provided terminology of authorized non-
			<mark>clinician viewers)</mark> 8

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
Recommendation 4: Segmented access to information Supplemental Children's Format Requirements for Recommendation 4: 1. Problem-specific age of consent	 Data Segmentation for Privacy Transitions of Care 	 United States Core Data for Interoperability (USCDI) Data Segmentation for Privacy Application Programming Interfaces (APIs) 	 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: Prevent what information gets sent out relevant to dependents on family based insurance (e.g., billing information) A user should be able to identify items that they want protected 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: Remove "Problem-specific age of consent" requirement (due to challenges of varying state and local laws)

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
Recommendation 7: Transferrable access authority Supplemental Children's Format Requirements for Recommendation 7: 1. Age of emancipation	 View, Download, and Transmit to Third Party (VDT) Application Programming Interfaces 	 Data Segmentation for Privacy Application Programming Interfaces (APIs) 	 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: more control needs to be at the end user (e.g., mark individuals with specific privileges until standard nomenclature can be developed) Distinguish authority to access patient's data vs. medical decision making authority 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: Retain supplemental requirements as is for Recommendation 7

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

- The TF provided recommendations that ONC should consider for any future activities related to the Opioid Use Disorder Request for Information
- No major substantive changes since previous HITAC meeting (4/25)
 presentation
 - » 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
 - 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
 - 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
 - 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

Recap - Request for Information (RFI) on Health IT and Opioid Use Disorder (OUD) Prevention and Treatment cont'd

- 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



Recap - 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)



Recap - 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
 - 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
- With appropriate protections in place, health IT can help providers
 electronically use and share data, allowing providers to appropriately share
 health information while both complying with laws/legal requirements and
 respecting/honoring patient privacy preferences, often referred to as
 consent requirements
- Further work is needed to develop patient privacy best practices for universal adoption

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

- The TF identified published resources to help inform development of these privacy practices as referenced below:
 - » Carequality Principles of Trust. Ratified Jan 2015. The Sequoia Project, 2017. https://sequoiaproject.org/wp-content/uploads/2017/08/Carequality Principles-of-Trust Final.pdf
 - » Carr JM., Chariperson, National Committee on Vital and Health Statistics. Letter to Secretary of Health and Human Services Kathleen Sebelius. 10 November 2010. https://www.ncvhs.hhs.gov/wp-content/uploads/2014/05/101110lt.pdf
 - » CommonWell Health Alliance Member Services Agreement. 28 December 2018. https://www.commonwellalliance.org/wp-content/uploads/2019/01/CommonWell-MSA-28Dec2018-1.pdf
 - » Cuevas AG, O'Brien K, Saha S. Can patient-centered communication reduce the effects of medical mistrust on patients' decision making? *Health Psychol.* 2019 Apr;38(4):325-333.
 - » Hazin R, Brothers KB, Malin BA, et al. Ethical, legal, and social implications of incorporating genomic information into electronic health records. Genet Med 2013 Oct 15(10):810-816.
 - » Kilbride MK and Joffe S. The New Age of Patient Autonomy: Implications for the Patient-Physician Relationship. JAMA 2018 Nov 20;320(19):1973-1974.
 - » Minari J, Brothers KB, Morrison M. Tensions in ethics and policy created by National Precision Medicine Programs. *Hum Genomics* 2018 Apr 17;12(1):22. doi: 10.1186/s40246-018-0151-9.
 - "Protecting Sensitive Health Information in the Context of Health Information Technology." Consumer Partnership for eHealth. June 2010. http://go.nationalpartnership.org/site/DocServer/Sensitive-Data-Final-070710 2.pdf?docID=7041
 - » Santana MJ, Manalili K, Jolley RJ, et al. How to practice person-centred care: a conceptual framework. Health Expect. 2018 Apr; 21(2): 429–440.
 - » The Office of the National Coordinator for Health Information Technology. Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap. Final Version 1.0. October 2015. https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf
- » The Office of the National Coordinator for Health Information Technology. Trusted Framework and Common Agreement Draft 2. April 2019.

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

- Additional resources for historical purposes:
 - » The Office of the National Coordinator for Health Information Technology. Patient Consent for Electronic Health Information Exchange and Interoperability.
 https://www.healthit.gov/topic/interoperability/patient-consent-electronic-health-information-exchange-and-interoperability
 - » The Office of the National Coordinator for Health Information Technology. Health Information Privacy Law and Policy. https://www.healthit.gov/topic/health-information-privacy-law-and-policy
 - The Office of the National Coordinator for Health Information Technology. Health Information Technology. https://www.healthit.gov/topic/health-information-technology

HITAC Vote on Recommendations

Summary

- » Retain 10 ONC Pediatric Health IT Recommendations
- » Retain correlated existing and proposed new or updated certification criteria
- » Remove or retain Supplemental Children's Format Requirements as identified by the TF
- » Support TF recommendations that ONC consider for any future activities related to the Opioid Use Disorder RFI
- » Support TF recommendations on the proposed DS4P certification criteria, and the identified published resources to help inform development of privacy practices