Meeting Notes

Health Information Technology Advisory Committee (HITAC)
Interoperability Standards Priorities (ISP) Task Force
August 13, 2019, 10:00 a.m. – 11:30 a.m. ET
Virtual

Executive Summary

The task force meeting schedule and draft recommendations were reviewed and discussed. Members were reminded that the final recommendations are scheduled to be presented to the HITAC at the October 16, 2019 meeting. There was one public comment and there were additional comments in the public meeting chat via adobe.

Agenda

10:00 a.m.	**Call to Order/Roll Call**
10:05 a.m.	**Task Force Schedule**
10:10 a.m.	**Task Force Recommendations- Discussion (Cont'd)**
11:20 a.m.	**Public Comment**
11:30 a.m.	**Adjourn**

Roll Call

Kensaku Kawamoto, Co-Chair, University of Utah Health
Steven Lane, Co-Chair, Sutter Health
Ricky Bloomfield, Apple
Tamer Fakhouri, Livongo Health
Cynthia A. Fisher, WaterRev, LLC
Anil Jain, IBM Watson Health
Edward Juhn, Blue Shield of California
David McCallie, Jr., Individual
Clement McDonald, National Library of Medicine
Terrence O'Malley, Massachusetts General Hospital
Ram Sriram, National Institute of Standards and Technology
Sheryl Turney, Anthem Blue Cross Blue Shield

MEMBERS NOT IN ATTENDANCE

Tina Esposito, Advocate Aurora Health
Valerie Grey, New York eHealth Collaborative
Victor Lee, Clinical Architecture
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Ming Jack Po, Google
Raj Ratwani, MedStar Health
Sasha TerMaat, Epic
Andrew Truscott, Accenture

Scott Weingarten, Cedars-Sinai Health System

ONC STAFF

Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Task Force Schedule

The timeline for remaining task force meetings was reviewed and members were reminded that final recommendations are to be presented to the HITAC at the October 16, 2019 meeting.

Task Force Recommendations-Discussion (Cont'd)

The topics to be covered in the medication recommendations were reviewed and the current observations, recommendations, and policy levers for each topic were discussed.

PRIORITY 1 TOPICS

The Content of "The Original Prescribing Event" is Not Defined

The following suggestions were made:

- The need for increased information on prescription origination during the transfer of medication data was noted. It was suggested that a receiving system have access to the provenance and details of the original prescribing event, including the prescriber.
    - It was agreed that a recommendation be made to convey the need for exploration of this topic.

Translation/Mapping Between RxNorm and NDC (National Drug Codes)

The following suggestion was made:

- The creation of a central database of NDC codes and the corresponding RxNorm code was suggested.

PRIORITY 2 TOPICS

Prescription Drug Monitoring Program (PDMP)

The following change was made:

- In an effort to emphasize the need for patient privacy, the phrase "with appropriate privacy controls or by designated authorized organizations such as public health agencies" was added to the end of the last bullet in the recommendation section.

Adverse Drug Event (ADE) Detection

The following changes were made:

- An addition was made in the recommendation section to convey the need to coordinate ADE detection with the identification and reporting of other patient safety events.
- An addition was made in the recommendation section stating "address issues related to the liability associated with documenting and reporting these events".

PDMP Query and Reporting Transactions

The following suggestions were made:

- It was suggested that this topic be combined with the PDMP topic discussed above.
- The need to maintain multiple existing standards, unless/until the industry shifts to a single standard, was emphasized.

Prescription Transfer Transactions

The following change was made:

- Remove this topic from the list of medication-related recommendations as it will become mandated by Medicare beginning January 2020.

Medical Benefit

The following change was made:

- A new bullet in the recommendation section was added that states "regardless of whether an item/service is managed under the Pharmacy or Medical Benefit the process for managing the PA process should be sufficiently coordinated such that HIT vendors/systems are able to provide a seamless experience for end users".

RxNorm Codes for Discontinued Drugs

No suggestions were made on this topic.

Public Availability of Health IT Standards

No suggestions were made on this topic.

Medication Indication

No suggestions were made on this topic.

Public Comment

Katie Talento, **KFT Consulting**: Discussed the definition of Electronic Health Information (EHI) and suggested that pricing information should be included in the definition. She stated that pricing information is important for clinical decision making, more so than past payment information. She also referenced a Harvard Harris Poll that showed American Citizen's desire for access to pricing information.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

Chris Baumgartner: PDMPs have two transactions. Pharmacies reporting a filled dispensing to the PMP - ususually done using ASAP. A query for medication history has used NCPDP

Patrice Kuppe: NCPDP Med History standard is in place and is named under the Medicare Modernization Act

Patrice Kuppe: It can be used to report and to query

Chris Baumgartner: Right. I was just clarifying that at least right now all PMPs use ASAP for reporting

Rob McClure: NDC codes are avaialble from RxMix via API without restriction

Ricky: I have to drop off and join another meeting, but happy to discuss the NDC/RxNorm issue later.

Clem McDonald: rob, thanks for correcting me

Rob McClure: representitive NDCs are not as useful for interoperability as RxNorm. Clem has it right

Rob McClure: Yes, they are an attempt to do what RxNorm does better - an FDA thing

Rob McClure: Yes that exactly correct

Rob McClure: NDC and RxNorm are solving different problesm and there are mappings between via RxNorm

Rob McClure: Row 20 is actually very important addition

Rob McClure: Agreed - strongly. But the long-standing counter argument is always CPT...

Rob McClure: I need to leave, comment on last row is that strong guidance to expect entering an indication for a medication, coded or free text. I think requiring this is NOT substantially burdensome given that this is something known by the clinican at the time of ordering. The burden is on system to make the process of capturing it easier.

David McCallie: The AHRQ study that I referred to is here: https://www.ahrq.gov/funding/grantee-profiles/grtprofile-schiff.html

Adjourn

A draft report will be sent out to task force members prior to the next task force meeting on August 28, 2019. Feedback from members will be accepted and made into a set of draft recommendations to be presented to the HITAC for feedback at the September 17, 2019 meeting. The final task force recommendations will be presented at the October 16, 2019 HITAC Meeting. The meeting was adjourned at 11:30 a.m.