



## Meeting Notes

### Health Information Technology Advisory Committee (HITAC)

#### Interoperability Standards Priorities (ISP) Task Force

September 10, 2019, 10:00 a.m. – 11:30 a.m. ET

Virtual

---

### Executive Summary

The draft report was reviewed and discussed in preparation for presentation to the HITAC at the September 17, 2019 meeting. There were no public comments but 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- Draft Report**
- 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  
Arien Malec, Change Healthcare  
David McCallie, Jr., Individual  
Clement McDonald, National Library of Medicine  
Terrence O'Malley, Massachusetts General Hospital  
Ming Jack Po, Google  
Ram Sriram, National Institute of Standards and Technology  
Sasha TerMaat, Epic  
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  
Raj Ratwani, MedStar Health  
Andrew Truscott, Accenture  
Scott Weingarten, Cedars-Sinai Health System



## ONC STAFF

Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

## Task Force Schedule

The task force is working to present to the HITAC at the September 17, 2019 meeting. The task force will have two meetings after the HITAC presentation to prepare the final recommendations to be presented to the HITAC at the October 16, 2019 meeting.

## Task Force-Draft Report

The task force's overarching and specific charge were reviewed. The current draft report was reviewed and discussed to prepare for the presentation to the HITAC.

## ORDERS & RESULTS

### Illustrative Story of what Recommendations will Enable

- Removed "appropriately personalized"

### Need for consistent encoding of test results

- The following was moved to this section, "Require and enforce the use of information model and terminology standards for all test orders and results. Terminology standards are inadequate on their own to meet semantic interoperability needs; standard information models are also needed"

### Standard code sets are not unique or sufficiently granular to determine the clinical equivalency of tests

- The title of this section was renamed to: "The level of granularity of standard codes differ according to use, causing issues"
- Added the following:
  - There are several issues with regard to the granularity of standard codes. In some cases, they may be too specific for certain uses (e.g., a clinical user generally would not care about the specific laboratory mechanism used to obtain a patient's LDL cholesterol level). In other cases, the available LOINC codes, or the ones selected/assigned to a test, may be insufficiently granular (e.g., for quality reporting purposes).
- Added the following policy levers/responsibilities
  - Facilitate addition of codes with sufficient granularity where needed
  - Facilitate creation of code groupers at the desired level of granularity
  - Facilitate gaining industry consensus on appropriate level of granularity for specific use cases where needed

### Orderable tests need to be standardized between systems and with mapping to standard terminologies

The following change was made:

- Updated title to "Non-medication orderables need to be standardized between systems and with mapping to standard terminologies"
- Added, "Consider terminologies such as SNOMED CT"



## Cross-Domain Recommendations

### Public availability of health IT standards

The following was added:

- Some HIT standards required by federal programs are not publicly available. There is a strong benefit in public availability of health IT standards required by federal programs including EHR certification, to ensure public review and compliance.
- NCPDP standards, which support the interoperability of medication and pharmacy data, should be freely available to the public, including providers, pharmacists, and technology developers. It has been NCPDP's business model for the past 20 years to allow only members access to NCPDP standards. Most ANSI accredited SDOs either charge for their standards or only allow member access.
- HL7 does provide some of their standards for free. When a standard is referenced in a Notice of Proposed Rulemaking (NPRM), a "display" copy of the standard must be available to all for the purpose of commenting.
- Each government agency determines how the display copy will be available. The display copy is removed once the comment period closes.

## Public Comment

There were no public comments.

## QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

**Steven Lane:** Suggest that we state that the patient-specific ranges are defined by the source system,

**Steven Lane:** e.g., based on age, gender, disease state, ethnicity

**Steven Lane:** I recall Clem said that the standards exist to support this. The key, is to specify that IF the data exists in the source system it should be transmitted as metadata, received by and stored in the recipient system. We would want to eventually add patient-specific ranges be added to the USCDI.

**Steven Lane:** Policy recommendations are separated out, where they exist

**Steven Lane:** Thank you Ricky for your thoughtful comments!

**Steven Lane:** We have called out the fact that LOINC + SNOMED are necessary but not sufficient for full semantic interoperability.

**Steven Lane:** Despite this, let's push the industry to provide this codification consistently.

**Steven Lane:** This came up in our discussions with vendors regarding why LOINC + SNOMED is not sufficient.

**Steven Lane:** <https://www.cdisc.org/about>



**clemmcdonald:** I Can't talk. But some of this discussion is mis directed. The labs have to pick and stand by the codes they use per CLIA. Labs ask for codes they need. Further LOINC has equivalent classes that low roll ups '

**Sasha TerMaat:** To address issues with identifying uniqueness, groups such as SOLOR and Clinical Information Modeling Initiative (CIMI) are working to organize concepts and classifications in order to consistently identify equivalencies and translations.

**David McCallie:** yes, CIMI is an example of information model building

**Steven Lane:** Shall we identify CIMI as a program to support? I think so.

**David McCallie:** CIMI has a complex history - I don't know of a better choice, but it has not really lived up (yet) to its promise

**Cassandra Hadley:** Public comment in 5 mins

**Steven Lane:** Then let's suggest that "ONC identify and provide support for one or more organizations/programs that organize clinical concepts and classifications in order to consistently identify equivalencies of and translations between results."

**Steven Lane:** Releasing results and notes in real time also raises the bar for providers, requiring us to do as good a job as possible communicating with patients in a timely manner.

**Steven Lane:** We can call out result grouping for BOTH C-CDA and FHIR.

**David McCallie:** Some good discussion on this topic captured in this Twitter thread:

<https://twitter.com/trentrosenbloom/status/1169285490597482496>

**Steven Lane:** We should identify in our report that the TF identified additional priorities that we did not have time to address.

**Edward Juhn:** For this topic, on real time payment, the standards would need to address both real time claim generation & real time claim adjudication (eligibility, pricing, benefits, etc.)

**Steven Lane:** Price transparency, in particular, likely warrants a fresh and distinct effort on the part of ONC as it will need to be addressed somewhat differently as this relates to meds, procedures, professional services, hospital services, home care, etc.

**Edward Juhn:** Yes, agree Steven.

## Adjourn

Cynthia Fisher volunteered to work on price transparency beyond medications and share at a future task force meeting. Task Force will present the current draft at the HITAC meeting on September 17. The meeting was adjourned at 11:30 a.m.