



Meeting Notes

Health Information Technology Advisory Committee (HITAC)

Interoperability Standards Priorities (ISP) Task Force

October 11, 2019, 9:30 a.m. – 11:00 a.m. ET

Virtual

Executive Summary

The HITAC Recommendations section of the draft report was reviewed and discussed among task force members attending this additional off cycle meeting. Changes were made to the draft report in preparation for the final presentation to the HITAC at the October 16, 2019 meeting. There were no public comments.

Agenda

- 9:30 a.m. **Call to Order/Roll Call**
- 9:35 a.m. **Task Force Schedule**
- 9:40 a.m. **Task Force Draft Report-Discussion**
- 10:45 a.m. **Public Comment**
- 11:00 a.m. **Adjourn**

Roll Call

Kensaku Kawamoto, Co-Chair, University of Utah Health
Steven Lane, Co-Chair, Sutter Health
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
Ming Jack Po, Google
Sasha TerMaat, Epic

MEMBERS NOT IN ATTENDANCE

Ricky Bloomfield, Apple
Tina Esposito, Advocate Aurora Health
Tamer Fakhouri, Livongo Health
Cynthia A. Fisher, WaterRev, LLC
Valerie Grey, New York eHealth Collaborative
Victor Lee, Clinical Architecture
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Raj Ratwani, MedStar Health
Ram Sriram, National Institute of Standards and Technology
Andrew Truscott, Accenture
Sheryl Turney, Anthem Blue Cross Blue Shield
Scott Weingarten, Cedars-Sinai Health System



Task Force Schedule

The task force is scheduled to present the final recommendations and report to the HITAC at the October 16, 2019 meeting. It was noted that if another meeting is needed after the HITAC presentation to review feedback, it would be added.

Task Force Draft Report Discussion

The task force members reviewed the current draft of recommendations and made changes based on comments from task force members and members of the HITAC.

MULTIPLE COMPETING STANDARDS

Recommendations

The following change was made:

- The second bullet was changed, replacing the last phrase containing the example with the phrase “in widespread use for the specific use case or for other related use cases. A standard should not be “picked as a winner” prior to sufficient validation, ideally in real-world use, leveraging standard maturity assessments as discussed in other ONC work efforts such as the Interoperability Standards Advisory (ISA) and the U.S. Core Data for Interoperability (USCDI)”.

PATIENT ACCESS TO DATA

This section was created to address the importance of patients having access to their own data throughout domains.

Observations

The following change was made:

- A new bullet was added, reading “patients’ access to their own data is important for patient-centered, patient-engaged care. A detailed discussion with recommendations is provided in the Orders & Results section below, but this issue affects more than orders & results”.

Recommendations

The following change was made:

- A new bullet was added, reading “support patients’ access to their data, in realms beyond orders & results (e.g., clinical notes, goals, care plans, histories, and vital signs)”.

NEED FOR CONSISTENT ENCODING OF TESTS AND THEIR RESULTS

Observation

The following change was made:

- A clarification was made between the use of Logical Observation Identifiers Names and Codes (LOINC) and Current Procedural Technology (CPT) codes in the text.

Recommendations

The following changes were made:

- A sub-bullet under the third bullet was added, describing an ONC resource regarding the use of



LOINC and Systemized Nomenclature of Medicine (SNOMED).

- The sub-bullet under the third bullet about the ISA Guidance was deemed unnecessary and was deleted.

Policy Levers/Responsibilities

The following changes were made:

- Two of the potential areas to consider for prioritization listed under the third bullet were deleted. The recommendation regarding accelerating work on existing LOINC codes was kept.
- The phrase “along the lines of the “Group” tables being developed by LOINC” was added at the end of the recommendation to accelerate work on existing LOINC codes.
- A new area for consideration was added, reading “EHRs and other health information technology (HIT) systems should support the use of local codes and/or standard codes other than LOINC when a LOINC code would otherwise be most appropriate to use but an appropriate LOINC code is not yet available for use. Note that the Fast Healthcare Interoperability Resources (FHIR) specification supports such an approach, and that what may be needed is EHR and health IT system support for such an approach. This type of an approach should still ensure that there is motivation to submit proposed codes to LOINC where needed”.
- Another new area for consideration was added, reading “Explore how to deal with time lags between requests for new lab test codes required by new test observation methodologies and instruments. Potential approaches include the addition of resources to speed up the process, the accelerated delivery of processed requests (e.g., through LOINC pre-release content, <https://loinc.org/prerelease/>), and perhaps making pre-pre-release content available for well-documented new requests”.

SEMANTIC INTEROPERABILITY REQUIRES STANDARDIZATION AND INDUSTRY CONSENSUS AROUND INFORMATION MODELS (INCLUDING META-DATA) AND ASSOCIATED TERMINOLOGIES

Observations

The following changes were made:

- An addition was made to the body text offering an example, reading “For example, LOINC includes panels that present a post-coordinated approach to blood pressure measurements that specifically callout cuff size, standing vs. sitting and other attributes, but they are not universally used”.
- It was also added in the text that “health information technology (IT) vendor support for such post-coordinated models will be critical for their utility.”

Recommendations

The following changes were made:

- The first bullet was edited, and now reads “while the long term goal is to be able to exchange all clinical data with standardized information models and associated terminologies, in the short term there would be value in identifying and prioritizing the most common/important results of each order type (including but not limited to laboratory, imaging, cardiac, pulmonary, and neuro-muscular) for standardization and exchange”.
- The phrase “collaboration with clinical groups is essential. For example, in the area of referral requests, consider working” was added at the beginning of the second bullet.



- The discussion of an example in the second bullet was revised and now reads “for example, ejection fraction already exists in LOINC, but there is NOT industry consensus that the information should be exchanged if collected in a system, or that a heart failure referral should include that information”.
- It was agreed that the bulk of the text in the fifth bullet was unnecessary and everything but the first sentence was deleted.
- The phrase “using Unified Code for Units of Measure [UCUM] units as called for by the FHIR standard]” was added to the ninth bullet to specify the type of preferred unit.
- A new bullet was added, reading “a relevant activity, Problem List MD (Meta Data) (<https://problemist.org/>), relates problems/diagnoses to relevant tests and current treatments (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373762/>) and has been created in collaboration with specialty experts. This approach could serve as a foundation for more targeted resources needed for use cases such as referrals. Perhaps more importantly, it shows how clinical groups can be engaged for defining a relevant set of data for important use cases”.

NON-MEDICATION ORDERABLES NEED TO BE STANDARDIZED BETWEEN SYSTEMS AND WITH MAPPING TO STANDARD TERMINOLOGIES

Recommendations

The following changes were made:

- A resource was offered in the third sub-bullet underneath the second bullet, reading “(which are usually pre-coordinated in radiology test names and available in the LOINC/RSNA/RadLex catalog at <https://loinc.org/collaboration/rsna/> and at <https://search.loinc.org/>).
- A new sub-bullet below the second bullet was added, which reads “Encourage referral laboratories and health systems to submit their order specifications to LOINC for assignment of standard codes. (Note that LOINC codes have already been defined for 61% of one large referral lab’s over 8,000 orderables tests, so the gap for LOINC coding for orderable tests is closing.)”.
- A new sub-bullet was added below the third bullet, reading “LOINC has growing numbers of LOINC tests panels that go well beyond the relatively old and small set listed in the Common Order Codes Value Set”.

RESULTS NEED TO BE AVAILABLE FOR PATIENTS AND THEIR PROXIES TO EFFECTIVELY VIEW, RECEIVE, AND USE

Recommendations

The following change was made:

- A new recommendation bullet was added, reading “enable an opt-in approach to earlier results release, such as results release as soon as final results are available. For example, if a patient specifies that her preference is to immediately receive results regardless of the content (e.g., a pathology report which may indicate cancer, and should be reviewed with a physician to properly interpret), work towards enabling such preferences to be honored”.

NEED A STANDARD WAY TO DIFFERENTIATE THE TYPE OF RESULT FOR CONSOLIDATED CLINICAL DOCUMENT ARCHITECTURE (C-CDA)

The title of the section was changed to “Need a standard way to differentiate the type of result within C-CDA documents”



Recommendations

The following change was made:

- A sentence was added at the end of the first bullet, reading “consider using the FHIR diagnostic report category codes or an expanded version of the same”.

SUPPORT THE INTEGRATION OF PRIOR AUTHORIZATION INTO EHR-BASED ORDERING WORKFLOWS

Observations

The following change was made:

- Examples were offered at the end of the text, reading “(e.g., medication ordering/prescribing, imaging, other test orders, procedures, referrals, durable medical equipment (DME) orders)”.

RESULT DATA EXCHANGED BETWEEN HIT SYSTEMS MAY NOT INCLUDE SUFFICIENT PROVENANCE METADATA

Observations

The following changes were made:

- The phrase “is one important leg of provenance. Other content in order results also help with this but” was deleted from the first bullet.
- A new bullet was added, reading “this topic was brought up in the latest ONC Notice of Proposed Rulemaking (NPRM) and is also being worked on as a part of the Argonaut project”.

NEED VENDORS TO SEND UNIQUE REFERENCE IDS FOR RESULTS DATA

It was agreed that this topic should be moved the Tier 1 Issues and Recommendations and this change was made.

PATIENT-CLINICIAN ELECTRONIC MESSAGING

Recommendations

The following change was made:

- A new bullet was added, reading “explore the potential benefits, costs, and feasibility of a standard gateway approach, such as requiring all HIPAA covered entities to implement an externally accessible gateway for all patient-physician conversations at the institution”.

REAL-TIME PRESCRIPTION BENEFIT CHECKING

Recommendations

The following changes were made:

- The word “retail” was removed from the description of cost data to be consistent with the rest of the document.
- The phrase “including the use of shared patient savings as called for in the Oct 3rd 2019 Executive Order (Executive Order on Protecting and Improving Medicare for Our Nation’s Seniors)” was added at the end of the third bullet.



Policy Levers/Responsibilities

The following change was made:

- The phrase “and automatic delivery in the EHR at the time of prescribing where clinically appropriate” was added at the end of the ONC responsibilities bullet. The phrase “once sufficiently validated” was also added at the beginning of the bullet.

Public Comment

There were no public comments.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

No comments were received.

Adjourn

Task force members were thanked for their hard work and dedication on finishing the draft report. The final presentation of the recommendations to the HITAC is scheduled for the October 16, 2019 meeting. The meeting was adjourned at 11:00 a.m. ET.