Health IT for the Care Continuum Task Force (HITCC)

Transcript
May 17, 2019
Virtual Meeting

Speakers

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Chris Lehmann	Vanderbilt University Medical Center	Co-Chair
Aaron Miri	The University of Texas at Austin	Member
Steve Waldren	American Academy of Family Physicians	Public Member
Susan Kressly	Kressly Pediatrics	Public Member
Chip Hart	PCC	Public Member
Samantha Meklir	Office of the National Coordinator	SME
Stephanie Lee	Office of the National Coordinator	Staff Lead
Alex Kontur	Office of the National Coordinator	SME
Cassandra Hadley	Office of the National Coordinator	HITAC Back Up/Support

Operator
Thank you. All lines are now bridged.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back up/ Support
Thank you. Good morning, everybody. Welcome to the Health IT for the Care Continuum Task Force meeting. Today, we have with us Carolyn Petersen and Chris Lehmann, the co-chairs of the committee, and we also have Susan Kressly. We will get started as the other task force members join. So, I'll had it over to Carolyn.

Carolyn Petersen – Individual – Co-Chair
Good morning, everyone. I want to thank everyone for coming to what we hope will be the last meeting, which we know came up on quite short notice. We have a bit of review to do of the recent HITAC meeting on Monday, and one last item to revisit before we finalize the language in our transmittal letter. With that, I will pass the mic to Chris for any opening remarks.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Carolyn, I don't know if it was just me, but I had a hard time hearing that. A bit of what you said got garbled. So, good morning, everybody. I'm Chris Lehmann. I'm very pleased that we have an opportunity to actually talk about the feedback that we got from the HITAC committee. We've received some pushback, particularly about the data segmentation for privacy recommendation that came out of this committee, and we have been asked to look at it again, and I think we can go straight into the feedback that we've received from the HITAC. Carolyn, would you be able to summarize what we received in the form of pushback?

Carolyn Petersen – Individual – Co-Chair
Sure, and I'll try to speak louder to see if that will help the communication. So, we presented our recommendations, and all of them – except for the recommendation about the data segmentation for privacy – were approved for inclusion in the transmittal to the national coordinator, and that was really good news because the bulk of our work related to the pediatric recommendations and conditions – it's good to see that moving forward.

With regard to the language around data segmentation for privacy, we did not make a specific recommendation. If we look here at Slide 5, the language that we had included – go back one, please – the language that we had included in the transmittal letter is in the blue paragraphs, which are the first and third paragraphs on the page. We were asked by Sasha TerMaat with support from a couple other members – Steven Lane and another individual – to include the red language. I'll read that because I know it's quite small on the slide.

"The task force understands that there are reservations about implementation of DS4P that need to be addressed prior to requiring it. These include safety implications, medicolegal recordkeeping requirements, 'leakage,' or the concern that segmentation will not meet user expectations (particularly regarding narrative content), as well as the significant scope of the development represented.

Governance will be necessary to prioritize use cases for industry consideration, address the issues identified, and facilitate consistent implementation."

So, what we were asked to do – well, I said I thought we should bring this language back to the task force and have a broader discussion because this language brings up a number of points that were not discussed at all or mentioned in our task force meetings. Also, frankly, when I look at this language, I see a number of broad clauses that you could apply to anything. "The significant scope of the development" – lots of things that are discussed and recommended would require significant development. Questions about whether something will meet user expectations – I think that's always a question about everything we do. So, I'm looking to get the temperature of the task force on this language.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Before you jump in, Sue, if I may give –

Susan Kressly – Kressly Pediatrics – Public Member
Put a muzzle on me. Go ahead.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
No, I want to hear from you, but I want to give some color. During that meeting – I wasn't there in the room, but during the call, there was actually some discussion about the amount of development work that DS4P would take, and there was great concern that this would be an undue burden on vendors. I think this is an important color that I wanted to make sure we added on this call. I am always leery – if you recall, the 21st Century Cures Act managed to remove the FDA oversight of EHRs as medical devices. We see how well an industry works that allows the industry itself to regulate it, as we just saw with the Boeing 737 MAX planes.

I have a bad taste in my mouth from this modification. I worry that this task force might be accused downstream of bending to industry demands, but at the same time, I want to be as objective as possible, and hopefully return with something that allows everybody to live with the result and generate an improvement in the safety, privacy, and security of electronic health records. So, now, I'm going to stop talking and let you jump in, Sue.

Carolyn Petersen – Individual – Co-Chair
Just for clarification, at the HITAC meeting, Sasha TerMaat said that the EHRA determined that it would take 20,000 hours to develop the functionality for DS4P.

Susan Kressly – Kressly Pediatrics – Public Member
Oh, well.

Carolyn Petersen – Individual – Co-Chair
I didn't see any documentation of that. That was just the verbal presentation.

Susan Kressly – Kressly Pediatrics – Public Member

So, to be completely transparent, my company sits on the EHRA. But, it's still – so, here's the problem. We have to do this, and if we don't wander here – and, I could write some red language that equally said without privacy standards and widespread adoption, we will never get interoperability because either there will be privacy that is not protected, or there will be withholding of critical information to impact patient care. So, I could write red language that goes in the exact opposite direction.

My question – and, I don't understand what we have the power to say and not to say – the answer is that we have to tackle it, so the question is where do we tackle it? I've been trying to tackle this in every domain where someone will listen to me, including HIMSS, which is putting this huge multi-stakeholder workgroup together next year to sit down and come up with some standard language that people could live with. So, I don't know what we as the group are allowed to do to push that envelope, but to say that we have reservations – no, we don't have reservations. We understand there are barriers, and we need to work collectively to overcome them for the safekeeping of medical records, optimum patient care, and interoperability.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I like that wording much better.

Susan Kressly – Kressly Pediatrics – Public Member
I would rather make this a positive thing. We encourage all stakeholders to come together to solve this problem collectively because without it, we are hindering patient care and interoperability.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I think your point about the interoperability is a really important one, and your language – yeah, we understand that there are barriers, but we also understand that this is needed just to support the big goal of interoperability – that is a really cogent and important message.

Carolyn Petersen – Individual – Co-Chair
Yes, I wish we could just –

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Sorry to interrupt. This is Sam. From a process perspective, should we have a screen up and some language that we're typing in real time to capture this?

Carolyn Petersen – Individual – Co-Chair
That would be great.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That would be lovely, Sam.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
I hate putting Steph on the spot. Steph, is this feasible for you?

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead

Sure. Let me pull something up.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
We've seen her work miracles before.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Yeah, she's pretty amazing. Let's give Steph a few seconds here. Let's pull up a screen, and then let's just pause and circle back on that language.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Don't forget what you said, Sue.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Let's just give Steph a few seconds to get that down. I think that will help.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Thank you, Sam. That was a good suggestion.

Susan Kressly – Kressly Pediatrics – Public Member
It sounds like people agree with me. I can't just say, "Yes, add the red language." It needs to be spun as a call to action, not "This is too hard; let's back away." We've got to lean in, not lean back.

Carolyn Petersen – Individual – Co-Chair
Absolutely.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I think you have consensus on this call.

Stephanie Lee – Office of the National Coordinator for Health Information Technology – Staff Lead
So, do we want to start from scratch, or should we edit what Sasha –

Carolyn Petersen – Individual – Co-Chair
We'll go back and edit later. Why don't you just make a space, put "new language," and then type that? People will understand that we'll streamline this. So, type "new language," and then, what I'm hearing is the group would like to supplant the red language and develop new language.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
That's correct.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
What I heard was – and, we can fix the syntax and sentence structure, but let's just capture the main points. "We understand there are barriers, but we also want to urge all stakeholders to come together to do this work, and that it supports interoperability." But, let me pause. Sue, do you want to circle back on your main points and give Steph a few seconds to type them down?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Yeah, let's get Sue to reformulate it. This is close, Sam, but it's not quite what she said.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Yeah, I'm punting back to her. Thank you.

Susan Kressly – Kressly Pediatrics – Public Member
I'm going to try to play this back in my head, although the closed captioning could probably get it. "The task force acknowledges that there are barriers to optimal implementation of DS4P for privacy. However, it is crucial/critical" – pick something – "for successful interoperability to encourage all stakeholders to come together to create solutions…"

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
"Viable solutions for the implementation of DS4P."

Susan Kressly – Kressly Pediatrics – Public Member
"Viable solutions." And then, I would say something like, "There are two drivers for coming together to complete this work. The first is that patients' privacy must be maintained wherever information flows in a healthcare continuum, and the second is that in the world of increasing connections and interoperability, accurate and complete information needs to be transmitted to make appropriate decisions at the point of care, and without solving this problem, patient care and safe transfer of information is compromised." Now, go pick at it. At least I threw it out there.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
This is a good start. With a nod to Sasha and others, I think we should acknowledge the points that they identified as barriers. It's perfectly okay for us to acknowledge that those things they outlined are the barriers. Maybe we want to cut and paste from that. But, I like the way you approached this.

Carolyn Petersen – Individual – Co-Chair
I agree.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
So, what we'll do is streamline that, and then we can work on this language today and send that back out, and we will incorporate those as qualifying examples of barriers that we acknowledge, to your point, Chris.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Perfect, Sam.

Susan Kressly – Kressly Pediatrics – Public Member
Awesome.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair

Well, that's what we were supposed to accomplish today, right?

Susan Kressly – Kressly Pediatrics – Public Member
Well, I'm glad I dialed in.

Carolyn Petersen – Individual – Co-Chair
We are, too.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
We are, too, Sue.

Susan Kressly – Kressly Pediatrics – Public Member
Look, I'm going to have to eat this dog food, right? I'm also on the vendor side, so I'm going to have to figure it out. But, it's the right thing to do. We can't keep shying away from something that's a crucial piece. ONC can't talk about interoperability and ignore this. It's hard. It doesn't mean we don't have to solve it; it's just hard. So, let's figure out the right resources to put the right people in the room to fix it.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
I couldn't agree more. I'm so glad that you were able to join us and bring a different vendor perspective to this.

Susan Kressly – Kressly Pediatrics – Public Member
Yeah. They might kick me out of EHRA, but that's okay. I'll stand up for it there, too.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Well, we'll still be your friends. How about that?

Carolyn Petersen – Individual – Co-Chair
Thank you so much, Sue. I really appreciate your assistance in getting some good language to do this and some assistance in dealing with this concern from HITAC.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Can I just ask – are Alex or Al on from ONC?

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
Hi, Sam. Alex is here.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Hi, Alex. When you look at the new language from an accuracy point of view in terms of what we're proposing in the role, is there any comment or feedback you have for us that we want to share while we have Sue and other members on the line?

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
I'll check.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Sorry to put you on the spot, Alex. This is the new language. Click on the webinar link that Steph just typed.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
While you're reading, Alex, this sounds like the statement, "If anyone has an objection, speak now or forever hold your peace."

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
Would it be worthwhile to identify some of the barriers?

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Sam already outlined that. We're going to take the barriers of the outline from Sasha and include them so we actually reflect what she has been concerned about.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Alex, I just want to make sure that when we talk about viable solutions for the implementation of DS4P from a content/technical perspective, we don't need anything that would distinguish or include something around an API or distinguish for the CCDA. So, I guess that's what I'm asking – if you're fine with how this is stated.

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
Yeah, I think I'm fine with how it's stated. I'm wondering if it might also be worthwhile… So, DS4P – I'm not a developer; I'm not a vendor. I don't actually have to implement this standard. But, just from my personal view looking in, the actual implementation of the standard doesn't seem terribly difficult. It's a relatively simple set of labels that are applied to these types of documents. So, I guess that's all to say I wonder if we should add something about some of this other work that needs to be done to really operationalize data segmentation for privacy. I'm talking about the types of policy determinations that need to be made and the ability to appropriately interpret and process labels that come across on a segmented document.

Susan Kressly – Kressly Pediatrics – Public Member
So, I can write you three pages on that of what my developers are going to need in order to understand what this means. It's in the interpretation. So, any kind of language that talks about taking a deep dive with subject matter experts and developers helps to understand exactly what they need to know to do this in a way that's consistent and has optimum user and patient impact, et cetera. I don't care how we say that, but there are a million pieces that go into this, right? What we're really saying is that the devil is in the details. When EHRA pushed back and said 20,000, some of that is because this is a little loose, and every time we do something a little loose, we get people trying to interpret things and do things in different ways, which creates another problem, which is why I'm really pushing for a multi-stakeholder group in the room to come to consensus so everyone has a chance to say, "But, what else did I not consider here?" because we only know what we know on our side of the fence.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Sue, is there any – you mentioned potential future HIMSS-led stakeholder work. Is there anything in the public domain on their website or that's under way regarding that?

Susan Kressly – Kressly Pediatrics – Public Member
It's not in the public domain yet. I can certainly connect you to the people who are considering it via email, and you can tell them where we are, find out where they are, and see if there's a way to make that happen. I'm more than happy to make that introduction if you want it.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
No, I think we have those connections. I was just wondering if there was something to incorporate.

Susan Kressly – Kressly Pediatrics – Public Member
No, they were internally discussing it as a focus for 2020, and they said they would get back to me at the end of May, and I haven't heard back yet.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Okay. So, I think we have an approach for revised language. We have Sue's comments that we will pivot to acknowledge some of the barriers and leverage some of the language from Sasha. We could additionally include a sentence or two, to Alex's point, around us and what future work may look like. So, do we want to do that, so future work considerations include…?

Susan Kressly – Kressly Pediatrics – Public Member
Yes, because otherwise, people can't envision it.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
We can do that offline as we fine-tune this language.

Alex Kontur – Office of the National Coordinator for Health Information Technology – SME
I have two thoughts. First, the $20,000.00 figure – is that –

Susan Kressly – Kressly Pediatrics – Public Member
Excuse me. That's 20,000 hours, not $20,000.00.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
It's misquoted in the text. Epic suggested that it will take them 20,000 hours of developer time.

Susan Kressly – Kressly Pediatrics – Public Member
Not if they have better understanding of the – if the details are worked out and implemented more easily. I don't feel bad because they can amortize that over a huge user base. I've got 4,000 people I have to amortize it over. So, figure it out.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back up/ Support

So, Carolyn and Chris, are we ready to go to public comment?

Carolyn Petersen – Individual – Co-Chair
Yeah, I think we can do that.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back up/ Support
Great. Operator, would you open the lines for public comment?

Operator
If you would like to make a public comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing *.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back up/ Support
Do we have any calls in the comment line?

Operator
Not at this time.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back up/ Support
Okay. Carolyn, back to you.

Carolyn Petersen – Individual – Co-Chair
Let's just circle back and see if anyone has any further comments or fine-tuning they want to do on this language right now. I think we can do some of this offline, but Sue or Chris, do you have any other thoughts you want to share?

Susan Kressly – Kressly Pediatrics – Public Member
No. Thank you so much for entertaining and making what I think are appropriate adjustments to that language.

Carolyn Petersen – Individual – Co-Chair
Thank you for being willing to come for a very late, last-minute meeting. I really felt you'd have good perspective, and I didn't think this was something that Chris and I should just approve or take forward without the task force's input, so thank you.

Chris Lehmann – Vanderbilt University Medical Center – Co-Chair
Thank you, everybody. I am very glad we had this call.

Susan Kressly – Kressly Pediatrics – Public Member

Great. Have a great weekend.

Samantha Meklir – Office of the National Coordinator for Health Information Technology – SME
Thanks, everyone. We will get revised draft language out for any offline further input and review.

Carolyn Petersen – Individual – Co-Chair
Okay, thank you so much.

Susan Kressly – Kressly Pediatrics – Public Member
Sounds good.

Cassandra Hadley – Office of the National Coordinator for Health Information Technology – HITAC Back up/ Support
All right. Thank you.

Carolyn Petersen – Individual – Co-Chair
Bye-bye.