



Health Information Technology Advisory Committee Interoperability Standards Priorities Task Force 2021 Virtual Meeting

Meeting Notes | March 18, 2021, 2:00 p.m. – 3:30 p.m. ET

Executive Summary

The focus of the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021) meeting was to begin a new cycle of the TF's work to identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. The co-chairs reviewed the proposed frameworks for prioritization of the TF's areas of focus and recommendations.

There were no public comments submitted by phone and several comments submitted via the chat feature in Adobe Connect.

Agenda

02:00 p.m.	Call to Order/Roll Call
02:15 p.m.	Introductions
02:30 p.m.	Review of Mandate
02:35 p.m.	Review of Ideas from March 11 Meeting
02:45 p.m.	Framework and Prioritization Discussion
03:15 p.m.	Solicit Additional Ideas
03:20 p.m.	ISP TF Timeline/ISA Reference Cycle
03:25 p.m.	Public Comment
03:30 p.m.	Adjourn

Call to Order

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health I.T. (ONC), called the meeting to order at 2:00 p.m.

Roll Call

MEMBERS IN ATTENDANCE

Arien Malec, Change Healthcare, Co-Chair

David McCallie, Individual, Co-Chair

Ricky Bloomfield, Apple

Valerie Grey, New York eHealth Collaborative

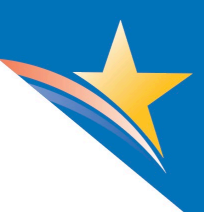
Ken Kawamoto, University of Utah Health

Victor Lee, Clinical Architecture

Clem McDonald, National Library of Medicine

Ming Jack Po, Ansible Health

Ram Sriram, National Institute of Standards and Technology



Andrew Truscott, Accenture

MEMBERS NOT IN ATTENDANCE

Cynthia Fisher, PatientRightsAdvocate.org
Jim Jirjis, HCA Healthcare
Edward Juhn, Blue Shield of California
Les Lenert, Medical University of South Carolina
Raj Ratwani, MedStar Health
Sasha TerMaat, Epic
Scott Weingarten, Cedars-Sinai and Stanson Health

ONC STAFF

Michael Berry, Branch Chief, Policy Coordination, Office of Policy (ONC); Designated Federal Officer

General Themes

TOPIC: REVIEW OF IDEAS FROM MARCH 11 MEETING

The co-chairs reviewed the ideas for topics/areas of focus submitted at the March 11 meeting of the ISP TF 2021, and TF members submitted feedback.

TOPIC: FRAMEWORK AND PRIORITIZATION

Arien and David described the proposed framework for prioritization of the ISP TF 2021's areas of focus and work.

Key Specific Points of Discussion

TOPIC: WELCOME AND ISP TF 2021 OVERVIEW

- The co-chairs, Davie and Arien, welcomed ISP TF 2021 members to the second meeting of the reconvened TF, and Arien reviewed the following items:
 - Mandate: Identify Priority Uses of Health IT as defined by the 21st Century Cures Act:
 - “The National Coordinator shall periodically convene the HIT Advisory Committee to identify priority uses of health information technology...identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities...publish a report summarizing the findings of the analysis...and make appropriate recommendations...”
 - “The HIT Advisory Committee, in collaboration with the National Institute for Standards and Technology, shall annually and through the use of public input, review and publish priorities for the use of health information technology, standards, and implementation specifications to support those priorities.”

TOPIC: REVIEW PREVIOUSLY SUBMITTED IDEAS

Arien and David explained that broad and specific recommendations have been submitted by ISP TF 2021 members, and both kinds are valued. They encouraged TF members to submit recommendations that are broader than ONC's mandate, but, ultimately, the TF's recommendations must be phrased to indicate that ONC will coordinate the activity.

David provided an overview of the list of topics submitted at the TF's March 11 meeting, which included:

- Improving syndromic surveillance
- Improving situational awareness for Public Health (PH) emergencies
- Address gaps in vaccine reporting data flow



- Health Equity issues
- Better usage of electronic health record (EHR) data for PH and other purposes
- Gaps in Adverse Event (AE) reporting
- Contact and exposure tracking
- Care plans and chronic disease burden
 - This is a hold-over from the previous ISP TF's work
- Better/easier binding between persons and their digital devices
- Better integration of clinical and administrative data
- Improve data sharing across the U.S. Department of Veterans Affairs (VA)/the U.S. Department of Defense (DoD) and non-governmental systems
 - This was a suggestion submitted from outside the TF
- Vaccination "passports"
 - This will be removed from the ISP TF 2021's work because ONC is already driving this use case

David shared more detailed explanations and supporting information for each of the topics, and this additional information was included in the meeting presentation slide deck. He encouraged ISP TF 2021 members to comment, and a robust discussion occurred.

- Clem stated that syndromic surveillance in HL7 v2.1 initially focused on radiological findings to determine if patients had pneumonia, and the TF should understand the history of this work before moving forward.
 - Arien responded that the majority of syndromic surveillance was reportable condition surveillance via Admission, Discharge, Transfer (ADT) notifications, but it was discovered that the ambulatory and hospitalized Influenza-like Illness (ILI) cases were not being included.
- Ram asked how the testing procedures and protocols for the interfaces involved in data transfer were being handled.
 - David responded that there is not one robust mechanism; each is determined by the sending system, and not all work well in the real-world workflows.
 - Arien suggested that the TF investigate if the ADT event notification is a certified criterion.
- Arien provided background on how electronic case reporting (eCR) has been used by the Centers for Disease Control and Prevention (CDC). It is a Clinical Document Architecture (CDA)-based reporting mechanism that was initially used to respond to Zika and is used by hospital systems with Epic and Cerner electronic health record (EHR) systems. eCR Now has also been used. A goal was to replace paper-based case reporting for the COVID-19 pandemic.
- David suggested that the ISP TF 2021 invite a presenter to provide background on the work of the Situational Awareness for Novel Epidemic Response (SANER) Project if the TF chooses to prioritize the Improving Situational Awareness for PH Emergencies topic.
- David and Arien identified the gaps in vaccination data reporting and reconciliation (detailed on slide #8 in the presentation deck) and stated that outbound data flows from PH are lacking. David shared feedback he received from Cerner that some data from mass-immunization events is not flowing, and Clem added that details about patients being vaccinated is not being collected in a meaningful way. David discussed his personal experiences with local vaccine-related messaging.
- TF members shared details from their recent experiences working on "vaccine passports," including work on supporting standards. Clem emphasized the need to prioritize this item. ONC is already working on this topic, so no further prioritization is needed from the ISP TF 2021.
- Ken highlighted the importance of prioritizing work on health equity and social determinants of health (SDOH) data standards. He discussed ways in which capturing and analyzing SDOH more consistently can be used to avoid negative outcomes in clinical treatment. Machine learning can be used to avoid systematizing biases related to race/ethnicity/gender. He also highlighted how access (or the lack thereof) to digital technology affects the care older populations receive. Standards and policies could be developed or changed to help patients.



- Arien discussed research on how the digital divide affects different populations, leading to a lack of access to the technology (smartphones, etc.) necessary to use portals. Related factors included age, educational achievement, and race/ethnicity.
- Ricky discussed how privacy concerns prevent the collection of sensitive data, which results in algorithmic bias. He summarized an article from the New England Journal of Medicine about how the erroneous reporting of glomerular filtration rate (GFR) values negatively affected black Americans' eligibility for renal transplants.
- David asked if any TF members are part of HL7's Gravity Project and could share information on their recent work. Clem responded that the Gravity Project's work has a lot of support and is moving forward. David suggested that the ISP TF 2021 invite a representative from the Gravity Project to address the TF at a future meeting.
 - Arien requested that ONC invite more people of color who are working in this area to address the TF to broaden its perspective.
 - TF members discussed how cultural issues are connected to the collection of data.
- David discussed how delays in the flows of EHR data for PH created issues with COVID-19 relief efforts and stated that better aggregation and use of EHR data is a top priority, in his opinion.
 - Clem suggested focusing on health information exchanges (HIEs) instead of hospitals because they are a source of data that is already aggregated and organized.
 - Arien suggested looking at the recovery trial framework and COVID drug data from the United Kingdom.
- Arien discussed the structure the Food and Drug Administration (FDA) has set up around electronic Adverse Event (AE) reporting. Gaps in this structure have been identified and were listed on slide #11 in the presentation. Arien discussed the ideal state for electronic AE.
- David discussed the contact and exposure tracking topic, highlighting work that has been done in the space, and suggested that the ISP TF 2021 could leverage these learnings.
 - Arien suggested ensuring that case reporting is properly tied to rapid testing.
 - Clem suggested studying the ventilation systems in nursing homes, ships, etc.
 - Ricky discussed his experiences working on Apple's smartphone case tracking and connections to public health authorities. He shared additional information in the chat in Adobe. ONC could consider exploring this further, though work is being done with the CDC.
- Ken commented that the care plans and chronic disease topic, which was originally discussed by a previous iteration of the ISP TF, was connected to providing a higher value and lower cost of care. He suggested that the TF address the specific data elements that are missing from the FHIR (Fast Healthcare Interoperability Resources) standards and might not be included under the current United States Core Data for Interoperability (USCDI) update process for many years.
 - Arien stated that the TF should look at the standards in place around the plan of care and determine if gaps are related to standards or clinical practice issues. The TF could also examine early success stories.
 - Clem suggested focusing on documentation. David agreed and discussed his concerns around creating a plan of care model that does not actually work in the real world.
 - TF members agreed to discuss this topic in the context of the TF's prioritization framework.
- Arien summarized Les' suggestions that the ISP TF 2021 should better tie medical devices into interoperability through the use of unique device identifiers (UDI). Also, a patient's identity should be better tied into devices used so it may be used as an authentication token.
 - Ricky suggested doing this work in an open standards-based way across the ecosystem.
 - David asked if the work currently being done on vaccine passports could be leveraged in connection to this recommendation.



- David stated that there are several efforts, including “Fast FHIR”/bulk FHIR, the DaVinci Project’s work, and electronic prior authorization (ePA), to better integrate clinical and administrative data. The HITAC’s Intersection of Clinical and Administrative Data (ICAD) Task Force has submitted a comprehensive set of recommendations to ONC. Arien provided a brief summary of the ICAD TF’s, membership, process, recommendations, and the resulting progress on the recommendations since the TF issued them several months ago.
- Arien discussed the topic of improving data sharing across VA/DoD and non-governmental systems and explained that there is a mismatch between security standard requirements. This makes the seamless flow of data between the VA/DoD and the rest of the U.S. healthcare sector difficult.
 - Clem agreed and stated that this is a regulatory issue that has caused real problems.

TOPIC: PROPOSED FRAMEWORKS FOR PRIORITIZATION & RECOMMENDATIONS

Arien provided an overview of the ISP TF 2021’s prioritization and recommendation framework, which included specific examples.

- Assume the ISP TF 2021 has more areas that require the focus of the TF, ONC, and the industry than all stakeholders have time, energy, and focus to address.
- When prioritizing, the TF should prefer:
 - Areas that align with ONC’s declared priority areas
 - COVID-19
 - Health equity
 - 21 Century CURES enablement
 - Unmet needs on the existing ONC Roadmap
 - Avoid areas already being covered through existing ONC initiatives
 - Foundational and/or leveraged areas (solutions that unlock other areas) over
 - General areas, over specific solutions
 - Existence of well-defined policy levers, over novel policy levers required
 - Areas with where jobs are already being done inefficiently, over areas the TF wants the health system to focus on
- Consider timeframe of recommendations
 - Near term (months) – work can be done immediately
 - Medium term (6 months – 2 years) – work requires planning and coordination
 - Long term (2 – 5 years) – work requires standards development, piloting, legislative action, etc.
- Consider type of action required
 - ONC/industry alignment and voluntary action around existing standards
 - ONC/industry/SDO alignment and standards development
 - Incentive alignment
 - ONC and other HHS rulemaking (and other non-HHS actors)
 - Congressional action/appropriation
 - Multistate action

Action Items

ISP TF 2021 members will email any further suggestions for recommendations to the co-chairs.

ISP TF 2021 members will review the proposed ISP TF 2021 frameworks for prioritization and recommendations.



The co-chairs and ONC staff will develop a spreadsheet to allow the TF to score its recommendations.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry: Thank you for joining the Interoperability Standards Priorities Task Force; we will be getting started shortly.

Ricky Bloomfield: I'm here, but not on audio, yet.

Val Grey: i'm not sure if you could here me but Val Grey is on

Victor Lee: I too am on, but audio seems not to be working. Maybe we could prioritize web conference interoperability. :-)

Ken Kawamoto: I'll be on the first hour

Jack Po: There is still a very severe echo

Katherine Campanale: Jack, please mute your computer and use phone for audio. Thanks.

Jack Po: I'm only on one audio source

Jack Po: ah nevermind got it, thanks! Yo uare right. I was calling in from the comptuer, but somehow two audio streams were coming in

Ricky Bloomfield: <https://vaccinationcredential.org>

Arien Malec: Underlying standard:

Arien Malec: <https://smarthealth.cards/>

Arien Malec: Some guy named Josh has gone deep on this.

Jack Po: Josh?! I don't trust that guy at all (j/k)

Ken Kawamoto: Here is the NEJM article on that: <https://www.nejm.org/doi/full/10.1056/NEJMms2004740>

Ken Kawamoto: A critical, potentially harder issue beyond standards for capturing/sharing SDOH, is actually capturing that information.

Ken Kawamoto: Issues include: 1) discomfort asking (e.g., about educational attainment), 2) lack of resources to address concerning answers (e.g., patient is homeless or housing unstable -- does the health system have resources to address that?)

Ricky Bloomfield: <https://www.nejm.org/doi/pdf/10.1056/NEJMms2004740>

Ken Kawamoto: In Utah, we have a federally-funded COVID effort where we are communicating to patients for FQHCs (e.g., about vaccinations) via text messaging. Because a lot of that populatin does not have smartphones, but they almost always have cell phones.



Ricky Bloomfield: <https://www.kidneynews.org/policy-advocacy/leading-edge/asn-and-nkf-establishing-task-force-to-reassess-the-inclusion-of-race-in-diagnosing-kidney-diseases>

Jack Po: There is also a lot of confusion on how to document multi-ethnic backgrounds

Jack Po: leading to very confusing read-outs

Ken Kawamoto: In FHIR US Core, if you have multiple races, you are automatically "Other"

Ricky Bloomfield: From the NEJM article: ""Race adjustments that yield higher estimates of kidney function in black patients might delay their referral for specialist care or transplantation and lead to worse outcomes while black people already have higher rates of end-stage kidney disease and death due to kidney failure than the overall population.""

Ricky Bloomfield: <https://www.gov.uk/government/news/nhs-covid-19-app-alerts-17-million-contacts-to-stop-spread-of-covid-19>

Victor Lee: Speaking as a fan of MMA, the UFC was the first to coordinate "bubble" logistics in Abu Dhabi

Ken Kawamoto: The key stat on this topic is -- patients receive only about half of the care we should be getting.

Ken Kawamoto: <https://www.nejm.org/doi/full/10.1056/nejmsa022615> -- 2003

Victor Lee: There may be a longitudinal nature of plans of care that might need to be considered as well. Need to drop, thanks.

Ken Kawamoto: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2721037> - no change from 2002 to 2014

Arien Malec: here's the data on portal access by educational attainment, race & age

Arien Malec: <https://ihpi.umich.edu/news/45-adults-over-65-lack-online-medical-accounts-could-help-them-sign-covid-19-vaccinations>

Ken Kawamoto: I have to go, thanks

Mike Berry: The new ISP TF web page is now live: <https://www.healthit.gov/hitac/committees/interoperability-standards-priorities-task-force-2021>

Mike Berry: Public comment will be open soon - To make a comment please call: 1-877-407-7192 (once connected, press "*1" to speak).

Resources

[ISP TF 2021 Webpage](#)

[ISP TF 2021 – March 18, 2021 Meeting Agenda](#)

[ISP TF 2021 – March 18, 2021 Meeting Slides](#)

[ISP TF 2021 – March 18, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)



Adjournment

The co-chairs of the ISP TF 2021 thanked everyone for their work at the current meeting.

The next TF meeting will be held on Thursday, March 25, 2021 from 2 p.m. to 3:30 p.m. E.T.

The meeting was adjourned at 3:26 p.m. E.T.