ISP Task Force Meeting

Arien Malec, Co-Chair

David McCallie, Co-Chair

Thursday, May 6, 2021

Health Information Technology Advisory Committee
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Meeting Agenda

- Introductions

- ISP Task Force Timeline 2021

- Proposal

- Task Force Work Timeline

- Draft High Level Recommendations Review and Discussion

- Public Comment

- Meeting Adjourn

Task Force Roster

Name	Organization
Arien Malec (Co-Chair)	**Change Healthcare**
David McCallie (Co-Chair)	**Individual**
Ricky Bloomfield	Apple
Cynthia Fisher	PatientRightsAdvocate.org
Valerie Grey	New York eHealth Collaborative
Jim Jirjis	HCA Healthcare
Edward Juhn	Blue Shield of California
Ken Kawamoto	University of Utah Health

Name	Organization
Victor Lee	Clinical Architecture
Leslie Lenert	Medical University of South Carolina
Ming Jack Po	Ansible Health
Raj Ratwani	MedStar Health
Ram Sriram	National Institute of Standards and Technology
Sasha TerMaat	Epic
Andrew Truscott	Accenture

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HITAC ISP Task Force Timeline 2021

	February	March	April	May	June
HITAC	ONC charges HITAC to convene ISP Task Force	HITAC reviews ISP Task Force progress		HITAC reviews and approves recommendations	
ISP Task Force	ISP Task Force launches and begins meetings	ISP Task Force reviews ISA and identifies opportunities to update the ISA "Interoperability Needs" within the ISA sections to address HITAC priority uses of health IT	ISP Task Force develops draft recommendations to add/modify any "Interoperability Needs" for considerations in updates to the ISA, including related standards implementation specifications. ISP Task Force considers public feedback in developing recommendations.		ISP Task Force submits final recommendations to the HITAC for approval

Proposal

- Make recommendations on:
    - Health Equity Standards
    - RWE/Comparative Effectiveness/RECOVERY-type EHR data use
    - Clinical/Administrative Data & Standards Harmonization and Burden Reduction

- Consider Recommendations on:
    - PH Situational Awareness
    - Care Plans/Chronic Dx Management (pending experts or TF deliberation)
    - Data Sharing Federal & Commercial Entities (have experts, but timing issues)

- Defer Public Health recommendations to Public Health TF

Task Force Work Timeline

- May 6th: High Level Recommendations Draft & Task Force Discussion

- May 10th & 11th (via email): Edits to Draft High Level Recommendations

- May 13th: Present Draft High Level Recommendations for HITAC Input

- May 20th, 27th, June 3rd: Prepare, Discuss & Finalize Detailed Recommendations

- June 9th: Present Final Recommendations

Draft High Level Recommendations

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Foundational Standards – FHIR

- There are several foundational FHIR-based standards and implementation guides that provide general support for specific usages, including the priority areas identified by the Task Force

  - FHIR CDS Hooks (provides triggers/hooks and substrate for incorporating questionnaires and follow-up information for public health, social determinants, prior authorization, decision support, ask at order, etc.)

  - FHIR Questionnaires (provides standard for collecting information not routinely collected in the EHR, useful for clinical research and the learning health system, social determinants, public health, etc.)

  - FHIR Consent Directive (provides the framework for collecting consents and authorizations, useful for clinical research and the learning health system, social determinants, etc.)

- **ONC should** invest in testing and development activities to track these standards and related IGs for broader maturity and incorporate into certification criteria

Foundational Standards – Common Data Models

- The USCDI forms a foundational data set for interoperability for the nation, and **ONC should** continue to mapping of USCDI to HL7 FHIR and older foundational standards such as v2 and CDA

- In order to provide a common foundation for research, social determinants/health equity, and administrative burden reduction, **ONC should** build a clear and rapid roadmap to expand USCDI which **should** incorporate research and administrative needs

- **ONC should** identify common staging data models and **should** map USCDI to those staging data models (e.g., OMAP) as well as HL7 FHIR, other concrete interoperable representations.

- See associated specific recommendations for EHR Data Use for Research/RWE and Administrative Burden Reduction

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Foundational Standards – Terminology

- The ISA and USCDI contain well founded terminology systems for interoperability. However, the lack of upstream codification and divergence between administrative and clinical terminology creates significant burden for EHR data use for real world evidence, comparative effectiveness, and other research activities and creates administrative burden by requiring dual coding.

- **ONC should** use direct levers to continue to standardize terminology, while working with related agencies of HHS (primarily FDA [analyte machines] and CMS [CLIA]) to correctly originate codes at the source for laboratory and similar data to LOINC

- **ONC should** (directly and through coordination with CMS) harmonize procedural coding standards to open and freely available standards that are either international or clearly cross-mapped to international standards and that are optimized for clinical care, research AND administrative data use.

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Foundational Standards – Terminology cont.

- In the transition to ICD11, **ONC should** work with CMS and NLM to ensure SNOMED-CT and ICD11 harmonization to allow single source use of captured clinical data for clinical care, research, and administrative workflows

- **ONC should** work with FDA and CMS to continue to harmonize NDC to RxNorm, treating RxNorm as the source terminology set, and harmonize administrative and electronic prescribing standards to use RxNorm to allow single source use of clinical data for clinical care, research and administrative workflows.

Health Equity

- The ISP Task Force endorses the USCDI Task Force recommendations that **ONC should** incorporate Gravity Project Standards into USCDI

- Existing USCDI terminology for Sex, Race/Ethnicity and Address, with proposed additions for gender identity and sexual preferences, are sufficient to assess demographics to identify impact of social disparities

- **ONC should** ensure associated interoperability standards and EHR certification requirements prioritize the capture and exchange of this data for multiple purposes.

- **ONC should** continue the work to harmonize address data models and standards to provide better geolocation interoperability to allow EHR data use to correlate health outcomes with other geolocated information (pollution, food deserts, communicable disease outbreaks, etc.)

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EHR data use for research, Real World Evidence, RECOVERY-like trials, comparative effectiveness

- The ISP Task Force found that the OMAP data model was the preferred data model for research and was heavily and impressively used for emergent research during the pandemic. PCORI, however, selected the FDA Sentinel model to harmonize with Federal actors, leading to data providers cross mapping to OMAP as the foundational standard.

- The ISP Task Force found that lack of source normalization and administrative standards divergence creates burden for EHR data use for research

- **ONC should** list OMAP in the ISA and work with stakeholders to mature OMAP, harmonize to the USCDI, and cross-map to FHIR.

- **ONC should** create sections in the ISA to address standards and IG needs for randomization in the EHR (e.g., through FHIR CDS Hooks or other mechanisms)

- **ONC should** work with FDA, Federal health care providers (VA, DoD MHS, IHS) and other Federal actors to harmonize to the common research data model

- **ONC should**, as noted in the foundational standards section, avoid use of proprietary standards, and use appropriate levers to source-normalize data for maximal re-use.

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Harmonization of Clinical and Administrative Data for Burden Reduction

- The ISP Task Force endorses the ICAD Task Force recommendations

- **ONC should** add sections ("interoperability priorities") to the ISA to track administrative standards and create items for relevant Da Vinci, FAST-FHIR, x12, NCPDP and other related administrative standards and IGs.

- **ONC should** harmonize the implied administrative data model expressed in x12 and NCPDP administrative transactions to USCDI to ensure that EHR clinical data capture is maximally available to address administrative needs at low patient and clinician burden

- See the foundational terminology standards section for recommendations on terminology for procedures and problems.

Situational Awareness

- The Task Force heard from the leads on the SANER project, which the task force found is an impressive project addressing urgent needs for the nation.

- **ONC should** list SANER in the ISA and work, via pilots and early implementation, to evaluate and mature towards broader adoption

- **ONC should** work with stakeholders at HHS to create aligned policy and funding mechanisms to harmonize adoption of a combined situational awareness standard.

Homework & Next Steps

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Public Comment

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*Written comments will not be read at this time,
but they will be delivered to members of the Task Force and made part of the Public Record.*

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Meeting Adjourned