# Health Information Technology Advisory Committee

## Interoperability Standards Priorities Task Force 2021 Virtual Meeting

## Meeting Notes | June 17, 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 finalize its work on identifying opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. Arien and David explained that the ISP TF 2021 presented its final recommendations to the HITAC at its June 9, 2021, meeting, and six of the seven recommendations were passed to the National Coordinator for Health IT in a transmittal letter. To complete its recommendations, the TF received a presentation from Peter Hollmann, MD, on behalf of the American Medical Association (AMA) on procedural terminology. TF members discussed the presentation and submitted comments. Additionally, Rich Landen presented on behalf of the National Committee on Vital and Health Statistics (NCVHS). TF members discussed the presentations and submitted comments. The TF discussed proposed revisions to recommendation #3. A final meeting will be held to finalize the TF's recommendations.

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

## Agenda

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| 02:00 p.m. | Call to Order/Roll Call |
| 02:05 p.m. | Introductions |
| 02:10 p.m. | AMA Presentation on Procedural Terminology |
| 02:30 p.m. | NCVHS Presentation on Terminology and Vocabulary Standards |
| 02:50 p.m. | Discussion of Updating Recommendation #3 |
| 03:25 p.m. | Public Comment |
| 03:30 p.m. | Adjourn |

## Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 2:01 p.m. and welcomed members to the meeting of the ISP TF 2021. He thanked everyone for their work on preparations for the TF's presentation to the HITAC on June 9, 2021., and he stated that six of the seven of the TF's recommendations were transmitted to the National Coordinator following the presentation.

## Roll Call

### MEMBERS IN ATTENDANCE

**Arien Malec, Change Healthcare, Co-Chair**
**David McCallie, Individual, Co-Chair**

Ricky Bloomfield, Apple
Cynthia Fisher, PatientRIghtsAdvocate.org
Ken Kawamoto, University of Utah Health
Victor Lee, Clinical Architecture
Clem McDonald, National Library of Medicine
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic

### MEMBERS NOT IN ATTENDANCE

Valerie Grey, New York eHealth Collaborative
Jim Jirjis, HCA Healthcare
Edward Juhn, Inland Empire Health Plan
Ming Jack Po, Ansible Health
Les Lenert, Medical University of South Carolina
Raj Ratwani, MedStar Health
Andrew Truscott, Accenture

### ONC STAFF

Mike Berry, Designated Federal Officer (ONC)

### OTHERS/PRESENTERS

Peter Hollmann, MD, Chief Medical Officer, Brown Medicine
Matt Reid, Senior Health IT Consultant, AMA
Nancy Spector, Coding and Health IT Advocacy Director, AMA
Robert Wah, HITAC Member

## General Themes

### TOPIC: AMA PRESENTATION ON PROCEDURAL TERMINOLOGY

Peter Hollmann, MD, presented procedural terminology on behalf of the American Medical Association (AMA). TF members discussed the presentation and submitted comments.

### TOPIC: NCVHS PRESENTATION

Rich Landen presented on behalf of the National Committee on Vital and Health Statistics (NCVHS). TF members discussed the presentation and submitted comments.

### TOPIC: DISCUSSION OF UPDATING RECOMMENDATION #3

The TF discussed proposed revisions to recommendation #3.

## Key Specific Points of Discussion

### TOPIC: WELCOME AND ISP TF 2021 REPORT OVERVIEW

David and Arien welcomed ISP TF 2021 members, briefly reviewed the agenda, provided a summary of the feedback given to the TF following its presentation of its Transmittal Letter and Recommendations to the HITAC. He summarized the following points:

- The ISP TF 2021 presented its recommendations and transmittal letter to the HITAC at its June 9, 2021, meeting.
- Robert Wah and other HITAC members asked the ISP TF to review testimony submitted by the American Medical Association (AMA) and to revisit the TF's third recommendation around vocabulary standards.

## TOPIC: AMA PRESENTATION ON PROCEDURAL TERMINOLOGY

Peter Hollmann, MD, Chief Medical Officer, Brown Medicine, presented on the topic of procedural terminology on behalf of the American Medical Association (AMA). He thanked the ISP TF for the opportunity to present and introduced himself and two other team members from the AMA, Matt Reid and Nancy Spector. Introductory information was included in the presentation slides. Current Procedural Terminology (CPT®) codes offer doctors and health care professionals a uniform language for coding medical services and procedures to streamline reporting and increase accuracy and efficiency. CPT codes are also used for administrative management purposes, such as claims processing and developing guidelines for medical care review.

Peter defined procedural terminology and discussed industry needs, noting that it is designed to reduce clinical and administrative workflow burdens and needs to be flexible, trusted, evidence-based, and fit for the purpose. He discussed several times the AMA has assisted the industry with the creation of procedural terminology, including new code as part of COVID-19 relief efforts. He stated that when changes are made, they go beyond creating a coding system; the need to educate users is important for the success of terminology coding. He stated that coding goes beyond payment and is used for quality management. It is also necessary for public health, responsive to technology (i.e., for digital medicine), and research. He asked the TF to also consider financial implications and how Medicare is affected by coding changes.

Peter discussed how the CPT code development process works to engage all stakeholders and meet industry needs. He explained that codes need to be multipurpose and described how the CPT Panel and AMA have worked with CMS and the CDC. He also described how CPT codes are integral to clinical and administrative workflows and described how the AMA has worked with Medicare and all the professional societies to address the needs of care coordination and practice management. Two new codes for chronic care management and for transitional care management were developed as a result, and Peter stated that they transformed the care delivery system. He stated that CPT has positively affected the health of patients by reducing distractions and burdens to clinicians.

Peter stated that no single procedure terminology is used internationally but described how CPT coding is used across over 40 countries. He described some other considerations and emphasized the need for terminology curators to be involved in work on terminologies and policy decisions. He stated that the system must align with other interoperability regulatory assessments, requirements, and impacts. He emphasized the need for the system to not provide additional burden for clinicians and also to be consumer-friendly.

### DISCUSSION:

- Arien stated that the ISP TF invited AMA to review the TF's recommendations and to suggest changes. He invited AMA team members to provide comments on the initial recommendations.
  - Nancy Spector stated that Dr. Robert Wah would provide comments later in the meeting, and, as he is the former President of the AMA, his comments would represent its position.
  - David asked Nancy to comment on CPT funding and licensing strategies and asked an attendee from the AMA to comment. She stated that a licensing model is in place, is transparent, and is applied uniformly/non-discriminatorily, and the AMA hears concerns from the industry that there is friction around licensing. The AMA has been working to smooth out this process for end-users. In response to a question from David, she stated that end users are required to license CPT. She explained how amendments have been put in place to provide greater access to the information and stated that the CMS has a royalty-free license. The AMA has other royalty-free models to support price transparency. The patient is not licensed individually, but app developers are licensed.
  - Arien stated that there used to be an obligation by the app/portals developer to license on behalf of the patients and downstream users. Nancy responded that licensing of patients is not part of the AMA's models.

## TOPIC: NCVHS PRESENTATION

Rich Landen, MPH and MBA, presented on vocabulary standards on behalf of the National Committee on Vital and Health Statistics (NCVHS). He introduced himself and discussed the role of the NCVHS, its work, and its obligations. He presented an overview of the Recommendations on Criteria for Adoption and Implementation of Health Terminology and Vocabulary Standards, and Guidelines for Curation and Dissemination of these Standards NCVHS presented to the Secretary of HHS in February 2019.

Rich described the body of work that went into these recommendations, which was mainly completed in 2017 and 2018, and included an environmental scan and an expert panel round table. He noted that the environmental scan was dated September 2018, which was pre-COVID-19. Additionally, the companion document was also dated in September 2018. He detailed the two recommendations that NCVHS made because of its work, and they were outlined in the letter to the Secretary of HHS and attachment documents (Criteria for Adoption and Implementation of Health Terminology and Vocabulary Standards; Guidelines for Curation and Dissemination of Health Terminology and Vocabulary Standards).

Rich discussed the background work that led to the attachment documents and highlighted the fundamentals of the NCVHS's recommendations. He suggested that the recommendations were still applicable, even after the pandemic, as NCVHS made recommendations at a high level. He stated that NCVHS's recommendations were meant to raise the floor for terminologies at a national scale and added that they called for cross-mapping and interoperability across code sets. Implicit in the report, the NCVHS recognized intellectual property and costs to developers but also called on HHS to ensure simple and affordable access to technology for end-users.

### DISCUSSION

- Arien asked Rich to comment on the ISP TF's recommendations relative to those made by NCVHS. Rich stated that they were similar and differed due to differences in the charges of the ISP TF and NCVHS.
- David thanked Rich for the presentation. He stated that the ISP TF mentioned the Office of Management and Budget's (OMB) Circular No. A-119, "Federal Participation in the Development and Use of Voluntary Consensus Standards and in Conformity Assessment Activities" in its standards, and David asked Rich to comment on whether they should continue to reference A-119 or should change to reference NCVHS's recommendations.
    - Rich stated that Circular No. A-119 was considered in the NCVHS environmental scan, so nothing in their recommendations should conflict with it.
- Clem asked Rich to comment on discussions NCVHS held around ICD-11 as part of previous vocabulary work and more recently.
- Rich stated that NCVHS has been working on ICD as part of the terminologies and vocabularies, and all subsequent versions of ICD would be subject to the same recommendations as other terminologies/vocabularies. Additionally, NCVHS previously held discussions around ICD and made separate recommendations referencing the HIPAA-specified medical code set adoption process and delineated differences between versions of ICD from the U.S. clinical modification. Since then, NCVHS has had a separate process and made another recommendation to the Secretary of HHS to do a study of ICD-11 before the U.S. would make a determination around adopting ICD-11 for morbidity. In addition to the research NCVHS recommended, they also recommended that HHS develop a communications plan to educate the user community about ICD-11 to establish an evidence-based approach to whether to adopt ICD-11. He stated that the pandemic derailed this research, so NCVHS is in the process of updating it. An updated letter should be sent to the Secretary of HHS in the fall of 2021. Also, ICD-11 is included in a general recommendation that the updates to the HIPAA medical code sets happen at a more predictable pace at a level that meets industry needs instead of massive, irregular updates.

## TOPIC: DISCUSSION OF UPDATING RECOMMENDATION #3

The ISP TF discussed updates and wording changes that Clem McDonald proposed making to the TF's

recommendation #3. He explained that Robert Wah contributed to the proposed changes, and Robert Wah added that he was on the call and was able to respond to questions.
Arien read the proposed revisions to the ISP TF's 3a, 3b, and 3c recommendations, and Clem and Robert provided background information on the revised recommendations, which included:

- a. We recommend that ONC work with Federal stakeholders and terminology curators to establish policy that moves the nation towards terminology standards that:
  - i. Are developed in accordance with OMB Circular A-119 (on Voluntary Consensus Standards);
  - ii. Have licenses which adhere to the licensing components of the "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program that allow facile use by providers, researchers, developers, patients and other stakeholders (though national funding, where appropriate)
  - iii. Are designed to address multiple needs (e.g., clinical care, research, public health, and administrative needs);
  - iv. Are international or cross-mapped to international standards to allow for multi-regional pooled research;
  - v. Are deemed fit for purpose; or
  - vi. Ensure that clinical and administrative workflows are minimally impacted, while taking into account current efforts already underway by Federal and state government stakeholders to reduce burden on the healthcare system.
- b. In areas where code sets that do not conform to this policy are currently required by Federal actors, we recommend that ONC work with key Federal stakeholders (such as NLM, CMS, FDA, NIH, etc.) and terminology curators to transition the nation towards terminology meeting the policy through means including, but not limited to, licensing and/or funding to terminology curators, aligning terminology development with the policy, or transitioning to alternate terminology standards that cause minimal impact to clinical and administrative workflows.
- We recommend that ONC use direct levers to continue to standardize laboratory results, while working with related agencies of HHS (primarily FDA [analyte machines] and CMS [CLIA]) and terminology curators to correctly code the identity of laboratory tests/measures, (the "question"), to LOINC.; for tests whose value, (the "answer"), is a quantity, code their units of measure (e.g. mg/dL) to UCUM; and for tests whose value, (the "answer"), is reported as a named code (e.g. "not detected," code the value to SNOMED-CT. In addition, the transmittal letter of approved recommendations from the ISP Task Force's initial deliberations in 2019: https://www.healthit.gov/sites/default/files/page/2019-12/2019-10-16_ISP_TF_Final_Report_signed_508.pdf
- d. We recommend that ONC, directly and through coordination with CMS and terminology curators, harmonize procedural coding standards to standards meeting the policy goals listed above.
- E. We recommend that ONC, In the transition to ICD-11, work with CMS, NLM, and terminology curators to encourage ~~SNOMED-CT and ICD-11~~ harmonization to allow single source use of captured clinical data for clinical care, research, and administrative workflows.

- Update to Executive Summary: In order to improve interoperability and innovation, we recommend that ONC work with other Federal stakeholders and terminology curators to move the nation towards terminology standards that are developed in accordance with OMB Circular A-119 (on Voluntary Consensus Standards), adhere to the licensing components of the "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program," are designed to address multiple needs (clinical care, research, public health, and administrative needs), and are deemed fit for purpose, or ensure that clinical and administrative workflows are minimally impacted while taking into account current efforts already underway by Federal and state government stakeholders to reduce burden on the healthcare system. Further, and when a code system for a given class of information is used in most international venues, provide cross mapping of national codes to it in order to enable multi-county pooled research. In areas where code sets that do not conform to this policy are currently required by Federal actors, we recommend that ONC work with key Federal stakeholders (such as NLM, CMS, FDA, NIH, etc.) and terminology curators to transition the nation towards terminology meeting the policy through means including, but not limited to, licensing, aligning terminology development with the policy, or transitioning to terminology standards that cause minimal impact to clinical and administrative workflows.

## DISCUSSION:

- Arien summarized changes to Recommendation 3a ii. And 3a iii., noting that the differences are in calls for a cost-plus basis for interoperability and an IP licensing basis for interoperability components. Arien stated that any barriers to interoperability in terms of licensure or costs are problematic and cautioned the TF against making recommendations that would go against recommendations made previously by HHS, ONC, the HITAC, and NCVHS. He described how a no/low-cost model has been used by LOINC, HL7 Fast Interoperability Healthcare Resources (FHIR), and others and asked the TF to consider changing the language in its recommendation to align with NCHVS's recommendations.
  - Robert asked for clarification around the language used by NCVHS currently.
  - Rich responded that NCVHS is looking at this issue from a high level in an attempt to balance the need to protect/maintain the intellectual property and the financial viability of the organizations that develop and maintain technologies and vocabularies with the ability to minimize barriers to obtaining vocabularies/terminologies for small practices, patients, and consumers. NCVHS did not call for a specific solution to this challenge.
  - Arien directed ISP TF members to the attachments of the NCVHS transmittal and policy frameworks that they called out. Both the ISP TF and NCVHS have recognized that there are multiple ways of achieving the desired outcomes and multiple models. Rich agreed and discussed the various models and approaches.
  - Clem thanked Arien for providing additional details.
- Arien suggested calling out NCVHS's requirements instead of including some of the revised points.
  - Robert stated that he did not have the NCVHS transmittal letter when he and Clem prepared their revisions, so he would like to review their recommendations before updating the ISP TF recommendations. He stated that they referenced the Cures Act language, as it was more recent than the NCVHS transmittal, and discussed the thought process behind the revisions.
  - Arien explained that, generally, the ISP TF recommendation revisions should align with NCVHS's, and the ISP TF should ensure that additional burdens are not created through its recommendations.
- Arien stated that he did not see the revisions to Recommendation 3b as materially different from what was already presented to the HITAC in the ISP TF recommendations and transmittal letter.
  - David agreed that there was a small correction to wording that was inadvertently omitted.
  - Arien suggested a small point of wordsmithing.

- Clem discussed revisions he made to Recommendation 3c., including clarified language around SNOMED and UCUM.
  - David commented that this level of detail is too specific for a high-level recommendation and might not apply to 100% of use cases. It might be better placed in an implementation guide (IG) instead.
  - Arien stated that it was framed in a useful way that clarified the language. He stated that he would like to propose this as a set of potential edits but called for further feedback from TF members.
- TF members discussed issues around clinical, billing, and diagnostic code harmonization and how to best describe solutions to these issues. They agreed that work should happen to not use two or more code sets and to highlight the goal of harmonization.
- The TF will review the revisions made to the Executive Summary section after the more detailed recommendations are completed.

Arien thanked the presenters for their input and stated that it is in everyone's best interest to better align the work of all organizations.

## Action Items

An additional meeting of the ISP TF will be held to conclude discussions around the revised TF recommendation and formalize any additional changes.

## 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 (ONC): Welcome to the Interoperability Standards Priorities task force. We will be getting started soon.

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

Ram D Sriram: I am here, but not on audio.

Sasha TerMaat: Hi folks, sorry I had a conflict but was able to join now.

Nancy Spector: Scroll down in the document. There are edits for 3d and 3e

## Resources

ISP TF 2021 Webpage
ISP TF 2021 – June 17, 2021 Meeting Agenda
ISP TF 2021 – June 17, 2021 Meeting Slides
ISP TF 2021 – June 17, 2021 Meeting Webpage
HITAC Calendar Webpage

## Adjournment

Arien and David thanked everyone for their participation in the ISP TF 2021's work.

Mike Berry explained that the TF would meet again on Thursday, June 24, 2021, from 2:00 p.m. until 3:30 p.m. to finalize its recommendations.

The meeting was adjourned at 3:20 p.m. E.T.