ISP Task Force 2021 Recommendations

Arien Malec, Co-Chair

David McCallie, Co-Chair

July 14, 2021

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Interoperability Standards Priorities Task Force

Health Information Technology Advisory Committee
The Office of the National Coordinator for Health Information Technology

Task Force Recommendations and Report

- Charge

- Membership

- Background

- Recommendations

Task Force Charge

Overarching Charge

- The ISP Task Force for 2021 is charged 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.

Detailed Charge

The Task Force's specific charges were to provide the following:

- **(March 2021)** ISP Task Force reviews ISA and identifies opportunities to update "Interoperability Needs" within the ISA sections to address HITAC priority uses of health IT

- **(April/May 2021)** 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.

- **(June 2021)** ISP Task Force submits final recommendations to the HITAC for approval. HITAC reviews, approves, and submits recommendations to the National Coordinator.

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Task Force Roster

Name	Organization
Arien Malec (Co-Chair)	Change Healthcare
David McCallie (Co-Chair)	Individual (retired, Cerner)
Ricky Bloomfield	Apple
Cynthia Fisher	PatientRightsAdvocate.org
Valerie Grey	New York eHealth Collaborative
Jim Jirjis	HCA Healthcare
Edward Juhn	Inland Empire Health Plan
Ken Kawamoto	University of Utah Health
Victor Lee	Clinical Architecture
Leslie Lenert	Medical University of South Carolina
Clem McDonald	National Library of Medicine
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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Background on Recommendations Process

The Task Force conducted a Delphi Method process to prioritize interoperability needs based on ONC priority areas and Task Force member input.

The Task Force prioritized and assessed the standards landscape via multiple hearings for:

- Health Equity

- EHR Data Use for the "Learning Health System" based on COVD-19 experience in pragmatic trials, real world evidence, comparative effectiveness, etc. (e.g., UK RECOVERY trials)

- Burden Reduction and associated Clinical/Administrative Data and Standards Harmonization

- Vocabulary Standards

The Task Force additionally heard testimony on, and provided recommendations for:

- Public Health Situational Awareness

Recommendations Discussion

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ISP-TF-2021_Recommendation 03 - Foundational Standards – Terminology

3a. ONC to **work with Federal stakeholders and terminology curators to establish policy** that moves the nation **towards terminology standards** that are:

- Developed in accordance with OMB Circular A-119 (on Voluntary Consensus Standards) and the 2019 NCVHS Vocabulary Recommendations

- Have licenses that allow for free or low cost use (using the language of the 2019 NCVHS Vocabulary Recommendations) by providers, researchers, developers, patients and other stakeholders

- Designed to address multiple needs (e.g., clinical care, research, public health, and administrative needs).

- International or cross-mapped to international standards (where available) to allow for multi-regional pooled research

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3b. ONC to **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 terminologies, funding terminology curators, working with terminology curators to align development with the policy, or managing the transition to alternate terminology standards taking reasonable efforts to minimize workflow disruption during any transition.**

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3c. ONC to use direct levers to continue to standardize laboratory results, while working with related agencies of HHS (FDA, CMS) and terminology curators to **correctly code as close to source (e.g., analyte machine or LIMS) as possible 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;**

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ISP-TF-2021_Recommendation 03 - Foundational Standards – Terminology

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 ICD11, work with CMS and NLM to encourage harmonization to allow a single nomenclature for capture and encoding problems and diagnoses for clinical care, research, and administrative workflows.

f. We recommend that ONC work with FDA and CMS to continue to harmonize NDC to RxNorm, treating RxNorm as the source terminology set, and to harmonize administrative and electronic prescribing standards to use RxNorm as the single source of clinical data for clinical care, research and administrative workflows, replacing NDC for such purposes.

Questions?