Health Information Technology Advisory Committee

HTI-1 Proposed Rule Task Force 2023 Virtual Meeting

Group 3: ONC Health IT Certification Program Updates- Insights Condition, Standards Updates, and Request for Information (RFI)

Meeting Notes | June 1, 2023, 10:30 AM – 12 PM ET

Executive Summary

The focus of the Group 3 Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule Task Force session on June 1 was to review and discuss Fast Healthcare Interoperability Resources (FHIR) Subscriptions, FHIR Standard for Scheduling, and the Substitutable Medical Applications and Reusable Technologies (SMART) Health Links Request for Information.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	HTI-1 Proposed Rule Task Force Charge
10:40 AM	FHIR Subscriptions, FHIR Standard for Scheduling, and SMART Health Links Request for Information
11:50 AM	Public Comment
12:00 PM	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 AM.

Roll Call
Members in Attendance

Steven Eichner, Texas Department of State Health Services, Co-Chair
Steven Lane, Health Gorilla, Co-Chair
Hung Luu, Children's Health, Group 3 Lead
Hans Buitendijk, Oracle Health
Clem McDonald, National Library of Medicine
Fillipe Southerland, Yardi Systems, Inc

Members Not in Attendance

Naresh Sundar Rajan, CyncHealth

ONC Staff

Mike Berry, Designated Federal Officer, ONC
Dustin Charles, ONC
Alex Kontur, ONC
Michael Wittie, ONC

Key Points of Discussion

HTI-1 Proposed Rule Task Force Charge

HTI-1 Proposed Rule Task Force (Task Force) Co-Chairs, Steven Eichner and Steven Lane, welcomed Group 3 attendees. Hung Luu, Group 3 Lead, reviewed the meeting agenda and recapped the charge detailed in the June 1 meeting presentation materials.

FHIR Subscriptions, FHIR Standard for Scheduling, and SMART Health Links Request for Information

Alex Kontur, ONC, provided background on FHIR Subscriptions and the FHIR Subscriptions Request for Information (RFI). Alex then reviewed the background on the SMART Scheduling Links and the SMART Scheduling Links Request for Information (RFI), as well as the SMART Health Links background and its associated RFI. He also indicated what aspects of the RFIs ONC seeks feedback on.

Discussion:

- Steven Eichner noted one of the issues around SMART utilization is discrimination in real-world applications. For example, SMART may not share all the pertinent information due to gaps in the implementation.
  - Hans Buitendijk suggested the Task Force recommend ONC examine SMART implementation guidance.
  - Steven Eichner agreed and noted the issue is not purely technical. It is also about how the SMART Link is used in practice.
  - Hans said sources may not have all the data an individual is interested in. It is important to link back, but there is no guarantee each source has all the data.
- Brett Marquard, subject matter expert and part of OneWave Associates, noted there is a group that has done some pilot testing using SMART Links, specifically for immunization records. He voiced that immunization summaries from providers would be enormously helpful. Being able to share a QR code with an individual's immunization records would be helpful to the community.
  - Steven Eichner said that could be an issue for individuals who cannot be immunized due to specific medical conditions. It will burden the patient to provide additional exemption documentation. He added there should be guardrails in place so the implementation is not discriminatory.
  - Brett said there could be a SMART Health Link for patients who have situations like this.
- Hans noted fundamental capabilities within SMART Links are growing, but there is still a lack of implementation guidance. He suggested the standards are sufficiently mature to start work, but the implementation guidance should be built on use cases so the adoption is widely used and scalable.
- Brett added it is important to specify the base standard and then be specific in subsequent standards.
  - Hans said the only way to test the implementation guide is to accurately interpret the requirements. It is important to focus on the implementation guide first rather than the

standard.

- Brett said he would not name specific FHIR specifications in the Task Force's recommendation to ONC but would list the various capabilities and topics to enable.
  - ○ Hans recommended ONC and the industry continue work on defining FHIR specifications.
  - ○ Hung Luu said the longer the issue is not settled, the more fragmented interoperability there will be. He suggested the Task Force agree on a preferred method going forward.
- Steven Lane said when patients schedule visits with primary care providers, the scheduling process uses simple logic.
  - ○ Brett agreed and said he thinks the industry is prepared to have that as a certification requirement.
  - ○ Hans said that would be helpful and further recommendations can snowball from there.
- Group 3's suggestions in the HTI-1 Proposed Rule Task Force Recommendations to ONC document were displayed.
  - ○ Regarding Row 3's recommendation, Fil Southerland said the transition from United States Core Data for Interoperability (USCDI) version 1 (v1) to version 3 (v3) is an issue for specialty EHRs. Instead of saying the Task Force is supportive of moving to v3, he suggested amending the language to indicate the Task Force is supportive of moving to v3, but ONC should survey the landscape of the burden this may have on specialty EHRs.
  - ○ Hans agreed.
  - ○ Group 3 will revisit more information in the Row 3 recommendation at the June 8 meeting.
- Hung reviewed the recommendations in Row 8 of the recommendations document.
  - ○ Regarding the fourth recommendation in Row 8, Steven Eichner recommended ONC work with Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) to ensure there are sufficient resources are in prescription drug monitoring programs (PDMPs) to meet the change standard.
    - ▪ Hung suggested Steven and himself work offline on an updated recommendation.
      - • Steven Lane noted adding a specific recipient into the recommendation may not be beneficial.
  - ○ The Task Force agreed to move forward with the fifth recommendation in Row 8.
- Hung reviewed the recommendation in Row 4.
  - ○ The Task Force moved forward with the recommendation.

PUBLIC COMMENT
Mike Berry opened the meeting for public comments.

QUESTIONS AND COMMENTS RECEIVED VERBALLY
- Mark Savage noted he led the FHIR at Scale Taskforce (FAST) Shared Care Planning Use Case and they struggled with version control, recognizing every member of the care team does not need access to all patient information in real time. The FAST Shared Care Planning Use Case team recommended that a doctor, not necessarily the primary care physician, should be the single point of truth for subscriptions.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT
Mike Berry (ONC): Welcome to the HTI-1 Proposed Rule Task Force. Meeting materials can be found at: https://www.healthit.gov/hitac/events/hti-1-proposed-rule-task-force-2023-group-3-4

Mike Berry (ONC): Please remember to tag "Everyone" when using Zoom chat. Thank you.

Mark Savage: FHIR Subscriptions sounds like it would facilitate the FAST Shared Care Planning Use Case, allowing all members of an individual's care team to subscribe, as desired per options, to updates to the the individual's dynamic, longitudinal shared care plan in real time. Yes!

Steven Lane: This would seem to allow vey well with the needs for ADT notifications and could be referenced in TEFCA to support push messaging.

Steven Lane: *align very well…

Steven Lane: Being able to manage cross organization scheduling in a standardized way would meaningfully support patients' ability to shop for and select the services that best meet their needs. Would want to combine this with price transparency.

Brett Marquard: Stephen, you are correct Subsciptions would be a great candidate for ADT notifications. My struggle with encouraging this use case first is many sites have solved this with ADT V2. In chatting with other colleagues prior to this call we all do better driving adoption around new capabilities rather than reworking the mechanisms for already available capabilities.

Brett Marquard: Is there a particular visit type that would benefit most from cross organizational scheduling?

Hans Buitendijk: Agreed with Brett. Additionally, for these to work, "just" referencing Subscriptions (whether R4, R4B, or R5) requires implementation guidance to drive consistency to be able interact with a variety of HIT. Thus should focus on implementation guides. Resolving whether FHIR R5 subscriptions could work with FHIR R4 content (likely, but needs to be aligned), should be addressed.

Steven Lane: Thank Brett. Unfortunately the existing network of ADTs is incomplete and relying on multiple standards and proprietary solutions. Having a single standard solution that all certified HIT can support would at least create a path toward comprehensive coverage and a standardized solution. Also, the ability for subscribers to specify their own filters in the standard takes this requirement off the HIT vendors to create custom, as they are attempting to do now.

Steven Lane: Is there a technical limitation to the quantity of health data that could be posted behind a SMART card? For example, could the QR code provide access to a full CCD, the last 3 years or health data, or All EHI?

Julie Maas: That would be a nice use case for a new kind of SMART Health Card!

Julie Maas: ...or a variation on the existing SMART Health Card that is more equitable.

Hans Buitendijk: This is a good example where "just" certifying to SMART Health Link is not enough as there needs to be sufficient implementation guidance established before considering any certification.

Brett Marquard: Re:"...subscribers to specify their own filters.." Remember every rule a 'Client' asks must be implemented by the FHIR server (EHR). I don't believe this will be automatic process for some time.

Mark Savage: Will try to drop a link in the chat.

Julie Maas: Not related to care coordination but having worked on Digital Identity and Patient Matching within FAST/HL7 the idea of helping consumer adoption of unique identifiers by providing them with something tangible they can walk around to points of care, this use of SMART Health Cards with a link to photo came to mind as one potential use case: https://twitter.com/JulieWMaas/status/16639712486014689282s=20 Digital Identity seems essential to IAS, longitudinal records management and patient access more generally

Julie Maas: ^This is definitely a component of FAST Shared Care Planning inasmuch as it helps us identify the same patient across organizations, though--FAST Identity relied on that Shared Care Planning use case in determining core capabilities and evaluating our potential solutions.

Mark Savage: Link to FAST Shared Care Planning Use Case: https://oncprojecttracking.healthit.gov/wiki/pages/viewpage.action?pageId=88146023&preview=/88146023/109445276/FAST-UC-Shared_Care_Planning.docx

Brett Marquard: Subscriptions --> Name a specific Topic (my favorite is 'patient data updates' for smart apps, or 'Public health condition")

Brett Marquard: The 3 ultimate ways: R4 Backport, R4b, R5

Julie Maas: I have provider input that it seems like a lot of work for providers to actively subscribe to all the ADTs they may need, though FHIR Subscriptions management seems like it might dovetail well as a method to tune that delivery by recipients.

Brett Marquard: https://confluence.hl7.org/display/AP/Scheduling+Building+Blocks

Mark Savage: When I was at UCSF, we observed that USCDI tended not to include ADMINISTRATIVE data elements. Like scheduling. Not sure where current thinking is on whether that would help in part or whole.

Mark Savage: +1 Steven--state support

Brett Marquard: @Stephen - Couldn't find original reference in SMART Health Links on QR storage but it appears ~3kB is the limit. One example CCD I have on my computer is over 100kB :)

Julie Maas: Fil, wrt your question about IGs products as a result of the use case writeup Mark shared, FAST Identity relied on that use case as a lens to develop our solution; our IG is here and should be published as final any day now: https://build.fhir.org/ig/HL7/fhir-identity-matching-ig/ UDAP Security is another, as is FAST Directory. These IGs are all tested regularly as part of HL7 FAST Infrastructure track at FHIR connectathons.

Julie Maas: "produced" not "products"

Brett Marquard: C-CDA R4 implements USCDI v3

Brett Marquard: C-CDA Templates for Clinical Notes STU Companion Guide Release 4 (US Realm)

Mark Savage: @Brett, what's the acronym for that? :-)

Brett Marquard: ha

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL
No comments were received via email.

Resources
HTI-1 Proposed Rule Task Force 2023 Webpage
HTI-1 Proposed Rule Task Force 2023 – June 1, 2023 Meeting Webpage
HITAC Calendar Webpage

Adjournment
The meeting adjourned at 12:00 PM.