

HIT Standards Committee
Clinical Operations Workgroups – Task Force on Vocabulary

Tuesday, February 23, 2010, 9:00 a.m. to 4:30 p.m./Eastern Time
Omni Shoreham Hotel, 2500 Calvert Street, NW, Washington, DC

QUESTIONS FOR PANELISTS:

I. Purpose: Obtain public input on, and engage expert stakeholders in discussion of “rules of the road” for how vocabulary subsets and vocabulary value sets should be created, described, distributed, and maintained in order to facilitate meaningful use of electronic health records (EHRs).

II. Questions to be Addressed in Public Comments

With reference to the Vocabulary Task Force’s definitions (in Attachment A), please respond to your choice of at least any four of the following questions about convenience subsets and/or value sets that are needed to facilitate meaningful use of EHRs. Be sure to specify which questions you are answering and to which category(ies) of subsets and value sets your comments apply.

- 1) Who should determine subsets and/or value sets that are needed?
Open consensus process, preferably within an established SDO.
We should ensure alignment between quality measures, CPGs, decision support.
If LOINC and IHTSDO are both defining value sets, it's probable we'll have multiple value sets for the same purpose.
One reason for developing value sets within an SDO is that value sets live inside communication artifacts (e.g. CDA documents), and therefore shouldn't be built in isolation.
Overall, my preference is that value set determination should occur within HL7, with direct engagement of clinical community and other stakeholders. Realm localization (e.g. constraining a value set for US use) can be done in HL7, but might also be done in a HITSP-like structure.
- 2) Who should produce subsets and/or value sets?
The organization that determines/vets them.
- 3) Who should review and approve subsets and/or value sets?
This is part of the open consensus process.
- 4) How should subsets and/or value sets be described, i.e., what is the minimum set of metadata needed?
Between IHTSDO RefSet model, HITSP/C80 value sets, and HL7 Common Terminology Services, the notion of intentional (criteria-based) and extensional

(enumerated) value sets and the set of metadata has been well established. Task Force should recommend a harmonization of these three activities, rather than recommending it's own set of metadata.

- 5) In what format(s) and via what mechanisms should subsets and/or value sets be distributed?

To the extent possible, we should be presenting a uniform interface to code systems and value sets. While there are many code systems, from an implementers perspective, they should appear to be integrated. The uniform interface should have a GUI for direct user interaction, and a service interface for programmatic access.

- 6) How and how frequently should subsets and/or value sets be updated, and how should updates be coordinated?

HOW: There are several potential maintenance models: [1] when source vocabulary changes; [2] ad hoc; [3] on a defined frequency (e.g. yearly). With intentional (criteria-based) value sets, changes can be automatically suggested based on changes to source code system. To ensure high specificity (e.g. to ensure that value sets don't contain irrelevant values), particularly with intentional value sets, it is ideal to vet the automatic changes with domain experts prior to versioning the value set. As a result, it is often convenient to couple value set update to other update events – such as annual review of a quality measure or clinical practice guideline.

HOW FREQUENTLY: Updates differ based on value set – e.g. value set of antibiotics vs. value set of body sites. Every value set needs to be built for a specific purpose, which can be used to determine update frequency.

- 7) What support services would promote and facilitate their use?

- 8) What best practices/lessons learned have you learned, or what problems have you learned to avoid, regarding vocabulary subset and value set creation, maintenance, dissemination, and support services?

Value sets are ideally all drawn from a comprehensive integrated terminology. Maintenance needs to be considered from the inception of the value set machine. Value sets cannot be built in isolation of the communication artifact.

- 9) Do you have other advice or comments on convenience subsets and/or value sets and their relationship to meaningful use?

Meaningful use necessitates data reuse. Task Force needs to ensure that its recommendations, while focused on value sets, are framed within the big picture of data analysis and data reuse.

- 10) What must the federal government do or not do with regard to the above, and/or what role should the federal government play?

Promote terminology integration – get rid of the disparate terminologies that US

implementers have to deal with. If LOINC and IHTSDO are both defining value sets, it's inevitable we'll have multiple value sets for the same purpose. If IHTSDO and RxNorm are defining drug or allergen value sets, we'll have multiple value sets for the same purpose, and propensity for inconsistent decision support.

Take a hard look at real world harmonization challenges. Putting a stake in the ground by crafting nationally approved or recognized value sets is an important step, and sets a target. There are various challenges folks will face in trying to meet these targets. Task force might consider a panel whereby implementers speak to value set adoption challenges, and from there, develop a set of recommendations.

Because we have only a limited time to conduct the hearing, we ask that you confine your oral remarks to **5 minutes**; Q&A with the Task Force members will follow. In order to maximize time at the hearing, we ask that you submit written comments on the above questions **no later than February 18, 2010**, so they can be reviewed by the Task Force members in advance.

There will be a broad solicitation of written public comments for this meeting. Approximately 10 people will be invited to provide in-person comments on February 23, 2010.