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Department of Veteran Affairs  
Veterans Health Administration, Office of Health Information  
Statement to Task Force on Vocabulary  
HIT Standards Committee, Clinical Operations Workgroup  
March 23, 2010

My name is Linda Fischetti, I am the Chief Health Informatics Officer of the Veterans Health Administration. On behalf of the Department of Veterans Affairs (VA), I am pleased to respond to the invitation to address the critical role of vocabulary value sets in support of interoperability.

VA is a national health care provider for over 6 million Veterans with a thirty-year history of a recognized, comprehensive Electronic Health Record System, known as CPRS/VistA. Our electronic health system is installed in all sites of care including, but not limited to, inpatient, outpatient, and mental health facilities. Anywhere that a Veteran seeks care within the VA integrated delivery system, the electronic health record is available.

We recognize the importance of this Committee's deliberations because standard coded terminology within an electronic health record system and used for interoperability will provide the critical infrastructure necessary for the computable benefits we seek from our health IT systems. Said simply, national consensus and conformance to terminology, terminology subsets and value sets to support meaningful use will accelerate the national ability to exchange information that has relevance and meaning in both the sending and receiving information systems. When achieved, the benefits will enable smarter systems to support our needs to make comparisons within a longitudinal health care record, improve clinical decision support, quality measurement, performance measurement, public health surveillance and clinical research.

While we acknowledge that the terms, 'subsets' and 'value sets' are used in various ways, for the purpose of my statements today, I will draw a distinction between vocabulary subsets and value sets. Vocabulary subsets are generally drawn from larger terminologies for use in a particular context, such as Allergy lists or Problem Lists. Organizations may further refine a subset, creating a value set for actual implementation to meet their own business needs. For example, the National Library of Medicine has published a subset of a standardized Problem List. VA starts with the Problem List subset, which provides convenience and promotes interoperability with others. But for implementation purposes, VA will need to further refine it by removing pediatric-specific problems (since VA's patient population does not include children) and adding problems specific to veterans (for example, Agent Orange Exposure). This is one example of how VA might modify a vocabulary subset to create an internal value set.

In order to achieve the benefits of meaningful use, VA anticipates the need for national meaningful use value sets. We envision becoming a consumer of these externally created value sets and stand ready to join with other Federal Health Providers to help identify the governance and technical infrastructure that will be needed to create and sustain national meaningful use value sets.

Implementers of electronic health record systems are best suited to create implementable value sets. Value sets should be produced in public, transparent consensus standards organizations so that the public has adequate input and so that the work is freely available to all who must meet

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the meaningful use requirements, in conformance with the Office of Management and Budget circular A-119<sup>i</sup>. These open, consensus organizations should have a mechanism to receive meaningful use value set proposals from subject matter experts such as clinical professional organizations. Once created, a mechanism for publication for use by all impacted individuals and organizations should be assured through the same principles of public, transparent, consensus based management.

Some “best practices” suggested by our experience include producing and approving value sets that are well defined, circumscribed, and that directly address a discrete clinical or business need. For example, a high priority value set might describe a simple, universally understood set of clinical allergy reactions or vital signs. Value sets that define abstract or ambiguous concepts such as patient problems or diagnoses are definitely more difficult. We have also found that, due to inevitable lags in deployment, static concepts such as gender and religion codes are easier to put into value sets than highly dynamic ones. Most importantly, value sets provide the most utility and value when they have clear, immediate, and obvious clinical utility and relevance. Therefore, initial efforts should describe relatively small, relatively static, high clinical priority value sets that have high face value for clinicians. Finally, we note the creation and deployment of value sets brings a high maintenance burden. The maintenance burden can be decreased through the creation of shared procedures, mechanisms, and tooling to support the creation, maintenance, and distribution of value sets.

Value sets published and described using metadata schemas such as that used by AHRQ for Healthcare Information Technology Standards Panel(HITSP) are important to clearly describe and document data elements for implementers. Additional work must be done on metadata schemas, specifically relating to versioning and longitudinal management. Versioning is of great importance for the value set itself, as well as for its constituent member concepts, the source vocabularies, and any messages or documents to which the value set is tied for meaningful use.

We endorse the establishment of a governance structure and technical infrastructure for managing and publishing terminology, including value sets. Federal Health providers have a great deal of experience that could assist in establishing requirements for a set of processes, repository, and registries for maintaining and distributing the value sets needed for meaningful use.

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<sup>i</sup> <http://www.whitehouse.gov/omb/rewrite/circulars/a119/a119.html>