

Health IT Standards Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



HIT Standards Committee

Consumer Technology Workgroup

November 13, 2013



WG Members

- Brian Ahier, Gorge Health Connect, Inc.
- Christine Bechtel, National Partnership for Women & Families
- Brian Carter, Cerner
- AJ Chen, HHS NPA Region IX Health Equity Council
- John Derr, Golden Living, LLC
- Tonya Dorsey, BCBS/South Carolina
- Arthur Henderson, Affinity Networks, Inc.
- Susan Hull, Wellspring Consulting
- Elizabeth Johnson, Tenet Healthcare Corporation
- Russ Leftwich, TN Office of eHealth
- Mohit Kaushal, West Health

- Tom Jones, Tolven Health
- Holly Miller, MedAllies, Inc.
- Marcia Nizzari, PatientsLikeMe
- Yair Rajwan, Visual Science Informatics, LLC
- John Ritter, HL7 EHR Work Group
- Anshuman Sharma, Ubiqi Health
- Fred Trotter, Not Only Dev
- Wes Rishel, Gartner
- David Harlow, The Harlow Group LLC

Ex Officio Members

- Kim Nazi, Veterans Health Administration
- Susan Woods, Veterans Health Administration



- **Charge:** Provide recommendations on standards and interoperability issues and opportunities related to strengthening the ability of consumers, patients, and lay caregivers to manage health and health care for themselves or others.
- **Scope:**
 - Examples of issues to be addressed include portability of patient data, patient access to and generation of their health data, and incorporating patient preferences for a variety of issues, such as care plans.
 - Important touch points with other workgroups:
 - HITPC Consumer Empowerment Workgroup
 - Meaningful Use Workgroup



First steps:

- Confirm:
 - What standards are needed to support the flow and use of PGHD by providers, including acceptance of PGHD?
 - What standards are available now? What is missing?
 - What are the gaps between what is needed and what exists now to support PGHD?

Next steps:

- What is the current level of maturity/adoptability of these standards?
- What is their projected level of maturity/adoptability in 2014 or 2015?



- Use or Re-purpose existing standards where possible
 - Inherits the benefits and problems
 - Mature in provider world
 - New in the patient world
 - Standards can constrain or encourage innovation



- Consumer friendly standards should be encouraged and are likely for **OUTBOUND** data from EHR
 - Patients assumes risk
- Provider friendly standards are likely for **INBOUND** data to EHR
 - Provider assumes risk



– Safety related

- Medication list
- Allergy list (e.g., nutrition)
- Intolerances
- Barriers to care



– Patient and provider care plan related

- Incorporate patient goals and values
- Supports shared decision making
- Information the provider requested
- Recent changes that might prompt a change or reconsideration of care plan
- Enables long term data persistence e.g. advance directives and POLST
- Enables device and tracking data (asynchronous/synchronous)
- Promotes pre-visit preparation
- Gathers histories (e.g. family, surgical)



- **New patient concern**
- **Patient reported outcomes**
- **Administrative and important**
 - Enables patient personal Profile
 - High impact on care process
 - High impact on efficiencies for providers and convenience for patients
 - Caregiver/care team
 - Communication preferences
 - Experience of Care

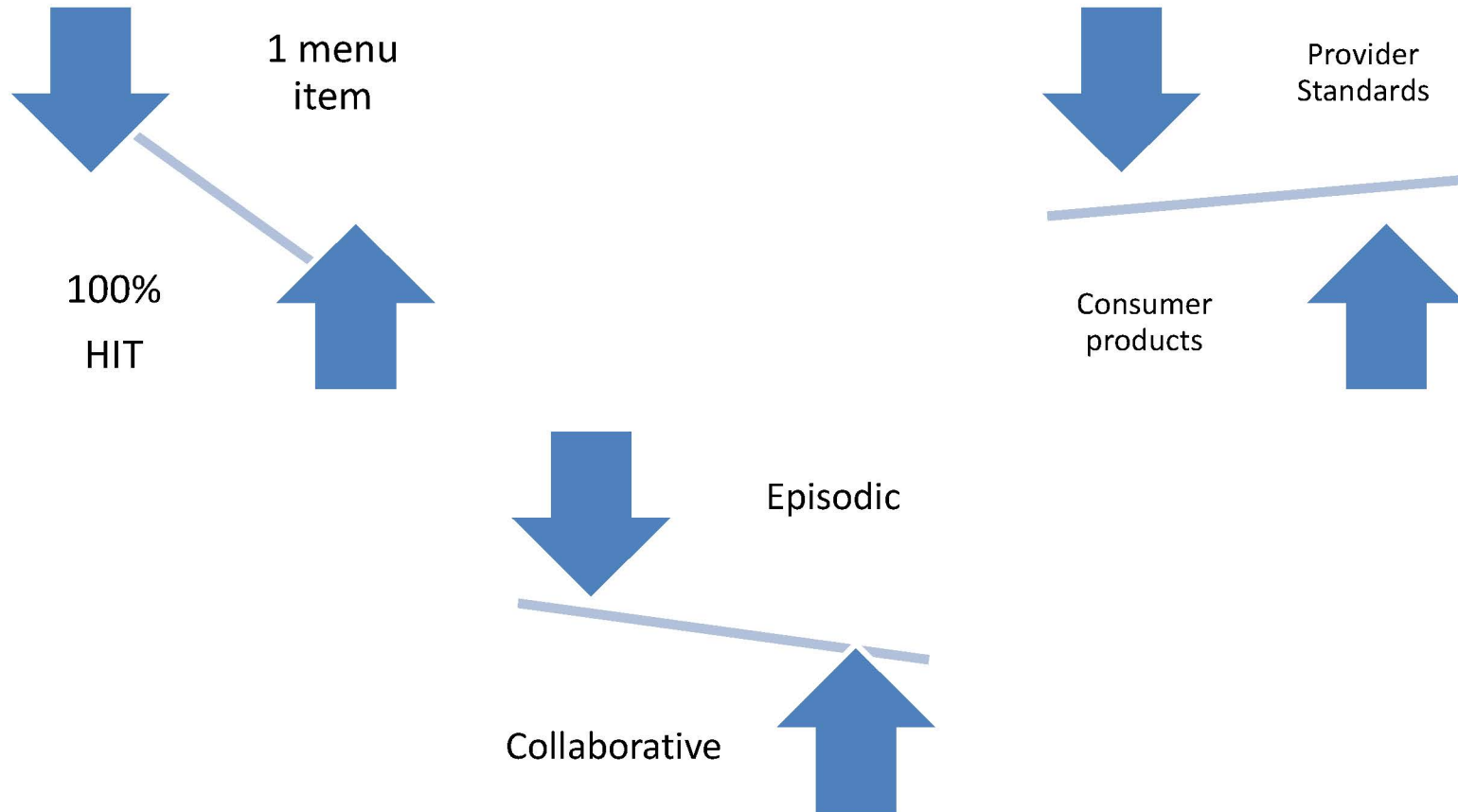


- PGHD is an opportunity to capture needed information for use during care, with potential cost savings and improvements in quality, care coordination, and patient engagement
- Valuable for many reasons...
 - Fosters patient learning, self-monitoring, and self-management, enabling some activities to shift from provider-driven to patient-led
 - The patient's family and other caregivers can better assist in care
 - Multiple care team members can avoid information gaps and poor coordination
 - Providers get accurate information (e.g., what is taken vs. what is prescribed, administrative, etc.)
 - Providers can access information that impacts care decisions
 - Can help avoid medical errors
 - Reduce data collection burden for providers

Balance is needed



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Readiness Evaluation and Classification Criteria for Technical Specifications



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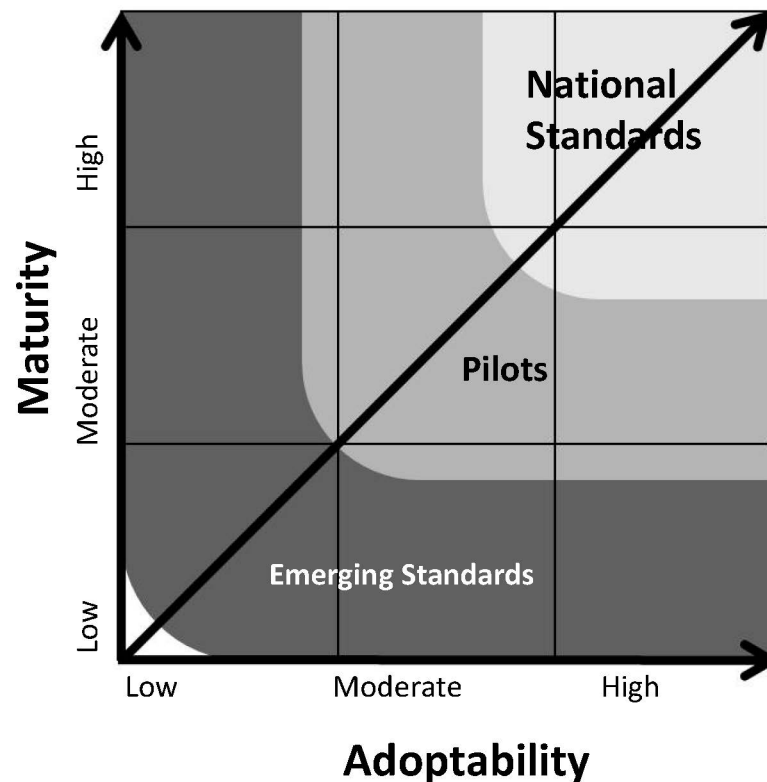
Acknowledge: Mature standards are new to patient/provider workflow

Maturity Criteria:

- Maturity of Specification
- Maturity of Underlying Technology Components
- Market Adoption

Adoptability Criteria:

- Ease of Implementation and Deployment
- Ease of Operations
- Intellectual Property



This methodology will be used in assessing readiness for specific standards

Meaningful Use 3: Ready



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PARTICIPANTS

Messaging	Structured/ Questionnaire	Unstructured/ Narrative/Hybrid	Device	Plan(s) of Care	Collaborative Care Planning
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Patient* providers of records, care team

Patient*, home care, hospice, other

Non traditional care givers,
payer, LTPAC, guardians,
parents, legal representative,
other

Community

Assume technology/device agnostic

Meaningful Use 3 Ready:

Messaging	Structured/ Questionnaire	Unstructured/ Narrative/Hybrid	Device	Plan(s) of Care	Collaborative Care Planning
Secure non- tethered w/wo attachments	History(s) Medication Personal profile Pre-visit Decision aids Smoking status Screenings Problems Symptoms Consents Participants* HRA/HCAPS Experience of Care POLST/AD Nutrition Allergies Amendments Barriers to Care Preferences Self outcomes	Consumer centric (word, excel, other) Hybrid (Structured template with unstructured narrative)	Provider directed Bio-metric telemetry Repositories mobile Consumer directed consumer products mobile	Episodic or chronic condition (<i>siloes</i>) Versioning Reconciliation Harmonization	Holistic and integrative (<i>horizontal</i>) Multiple care plans Governance Curating

Assume technology/device agnostic

Meaningful Use 3: Ready



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	Messaging	Structured/ Questionnaire	Unstructured /Narrative	Device	Care Plans	Collaborative Care
Assumed	COMMON MU DATA SET Standards and vocabulary, device/technology agnostic					
Standards	<p>DIRECT</p> <p>HL7 Care Team Roster</p> <p>SAML</p> <p>HDATA</p> <p>OATH2</p> <p>Restful</p> <p>BB+PULL</p>	<p>HL7- CCDA</p> <p>HL7 Care Team Roster</p> <p>FHIR</p>		<p>HL7- CCDA</p> <p>DIRECT</p> <p>FDA</p> <p>Continua</p> <p>HL7 Care Team Roster</p> <p>(IEEE Bluetooth NFC ZIGBEE USB HL7 Restful OATH2 SAML CCDA HDATA more)</p>	<p>HL7 – CCDA Care Plan</p> <p>HL7 Care Team Roster</p>	
Vocabularies	<p>SNOMED CT</p> <p>LOINC</p> <p>RX-Norm</p>					



- Initiative to create needed collaborative care document structure to address, versioning, expanded provenance, reconciliation, data governance and curation.
- Consumer product and provider standards forum for alignment
- BlueButton+ API approach to accommodate PGHD
- Trust Framework expanded for consumer/patient adoption in emerging technologies. (BB+)
- Consumer vocabularies considered for future
- ONC model for PGHD guidelines and policies (e.g. notice of privacy practice)