

September 20, 2019

Don Rucker, M.D.
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW Floor 7
Washington, DC 20201

Dear Dr. Rucker:

I am pleased to submit our comments to the Office of the National Coordinator for Health Information Technology for the annual Interoperability Standards Advisory review process. Allscripts, with a platform of clinical and business solutions for ambulatory, acute and post-acute settings, is relied upon by the largest network of providers – over 330,000 physicians in more than 75,000 different practice locations, 2,300 hospitals, and almost 10,000 post-acute care settings. It is through our three decades of experience partnering with and deploying software to this vast network of providers that we can submit informed comments today on this important topic.

Questions for Stakeholder Feedback

19-1: In what ways has the ISA been useful for you/your organization as a resource? ONC seeks to better understand how the ISA is being used, by whom, and the type of support it may be providing for implementers and policy-makers.

The ISA has been a useful tool to access and reference a consolidated list of standards, their names, and most notably, up and coming potential standards. The ISA also serves as an excellent reference and valuable source of information.

One opportunity for improvement is to ensure all the links to the standards are up to date and in working order such that the details can be accessed and referenced for each of the specific standards listed.

19-2: Are there additional features or functionality ONC could make to the ISA website that would enhance the user experience?

To enhance the ISA website overall, it should be made into an interactive tool, where users are able to click a bubble/checkbox to report the adoption level (with corresponding instant results).

Another improvement opportunity is to present multiple choice and/or free text for fields for the public to complete.

Last, publishing a list of annual changes would be helpful to speed up the review process. Unless the ISA contains reliable information, it adds no value and isn't something that vendors will continue to check. For example, appendix IV (State and Local Public Health Readiness for Interoperability) is a valuable list of starting points; however, it is difficult to find the correct and updated information for requirements. To supplement this, ONC should consider adding directory with links and contact information for immunization registries, other registries, and Health Information Exchange systems. This addition would be helpful to both healthcare organizations and vendors.

19-3: The adoption level, along with other informative characteristics about standards/implementation specifications, was introduced to the ISA in August 2015, and currently represents ONC's "best guess" at current adoption based on a number of factors. Is the adoption level characteristic as it stands valuable information for stakeholders, or should it be retired or replaced with other information?

We agree with ONC that it would be valuable to improve adoption level accuracy data. Reiterating the point directly above, transforming the ISA website into an interactive tool where users can update the site directly and know that what they see there is current would make data collection and analysis easier and more efficient for both ONC and vendors.

19-4: The specialty care/settings pages were added in 2019 and represent a collection of related Interoperability Needs that pertain to a particular setting or type of specialty care (i.e., pediatrics, treatment for opioid use disorder). Are there additional specialty care/settings specific collections that would be beneficial for inclusion?

The addition of the specialty care/settings pages is a welcome addition. It is valuable to see the related and reused standards that are part of the various specialties.

2019 ISA Reference Edition

Vocabulary/Code Set/Terminology Standards and Implementation Specifications

Representing Patient Allergies and Intolerances; Medications

Neither of the allergy standards listed are Federally required, and we recommend this be evaluated. The lack of standardization in this area makes it challenging to reconcile allergies for individual patients for whom allergy information is generated from more than one system. Multiple value sets plus home-grown methods force clinicians to complete manual reconciliation when a high match probability isn't possible.

Representing Immunizations – Administered and Historical

CVX lacks the granularity of RxNorm, but CVS is the implemented industry standard. We recommend CVX remain the default code and that RxNorm be considered as a translation or secondary code for limited use cases, with mapping recommendations and associated tools to assist with the initial and maintenance mapping that will be necessary to use the two standards together.

Representing Patient Industry and Occupation

The National Institute for Occupational Safety and Health (NIOSH) is developing updates to these value sets to include more detailed titles based on the Census Bureau Alphabetical Indexes for Industry and Occupation. We applaud their effort and recommend the additions be mapped and documented such that it is clear which original codes they are expanding. The current value sets are large and challenging to navigate; we would welcome a mapping tool to assist with this.

Representing outcomes for nursing

We recommend SNOMED be used to represent outcomes for nursing. It is more suited to clinical charting in this area, though we do acknowledge LOINC usage specific to measurement is appropriate, too.

Representing Patient Race and Ethnicity

When clinically significant, we recommend the patients race and ethnicity be managed using an Ask on Order Entry (AOE) question. Many times, race and ethnicity are captured in a system other than the electronic health record and are transmitted via an interface. The workflow for AOE should have recommendations associated so as to avoid adding burden to the clinician's workflow. For example, existing documentation can be programmatically pulled and presented to the ordering provider using a clinical decision support tool when clinically relevant. Then, the provider is presented with a choice and can choose to include it or not.

Sex at Birth, Sexual Orientation and Gender Identity

We applaud the work being done by The Gender Harmony Project and recommend ONC consider future standards to capture sex at birth, sexual orientation, and gender identity based on their findings and recommendations.

Representing Units of Measure (For Use with Numerical References and Values)

We recommend consideration to define an enumerated value set and allow UCUM syntax support outliners. The reason for this is the numerous limitations noted by ONC. Additionally, UCUM is difficult to implement in an application and makes cross system reconciliation challenging.

Content/Structure Standards and Implementation Specifications

Documenting a sharing Care Plans for a single clinical context

The authorization/authentication model for SMART, based on OAuth 2.0 and OpenID, is well understood and has been widely adopted for FHIR.

Documenting and sharing medication related care plans by pharmacists

The authorization/authentication model for SMART, based on OAuth 2.0 and OpenID, is well understood and has been widely adopted for FHIR.

Sharing Patient Care Plans for multiple care conditions: IHE Dynamic Care Planning (DCP), Rev 1.2 Trial Implementation

This standard currently has a low adoption, as this is a very new standard.

Sharing Patient Care Plans for multiple care conditions

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Sharing patient care teams for care planning in multiple clinical contexts: IHE Dynamic Care Planning (DCP), Rev 1.1 Trial Implementation

This standard currently has a low adoption as this is a very new standard.

Establishing the Authenticity, Reliability, and Trustworthiness of Content Between Trading Partners

An implementation of the FHIR Provenance resource is a current project for the Argonaut group and receiving considerable input from the provider and vendor community. Once complete, we recommend it be considered as a guide for implementing provenance generally.

Allows a Pharmacy to Request a New Prescription for a New Course of Therapy or to Continue Therapy

The MedicationRequest resource allows for the inclusion of information referencing previous prescriptions and another context that would be beneficial in this workflow.

Allows a Prescriber to Request a Patient's Medication History from a State Prescription Drug Monitoring Program (PDMP) adoption level of 3 emerging standards

SMART on FHIR is a well-defined and widely implemented specification that provides a good framework for all sorts of clinical data requests. CDS Hooks has much lower adoption and is significantly less mature than SMART. Implementing CDS Hooks for a specific use case may also require functional changes in the EHR, and we caution that it may delay adoption.

Representing Data for Biomedical and Health Services Research Purposes

The MedicationRequest resource is appropriate for this functionality and has been widely implemented.

Representing Family Health History for Clinical Genomics

Any recommendations or requirements should be for the currently published R4 version of FHIR. Genomics has received significant attention from the FHIR community, but the available genomics-specific resources are still relatively immature and show low adoption.

Pre-population of Research Forms from Electronic Health Records

The Questionnaire/QuestionnaireResponse workflow model has received significant focus by the FHIR community for the exchange of structured data and is a good choice for this requirement.

Data Segmentation of Sensitive Information

The Consent2Share implementation guide and its use of the Consent profile are a good starting point, but the design is based on version 1.0.2 (DSTU2/R2) of FHIR. The guide should be updated to the current R4 version of FHIR before this can be made a requirement/recommendation.

Conclusion

Allscripts is appreciative of the opportunity to provide feedback on the concepts proposed by ONC. We welcome the opportunity to speak further about any of our feedback and suggestions.

With Respect,



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