



The Office of the National Coordinator for  
Health Information Technology  
Health IT Advisory Committee

# Interoperability Standards Priorities Task Force Update

Ken Kawamoto, co-chair  
Steven Lane, co-chair

September 5, 2018



# ISPTF membership

Name	Organization	Role
Kensaku Kawamoto	University of Utah Health	Co-Chair
Steven Lane	Sutter Health	Co-Chair
Tina Esposito	Advocate Health Care	HITAC member
Cynthia Fisher	WaterRev, LLC	HITAC member
Valerie Grey	New York eHealth Collaborative	HITAC member
Anil Jain	IBM Watson Health	HITAC member
Leslie Lenert	Medical University of South Carolina	HITAC member
Arien Malec	Change Healthcare	HITAC member
Clem McDonald	National Library of Medicine	HITAC member
Terry O'Malley	Massachusetts General Hospital	HITAC member

Name	Organization	Role
Ram Sriram	NIST	HITAC member
Sasha TerMaat	Epic	HITAC member
Andy Truscott	Accenture	HITAC member
Sheryl Turney	Anthem Blue Cross Blue Shield	HITAC member
Ricky Bloomfield	Apple	Public member
Tamer Fakhouri	One Medical	Public member
Ming Jack Po	Google	Public member
Edward Juhn	Blue Shield of California	Public member
Victor Lee	Clinical Architecture	Public member
David McCallie	Cerner	Public member

# ISP Task Force Charge

- **Overarching Charge:** To make recommendations on priority uses of health information technology and the associated standards and implementation specifications that support such uses.
- **Specific Charge:** The ISP Task Force will:
  1. Make recommendations on the following:
    - Priority uses of health IT (consistent with the Cures Act’s identified priorities);
    - The standards and implementation specifications that best support or may need to be developed for each identified priority; and
    - Subsequent steps for industry and government action.
  2. Publish a report summarizing its findings.

# Section 3003 of the Public Health Service Act as amended by the 21<sup>st</sup> Century Cures Act

## “SEC. 3003. SETTING PRIORITIES FOR STANDARDS ADOPTION.

### “(a) IDENTIFYING PRIORITIES.—

“(1) IN GENERAL.—Not later than 6 months after the date on which the HIT Advisory Committee first meets, the National Coordinator shall periodically convene the HIT Advisory Committee to—

“(A) identify priority uses of health information technology, focusing on priorities—

“(i) arising from the implementation of the incentive programs for the meaningful use of certified EHR technology, the Merit-based Incentive Payment System, Alternative Payment Models, the Hospital Value-Based Purchasing Program, and any other value-based payment program determined appropriate by the Secretary;

“(ii) related to the quality of patient care;

“(iii) related to public health;

“(iv) related to clinical research;

“(v) related to the privacy and security of electronic health information;

“(vi) related to innovation in the field of health information technology;

“(vii) related to patient safety;

“(viii) related to the usability of health information technology;

“(ix) related to individuals’ access to electronic health information; and

“(x) other priorities determined appropriate by the Secretary;

“(B) identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities identified in subparagraph (A); and

“(C) publish a report summarizing the findings of the analysis conducted under subparagraphs (A) and (B) and make appropriate recommendations.

# ISPTF Summer Activities

- TF kicked off the ISPTF on July 20<sup>th</sup> 2018.
- TF received an overview of the Centers for Medicare & Medicaid Services from Elisabeth Myers on July 31<sup>st</sup> 2018.
- TF began discussions on how best to prioritize our discussions for the beginning period.
- TF held a survey to determine which uses of health IT are of highest priority for the group to analyze.

# Priority Uses Survey Results

Topic	Rank	Total Points
Orders & Results	1	39
Medication/Pharmacy Data	2	29
Evidence-Based Care for Common Chronic Conditions	3	28
Closed Loop Referrals	4	25
Other	5	23
Social Determinants of Health	6	15
Cost Transparency	7	12

Footnotes: 1. Voting as of 8/29/18  
2. Voting was weighted as follows:  
Rank of 1 = 5pts, Rank of 2 = 3pts, Rank of 3 = 1pt

# Proposed Approach for Discussing Priority Uses

- Orders & Results first – All of ISP Task Force will discuss
- Discussion will take place during the next 3 meetings:
  - » 9/11
  - » 9/25
  - » 10/9



## Questions?

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