Health IT for the Care Continuum Task Force: (DRAFT) Recommendations to the HITAC
April 10, 2019

Carolyn Petersen, co-chair
Christoph Lehmann, co-chair

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HITCC Task Force Presentation: Outline

- Task Force Members

- Task Force Charge

- ONC Pediatric Recommendations – Vote to Finalize Task Force Recommendation

- Remaining Topics for TF Discussion/Charge

- Questions and Feedback

Membership

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Christoph Lehmann	Vanderbilt University Medical Center	Co-Chair
Aaron Miri	The University of Texas at Austin	HITAC Committee Member
Steve Waldren	American Academy of Family Physicians	SME
Susan Kressly	Kressly Pediatrics	SME
Chip Hart	Physician's Computer Company	SME

Health IT for the Care Continuum Task Force Charge

- **Overarching Charge**: Provide recommendations on ONC's approach, recommendations, and identified 2015 Edition certification criteria to support pediatric care and practice settings; related criteria to support multiple care and practice settings; and a request for information on how health IT can support the treatment and prevention of opioid use disorder.

- **Specific Charge:** Provide recommendations on the following:

  - The 10 ONC recommendations to support the voluntary certification of health IT for pediatric care, including whether to remove a recommendation

  - Identified 2015 Edition certification criteria for supporting the certification of health IT for pediatric care and practice settings

  - Pediatric technical worksheets

  - 2015 Edition "DS4P" and "consent management for APIs" certification criteria

  - How health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis

Health IT for Pediatric Care and Practice Settings

ONC DEVELOPED RECOMMENDATIONS BASED ON STAKEHOLDER-IDENTIFIED CLINICAL PRIORITIES AND THE CHILDREN'S EHR FORMAT

Pediatric stakeholders identified clinical priorities and evaluated them with ONC.

Access Children's EHR Format Here

ONC RECOMMENDATIONS FOR PEDIATRIC HEALTH IT VOLUNTARY CERTIFICATION CRITERIA

1. Use biometric-specific norms for growth curves and support growth charts for children
2. Compute weight-based drug dosage
3. Ability to document all guardians and caregivers
4. Segmented access to information
5. Synchronize immunization histories with registries
6. Age- and weight-specific single dose range checking
7. Transferrable access authority
8. Associate mother's demographics with newborn
9. Track incomplete preventative care opportunities
10. Flag special health care needs

ONC CERTIFICATION CRITERIA TO SUPPORT PEDIATRIC CARE AND PRACTICE SETTINGS

CURRENT 2015 EDITION CRITERIA:

- Transitions of Care
- Care Plan
- View, Download, Transmit
- Application Programming Interface (API)
- Data Segmentation for Privacy
- Problem List
- Electronic Prescribing
- Common Clinical Data Set (CCDS)
- Social, Psychological, and Behavioral Data
- Clinical Quality Measure (CQM)
- Clinical Decision Support
- Immunizations
- Demographic data capture
- Family health history
- Patient health data capture
- Privacy and security

PROPOSED NEW 2015 EDITION CRITERIA:

- United States Core Data Set for Interoperability (USCDI)
- Electronic prescribing
- FHIR-based API
- Data segmentation for privacy

https://www.healthit.gov/pediatrics

Pediatric Technical Worksheets

Appendix: Pediatric Technical Worksheets

These worksheets contain information on how each recommendation corresponds to the Children's EHR Format and to the existing or proposed new ONC certification criteria. We invite readers to use these worksheets to inform public comment on the recommendations, the inclusion of specific items from the Children's EHR Format[193], and the identified certification criteria as they relate specifically to use cases for pediatric care and sites of service.

We welcome public comment on the identified certification criteria for each recommendation. Specifically, we seek comment for each recommendation on the following four broad questions:

- **Q1.** What relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) may impact or support feasibility of the recommendation in practice?

- **Q2.** How can the effective use of IT support each recommendation as involves provider training, establishing workflow, and other related safety and usability considerations?

- **Q3.** Should any of the recommendations not be included?

- **Q4.** Should any of the functional criteria listed under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification Criteria" be removed as a correlated item to support any of the recommendations?

Commenters are encouraged to reference the specific recommendation number (110) with the corresponding question number in their response. For example, "Recommendation 1. Q3." Commenters are highly encouraged to use the template ONC has created to support public comment on the proposed rule.

[193] https://healthit.ahrq.gov/health-it-tools-and-resources/pediatric-resources/childrens-electronic-health-record-ehr-format

Pediatric Technical Worksheets

Appendix: Pediatric Technical Worksheets

Four Broad Questions - Focusing on Q3 & Q4

1. *What relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) may impact or support feasibility of the recommendation in practice?*

2. *How can the effective use of IT support each recommendation as involves provider training, establishing workflow, and other related safety and usability considerations?*

3. **Should any of the recommendations <u>not</u> be included?**

4. **Should any of the functional criteria listed under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification Criteria" be removed as a correlated item to support any of the recommendations?**

Summary of Recommendations

- **Recommendation 1-6; Presented at HITAC 3/19**

  » Consensus that all functional criteria under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification" should be retained as listed with additional implementation considerations

- **Recommendation 7 – 10**

  » Consensus that all functional criteria under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification" should be retained as listed with additional implementation considerations

- **Supplemental Children's EHR Format Requirements**

  » Consensus that the majority Supplemental Children's EHR Format Requirements should be retained as listed, with some exceptions and additional implementation considerations

Recommendation 7

- **Recommendation 7: Transferrable access authority**

- **Description**: The system shall provide a mechanism to enable access control that allows a transferrable access authority (e.g., to address change in guardian, child reaching age of maturity, etc.).

  » Alignment with 2015 Edition Certification Criteria

    – View, Download, and Transmit to Third Party (VDT)

    – Application Programming Interfaces

  » Alignment with Proposed New or Updated Certification Criteria

    – Data Segmentation for Privacy

    – Application Programming Interfaces (APIs)

Recommendation 7

- Additional Implementation Considerations

  » This functionality is already implemented in most EHRs, however more control needs to be at the end user (e.g., mark individuals with specific privileges until standard nomenclature can be developed)

  » Important to distinguish access vs. legal decision authorities

  » Recommend an ad hoc limited standard or best practice paper to be developed in the meantime

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 7 in practice

  » Complexities with varying state/local laws

  » Need for nomenclature to be developed based on state/local laws

  » Contradictory access – broad and vague at moment

    – Not accurately describing what the EHR can or should do (e.g., divorce cases)

    – EHR should be able to document via text field

Recommendation 8

- **Recommendation 8: Associate maternal health information and demographics with newborn**

- **Description**: the system shall provide the ability to associate identifying parent or guardian demographic information, such as relationship to child, street address, telephone number, and/or email address for each individual child

  » Alignment with 2015 Edition Certification Criteria

    – Care Plan

    – Transitions of Care

    – Demographics

    – Family Health History

    – Social, Psychological, and Behavioral Data

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Application Programming Interfaces (APIs)

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Recommendation 8

- Additional Implementation Considerations

  » Information should be available in a format that can be exported and easily digested by pediatric EHR

  » Further integrate records between maternal and child (e.g., capability exists but mainly as text info such as family health history)

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 8 in practice

  » Currently, there is no good standard to point to

  » Further research is needed on existing transmission of this type of data

Recommendation 9

- **Recommendation 9: Track incomplete preventative care opportunities**

- **Description:** The system shall generate a list on demand for any children who have missed recommended health supervision visits (e.g., preventative opportunities), according to the frequency of visits recommended in Bright Futures™.

  » Alignment with 2015 Edition Certification Criteria

    – Clinical Decision Support (CDS)

    – Clinical Quality Measures

    – Application Programming Interfaces

  » Alignment with Proposed New or Updated Certification Criteria

    – Application Programming Interfaces (APIs)

Recommendation 9

- Additional Implementation Considerations

  » Two pronged approach

    – Generate lists for recall purposes

    – Flag patients – create alert for when patient falls outside expected values

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 9 in practice

  » Challenging to implement in EHR but TF acknowledges that this is critical since most EHRs fall short within first 3 years of care

Recommendation 10

- **Recommendation 10: Flag special health care needs**

- **Description:** The system shall support the ability for providers to flag or un-flag individuals with special health care needs or complex conditions who may benefit from care management, decision support, and care planning, and shall support reporting.

  » Alignment with 2015 Edition Certification Criteria

    – Problem List

    – Clinical Decision Support (CDS)

    – Clinical Quality Measures

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Application Programming Interfaces (APIs)

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Recommendation 10

- Additional Implementation Considerations

  » Ability to determine generic flags

    – Pediatrician should be able to adjust flags to their needs

    – Build decision support on top of it

  » Ability to transmit in coded way from system to system

  » Ability to track mental health for children

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 10 in practice

  » Currently there is no code for a generic special health care need (generic flag)

    – Would like to see incorporated into SNOMED or ICD

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Supplemental Children's Format Requirements

- ONC is seeking feedback about the relevance of potential Children's EHR format requirements and their correlation to specific Recommendations (1-5 and 7)

Supplemental Children's Format Requirements for Recommendation 1

- **Supplemental Children's Format Requirements for Recommendation 1 (Use biometric-specific norms for growth curves and support growth charts for children)**

    » Title: Allow unknown patient sex

    – Description: The system shall provide the ability to record a patient's sex as male, female, or unknown, and shall allow it to be updated

    » Title: Record Gestational Age Assessment and Persist in the EHR

    – Description: The system shall capture and display assigned gestational age as well as the diagnosis of SGA (Small for Gestational Age) or LGA (Large for Gestational Age) when appropriate

    » Support growth charts for children

    – Description: The system shall support display of growth charts that plot selected growth parameters such as height, weight, head circumference, and BMI (entered with appropriate precision or computed as described in Req-2019) along with appropriate sets of norms provided by the CDC or in a compatible tabular format (typically based on Lambda-Mu-Sigma [LMS] curve fitting computational method).

- **TF Recommendation:**

    » Retain all supplemental requirements as is for Recommendation 1

Supplemental Children's Format Requirements for Recommendation 2

- **Supplemental Children's Format Requirements for Recommendation 2 (Compute weight-based drug dosage)**

  » Title: Rounding for administrable doses

  – Description: The system shall enable calculated doses (e.g., weight-based) to be rounded to optimize administration convenience

  » Title: Alert based on age-specific norms

  – Description: The system shall provide the ability to present alerts for lab results outside of pediatric-specific normal value ranges

- **TF Recommendation:**

  » Consensus on removing "Alert based on age-specific norms" as a requirement

Supplemental Children's Format Requirements for Recommendation 3

- **Supplemental Children's Format Requirements for Recommendation 3 (ability to document all guardians and caregivers)**

  » Title: Ability to document parental (guardian) notification or permission

    – Description: The system shall provide the ability to document parental (guardian) notification or permission for consenting minors to receive some treatments as required by institutional policy or jurisdictional law

  » Title: Record parental notification of newborn screening diagnosis

    – Description: The system shall be able to track that the child's legal guardians were notified of any newborn screening-related diagnosis.

  » Title: Authorized non-clinician viewers of EHR data

    – Description: The system shall have the ability to identify members of the care team (including professional and nonprofessional members) and indicate their roles/relationships to the child.

  » Title: Document decision-making authority of patient representative

    – Description: The system shall have the ability to store, retrieve, and display information about an individual's right to authorize care, to release information, and to authorize payment for care on behalf of the patient, including time restrictions or other limitations. This includes storing copies of the relevant consent and authorization forms in compliance with state and federal rules, and also includes cases of child foster care, state social services agencies, guardians, guarantors, and those recognized to have full or partial authority. The system shall allow for multiple individuals.

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Supplemental Children's Format Requirements for Recommendation 3

- **TF Recommendation:**

  » Consensus to retain all supplemental requirements for Recommendation 3

  » Additional implementation consideration for "Authorized non-clinician viewers of EHR data" requirement

    – Should not be provided as free text

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Supplemental Children's Format Requirements for Recommendation 4

- **Supplemental Children's Format Requirements for Recommendation 4 (Segmented access to information)**

  » Title: Problem-specific age of consent

  – Description: The system shall provide the ability to access legal guidelines on consent requirements for reference, where available, and to record the age of consent for a specific treatment when these differ based on legal guidelines

- **TF Recommendation:**

  » Remove "Problem-specific age of consent" requirement from Recommendation 4

  – Without an approved centralized way to implement – vendors are not qualified to provide this functionality

  – General support for the idea, but should not be a requirement at this time due to the challenges of varying state and local laws

Supplemental Children's Format Requirements for Recommendation 5

- **Supplemental Children's Format Requirements for Recommendation 5 (Synchronize immunization histories with registries)**

  » Title: Produce completed forms from EHR data

    – Description: The system shall produce reports (e.g., for camp, school, or child care) of a child's immunization history, including the following elements: child's name, date of birth and sex, date the report was produced, antigen administered, date administered, route of administration (when available), and an indication of whether a vaccine was refused or contraindicated.

- **TF Recommendation:**

  » Currently a significant problem since there is no commonly defined child care form (varies from state and/or local)

  » There is also no computable language version of a school form that is universally acceptable

  » However, TF reached consensus to retain this supplemental requirement to provide a basic starting point when a basic standard form is created

Supplemental Children's Format Requirements for Recommendation 7

- **Supplemental Children's Format Requirements for Recommendation 7 (Transferrable access authority)**

  » Title: Age of emancipation

    – Description: The system shall provide the ability to record the patient's emancipated minor status.

- **TF Recommendation:**

  » Consensus to retain as is

Remaining Topics for TF Discussion/Charge

- Opioid Use Disorder (OUD) Request for Information (RFI)

  » Health IT and Neonatal Abstinence Syndrome

  » 2015 Edition "DS4P" and "consent management for APIs" certification criteria

- Questions/Feedback

- Task Force Recommendation Vote:

  » Retain 10 ONC Pediatric Health IT Recommendations

  » Retain correlated existing and proposed new or updated certification criteria

  » Remove or retain Supplemental Children's Format Requirements as identified by the Task Force

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