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.
# ISP: List of Task Force Members

<table>
<thead>
<tr>
<th>Task Force Member</th>
<th>Affiliation</th>
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<tbody>
<tr>
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<td>Scott Weingarten, MD</td>
<td>Cedars-Sinai Health System</td>
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</table>
Final Draft Report - Layout

- Executive Summary
- Overview
- Overarching Task Force Charge
- Task Force Membership
- Task Force Recommendations Development
- HITAC Recommendations
  - Crossing-Domain Recommendations
  - Orders & Results
  - Closed Loop Referrals & Care Coordination
  - Medication & Pharmacy Data
- Conclusion
Domain #1 Orders & Results

**Tier 1**

- Need for Consistent Encoding of Tests and their Results
- The Level of Granularity of Standard Codes Differ according to Use, Causing Issues
- Semantic Interoperability requires Standardization and Industry Consensus around Information Models (including meta-data) and Associated Terminologies
- Non-medication Orderables need to be Standardized between Systems and with Mapping to Standard Terminologies
- Results need to be Available for Patients and their Proxies to effectively View, Receive, and Utilize
Domain #1 Orders & Results

Tier 2

- Need a Standard way to Differentiate the Type of Result for C-CDAs
- The C-CDA Standard does not Prescribe how to group Result Components
- Integrate External Decision Support
- Support the Integration of Prior Authorization into EHR-based Ordering Workflows
- Result Data Exchanged between HIT Systems may not include sufficient Provenance Metadata
- Need Vendors to send Unique Reference IDs for Results Data
- Tampering or other Data Modification may occur
Domain #2 Closed Loop Referrals & Care Coordination

**Tier 1**

- Closed-loop Communication
- Clinical Data Collected prior to and sent at the time of referring a patient
- Clinician to Clinician Patient-specific Messaging
- Referral management & Care Coordination
- Governance
Tier 2

- Automatically Incorporate relevant Patient Information into EHR
- Patient-Clinician Messaging
- Multi-Stakeholder, Multi-Institutional Care Plan
- Real Time Text Messaging
- General Observation – Closed Loop Exchanges
- General Observation – Transition of Care
Domain #3 Medication & Pharmacy Data

Tier 1

- Real-time Prescription Benefit Checking
- Lack of a Patient-facing API for RTPBC and Pricing Information
- Eligibility and Formulary checking
- Prior authorization
- Alternative Therapies
- Medication Reconciliation
- Discrete/structured Medication Sig information
- Medication Administration & Dispense History
- Translation/Mapping between RxNorm and NDC codes
Domain #3 Medication & Pharmacy Data

Tier 2

- Provenance
- Prescription Drug Monitoring Program data
- PDMP Query and Reporting Transactions
- Adverse Drug Event Detection
- Medication Prior Authorization as a Medical Benefit
- Medication Indication
- RxNorm Codes for Discontinued Drugs
Discussion Topics

• Approach to HITAC review
• Free standards availability
• Real-time results release
• Prioritization
• Remaining priorities
  » Cost transparency
  » Evidence-based care
  » Social determinants of health
Questions