



## Meeting Notes

### Health Information Technology Advisory Committee (HITAC)

#### Interoperability Standards Priorities (ISP) Task Force

September 24, 2019, 10:00 a.m. – 11:30 a.m. ET

Virtual

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### Executive Summary

The HITAC Recommendations section of the draft report was reviewed and discussed among task force members. Changes were made to the draft report in preparation for the final presentation to the HITAC at the October 16, 2019 meeting. The task force decided to hold an additional meeting on October 1, 2019 to prepare the final recommendations. There were no public comments but there were additional comments in the public meeting chat via Adobe.

### Agenda

- 10:00 a.m. **Call to Order/Roll Call**
- 10:05 a.m. **Task Force Schedule**
- 10:10 a.m. **Task Force HITAC Meeting-Recommendations**
- 10:40 p.m. **Task Force-Draft Report**
- 11:20 a.m. **Public Comment**
- 11:30 a.m. **Adjourn**

### Roll Call

**Kensaku Kawamoto**, Co-Chair, University of Utah Health  
**Steven Lane**, Co-Chair, Sutter Health  
Ricky Bloomfield, Apple  
Tamer Fakhouri, Livongo Health  
Cynthia A. Fisher, WaterRev, LLC  
Anil Jain, IBM Watson Health  
Edward Juhn, Blue Shield of California  
David McCallie, Jr., Individual  
Clement McDonald, National Library of Medicine  
Terrence O'Malley, Massachusetts General Hospital  
Ming Jack Po, Google  
Ram Sriram, National Institute of Standards and Technology  
Sasha TerMaat, Epic  
Sheryl Turney, Anthem Blue Cross Blue Shield

### MEMBERS NOT IN ATTENDANCE

Tina Esposito, Advocate Aurora Health  
Valerie Grey, New York eHealth Collaborative  
Victor Lee, Clinical Architecture  
Leslie Lenert, Medical University of South Carolina  
Arien Malec, Change Healthcare



Raj Ratwani, MedStar Health  
Andrew Truscott, Accenture  
Scott Weingarten, Cedars-Sinai Health System

## Task Force Schedule

The task force members were informed that the feedback gathered from the HITAC at the September 17, 2019 meeting would be discussed for incorporation into the final recommendations. The task force has one more meeting scheduled on October 8, 2019 prior to the presentation of the final recommendations to the HITAC on October 16, 2019.

## Task Force HITAC Meeting-Recommendations

The task force briefly discussed the feedback obtained from members of the HITAC for incorporation into the draft recommendations.

## Task Force-Draft Report

The task force members reviewed the current draft of recommendations and made changes based on comments from task force members and members of the HITAC.

## PUBLIC AVAILABILITY OF HEALTH IT STANDARDS

The title of this section was changed to “Public availability of health information technology (IT) standards (including code sets and terminologies) required by federal programs” in order to combine it with the topic that immediately followed.

### Observations

The following change was made:

- The three bullets in the observation section were deleted as it was determined that discussion of the National Council for Prescription Drug Programs (NCPDP) standards was not relevant in the broad discussion of health IT standards.

### Policy Levers/Responsibilities

The following change was made:

- The disclosure statement at the end of the section was removed as it was deemed unnecessary.

## FREE PUBLIC AVAILABILITY OF CODE SETS REQUIRED BY HEALTH IT STANDARDS

The observations, recommendations, and policy levers in this section were combined with those of the section above titled “Public availability of health IT standards (including code sets and terminologies) required by federal programs”.

## COST TRANSPARENCY

The title of this section was changed to “Price Transparency” and most references to “cost” were removed.

### Observations

The following changes were made:

- A bullet reading “Price transparency was one of the priority areas identified by the ISP TF, but which the ISP TF did not have sufficient time to tackle” was added.



- A bullet reading “Price transparency supports competition and choice for healthcare consumers” was added.

## Recommendations

The following change was made:

- A bullet reading “Health IT standards should include mechanisms for conveying price data, including net out of pocket costs to individuals to the extent possible” was added.

## MULTIPLE COMPETING STANDARDS

### Observations

The following change was made:

- The observation section was changed to read “There are often multiple, sometimes competing standards that may need to be maintained as the industry moves toward single standards where appropriate and as new technologies, such as Fast Healthcare Interoperability Resources (FHIR), are integrated into workflow. At the same time, a clear single best approach may not be available. There is a need for a process to “retire” standards that have been supplanted by subsequent versions, possibly as part of advancement of the Interoperability Standards Advisory (ISA)”.

### Recommendations

The following changes were made:

- The text in the first bullet was changed to now read “Actively seek out and identify opportunities to consolidate and simplify the health IT interoperability landscape”.
- A new bullet was added, reading “ONC should avoid “picking winners” prematurely (e.g., Direct vs. FHIR-based referral standards; Clinical Document Architecture (CDA) vs. FHIR-based care record interchange) and remain open to potential alternative approaches which may ultimately be superior for a given problem or in a larger context that considers various use cases (e.g., by avoiding the need to maintain separate infrastructure for multiple use cases)”.

### Policy Levers/ Responsibilities

The following changes were made:

- It was added in the first bullet that ONC must “where appropriate (such as in the case of failure of the industry to reach consensus on its own), commission/support effort(s) to identify functional overlap between standards, and opportunities for consolidation and/or harmonization”.

## NEED FOR CONSISTENT ENCODING OF TESTS AND THEIR RESULTS

### Recommendations

The following changes were made:

- An addition was made to the third bullet, offering a link to a resource titled “Using LOINC with SNOMED CT”. It was noted, however, that this resource is produced by the International Health Terminology Standards Development Organisation (IHTSDO), the owner of SNOMED CT, and could potentially be biased. A reference to the resource from the ISA offering guidance on when to utilize LOINC vs. SNOMED CT was also added to the bullet.
- The bullet reading “LOINC based coding of tests and SNOMED-CT based coding of coded test results should be enforced by Clinical Laboratory Improvement Amendments (CLIA) regulations. If



this enforcement is ineffective in assuming that coded data are delivered consistently; use of codes for these data should be made a condition of payment by the Center of Medicare & Medicaid Services (CMS)” was moved to fall under the Policy Levers/Responsibilities heading, instead of the Recommendations heading.

- The sentence “There should be an exception, as is done in the case of the US Core FHIR profiles, e.g., where a relevant LOINC code does not exist to identify an observation, or where a required value cannot or should not be represented using a SNOMED CT code” was added at the end of the text of this bullet.
- The sentence “Attempting to assign a LOINC code in an electronic health record (EHR) (after the LIS has generated the result) is always going to be riskier and harder to maintain than ensuring the LOINC code is assigned at the point of origin of the test” was added to the fifth bullet for clarification.

## Policy Levers/Responsibilities

The following changes were made:

- The second bullet was clarified by adding the sentence “while introducing more structure data in reports vs. free text may be useful, the intent is not to mandate that free text cannot be used”.
- Two potential topic areas to prioritize were added to the third bullet.

## THE LEVEL OF GRANULARITY OF STANDARD CODES DIFFER ACCORDING TO USE, CAUSING ISSUES

No changes were made on this recommendation topic.

## SEMANTIC INTEROPERABILITY REQUIRES STANDARDIZATION AND INDUSTRY CONSENSUS AROUND INFORMATION MODELS (INCLUDING META-DATA) AND ASSOCIATED TERMINOLOGIES

### Observations

The following change was made:

- The sentence “potential approaches to developing and defining these more complex information models include the use of more granular FHIR profiles, the use of Clinical Information Modeling Initiative (CIMI) models, learning from OpenEHR archetypes, etc.” was added to the end of the paragraph.

### Recommendations

The following change was made:

- The second bullet was clarified by changing the phrase “aspects of” to “observations related to”.

## Public Comment

There were no public comments.

## QUESTIONS AND COMMENTS RECEIVED VIA ADOBE



**Patrice Kuppe:** NCPDP does not get income per message

**Margaret Weiker:** Not all code sets are maintained by SDOs

**Kim Diehl-Boyd:** Price should be based on the expected out of pocket costs for the patient, whether cash price (what I would pay the doctor or pharmacy if I did not have insurance), coinsurance, copay

**Kim Diehl-Boyd:** I concur that the task force or a sub task force should continue to tackle this

**Kim Diehl-Boyd:** From our experience, negotiated rate is not what the patient is interested in.

## Adjourn

Task Force members were invited to review and comment on the remainder of the draft report. It was decided that the task force would hold an additional meeting to work to finalize the draft recommendations on October 1, 2019 at 3 p.m. ET. The last task force meeting prior to the HITAC presentation is scheduled for October 8, 2019 and the final presentation of the recommendations to the HITAC is scheduled for the October 16, 2019 meeting. The meeting was adjourned at 11:30 am ET.