



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

Interoperability Standards Priorities Task Force

Ken Kawamoto, Co-Chair
Steven Lane, Co-Chair
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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

Ken Kawamoto, MD, PhD, MHS, Co-Chair - University of Utah Health	Steven Lane, MD, MPH, Co-Chair - Sutter Health
Ricky Bloomfield, MD - Apple	Tina Esposito, MBA, RHIA - Advocate Aurora Health
Tamer Fakhouri, MD - Livongo Health	Cynthia A. Fisher, DSc, MBA - WaterRev, LLC
Valerie Grey, MS - New York eHealth Collaborative	Edward Juhn, MD, MBA, MPH - Blue Shield of California
Anil K. Jain, MD - IBM Watson Health	Victor Lee, MD - Clinical Architecture
Leslie Lenert, MD - Medical University of South Carolina	Arien Malec - Change Healthcare
David McCallie, Jr, MD - Individual	Clem McDonald, MD - National Library of Medicine
Terrence O'Malley, MD - Massachusetts General Hospital	Ming Jack Po, MD, PhD - Google
Raj Ratwani, MA, PhD - MedStar Health	Ram Sriram, PhD - National Inst of Stds and Technology
Sasha TerMaat - Epic	Andrew Truscott - Accenture
Sheryl Turney, MEd - Anthem Blue Cross Blue Shield	Scott Weingarten, MD - Cedars-Sinai Health System

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

Cross-Domain Recommendations

- Public availability of health IT standards (including code sets and terminologies) required by federal programs
- Price Transparency
- Multiple competing standards
- Patient Access to Data

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 Use
- Need vendors to send unique reference IDs for results data

Domain #1 Orders & Results

Tier 2

- Result Data Exchanged between HIT Systems may not include sufficient Provenance Metadata
- 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
- 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

Domain #2 Closed Loop Referrals & Care Coordination

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

Next Steps for the ISP Task Force



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Questions



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