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.
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<tr>
<th>Ken Kawamoto, MD, PhD, MHS, Co-Chair - University of Utah Health</th>
<th>Steven Lane, MD, MPH, Co-Chair - Sutter Health</th>
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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
**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
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
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
Questions