



ISP Task Force Meeting

Arien Malec, Co-Chair

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March 18, 2021

Meeting Agenda

- Introductions
- Review of Mandate
- Review of ideas from 11 March meeting
- Framework and Prioritization Discussion
- Solicit Additional Ideas
- ISP TF Timeline/ISA Reference Cycle
- Public Comment
- Meeting Adjourn

Task Force Roster

Name	Organization
Arien Malec (Co-Chair)	Change Healthcare
David McCallie (Co-Chair)	Individual
Ricky Bloomfield	Apple
Cynthia Fisher	PatientRightsAdvocate.org
Valerie Grey	New York eHealth Collaborative
Jim Jirjis	HCA Healthcare
Edward Juhn	Blue Shield of California
Ken Kawamoto	University of Utah Health
Victor Lee	Clinical Architecture

Name	Organization
Leslie Lenert	Medical University of South Carolina
Clem McDonald	National Library of Medicine
Ming Jack Po	Ansible Health
Raj Ratwani	MedStar Health
Ram Sriram	National Institute of Standards and Technology
Sasha TerMaat	Epic
Andrew Truscott	Accenture
Scott Weingarten	Cedars-Sinai and Stanson Health

Mandate: Identify Priority Uses of Health IT

21st Century Cures Act

“The National Coordinator shall periodically convene the HIT Advisory Committee to identify priority uses of health information technology...identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities...publish a report summarizing the findings of the analysis...and make appropriate recommendations...”

“The HIT Advisory Committee, in collaboration with the National Institute for Standards and Technology, shall annually and through the use of public input, review and publish priorities for the use of health information technology, standards, and implementation specifications to support those priorities.”



Review ideas from 11 March ISPTF call (plus a few suggested afterwards)

1. Improving syndromic surveillance
2. Improving situational awareness for Public Health (PH) emergencies
3. Address gaps in vaccine reporting data flow
4. Health Equity issues
5. Better usage of EHR data for PH and other purposes
6. Gaps in Adverse Event (AE) reporting
7. Contact and exposure tracking
8. Care plans and chronic disease burden
9. Better / easier binding between persons and their digital devices
10. Better integration of clinical and administrative data
11. Improve data sharing across VA/DoD and non-governmental systems
12. (Vaccination "passports" – ONC is already driving this use-case)

Improving syndromic surveillance

- Address issues of siloed data, especially around disconnected lab data
- Address gaps in roll-up of data to state and local aggregators (HIE, PH)
- Excessive variability of lab messages
- Early detection and reporting of novel variants
- Revisit eCR (?)
- Revisit CMS decision to drop quality measure for lab reporting (incentive)

Improving situational awareness for PH emergencies

- State-by-state variations in required reporting (over and above CDC minimums)
- Non-computable “standards” for the required reporting (PDF, text)
- Private third-party collections caused confusion
- Review the proposed SANER standard
- Is there a role for TEFCA entities?

Address gaps in vaccine reporting data flow

- (Data flow from EHR inbound to local PH ISS is already pretty good?)
- Flows outbound from PH/ISS are lacking
 - Flows to local HIE and/or TEFCA entities
 - Reporting involving groups of people (e.g., IZ status by zip code or region)
 - Consider new simpler standards including “flat FHIR”
 - Push or pull or both?
- Flows from non-standard IZ locations (pharmacy) may be missing
- Flows from mass-immunization events may be missing
 - How does vaccine administer know where to send the IZ message?

Health Equity issues

- SDOH and Health Equity data standards
 - Are they adequate?
 - Which ones should be pushed?
- HL7 “Gravity” project – learn more?
- Why is sensitive race/ethnicity/gender data so often not being captured?
 - Cultural issues
 - Training issues
- Access to critical data for disadvantaged/homeless/digital-divide persons
 - Phone vs browser vs smartphone as the minimum?
- Delegated (proxy) access for disabled persons

Better usage of EHR data for PH and other purposes

- Consider priority use-cases for newly required “bulk FHIR” APIs
- On-demand rapid extraction of EHR data for hypothesis generation
 - OMOP / OHSDI work with HL7? (<https://www.ohdsi.org/ohdsi-hl7-collaboration/>)
 - (aggregated vs. distributed query debate)
- Automated extraction of RWE, particularly post-vaccination
- Patient-reported outcome capture and aggregation
- Better support for virtual clinical trials

Gaps in Adverse Event (AE) reporting

- VAERS has an online form + paper, but no electronic standard to transmit AE experience reports from EHRs
- Multiple “profiles” for AE reporting (vaccine, biologic, drug, med device)
- FAERS is an SGML + AS2 reporting format that uses MEDDRA terminology and is oriented for clinical trials but not for clinical submission from EHRs (SNOMED, LOINC)

Contact and exposure tracking

- Improve outbound lab-reported demographics, as per Duke/Margolis recommendations
- What can we learn from Apple/Google/EU experiments in smartphone-enabled exposure tracking?
- What can we learn from NBA and NFL “bubble” tracking?

Care plans and chronic disease burden

- Pick up issues from 2019 discussion?
- New (emerging) FHIR models for plan-of-care

Better / easier binding between persons and their digital devices

- UDI
- Multi-user devices

Better integration of clinical and administrative data

- “Fast FHIR”
- DaVinci
- ePA

Improve data sharing across VA/DoD and non-governmental systems

- Security requirements mismatch makes seamless data flow much harder
- Direct experience?



Prioritization & Recommendation Framework

Proposed Framework for Prioritization

- Assume we have more areas that want to get done than we, ONC and Industry have time, energy and focus to address.
- When prioritizing prefer:
 - Areas that align with ONC declared priority areas
 - COVID-19
 - Health equity
 - 21 Century CURES enablement
 - Unmet needs on the existing ONC Roadmap
 - Avoid areas already being covered through existing ONC initiatives
 - Foundational and/or leveraged areas (solutions that unlock other areas) over
 - General areas over specific solutions
 - Existence of well-defined policy levers over novel policy levers required
 - Areas with where jobs are *already* being done inefficiently over areas we want the health system to focus on

Proposed Framework for Recommendations

- Consider timeframe of recommendations
 - Near term (months) – work can be done immediately
 - Medium term (6m-2 years) – work requires planning and coordination
 - Long term (2-5 years) – work requires standards development, piloting, legislative action, etc.
- Consider type of action required
 - ONC/industry alignment and voluntary action around existing standards
 - ONC/industry/SDO alignment and standards development
 - Incentive alignment
 - ONC and other HHS rulemaking
 - Congressional action/appropriation
 - Multistate action



Timeline



HITAC ISP Task Force Timeline 2021

	February	March	April	May	June
HITAC	ONC charges HITAC to convene ISP Task Force	HITAC reviews ISP Task Force progress		HITAC reviews and approves recommendations	
ISP Task Force	ISP Task Force launches and begins meetings	ISP Task Force reviews ISA and identifies opportunities to update the ISA “Interoperability Needs” within the ISA sections to address HITAC priority uses of health IT	ISP Task Force develops draft recommendations to add/modify any “Interoperability Needs” for considerations in updates to the ISA, including related standards implementation specifications. ISP Task Force considers public feedback in developing recommendations.		ISP Task Force submits final recommendations to the HITAC for approval



How to access ISA?

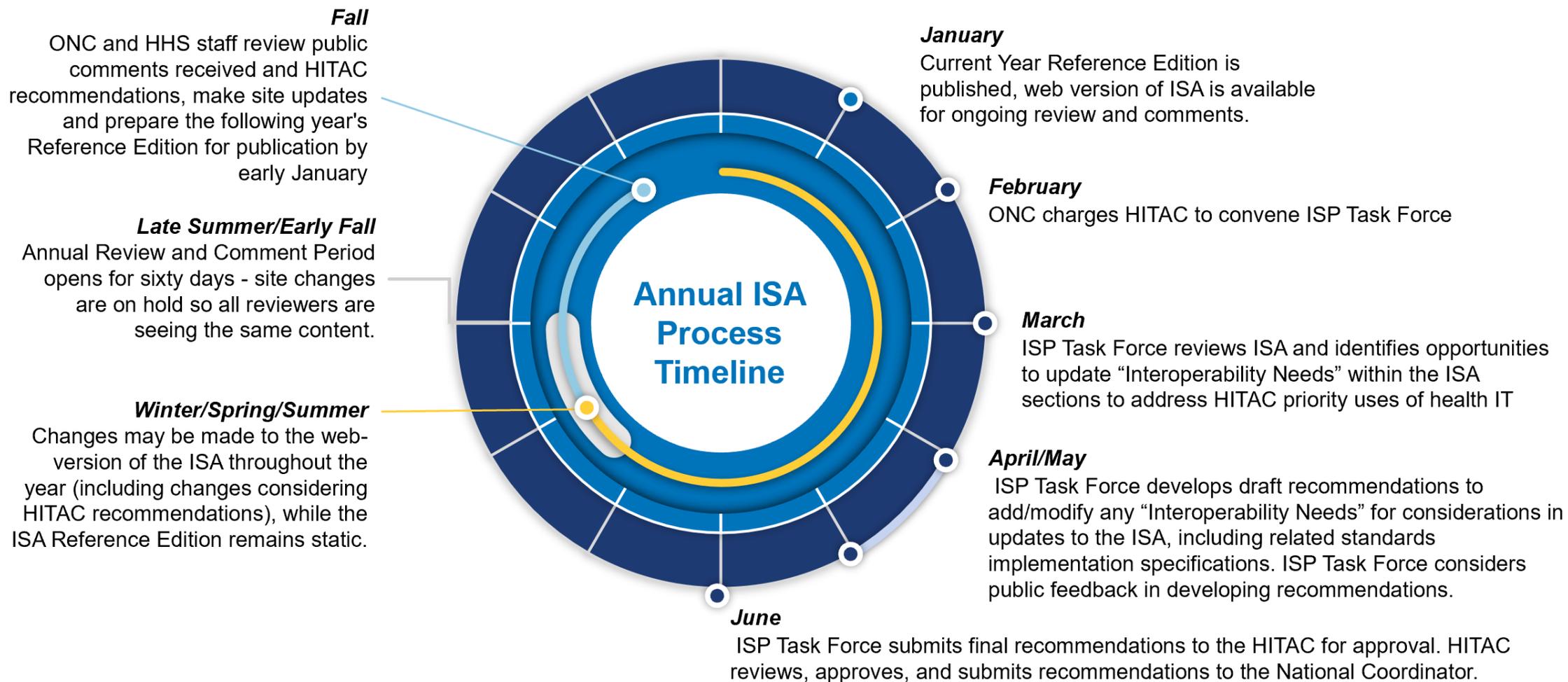
Interoperability Standards Advisory (ISA) Platform

- <https://www.healthit.gov/isa/>

ISA Sections

- [Vocabulary/Code Set/Terminology](#)
- [Content/Structure](#)
- [Services/Exchange](#)
- [Administrative](#)

ONC Interoperability Standards Advisory (ISA): Annual Reference Edition Cycle



Questions



Public Comment

To make a comment please call:
Dial: 1-877-407-7192

*(Once connected, press “*1” to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
“Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

*Written comments will not be read at this time,
but they will be delivered to members of the Task Force and made part of the Public Record.*



**Meeting
Adjourned**