ISP Task Force Meeting

Arien Malec, Co-Chair
David McCallie, Co-Chair
March 25, 2021
Meeting Agenda

• Introductions
• Review of Ideas from 11 March Meeting
• Framework and Prioritization
• Obtaining Expert Input
• Homework
• Public Comment
• Meeting Adjourn
# Task Force Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Arien Malec (Co-Chair)</td>
<td>Change Healthcare</td>
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<td>David McCallie (Co-Chair)</td>
<td>Individual</td>
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<td>Ricky Bloomfield</td>
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<td>Cynthia Fisher</td>
<td>PatientRightsAdvocate.org</td>
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<td>Valerie Grey</td>
<td>New York eHealth Collaborative</td>
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<td>Jim Jirjis</td>
<td>HCA Healthcare</td>
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<td>Edward Juhn</td>
<td>Blue Shield of California</td>
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<td>Ken Kawamoto</td>
<td>University of Utah Health</td>
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<td>Victor Lee</td>
<td>Clinical Architecture</td>
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<td>Lesley Lenert</td>
<td>Medical University of South Carolina</td>
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<td>Clem McDonald</td>
<td>National Library of Medicine</td>
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<td>Ming Jack Po</td>
<td>Ansible Health</td>
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<td>Raj Ratwani</td>
<td>MedStar Health</td>
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<td>Ram Sriram</td>
<td>National Institute of Standards and Technology</td>
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<td>Sasha TerMaat</td>
<td>Epic</td>
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<td>Andrew Truscott</td>
<td>Accenture</td>
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<td>Scott Weingarten</td>
<td>Cedars-Sinai and Stanson Health</td>
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The ISP Task Force shall:

- Identify opportunities to update the “Interoperability Needs” within the ISA sections to address the HITAC priority uses of health IT (including new priority uses of health IT, if necessary)

- Recommend additional or modified “Interoperability Needs” for consideration in updates to the ISA, including related standards and implementation specifications
Major areas identified in prior calls

- Clinical/Administrative Data & Standards Harmonization/Burden Reduction
- Data sharing between Federal & Commercial Health Care Entities
- Vaccine/Immunization Registry Reporting
- Health Equity Standards
- RWE/Comparative Effectiveness/RECOVERY-type data use (from EHRs)
- PH Situational Awareness
- Syndromic Surveillance
- Care plans and chronic disease burden management
- Adverse Event Reporting
- Patient to device (mobile, med device) linking
- Contact and Exposure Notification
- Vaccine credentials (AKA Passport) – defer to ONC on this one
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
Proposed priority scoring

- Is this a Priority Area for ONC (High / Medium / Low)
  - COVID-19
  - Health Equity
  - 21CC
  - ONC Roadmap

- Potential Impact
  - Foundational (H)
  - General purpose (M)
  - Specific (L)

- Applicable Policy Levers
  - Well-defined (H)
  - Maybe / unclear (M)
  - New policies or regulations needed (L)

- Current Burden
  - High / Med / Low

- Prioritization
  - High = 9 pts
  - Med = 3 pts
  - Low = 1 pts
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<tr>
<th>ONC Priority Areas</th>
<th>COVID-19</th>
<th>Health Equity</th>
<th>21CC</th>
<th>ONC Roadmap</th>
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• High = 9 pts  
• Med = 3 pts  
• Low = 1 pts
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Potential Impact
- Foundational (H)
- General purpose (M)
- Specific (L)

Applicable Policy Levers
- Well-defined (H)
- Stretch (M)
- New policies (L)

Current Burden
- High
- Med
- Low
Potential Expert Input

- Health Equity
  - Project Gravity (HL7) – April 8th (tentative)

- PH Situational Awareness
  - SANER (Audacious Inquiry, HL7)

- PH Data Flows (Syndromic Surveillance, Vaccination Registry, Exposure/Contact Tr.)
  - Jim Daniel (CDC) ?

- Clinical and Administrative data and standards prioritization
  - ICAD Task Force? DaVinci?

- Data sharing across Federal and non-Federal boundaries
  - Someone from CommonWell? DirectTrust? eHealthExchange?

- RWE / comparative effectiveness / Leverage EHR data
  - OHDSI / HL7 collaboration (George Hripcsak)?
Capturing Task Force input

• Follow the model of 2019 ISPTF – online spreadsheet (Google Sheets)

• One spreadsheet tab per priority topic

• Categories:
  • Observations – statements of problems to be addressed
  • Recommendations – suggested priority actions for ONC to consider
  • Policy Levers / Responsibilities – policies and regulations, agencies, entities in a position to address recommendations

• Homework!
Timeline
## HITAC ISP Task Force Timeline 2021

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<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<tr>
<td>HITAC</td>
<td>ONC charges HITAC to convene ISP Task Force</td>
<td>HITAC reviews ISP Task Force progress</td>
<td>HITAC reviews and approves recommendations</td>
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<td>ISP Task Force</td>
<td>ISP Task Force launches and begins meetings</td>
<td>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</td>
<td>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.</td>
<td>ISP Task Force submits final recommendations to the HITAC for approval</td>
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How to access ISA?

Interoperability Standards Advisory (ISA) Platform

• [https://www.healthit.gov/isa/](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

**Fall**
ONC and HHS staff review public comments received and HITAC recommendations, make site updates and prepare the following year’s Reference Edition for publication by early January.

**Late Summer/Early Fall**
Annual Review and Comment Period opens for sixty days - site changes are on hold so all reviewers are seeing the same content.

**Winter/Spring/Summer**
Changes may be made to the web-version of the ISA throughout the year (including changes considering HITAC recommendations), while the ISA Reference Edition remains static.

**January**
Current Year Reference Edition is published, web version of ISA is available for ongoing review and comments.

**February**
ONC charges HITAC to convene ISP Task Force.

**March**
ISP Task Force reviews ISA and identifies opportunities to update “Interoperability Needs” within the ISA sections to address HITAC priority uses of health IT.

**April/May**
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.

**June**
ISP Task Force submits final recommendations to the HITAC for approval. HITAC reviews, approves, and submits recommendations to the National Coordinator.
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