

Health IT Standards Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



Implementation, Certification, and Testing (ICT) Workgroup

Summary of Workgroup Comments on the Interoperability Roadmap

April 22, 2015

Liz Johnson, co-chair
Cris Ross, co-chair

Current Membership



Name	Organization
Cris Ross, co-chair	Mayo
Liz Johnson, co-chair	Tenet Healthcare Corporation
Sarah Corley	Next Gen
David Kates	The Advisory Board Company
Udayan Mandavia	iPatientCare
Kyle Meadors	Drummond Group Inc.
Rick Moore	National Committee for Quality Assurance
Andrey Ostrovsky	Care at Hand
Danny Rosenthal	Inova Health System
John Travis	Cerner Corp.
Steve Waldren	American Academy of Family Physicians
Zabrina Gonzaga	Lantana
Kevin Brady, Federal Ex officio	National Institute of Standards and Technology
Brett Andriesen, staff lead	Office of the National Coordinator for Health IT

Interoperability Roadmap Section I1

Testing Tools



Charge Question	<ul style="list-style-type: none">In what ways can semantic interoperability be tested? (e.g., CCDA content semantics)		
Questions for Workgroup Discussion	<ul style="list-style-type: none">Are the actions the right actions to improve interoperability nationwide in the near term while working toward a learning health system in the long term?What, if any, gaps need to be addressed?Is the timing of specific actions appropriate?Are the right actors/stakeholders associated with critical actions?		
Category	2015-2017 Send, receive, find and use a common clinical data set	2018-2020 Expand interoperable health IT and users	2021-2024 Achieve nationwide LHS
I1. Testing Tools Workgroup Member(s):	<ol style="list-style-type: none">ONC, NIST and other health IT stakeholders will provide testing tools necessary to support the criteria in ONC's certification program.Health IT developers, SDOs and government will explore and accelerate a suite of testing tools that can be used by implementers post-implementation to ensure continued interoperability while health IT is in use.SDOs begin to develop and maintain additional testing tools in support of more stringent testing of standards	<ol style="list-style-type: none">ONC, NIST and other health IT stakeholders will provide updated testing tools in support of ONC's certification program.Health IT Developers, SDOs and government will maintain a suite a testing tools.Health IT developers will regularly use testing tools to maintain interoperability while health IT is in use.	<ol style="list-style-type: none">ONC, NIST and other health IT stakeholders will provide updated testing tools in support of ONC's certification program.Health IT Developers, SDOs and government will maintain a suite a testing tools.Health IT developers. SDOs and government will maintain a suite of testing tools.

Summary of Workgroup Findings – Section I1: Testing Tools

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- Testing tools need to be available with adequate lead time for pre-certification testing and should be focused in areas that provide value for end users. Where possible, providers should be involved in development of test tools.
 - Testing tools will not have a meaningful impact on interoperability if trading partners are not adhering to same implementation guides and standards used in for certification.
 - Clarity on what providers need for clinical use is needed prior to codifying and testing of standards.
- Vendors and SDOs may not have adequate resources to create test tools for certification requirements that do not reflect work already underway
 - If not developed by industry, a fee or fundraising for certification may need to be associated with test tool development.
 - An industry-lead initiative similar to Argonaut backed with resources and receiving policy guidance from ONC & CMS could fulfill this role.

Summary of Workgroup Findings – Section I1: Testing Tools

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- CCDA Simplification has occurred between Release 1 and Release 2.
 - See additional detail on recommendations for further constraint in appendix slides.
- Practical, effective, and industry-run tools are needed for post-certification testing in support of interoperability, and evolution of vocabularies, technologies and processes between regulatory cycles.
 - Testing for interoperability should be ongoing voluntary conformance testing rather than mandatory/compliance driven. Look to HIPAA X12 experience for lessons learned.
- “Regular Use” of testing tools needs further definition

Interoperability Roadmap Section I2

Certification Programs



Questions for Workgroup Discussion	<ul style="list-style-type: none">Are the actions the right actions to improve interoperability nationwide in the near term while working toward a learning health system in the long term?What, if any, gaps need to be addressed?Is the timing of specific actions appropriate?Are the right actors/stakeholders associated with critical actions?		
Category	2015-2017 Send, receive, find and use a common clinical data set	2018-2020 Expand interoperable health IT and users	2021-2024 Achieve nationwide LHS
I2. Certification Programs Workgroup Member(s):	<ol style="list-style-type: none">Health IT Developers, ACBs, ATLs and other stakeholders will analyze, identify gaps and provide feedback to ONC regarding certification criteria that should be added to the ONC HIT Certification Program. Specifically, criteria that would support ONC's desire to expand the scope of the certification program to support health IT used in a broader set of health care settings, such as criteria for long-term and post-acute care, home and community based services in non-institutional settings and behavioral health settings. Additionally, criteria related to accessibility and usability of health IT.Other existing industry certification programs will continue to complement ONC's certification program to ensure that different aspects of health IT conform to the technical standards necessary for interoperability.FACAs will make recommendations for standards and certification criteria for inclusion in ONC's certification program.	<ol style="list-style-type: none">Health IT developers, ACBs, ATLs and other stakeholders will continue to provide feedback to ONC regarding certification criteria that could be added to the ONC HIT Certification Program in order to increase its impact on interoperabilityONC and other industry certification programs will focus on including more stringent testing such as scenario-based testing and post-implementation testing to ensure interoperability while health IT is in use.	<ol style="list-style-type: none">ONC and other industry certification programs will continue to update criteria as needed in support of a learning health system's evolving needs, new standards and expanded program's scope to include health IT used in a broader set of health care settings.

Summary of Findings – Section I2 – Certification Programs



- Explore potential for “deeming” or “equivalency” rather than certification for improved efficiency for criteria where services already exist and are widely used (e.g. Surescripts for ePrescribing, DirectTrust for Direct, CDC for public health, etc) and already have extensive certification/testing processes in place.
 - Where trading partners have existing interfaces in production and exchange partners meet specific requirements (e.g. lab interfaces, public health), products could list production interfaces and/or agencies for which product is exchange ready to meet certification requirements.
 - Look to HIPAA EDI for lessons learned and don’t drive out existing working production solutions
- Coordinate with CMS to ensure that use of Certified Health IT does not become a blanket condition for Medicare payments.
- Reference only mature, deployed standards and ensure necessary infrastructure is in place and potential unintended consequences/co-dependencies are well understood.
- Consider tailoring of current criteria for other settings rather than establishing setting-specific certification criteria. (e.g. Setting specific test data sheets)

Summary of Findings – Section I2 – Certification Programs



- Continue to hold kaizen-type meetings with industry for continuous improvement and progress updates as time required to get to level of detail needed cannot be accomplished in shorter hearings.
- A new approach for scenario-based testing is needed as previous work has had limited impact. New approach should include:
 - Providers/hospitals to clearly document their scenario workflows and provide feedback.
 - Determine how EHRs should respond
 - Determine key requirements which can flow into a test case
- There should be in place an escalation / reporting process for raising issues or concerns with products post certification, but expending resources on post implementation surveillance and testing seems onerous.
- Ensure consideration for time required for development and testing of the new requirements, implementation of the certified technologies, feedback and adjustments.
- Conduct a thorough environmental scan to assure that requirements do not outpace the ability of vendors to develop to those requirements in a safe orderly fashion
 - Develop a simple to understand technical assistance web site for end users or service/tech provider



General Comments

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- Ensure appropriate and concerted effort to be clear as to what substantiates the need for new testing / certification.
- Don't attempt to do too much at once – narrow to a smaller set of items and do them right rather than do too much all at once. Ensure readiness for prime time.
- Certification programs should leverage proven test cases, where draft test cases are published and industry has ability to test and provide feedback early on in the process