Collaboration of the Health Information Technology Policy and Standards Committees

Draft Summary of the March 8, 2017, Virtual Joint Meeting

KEY TOPICS

Call to Order

Michelle Consolazio, U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC), welcomed participants to the Health Information Technology Policy Committee (HITPC) and Health Information Technology Standards Committee (HITSC) joint meeting. She reminded the group that the meeting was being conducted with opportunity for public comment and that a transcript will be posted on the ONC website. She called the roll and asked members to identify themselves for the transcript before speaking.

Remarks

P. Jon White, ONC, thanked the members of HITPC and HITSC for being on the call. He offered an update regarding ONC activities in the week following this meeting, including the Block Chain Code-a-Thon, hosted in part by the Digital Chamber of Commerce. Interoperability remains a significant focus for ONC. As such, a webcast will be held on March 20, Interoperability in Action Day; Joint Committee members were asked to refer to https://www.healthit.gov for more information. White reminded the Joint Committee members of the impending transition from two committees (HITPC and HITSC) into one, single Health IT Advisory Committee (HITAC). This is considered a significant part of the implementation of 21st Century Cures, though the timeline for this process remains unclear. Joint Committee members with suggestions for HITAC participants should submit names to Michelle Consolazio. He then reminded the Joint Committee of the upcoming March 30, 2017 meeting.

Eileen Lutzero inquired about the role of *ex officio* status in the HITAC structure. There is no clear answer at this time, though White indicated that ONC will make federal partners aware of how best to engage with HITAC under the structure of 21st Century Cures and reiterated the importance and value of coordination with federal colleagues.

Review of Agenda

HITPC Co-chairperson Paul Tang thanked the Joint Committee and its partners, then called for a motion to approve the minutes of the February 7, 2017 meeting. The motion was made and the minutes approved by uncontested voice vote.

> **Action item #1: The minutes of the February 7, 2017, joint meeting were approved by uncontested voice vote.**

Tang referred to the work of the Public Health Task Force (PHTF) by way of a few brief comments about the links between public health and individual health. The PHTF has started working with the Zika virus as a prototype for assessing the data needed in EHRs. The charge of the PHTF was to make recommendations to assist in the standardization of pregnancy status data collection and input and to bolster clinical decision support in Health IT systems.

HITSC/HITPC Public Health Task Force Draft Recommendations

Larry Wolf, PHTF Co-Chair, began his discussion on the recommendations from the PHTF by offering a brief description of the public health response history to the Zika virus since 2015. The Task Force was charged with making recommendations to help inform public health issues and challenges related to health IT. The detailed charge, made to the Task Force in 2016, was to develop specific recommendations to better assist in the standardization of pregnancy status data, clinical decision support (CDS) in health IT systems, and case management in public health settings—important components to addressing many public health challenges. Zika was selected as the use case for these recommendations. Wolf recognized the urgency behind the choice of Zika for a prototype; however, he also addressed the foundational nature of the work of the Task Force for EHR data clinical decision support structures going forward.

Wolf highlighted four areas of attention with regard to Zika as a public health issue and health IT challenge:

- Capturing pregnancy status
- Sending and sharing pregnancy status
- Using clinical decision support
- Reporting initial cases electronically

He also directed Joint Committee members to review the Task Force's principles on slide 6.

Throughout all three major organizations in the public health sphere—public health organizations, health care providers, and laboratories—there is a certain degree of variability. Local, state, and national reporting efforts and standards differ by locality, and within each organization there are a variety of channels for both large-scale and individual response to crisis situations. Wolf reviewed the flow of information among the various stakeholders, groups, and individuals alike. There are a number of traditional and high-speed data-sharing channels, and although the range of reporting activity channels is somewhat robust, the lack of standardized reporting presents a public health challenge. Although electronic initial case reporting is a possibility in the future, its capabilities are still in the development stage.

Wolf and Anne Fine, PHTF Co-Chair, began a summary of the Task Force's recommendations by discussing the first Charge Question regarding the capture of pregnancy status. There is no standard for the capture of pregnancy status and associated data in an EHR. Additionally, there is little to no consensus on the minimum public health data elements for pregnancy. The Task Force aimed to identify the priority elements that are necessary for public health action. The resulting recommendations are to identify, prioritize, and disseminate data elements related to pregnancy status, as well as publish those standards in ONC's Interoperability Standards Advisory (ISA).

The second Charge Question, about sending and sharing pregnancy status, presents a challenge in that public health does not consistently obtain pregnancy status electronically. Electronic laboratory reporting (ELR) is inconsistent and narrow, while electronic case reporting from EHRs is not currently in place. Pregnancy status is needed both for follow-up and at the time a test is ordered to ensure appropriate prioritization and testing. The Task Force recommends promoting "Ask on Order Entry" for Zika tests using the pregnancy data elements identified in the actions resulting from Charge 1. The pregnancy data standards should be published in the ONC ISA, although those standards are still being vetted through public health and EHR vendor communities. Fine pointed out that the structured data capture (SDC) is already listed in the ISA.

The Task Force next addressed the challenges with regard to Charge Question 3: CDS. The guidelines for identification of at-risk patients are complex, often changing, and vary by locality and agency. Furthermore, the guidelines for choosing the appropriate laboratory test are complex, which has led to missed or incorrect diagnoses. Finally, CDS implementation in EHR systems happens at the provider level, which makes coordination for larger disease outbreaks an effort-intensive process. The Task Force recommends studying demonstration projects that illustrate how CDS and public health have effectively combined. From those projects, the Task Force hopes to identify and incorporate best practices and standards guidance into EHRs. The Task Force also recommends sharing CDS implementation across provider locations as well as exploring and defining the concept of CDS Light. Wolf made reference to the use of RSS feeds on the CDC website.

The challenges related to electronic initial case reporting (eICR)—Charge Question 4—are primarily related to the fact that public health does not currently collect electronic case reporting from EHRs. Although they exist, Digital Bridge and other associated eICR projects are in their nascent stages. The Task Force recommends incorporating earlier recommendations for the collection and dissemination of pregnancy status into Digital Bridge and other eICR projects. The Task Force also suggests leveraging public health's work on standards and best practices through Digital Bridge and other eICR projects. Those projects should also be used for the receipt of follow-up and case management information, as required for public health investigations.

Wolf briefly summarized the process for the development of the recommendations.

Discussion and Next Steps

Leslie Kelly Hall identified the absence of the patient in the process of providing data and interacting with public health. How can the Task Force work to integrate the patient more completely into this system? Wolf and Fine pointed out that patient reporting is listed as a part of the process and agreed that the topic of patient generated data merits further discussion within the Task Force. Fine noted that patient guidance and education efforts, especially with regard to Zika, could be increased.

Chris Lehmann recommended that input from pediatricians should be considered more relevant. He also reiterated Hall's comment regarding the lack of patient-generated data. Additionally, he noted a need for vendors to make possible the direct transfer of information about chlamydia, blood type, rubella status, etc., from the mother's EHR to the infant's EHR.

Kathleen Blake discussed addressing the needs of other groups: those who cannot become pregnant (for example, individuals who are post-hysterectomy) and those who are thinking about or intending to become pregnant, especially with regard to prevention. She noted the high rate of unintended pregnancies in the United States. She would like to see updates to CDS tools pushed to providers and organizations in a timely fashion.

Jamie Ferguson recommended that a more responsive system be put in place; in most of the recent health emergencies, the systems in place have reacted thoroughly, but slowly. Wolf and Fine recognized the validity of Ferguson's point, and noted that much of the work around Zika and public health guidelines is intended to be malleable for future outbreaks and crises.

Rajesh Dash expressed concerns regarding the prioritization of the Task Force's approaches and recommended gathering EHR vendors together to discuss best practices for informatics. He suggested addressing methods of data collation and aggregation from SDC.

Troy Seagondollar asked about the data collection points regarding pregnancy status, and whether or not every of-age patient will be asked about her pregnancy status. Fine explained that this is not a part

of the recommendations, and that only women who are pregnant, planning pregnancy, or postpartum will be asked about risk factors for Zika. Seagondollar also noted a lack of recommendations regarding family planning and community health centers as data collection points. How does the Task Force define the environments of care in which these tests should be administered? Will data be collected outside of the formal areas of care? Fine noted that the definition of areas of care is complex and variable.

Andrew Wiesenthal remarked that the Task Force attempted to create a structure that could apply to multiple scenarios, not just Zika. Additionally, the leaders of the Digital Bridge project are working with EHR vendors to identify the most expeditious informatics strategies and techniques, and as such, may provide a rapid response option in the future.

Carolyn Petersen highlighted the importance of including information from informal services, programs, disability planning centers, etc., in the EHR.

Floyd Eisenberg noted the challenges of obtaining a travel history and managing its potential hazards.

John Scott asked Wiesenthal if there has been an effort to ensure interoperability among EHRs and state laboratories with regard to newborn screening results. Wiesenthal said that Digital Bridge will eventually achieve that capability.

Arien Malec spoke in favor of using app-based strategies as a form of CDS layered on top of existing EHR structures. He also recommended reaching out to Mickey Tripathi, from the Argonaut Project, as well as focusing attention on CDS Hooks as an answer to questions regarding "lightweight" CDS.

Wanmei Ou asked if there is a plan to address the prenatal period between 4 to 9 weeks for high-risk patients, particularly with regard to planned travel. Fine responded that this would not fall under the purview of the Task Force.

Consolazio invited members to attend the March 30, 2017, in-person meeting in Washington.

Public Comment

None.

Next Meeting

The committees will meet in person on March 30, 2017.

Summary of Action Items

Action item #1: The minutes of the February 7, 2017, joint meeting were approved by uncontested voice vote.

Meeting Materials

- Presentation slides