Collaboration of the Health Information Technology Policy and Standards Committees

Final Summary of the February 7, 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 it was a Federal Advisory Committee Act (FACA) meeting being conducted with opportunity for public comment (limited to 3 minutes per person) and that a transcript will be posted on the ONC website. She called the roll and told members to identify themselves for the transcript before speaking.

Remarks

P. Jon White, ONC, thanked the 2017 Interoperability Standards Advisory (ISA) Task Force and staff. The work of the Health IT committees is important. The timing for the transition to the new committee structure remains unclear. White declined to speculate on what the new administration has in mind for ONC. Andrew Gettinger is serving as Acting Deputy Coordinator while White acts as National Coordinator. Deven McGraw will serve as Acting Chief Privacy Officer as she continues in her current role with the Office for Civil Rights.

Review of Agenda

HITSC Co-chairperson Arien Malec called for a motion to approve the summary of the January 10, 2017, meeting as circulated with the meeting materials. The motion was made and seconded. The summary was approved unanimously by voice vote.

> **Action item #1: The summary of the January 10, 2017, joint meeting was approved unanimously by voice vote.**

2017 Interoperability Standards Advisory Task Force Draft Recommendations

Task Force Co-chairperson Kim Nolen showed 36 slides, which, along with a transmittal letter, had been sent to the members immediately prior to the meeting. The presentation was an update to the preliminary presentation made at the January meeting. Following that meeting, the task force considered the committees' feedback and made several revisions. In addition, this presentation included recommendations on several recently completed topics. The slides showed changes made from the January presentation. In addition to overarching recommendation for the 2017 ISA Section II, the task force made specific recommendation for each of Section II-H Electronic Prescribing through II-S Summary Care Record items.

Next, Section III recommendations for III-A Push Exchange through III-H Resource Location slides were shown. Overarching nursing recommendations were also presented, followed by detailed recommendations on these nursing topics:

- Representing nursing assessments
- Representing nursing interventions
- Representing outcomes for nursing
- Representing patient problems for nursing

These general recommendations on consumer access were followed by 11 slides with greater detail:

- Add new consumer/patient section to the ISA
- Add educational content with guiding text to the ISA for diverse stakeholders to better understand interoperability in the consumers/patients arena
- Initiate work to close gaps on existing use cases in regulation for patient engagement
- Identify emerging use cases that will need to be addressed and monitored in ISA

Toward the last recommendation, 13 use cases were described.

Several research recommendations were made. These recommendations had not previously been presented to the committees:

- Add new clinical research section to the ISA
- Initiate work to close gaps on existing use cases in regulation for clinical research
- The 2018 ISA Task Force should continue to build upon this work to expand the ISA's Research areas

More detailed recommendations followed each of the three general research recommendations.

Finally, the task force identified areas for the 2018 ISA Task Force focus:

- Exploring how existing resources (e.g. SAFER guides, PCOR Technical Wiki, etc.) can be best included in the ISA.
- Additional text and education to help guide stakeholders through the ISA and standards issues.
- Medical Device Communications to Other Systems or Technologies requires more subject matter expertise.
- Standards for research require more subject matter expertise and continued work.

Discussion and Action

A member wondered about the data driving the recommendations, in particular, the adoption levels. He said that although he considered the recommendations solid, they would be strengthened by the inclusion of sources of data. Task Force Co-chairperson Richard Elmore responded that adoption level is based primarily on expert opinion. When possible, linkages to the proving ground and standard development organizations (SDOs) are provided. Adoption is greatest when there is a mandate. Nolen said that she did not recall the origin of level of adoption information. The member suggested documentation of source in future ISAs.

Steve Brown amplified the third bullet on the nursing recommendation (slide 20), which notes that assertion is an exception. He said that this may lead to confusion insofar as some responses can be turned into assertions. This ambiguity should be addressed in the future. Ongoing lab work in the field may possibly result in a solution. Elmore pointed out that the task force members recognize that much work remains to be done with nursing standards. Additional clarifications could be addressed by SDOs. Nolen spoke about the need to understand the data models and underlying semantics. Brown volunteered VA staff to work on these topics.

Terry O'Malley observed that the evolution of payment models is driving care into less acute and non-clinical settings where IT resources are fewer compared to hospitals. He called for the recommendations on consumer access to be rewritten and expanded to apply to post-acute and non-acute settings.

Larry Wolf said that quantified data on adoption level would help with understanding. Anne LeMaistre talked about the importance of educational opportunities and hoped that they would be added in 2018.

Kathleen Blake praised the recommendations. She appreciated the reference to MACRA and alternative payment models. ONC needs to think ahead to clinician groups that are not currently included in meaningful use and work to advance their interoperability when the time comes. She recognized the many different kinds of standards used by different disciplines. The time may be right to recognize the need for team-based care members to use the same kinds of standards. Regarding medical devices, much more work is needed on transmission. The FDA's National Evaluation Systems for Health Technology and the Medical Device Information Consortium experts should be involved with the development of the ISA. Elmore reminded her that the task force focused on recognized standards. He acknowledged the importance of standards for use in team-based care.

Elmore called attention to the transmittal letter distributed with meeting materials. Malec called for HITSC members to vote electronically to approve the recommendations as presented. Consolazio announced that the recommendations were approved (vote count not stated).

> **Action item #2: The Standards Committee approved the recommendations for the 2017 ISA as presented by the 2017 ISA Task Force. The recommendations will be transmitted to ONC.**

Consolazio invited members to listen to the February 8 hearing being convened by the Public Health Task Force.

Public Comment: None

Next Meeting: The committees will have a virtual meeting March 8 and will meet in person March 30.

SUMMARY OF ACTION ITEMS

> **Action item #1: The summary of the January 10, 2017, joint meeting was approved unanimously by voice vote.**
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> **Action item #2: The Standards Committee approved the recommendations on the 2017 ISA as presented by the 2017 ISA Task Force. The recommendations will be transmitted to ONC.**

Meeting Materials

- Agenda
- Summary of the January 10, 2017, joint meeting
- Presentations and reports slides
- Transmittal letter