

# Health IT Standards Committee

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



## Content Standards Workgroup

### Draft Summary Interoperability Roadmap Comments

Andy Wiesenthal, chair  
Rich Elmore, co-chair

March 18, 2015

# Interoperability Roadmap – Questions



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Workgroup	Content Standards
General Questions (as they apply to the assigned Roadmap section)	<ul style="list-style-type: none"><li>• Are the actions proposed in the draft Interoperability Roadmap the right actions to improve interoperability nationwide in the near term while working toward a learning health system (LHS) in the long term?</li><li>• What, if any, gaps need to be addressed?</li><li>• Is the timing of specific actions appropriate?</li><li>• Are the right actors/stakeholders associated with critical actions?</li></ul>
Roadmap Section	<ul style="list-style-type: none"><li>• J. Consistent Data Formats and Semantics</li></ul>

# Content Standards Workgroup



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First Name	Last name	Organization	Type
Andy	Wiesenthal	Deloitte	Chair
Rich	Elmore	Allscripts	Co-chair
Kelly	Aldrich	HCA Healthcare	Member
Calvin	Beebe	Mayo Clinic	Member
David	Dinhofer	Infotek Solutions and Services	Member
Floyd	Eisenberg	iParsimony, LLC	Member
Grahame	Grieve	National eHealth Transition Authority	Member
Susan	Hull	Wellspring Consulting	Member
Charles	Jaffe	Health Level 7 International	Member
Kevin	Kirr	Dignity Health	Member
John	Klimek	National Council for Prescription Drug Programs	Member
Kim	Nolen	Pfizer, Inc.	Member
Marjorie	Rallins	American Medical Association	Member
Joyce	Sensmeier	Integrating the Healthcare Enterprise (IHE)	Member
Clem	McDonald	National Library of Medicine	Ex Officio
Kin Wah	Fung	National Library of Medicine	Ex Officio
Diane	Reeves	National Cancer Institute, NIH	Ex Officio
Matthew	Rahn	Office of the National Coordinator - HHS	Staff Lead
Avinash	Shanbhag	Office of the National Coordinator – HHS	Staff SME



- Need for consistency in data formats and semantics
- Use of Standards Development Organizations to develop, curate and maintain standards and create implementation specifications / profiles; and need for ongoing collaboration among SDOs
- Improve consistency in the implementation of Consolidated CDA through further guidance or constraints
- Extension of standards to promote exchange across the care continuum, including new sources of patient generated health data, device/sensor, environmental and other big data
- Agreement on a core standardized common clinical data set that is extensible and consistently shared during care transitions
- Need for agreement on use cases that each vocabulary supports
- Need to exchange information in a more granular form, such as FHIR
- Many of the initiatives listed including FHIR, CIMI, DAF, SDC and others (full feedback on this next month).

# Interoperability Roadmap – Draft Feedback

## Specificity in Defining Goal and Actions



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- Know where we are going: greater specificity in Learning Health System definition
  - Need to consider the constraints of policy, privacy and security
  - Lots of great references – IOM, Learning Community, ESTEL, ONC Query Health,
- Avoid one hand clapping: greater specificity in standards
  - Be specific on how the standards support prioritized use cases for each wave of interoperability
  - Refine those standards over time, but limit structural change
- Laser focus: achieving national scale with selected standards
  - Multi-year cycle time for standards to be absorbed nationally
  - Broad group of stakeholders that need time to respond to changes
  - Use all available levers to see it through nationally, encouraging aligned adoption of specific named standards
  - Assure that all federal payers are aligned with common core of standards and incentivize commercial payers to follow






# Interoperability Roadmap – Draft Feedback

## Categories of Standards

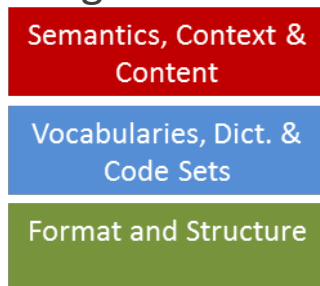


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Figure 8: Standards Categories

CATEGORIES OF STANDARDS	FUNCTIONS OF STANDARDS	EXAMPLES OF REAL WORLD USE OF THE STANDARDS
 VOCABULARY & CODE SETS (SEMANTICS)	The information is universally understood	RxNorm Code for Ibuprofen is 5640
 FORMAT, CONTENT & STRUCTURE (SYNTAX)	Information is in the appropriate format	C-CDA packages up data in the appropriate format
 TRANSPORT	The information moves from point A to point B	SMTP and S/MIME to send the C-CDA from one setting to another
 SECURITY	The information is securely accessed and moved	X.509: to ensure it is securely transmitted to the intended recipient
 SERVICES	Provides additional functionality so that information exchange can occur	DNS+LDAP: to find the recipient's X.509 certificate to encrypt a message

- Conflation of concepts which should be logically separated.
- From the highest level down this should be re-organized as:



# Interoperability Roadmap – Draft Feedback

## Incompatibilities with research standards



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- Problem Statement
  - Clinical and Research exist in Data Silos
    - Impacts individuals, providers, payers
    - Not sustainable for LHS
    - Types of information that each contains
    - How information is captured and represented (SNOMED and MedDRA)
    - Naming of drugs early in their life cycle (not RxNorm)
    - Clinical research has global domain and a broader group of SDO's
    - Others
- Hypothesis
  - Overcoming these differences in how information is captured and represented would facilitate the exchange of valuable information between researchers, clinicians and patients/consumers.