

Health IT Standards Committee

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



Semantic Standards Workgroup

Interoperability Roadmap – Progress Update

James Ferguson, co-chair
Rebecca Kush, co-chair

March 18, 2015

Membership



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

First Name	Last name	Organization	Type
Jamie	Ferguson	Kaiser Permanente	co-chair
Becky	Kush	CDISC	co-chair
John	Speakman	New York University	member
Stan	Huff	Intermountain Healthcare	member
Rosemary	Kennedy	eCare Informatics, LLC	member
Todd	Cooper	Center for Medical Interoperability	member
Harry	Rhodes	AHIMA	member
Asif	Syed	American Medical Association	member
Eric	Rose	IMO	member
John	Carter	Apelon Inc.	member
Andy	Wiesenthal	Deloitte	<i>Liaison member</i>
Mitra	Roca	FDA	<i>EX Officio</i>
Steve	Brown	VA/DoD	<i>Ex Officio</i>
Betsey	Humphreys	NLM	<i>Ex Officio</i>
Margaret	Haber	NCI	<i>Ex Officio</i>



Workgroup	Semantics Standards
ONC FACA WG Lead(s)	Patricia Greim
SME(s)	Julia Skapik, Pavla Frazier
Chair / Co-Chairs	<ul style="list-style-type: none"> James Ferguson, Co-Chair, Kaiser Permanente Rebecca D. Kush, Co-Chair, Clinical Data Interchange Standards Consortium (CDISC)
General Questions (as they apply to the assigned Roadmap section)	<ul style="list-style-type: none"> 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 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?
Roadmap Sections	<ul style="list-style-type: none"> J. Consistent Data Formats and Semantics
Charge / Question(s)	<ul style="list-style-type: none"> Which data elements in the proposed common clinical data set list need to be further standardized? And in what way?

Semantic Standards Workplan



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

	Meetings	Task
✓	February 10, 2015 – HITPC / HITSC Joint Meeting	<ul style="list-style-type: none"> • Charged by HITSC with commenting on Interoperability Roadmap
✓	February 11, 2015, 10:00 am to 11:30 am	<ul style="list-style-type: none"> • Overview of Interoperability Roadmap V.1 and prepare to comment
✓	February 20, 2015, 11:00 am to 12:30 pm	<ul style="list-style-type: none"> • Comment on Interoperability Roadmap V.1
✓	February 26, 2015, 10:00 am to 11:00 am	<ul style="list-style-type: none"> • Comment on Interoperability Roadmap V.1
✓	March 9, 2015, 10:00 am to 11:30 am	<ul style="list-style-type: none"> • Comment on Interoperability Roadmap V.1
✓	March 16, 2015, 10:00 am to 11:30 am	<ul style="list-style-type: none"> • Comment on Interoperability Roadmap V.1
➔	March 18, 2015 – HITSC Meeting	<ul style="list-style-type: none"> • Review current progress on Interoperability Roadmap V.1
	March 23, 2015, 10:00 am to 11:30 am	<ul style="list-style-type: none"> • Finalize comments on Interoperability Roadmap V.1 • Transition to Certification NPRM comments (anticipated)
	April 1, 2015, 12:00 pm to 1:30 pm	<ul style="list-style-type: none"> • Comment on Certification NPRM (anticipated)
	April 17, 2015, 11:00 am to 12:30 pm	<ul style="list-style-type: none"> • Comment on the Certification NPRM (anticipated)
	April 22, 2015 – HITSC meeting	<ul style="list-style-type: none"> • Interoperability Roadmap V.1 comments to the HITSC
	May 18, 2015, 10:00 am to 11:30 am	<ul style="list-style-type: none"> • Finalize Comments on the Certification NPRM (anticipated date for planning purposes)
	May 20, 2015 – HITSC Meeting	<ul style="list-style-type: none"> • Anticipated date to present Certification NPRM Comments to the HITSC



1. Need a shared understanding of the importance of information models and terminology bindings
2. Need agreement on highly granular information models bound to terminologies for information exchange
3. Data standards e.g. for performance or quality measures should reflect the semantics actually implemented in EHR systems
4. Need attention to challenges of data aggregation, for example for resolving duplicates, when data is assembled from multiple sources
5. It is critically important for data provenance to be workable and practical for semantic interoperability.
6. Reject usefulness of National Information Exchange Model (NIEM) related to healthcare interoperability



7. Need to prioritize additional diagnostic studies/reports (e.g. EKG) for patient and provider decision making
8. Need to support semantic web standards including OWL and RDF
9. Recommend minimizing mapping between different standards because mapping is imprecise
10. Support the use of interface terminologies that allow accurate and precise use of target standards
11. Need to support semantic interoperability by multiple mechanisms, including:
 - a) Data exchange - standards for moving copies of data between entities
 - b) Access to data at its source – need shared access to patient centered data sources
 - c) Combinations of a and b

Common Themes 3 of 4

Clarifications Are Needed



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

12. Need a clear plan for achieving the objectives laid out in the Roadmap
13. Need clarity about how to achieve coordinated governance of semantic standards
14. The reference to “technical architecture” is too vague
(p. 84, Table 10, J2)
15. The reference to “translation and adapter services” is unclear
(p. 85, Table 10, J4)
16. Common data elements are not necessarily standards and a definition needs to be developed, preferably based upon a very efficient implementation of ISO 11179
17. The common clinical data set from the roadmap needs more specificity, needs to be vetted broadly, and to be harmonized with other common clinical data sets



18. Need ONC to work more closely with (and within) accredited SDOs
19. Need closer coordination of US semantic standards with international standards organizations (e.g., via the Joint Initiative Council on SDO Global Health Informatics Standardization)
 - a) Reduce overlap and improve coordination
 - b) Improve operations e.g. release schedules