Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force
Report of the April 15, 2016, Virtual Meeting

Name of ONC Staff Liaison Present: Britt Andriesen

Purpose of Meeting: To orient members of a new task force

Meeting Outcome

Task Force Co-chairpersons Richard Elmore and Kim Nolen welcomed the members. Members introduced themselves. Nolan announced that the task force is charged to submit recommendations to the HITSC in June regarding revisions and enhancements ONC should consider as it develops the Draft 2017 Interoperability Standards Advisory (ISA), taking into account feedback from the public comment process. The task force will examine the 2016 ISA and determine how to improve it.

David McCallie asked whether the charge is to focus on the ISA as a vehicle or the standards within. According to Elmore, the charge includes both. Britt Andriesen, ONC, showed slides and described the history and background of the ISA, which is intended to provide the industry with a single, public list of the standards and implementation specifications necessary to fulfill specific clinical health information technology interoperability needs. It is a non-regulatory advisory document, initially published in January 2015 with major growth as a result of recommendations from the ISA Task Force and comments from stakeholders. Further refinement and expansion occurred, and the final 2016 ISA was published in December 2015. He acknowledged that it does not yet represent the full breadth and depth necessary for all purposes for which stakeholders may seek to interoperate. Incremental expansion will continue. The ISA consists of five sections and four appendices, each of which contains many subcategories.

- Section I: Best Available Vocabulary/Code Set/Terminology Standards
- Section II: Best Available Content/Structure Standards and Implementation Specifications
- Section III: Best Available Standards and Implementation Specification for Services
- Section IV: Projected Additions to the ISA
- Section V: Questions and Requests for Stakeholder Feedback
- Appendix I: Annual Process to Update the ISA
- Appendix II: Sources of Security Standards
- Appendix III: Revision History
- Appendix IV: Responses to Comments Requiring Additional Consideration

Referring to sections 1 – III, Mark Roche asked whether medical devices are included or only EHRs. Andriesen indicated that ONC is open to devices. McCallie delineated three separate topics for discussion—the purpose and role of ISA, specific standards, and the mechanism of ISA.

Andriesen went on to show slides on detailed standards of race and ethnicity, receipt of laboratory data, and image exchange. Several members already had suggestions for revisions. McCallie commented on the difficulty of capturing sufficient information to be useful in the ISA format: So what problems are we trying to solve by listing these items? Roche noted that overlapping standards is a problem and an

overarching review is needed. Elmore reported that he, Nolan and staff had met with the HITSC Co-chairpersons to plan the work of the task force.

Next, Elmore presented this list of questions for the task force's consideration:

- Does the ISA contain information and criteria that makes it a useful tool for the industry? What additional content or criteria could be added to improve its utility?
- What gaps exist in the ISA that this task force should address? For example, population queries for population management, distributed queries for risk adjudication, value set harmonization for quality measures, and emerging work relative to QDM and FHIR to list a few
- How can the ISA better show relationships across various programs/initiatives? (e. g. MACRA, meaningful use, precision medicine, etc.)
- What standards become more or less relevant in an open API world?
- Are there patterns of exchange that we should be pointing practitioners towards?
- Importance of SMART/EDMP/EDI triggered decision support?
- What is the evolution of SOAP based web services vs FHIR – what gets done where?
- Is there a more precise method for measuring adoption level? How can the ISA better show "trajectory" (i.e., is adoption increasing rapidly or waning?)
- What are the overlaps with the Interoperability Experience Task Force?

Members offered their opinions on the questions. One member talked about the importance of understanding how these standards are being used. McDonald suggested several sources for obtaining information about the extent to which the 2016 standards are used. In the past someone conducted a survey of usage of standards. ONC could ask insurance companies how data are delivered from specific domains. Regarding APIs and replacing messages, he cautioned that changing directions takes time. The staging ground issue was raised several times. Another member wondered whether the idea is which standards fit which current or anticipated situations. McCallie asked about feedback received by ONC on how the advisory is used, its perceived usefulness, and who benefits. The standards groups promote their own standards. Nolan gave an example of how she uses data. Another member gave an example from nursing, saying that the many nursing organizations use different diagnostic codes. But now they map to the CCDA, LOINC and SNOMED to exchange between systems.

Dan Nordenberg expressed support for improving medical and consumer devices, particularly the quality of the result of interoperability. McDonald said that devices cannot be standardized, although the data can be. Getting the data is a significant improvement over past conditions.

Elmore directed attention to the draft work plan, which calls for draft recommendations to be presented to the HITSC in June. A member observed that the ISA target audience should be identified. McCallie repeated that the problem to be solved should be defined. Elmore wondered about collecting information on value. Members talked about use cases. McCallie repeated that the use case of ISA should be articulated. Roche referred to smoking history, saying that there are better ways of capturing the information. The task force should consider value and sustainability over the next 5 or so years.

Elmore told members to think about the questions and by April 22 to submit their top priorities for continued discussion. Staff will distribute a description of public comments received to date to inform the discussion at the next meeting.

Next Step: The task force will meet May 6.

Public Comment:

One comment was made via the Web meeting chat function.

Tom Bronken, Clinical Informatics Consultant, wrote "I believe the purpose of the Advisory Task Force is to advise, and it has two sets of customers. As a clinical informaticist working in healthcare organizations for the past 20 years, I often had to choose a vocabulary to represent a concept. It is helpful to have a document from knowledgeable people that contains a tight recommendation, as Dr. McDonald stated. But it needs to be a recommendation--not a laundry list. In addition, the Task Force can also advise the bodies who actually mandate the standards, as Dr. McCallie suggested. The advice should be the same for both groups, and should benefit both."

Attendance

Name	04/15/16
Brett Andriesen	X
Christina Caraballo	X
Christopher J. Hills	X
Clem J. McDonald	X
Dale Nordenberg	X
Dan Vreeman	X
David McCallie, Jr.	X
Eric Heflin	X
Kim Nolen	X
Kin Wah Fung	X
Mark Roche	X
Michael Buck	X
Michael Ibara	X
Richard Elmore	X
Russ Leftwich	X
Susan Matney	X

Tone Southerland	X