HITPC-HITSC Joint Interoperability Experience Task Force
Report of the April 6, 2016, Virtual Meeting

Name of ONC Staff Liaison Present: Stacy Perchem was not present.

Purpose of Meeting: Not stated

Meeting Outcome

Task Force Co-Chairperson Anjum Khurshid updated the members. The task force identified four use cases, formed subgroups to discuss the cases and fill out the needs framework, and the co-chairs met with the co-chairs of the PMI Task Force and API Task Force to clarify scope. Task Force Co-Chairperson Jitin Asnaani led a discussion of the home work that was completed on each use case. He underscored that the goal was to identify needs, not solutions.

Larry Garber showed slides and reported on use case #1 transitions of care, an automated query of a Massachusetts PCP's patient summary when an HIV+ patient visits ER in Florida. Garber talked about each of the needs listed in the framework. In general, most of the needs described by Garber's subgroup are apparently not being universally met. Members commented. Janet Campbell observed that in lieu of a record locator service, the patient can be queried regarding the location of her records. Therefore, the need should be rated medium high rather than high. Garber agreed to note second best solutions. Larry Wolf recommended that when multiple standards are available, they give examples of standards from which to choose. For instance, some groups are working on standards for record locator services, provider directories and consent. According to Garber, the lack of agreement on which available standards to use is an issue. Noting that the subgroup had rated eight of the nine unmet needs as high, Asnaani wondered whether any stood out. Garber indicated that all are part of a critical path. In response to a question about a push scenario, Garber said that a query can be thought of as multiple pushes.

Larry Wolf talked about use case #2 shared care plans in which an oncologist orders a blood draw. A home health nurse sharing care for the patient collects the specimen. The specimen is resulted by the lab, and results are communicated to appropriate stakeholders. The subgroup added a context statement, which was shown on the slide. In response to a question, Wolf said that the required interfaces were not discussed. Garber observed that the report seems to imply there is a standard vocabulary for lab tests. However, that is not the case. LOINC focuses on results, not the cascade of tests. Possibly only 80-90% of orders are covered by LOINC. Asnaani wondered whether any single unmet need stood out. Wolf said that although standards are available in bits and pieces, little is complete. Garber asked to add the need for the original, unique order number to be passed along the line of providers. Although this is within the capabilities of HL7, individual systems do not always do so. A similar need applies to meds and other orders. A larger discussion on how to handle meds is needed, according to Wolf.

Ty Faulkner reported on the needs for use case #3 patient-initiated data in which a diabetic patient's caregiver gathers notes and lab results from her PCP and endocrinologist, graphs the Hemoglobin A1c results from both, and submits the patient's glucometer readings to both doctors. Garber added the need to authenticate patient, caregiver and device throughout the process. Bluetooth and other devices

should be evaluated and possibly added. According to Faulkner, consent across the exchange and routing of data are the most important needs. Then he added unstructured text. When asked whether these processes are working anyplace, Faulkner acknowledged that they may work in a single EHR ambulatory system with secure messaging. Wolf reminded the members that often some third party is involved with collecting and compiling home monitoring data. Although those services usually do not work directly with EHRs, doing so would contribute to interoperability.

George Cole reported on use case #4 data transparency for patients and PCP in a hospital discharge of a high-risk patient to post-acute care with appropriate involvement of the PCP. He described four categories of needs—discharge to post acute, involvement of many team members, reconciliation and access to content by team members, and care planning. Similar to the other subgroups, the identified needs for this case are likely not being met. John Blair said that the timeliness of document transfer is an issue because many hospitals handle transfers in batches. The receiving organization needs the document in near real time, and the transfer from individual provider to provider is critical. The capability is present. Garber concurred that batching is a concern. Also, sending structured documents without free text limits the usefulness of the information. Systems must have the capability to transfer free text easily. Wolf talked about the value of hybrid communications, such as a phone call in combination with a document. He agreed that real time communication is essential. Blair said that his organization has added checklists on both the sending and receiving sides.

Asnaani concluded that the task force is on track with needs identification. The co-chairs will consolidate the discussion on the use cases. Members may submit via e-mail ideas for persons or organizations to invite to the upcoming public hearing.

Next Step: The task force will meet April 20 for a non-public, administrative meeting to plan a public hearing, which is scheduled for May 6.

Public Comment: None

Flag to ONC Staff for Coordination: None

Attendance

Name	04/06/16	03/23/16	03/08/16
A. John Blair, III	X	X	X
Anjum Khurshid	X	X	X
Christopher Ross		X	
George Cole	X	X	X
Jane Perlmutter		X	
Janet Campbell	X	X	X
Jitin Asnaani	X	X	X
Jorge Ferrer	X	X	X
Kelly Aldrich	X	X	
Larry Wolf	X	X	X
Lawrence Garber	X	X	X
Phil Posner		X	X
Shaun Grannis		X	X
Stacy Perchem		X	X
Ty Faulkner	X	X	X