Overview of Interoperability Standards Advisory

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2015 Interoperability Standards Advisory

- **Why?**
  - To keep it simple and to create common ground
  - To get specific
  - To provide a single, public list of the standards and implementation specifications for specific clinical health information technology interoperability purposes
  - To prompt dialogue, debate, and consensus

- **What (is it)?**
  - Non-regulatory, straight-forward approach with an interactive, predictable process for updates
  - Reflects "best available" standards and implementation specifications as of December 2014

- **How is it supposed to be used?**
  - A widely vetted resource – in one place, done right (before/without regulation)
  - Enable a "look first" philosophy for government programs, procurements, testing or certification programs, standards development, etc.

Advisory's overall scope & structure

- Scope = clinical health IT interoperability
  - Described as: electronic health information created in the context of treatment and subsequently used to accomplish a purpose for which interoperability is needed.

- Structure = 3 columns
  - Purpose
  - Standards
  - Implementation Specifications associated with those columns

The substance (in general)

- The Advisory has standards and implementation specifications categorized in 4 sections:
  - *Vocabulary/code sets/terminology* (i.e., "semantics")
  - *Content/structure* (i.e., "syntax")
  - *Transport* *(w/ security reference)*
  - *Services*

- What we know: In most cases standards use will need to be cumulative to achieve a desired interoperability outcome

Vocabulary/code sets/terminology Section (The purposes)

Allergy reactions	Immunizations - Historical	Procedures (medical)
Care team member (health care provider)	Industry and occupation	Race
Ethnicity	Lab tests	Radiology (interventions and procedures)
Encounter diagnosis	Medications	Sex
Family health history	Medication allergies	Sexual orientation
Food allergies	Numerical references and values	Smoking status
Functioning and disability	Patient "problems" (i.e., conditions)	Unique device identification
Gender identity	Preferred language	Vital signs
Immunizations - Administered	Procedures (dental)	

Content/structure (The purposes)

Admission, discharge, and transfer	Drug formulary checking	Lab – Directory of services
Antimicrobial use and resistance information to public health agencies	Electronic prescribing (e.g., new Rx, refill, cancel)	Patient education materials
Care plan	Electronic transmission of lab results to public health agencies	Patient preference/consent
Cancer registry reporting	Family health history (clinical genomics)	Quality reporting (aggregate)
Case reporting to public health agencies	Health care survey information to public health agencies	Quality reporting (patient-level)
Clinical decision support knowledge artifacts	Images	Segmentation of sensitive information (e.g., 42 CFR Part 2 requirements)
Clinical decision support services	Immunization registry reporting	Summary care record
Clinical decision support – reference information	Lab - results (receipt)	Syndromic surveillance to public health (emergency department, inpatient, and urgent care settings)
Data element based query for clinical health information	Lab - orders	

Transport
(The purposes)

Simple way for participants to "push" health information directly to known, trusted recipients

Data sharing through Service Oriented Architecture (SOA) - that enables two systems to interoperate together

Services (The purposes)

An unsolicited "push" of clinical health information to a known destination	Image exchange
Query for documents within a specific health information exchange domain	Resource location
Query for documents outside a specific health information exchange domain	Provider directory
Data element based query for clinical health information	Publish and subscribe

How's this going to work? Interactive Process

December of Preceding Year

- The new Interoperability Standards Advisory for the next calendar year is published (e.g., December 2015 for the 2016 Advisory) and public comment period is opened.

April/May

- ONC staff present a summary of received comments to the HIT Standards Committee (or designated Task Force) in order to prepare them to make recommendations on updates for the following year's Interoperability Standards Advisory.

August

- The HIT Standards Committee submits recommendations to the National Coordinator concerning updates to the following year's Interoperability Standards Advisory and a second round 60-day public comment is opened on the HIT Standards Committee's recommendations.

October-December

- ONC reviews the HIT Standards Committee recommendations as well as public comments on those recommendations and prepares the next year's Interoperability Standards Advisory for publication.

Public Comment

- Please review and comment on the 2015 Interoperability Standards Advisory
  - posted on healthit.gov

- Public comment is open now and closes at 5pm ET on Friday, May 1, 2015