Collaboration of the Health IT Policy and Standards Committees

Policy and Standards Federal Advisory Committees on Health Information Technology to the National Coordinator

Public Health Task Force Hearing

Anne Fine, co-chair
Larry Wolf, co-chair

February 9, 2017

Agenda

- Welcome and Objectives for the Day
- Discussion of Potential Recommendations
- Break
- Discussion of Potential Recommendations Continued
- Confirm Consensus on Proposed Recommendations and Next Steps
- Public Comment
- Adjourn

Membership

Member	Organization	Role
Larry Wolf	**Strategic Health Network**	**Co-Chair**
Anne Fine	**New York City Department of Health and Mental Hygiene**	**Co-Chair**
Andrew Wiesenthal	Deloitte Consulting, LLP	Member
Floyd Eisenberg	iParsimony, LLC	Member
J. Marc Overhage	Cerner Health Servcies	Member
Noam Arzt	HLN Consulting, LLC	Member
Susan Mcbride	Texas Tech University Health Sciences Center	Member
Richard Loomis	Practice Fusion	Member
Anjum Khurshid	Dell Medical School, University of Texas at Austin	Member
Janet Hamilton	Florida Department of Health	Member
Julia Gunn	Boston Public Health Commission	Member
Steve Hasley	American College of Obstetricians and Gynecologists	Member
Brian Anderson	athenahealth	Member
Riki Merrick	Association of Public Health Laboratories	Member
Chesley Richards	*Centers for Disease Control and Prevention*	*Federal Ex Officio*
Margaret Lampe	*Centers for Disease Control and Prevention*	*Federal Ex Officio*
James Daniel	*ONC/HIT/HHS*	*ONC Lead*

Public Health Task Force Charge

- **Overarching charge:** The Public Health Task Force will make recommendations to help inform public health issues and challenges related to health IT.
- **Detailed charge:** Make specific recommendations to better assist in the standardization of pregnancy status data, clinical decision support in health IT systems, and case management in public health settings—which are important components to addressing many public health challenges. Zika will be used as the use case for these recommendations.
  - **Capture Pregnancy Status:** Identify the current challenges associated with the collection of pregnancy status when a Zika test is ordered. How could standardization help to resolve these challenges?
  - **Send and Share Pregnancy Status:** Identify best practices for sharing pregnancy status from the provider to both commercial labs and public health entities.
  - **Use of Clinical Decision Support:** Is there a need to automate the clinical decision support (CDS) process in order to identify risk and report timely information to public health? If so, what existing standards-based approaches for automating the CDS process are available as part of Zika response (i.e., Structure Data Capture (SDC), Clinical Quality Framework (CQF)) be used?)
  - **Case Management and Follow-up:** Identify mechanisms for how to move electronic case reporting forward.

Principles

- Clarity of purpose – Understand the charge and ensure that it is addressed.
- Bright spots - Learn from examples of success.
- Build on existing capabilities – Build on the large installed base of working systems and current regulations. Use those systems and their data to inform our work.
- Parsimony – Recommend the minimum necessary and sufficient to accomplish the goals.
- Generality – Recommendations should support the specific issue being addressed, in this case Zika, and should more broadly be applicable to a range of issues.
- Agile – Any experiments should be conducted in a rapid-learning environment.
- Flexible –New risks and better knowledge of known risks that will require flexibility in regulations, standards, software and organizations.
- Pragmatic – Recommendations should be actionable and efficient, especially in the use of clinician time and effort.
- National Scale – Address the complexities of a nation-wide implementation.
- Balance Priorities – Stakeholders have many competing priorities and regulatory requirements. As much as possible, we should align and coordinate our efforts with other requirements.
- Sufficient Time– Allow time for regulations, software and implementation of recommendations.

Panel 1: Public Health Departments

- *Aisha Haynie, Harris County Public Health*
- *Shawna Webster, National Association for Public Health Statistics and Information Systems (NAPHSIS)*
- *Oscar Alleyne, National Association of County & City Health Officials (NACCHO)*
- *Emily Petersen, U.S. Centers for Disease Control and Prevention*
- *Charlie Ishikawa, Joint Public Health Informatics Taskforce (JPHIT)*
- *Mary Ann Cooney, Association of State and Territorial Health Officials (ASTHO)*
- *Gillian Haney, Massachusetts Department of Public Health*

Panel Questions - Panel 1: Public Health Departments

1. Relative to pregnancy status, what at a minimum, and optimally, does public health need to know?
2. How is pregnancy status captured across the continuum? Where is pregnancy information captured electronically and what elements in the EHR would be best for public health to leverage?
    - Is it currently possible to know what is needed based on calculations from an EHR system or do new processes need to be put in place to capture that information?
    - Are there win-win data collection processes and standards that could be useful to BOTH public health and clinical providers/pharmacists?
3. Is there a need to automate the CDS for Zika?
    - What are the options for vendors, EHRs and public health to manage rapidly changing content
4. Is there a need to automate the CDS for emerging public health threats?
    - In which situations should CDS from public health be available and implemented? What are the criteria?
    - What are the standards and when is it appropriate to push out CDS?
5. Is it important to capture postpartum status? If the person is not tested during pregnancy, then delivers, that's when the exposure history is elicited. That person is not technically pregnant anymore.

Panel 2: Labs & Standards

- *Virginia Sturmfels, Quest Diagnostics*
- *Carmen Pugh, LabCorp*
- *Julie Luepke and Stephen Julien, Mayo Clinic*
- *Kelly Wroblewski, Association of Public Health Laboratories (APHL)*
- *Mary Wedig, Wisconsin State Laboratory of Hygiene*

Panel Questions - Panel 2: Labs & Standards

1. Identify best practices for sharing pregnancy status from the provider to both commercial labs and public health entities.
   - How are data flowing currently?
   - Are there short term, medium term and long term solutions that could be implemented to support and improve this data sharing?
2. Should standards be developed to address pregnancy status? If so, what would they need to address?
3. Is ask on order entry a good short term solution for sharing pregnancy status with labs and public health?

Panel 3: Clinical Decision Support (CDS) & Electronic Health Records (EHRs)

- *Sasha TerMaat, Epic*
- *Karen Harris, American Congress of Obstetricians & Gynecologists (ACOG)*
- *Carey Eppes, Baylor College of Medicine*
- *Bill Hanson, College of Healthcare Information Management Executives*
- *Bryn Rhodes, Database Consulting Group*

Panel Questions - Panel 3: CDS & EHRs

1. Is there a need to automate the CDS for determining if someone should get a Zika test?
   - What are the options for vendors, EHRs and public health to manage rapidly changing content
2. Is there a need to automate the CDS for emerging public health threats?
   - In which situations should CDS from public health be available and implemented? What are the criteria?
   - What are the standards and when is it appropriate to push out CDS?

Panel 4: Clinical Workflow

- *Itara Barnes, KPMG*
- *Stephanie Hoelscher, Texas Tech University Health Sciences Center*
- *Kimberly Bodine, Tenet Healthcare*
- *Vijay Shah, JBS International*
- *Rhoda Sperling, Mount Sinai Hospital*

Panel Questions - Panel 4: Clinical Workflow

1. How is pregnancy status captured across the continuum? Where is pregnancy information captured electronically and what elements in the EHR would be best for public health to leverage? How do we check pregnancy status (currently pregnant, terminated pregnancy, etc.)?
2. Is it currently possible to know what is needed based on calculations from an EHR system or do new processes need to be put in place to capture that information?
3. Are there "win-win" data collection processes and standards that could be useful to BOTH public health and clinical providers/pharmacists?
4. Should pregnancy status be captured within demographic information?
5. Is there other information (such as imaging) in the same place across EHR's that would be good to include? Where is this information stored?
6. What standards are available to enable collection of additional data elements beyond those in the EHR to support CDS and reporting to public health?

Public Health Task Force : Workplan

Meeting Dates	Task
~~**Tuesday, December 20th 9:30am-11:00am**~~	• Kickoff Meeting
~~Thursday, January 12th 11:00am-12:30pm~~	• Case Reporting, Workflow Issues and hearing overview
~~Wednesday, January 18th 11:00am-12:30pm~~	• Administrative call to discuss upcoming hearing
~~Wednesday, January 25th 11:00am-12:30pm~~	• Overview of the US Zika Pregnancy Registry
~~Wednesday, February 8th 9:30am-4:15pm~~	• In-Person Hearing
Thursday, February 9th 9:30am-12:30pm	• Hearing summary and recommendations strawman
Monday, February 13th 11:00am-12:30pm	• Formulate and review draft recommendations
Wednesday, March 1st 11:00am-12:30pm	• Prepare draft recommendations for review
Wednesday, March 8th – Joint Committee Meeting	• ***Draft Recommendations Presented***
Wednesday, March 15th 11:00am-12:30pm	• Integrate feedback and update recommendations
Wednesday, March 22nd 11:00am-12:30pm	• Update recommendations
Wednesday, March 29th 11:00am-12:30pm	• Finalize recommendations
Thursday, March 30th – Joint Committee Meeting	• ***Final Recommendations Presented***

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