



Collaboration of the Health IT Policy and Standards Committees

Public Health Task Force

Report of the February 9, 2017, Meeting

Name of ONC Staff Liaison Present: James Daniel

Purpose of Meeting: None stated

Objectives for the Day

Task Force Co-chairperson Larry Wolf told members to state one take away from the February 8 public hearing. He started, saying that the primary task is how to make the Zika registry current and useful.

Discussion of Potential Recommendations

Members called out take aways:

- Agreement on importance to standardize pregnancy status within EHRs
- Near consensus on data elements
- Lack of discussion about workflow issues, such as “uncoding pregnancy”
- Possibility of making pregnancy a vital sign
- Specificity on coding, not explicit to Zika
- Need for short- and long-term approaches, increased awareness of lack of use of EHRs for surveillance
- Need for public health workers to understand capability of EHR systems
- Consideration of longitudinal case reporting
- Role of CDS to identify test(s) needed at point in time
- Questions about how to operationalize, informatics solutions
- Consumption of data
- Zika test followed by reflective pregnancy best

Daniel interjected that although there appeared to be consensus about the collection of pregnancy status data in a standardized ways, the task force needed additional information on:

- Current practices and location of these data
- How are pregnancy data currently stored in EHRs
- Data models for pregnancy – field names
- Extent to which data shared by providers using same EHR system
- What information is shared when

Wolf announced that the task force should focus on the information that it wants to be sent to public health agencies (PHAs). Dictating data models will not work. Discussion ensued. Daniel observed that more information is needed from the panelists or other experts on what happens in collecting data on pregnancy and exactly what information PHAs want to receive in reports. A member suggested that the task force delineate data elements and circulate them to PHAs for agreement.

Task Force Co-chairperson Anne Fine wanted to identify four conditions for which pregnancy status should be reported. Lee Stevens, ONC, observed that the women in the group were talking about the importance of having information on pregnancy, and the men were commenting on technical issues: “What is the big deal about capturing pregnancy? Zika is an urgent issue.” Not all of the women seemed to agree that they were not talking about technical issues. Later, a member reminded the group of the appalling U.S. IMR, which ranks 28th among countries.

Daniel attempted to get members to focus on action: 1. List specifications for pregnancy data elements; 2. Confirm the list with select panelists. 3. Take confirmed list to EHR vendors and ask how these data are currently collected and identify gaps. A member suggested step 2.5: Document representation in current data standards and ask what guidance will be given to customers to make this work. Fine asked about the interoperability standards. A member wanted to pursue the vital records path. Following more free-ranging discussion, Daniel added to the above steps: 3. Explain to vendors what PHAs do with the reports (assurance of care, case management) and include representatives from the Digital Divide.

Members talked about a build cycle and a necessary short-term focus on labs.

Daniel directed the members’ attention to the work plan. Preliminary recommendations are to be presented to the Joint HITPC and HITSC March 8, followed by a submission for action March 30. Given the severe time constraints and the charge, what can be accomplished? Daniel suggested limiting recommendations to the capture and sharing of pregnancy status. Several members appeared reluctant to accept those constraints and wanted to include something on case reports, lightweight CDS (current guidelines), timing of testing, and a library of vendor rules. The March 8 report will focus on areas to be covered by March 30.

Riki Merrick and Janet Hamilton volunteered to work on a list of essential pregnancy data items and to cross-check the items with the ISA for presentation and discussion at the next meeting. A member suggested obtaining a legal opinion on labs’ authority to perform tests in lieu of specific orders. Daniel suggested inviting the public health panelists to the next meeting, but Fine pointed out that more efficient approaches should be used to obtain information.

Daniel asked Wolf, Noam Arzt, Susan McBride, and Andrew Wiesenthal to formulate very preliminary recommendations on case management and CDS for discussion at an up-coming task force meeting. Various other ideas were mentioned for inclusion in the task force’s recommendations, such as guidances, varying authorities of PHAs and funding.

Arzt showed and described a slide on a continuum CDS solution. Two processes are required-- knowledge generation and technical implementation. Guidances are not always written for automatization. The role of APIs is important.

Members called out data elements:

- Pregnancy, yes, no, possible, unknown; method of determination or source of data, certainty; reasons for certainty of no; date determined and recorded
- GA, date determined, method
- EDD
- Outcome dates
- Post-partum status

Discussion ensued about neonate tests and what data are or should be linked from the mother’s delivery record. A member explained automatic capture of relevant data from the mom’s hospital record. Members wondered what information is needed by PHAs. The absence of AAP participation was noted. Neonate testing was not discussed at the hearing. Members agreed that they did not have sufficient knowledge on the topic to make recommendations. However, their report can mention the gap. Regarding other registries that could inform their recommendations, the ACOG registry based on eCQMs and birth defect registry were suggested.

Confirm Consensus on Potential Recommendations: Tabled for next meeting

Next Steps

The task force will meet February 13 to agree on data elements.

Public Comment: None

Attendance

Name	02/09/17	02/08/17	01/25/17	01/18/17	01/12/17	12/20/16
Andrew M. Wiesenthal	X	X			X	X
Anjum Khurshid	X	X	X		X	X
Anne Fine	X	X	X		X	X
Brian Anderson			X		X	X
Chesley Richards						
Floyd Eisenberg			X		X	X
J. Marc Overhage	X		X		X	X
James Daniel	X	X	X		X	X
Janet Hamilton	X	X			X	X
Julia Gunn	X	X	X		X	X
Larry Wolf	X	X				X
Margaret Lampe	X	X	X		X	X
Noam Arzt	X	X	X		X	X
Richard Loomis		X			X	
Riki Merrick	X	X	X		X	X
Steve Hasley	X	X			X	X
Susan McBride	X	X	X		X	X