The Office of the National Coordinator for Health Information Technology

HIT Standards Committee

Consumer Technology Workgroup: Report Out

June 19, 2013

HealthIT.gov

Charge & Scope

- **Charge:** Provide recommendations on standards and interoperability issues and opportunities related to strengthening the ability of consumers, patients, and lay caregivers to manage health and health care for themselves or others.

- **Scope:**
  - Examples of issues to be addressed include portability of patient data, patient access to and generation of their health data, and incorporating patient preferences for a variety of issues, such as care plans.
  - Important touch points with other workgroups:
    - HITPC Consumer Empowerment Workgroup
    - Meaningful Use Workgroup

Consumer Technology Workgroup (WG) Members

WG Members

- Brian Ahier, Gorge Health Connect, Inc.
- Christine Bechtel, National Partnership for Women & Families
- Brian Carter, Cerner
- AJ Chen, HHS NPA Region IX Health Equity Council
- John Derr, Golden Living, LLC
- Tonya Dorsey, BCBS/South Carolina
- Arthur Henderson, Affinity Networks, Inc.
- Susan Hull, Wellspring Consulting
- Elizabeth Johnson, Tenet Healthcare Corporation
- Russ Leftwich, TN Office of eHealth
- Mohit Kaushal, West Health
- Tom Jones, Tolven Health
- Holly Miller, MedAllies, Inc.
- Sally Okun, PatientsLikeMe
- Yair Rajwan, Visual Science Informatics, LLC
- John Ritter, HL7 EHR Work Group
- Anshuman Sharma, Ubiqi Health
- Fred Trotter, Not Only Dev

Ex Officio Members

- Kim Nazi, Veterans Health Administration
- Susan Woods, Veterans Health Administration

CTWG Activities to Date

- 3 meetings
- Request for comment on Consumer Strategy via “planning room”
- Technical briefing on Blue Button and BB+
- Began inventory of standards that could support consumer/patient engagement

Workplan

- Understand Proposed MU objectives
- Complete Inventory of standards existing or under development that support consumer/ Patient engagement
- Begin with content standards to support PGHD (Patient Generated Health Data) as the first item to be addressed. PGHD was approved to be included in the C-CDA.

Patient-Generated Health Data – Draft MU3

Proposed objective 204B (Updated)

Provide 10% of patients with the ability to electronically submit patient-generated health information that can be reviewed and selectively incorporated by EPs and EHs into CEHRT (e.g. pre-visit information, problem history questionnaires, home medication updates, functional status, patient created health goals, advance directives, etc.) to allow patients to contribute information needed for visits, improve performance on high priority health conditions, and improve patient engagement in care .

This could be accomplished through a variety of channels, such as structured or semi-structured questionnaires, (e.g., problem resolution, change in medication dosing) or secure email, with EPs and EHs choosing information to verify in the record that is most relevant for their patients and their health conditions.

PGHD-Related MU3

Proposed objective 204D

- *Provide patients with the ability to request an amendment to their record online (e.g., offer corrections, additions, or updates to the record) through VDT in an obvious manner.*

Proposed objective 207

- *Use secure electronic messaging to communicate with patients on relevant health information*

Shared Care Plan: Proposed for Future Stage

Stage 3 Request for Comment (Proposed for Future Stage)

EP/ EH / CAH Objective: EP/ EH/CAH who transitions their patient to another site of care or refers their patient to another provider of care

For each transition of site of care, provide the care plan information, including the following elements as applicable:

- Medical diagnoses and stages
- Functional status, including ADLs
- Relevant social and financial information (free text)
- Relevant environmental factors impacting patient's health (free text)
- Most likely course of illness or condition, in broad terms (free text)
- Cross-setting care team member list, including the primary contact from each active provider setting, including primary care, relevant specialists, and caregiver
- The patient's long-term goal(s) for care, including time frame (not specific to setting) and initial steps toward meeting these goals
- Specific advance care plan (Physician Orders for Life-Sustaining Treatment (POLST)) and the care setting in which it was executed. For each referral, provide a care plan if one exists

Measure: The EP, eligible hospital, or CAH that transitions or refers their patient to another site of care or provider of care provides the electronic care plan information for 10% of transitions of care to receiving provider and patient/caregiver.

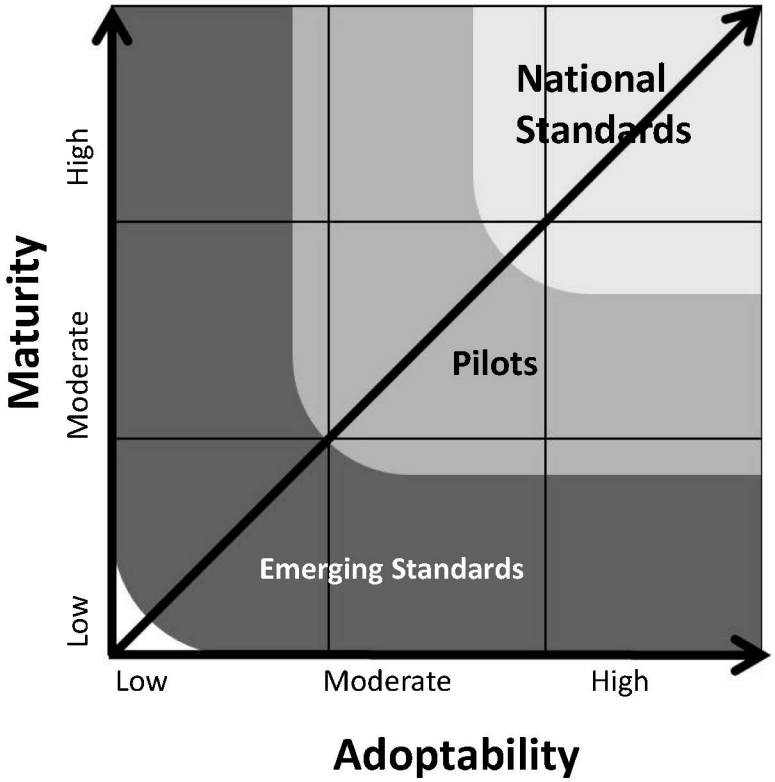
Certification Criteria: Develop standards for a shared care plan, as being defined by S&I Longitudinal Coordination of Care WG. Some of the data elements in the shared care plan overlap content represented in the CDA. Adopt standards for the structured recording of other data elements, such as patient goals and related interventions

……..pending possible work by the HITPC Consumer Empowerment WG

Readiness Evaluation and Classification Criteria for Technical Specifications

Maturity Criteria:
- Maturity of Specification
- Maturity of Underlying Technology Components
- Market Adoption

Adoptability Criteria:
- Ease of Implementation and Deployment
- Ease of Operations
- Intellectual Property



This methodology will be used in assessing readiness for specific standards

Harmonization and Maturity/Adoption

- Use existing standards
  - Repurpose with patients/families in mind
  - Advance for future needs
  - MU existing standards preferred
    - Already met maturity/adoption criteria