

# Health IT Standards Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



## Implementation Work Group

Liz Johnson

Christopher Ross

August 22, 2013

# Workgroup Members



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- **Liz Johnson, Chair**  
Tenet Healthcare Corp.
- **Christopher Ross, Co-Chair**  
Mayo Clinic
- **Robert Anthony,**  
Centers for Medicare & Medicaid
- **Kevin Brady,**  
NIST
- **Anne Castro,**  
BlueCross BlueShield of South Carolina
- **Tim Cromwell,**  
Veterans Affairs
- **John Derr,**  
Golden Living, LLC
- **Timothy Gutshall,**  
Wellmark
- **Joseph Heyman,**  
Whittier IPA
- **David Kates,**  
NAVINET
- **Tim Morris,**  
Emory University
- **Nancy Orvis**  
Department of Defense
- **Steven Palmer,**  
Texas Health/Human Svs Commission
- **Sudha Puvvadi,**  
Kaiser Permanente
- **Wes Rishel,**  
Gartner, Inc.
- **Kenneth Tarkoff,**  
RelayHealth
- **John Travis,**  
Cerner
- **Micky Tripathi,**  
MA eHealth Collaborative
- **Gary Wietecha,**  
NextGen



- Implementation and Usability Hearing
- Test Scenario Development



# Implementation and Usability Hearing

# Hearing Overview



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The Implementation , Certification and MU workgroups co-sponsored a public hearing on July 23

Topics included:

- User Centered Design Processes
- Usability
- Health Information Exchange and Interoperability
- Eligible Provider and Eligible Hospital Panels

# User Centered Design (UCD) Processes Panel



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A presentation from a team of human factors experts featured the results of their visits to a diverse group of 9 vendors which focused on understanding current UCD process and challenges to incorporating usability into the product development cycle

**Key Findings:** Today, vendor UCD processes vary significantly including: 1. No UCD – focus on customer requests; 2. Basic UCD – Understand the concept but not able to fully integrate; and, 3. Rigorous UCD – Efficient testing and extensive infrastructure. Confusion exists between feature/function versus useable workflow. Timing of new releases limits end user design input. Allow private industry to drive UCD.

# Eligible Provider & Eligible Hospital Panels



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Representatives of Eligible Professionals and Eligible Hospitals participated in panels to inform workgroups on their efforts to meet Stage 2 Meaningful Use as well as potential focuses for Meaningful Use Stage 3

Key Findings: Most frequent challenges mentioned related to actual Stage 2 requirements included Patient Access, View, Download & Transmit, Summary of Care and Quality measures. The other incidental finding was a consistent concern about the timeline for completion of the advance work and ‘making the attestation window’.



A panel discussion of Health Information Exchange and Interoperability addressed approaches to achieving the interoperability required for Stage 2 Meaningful Use as well as discussed how to support possible requirements for Stage 3

Key Findings: The use of HIEs is proliferating but the functionalities are diverse. Questions exist around how the vendor products will stitch together particularly related to secure transport.



# Usability



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A panel discussion identified usability challenges and potential solutions related to EHR technology focused on supporting EHRs, EPs, and vendors

Key Findings: Flexibility in design can create conflict with goal of use of standards ( i.e., transport, e-measures). Usability should be guided by understanding the users, the workflow and the context of work. Current testing and therefore design often reflects measure criterion compliance. Insufficient, inconsistent formal data are available on implementation and usability - needs study. Additional certification criteria for testing is not the answer, consider future surveillance activities of the ONC.

# Recommendations



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1. Promote usability by aligning testing and certification with plausible workflows
2. Identify industry standards for EHR elements to promote safety and usability ( i.e. TALLman0
3. Establish normative time to implementation and Meaningful Use attestation from rule issuance



# Test Scenario Development

Carol Bean, ONC



## IWG continues to advise ONC on the development of Test Scenarios for the 2014 Edition EHR Certification Criteria

- Aligns with support for usability
- Ensures that data can be used within and across systems
- Makes testing more efficient and consistent
- Aligns testing with plausible clinical workflows

# Progress



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In 2013, with IWG support, ONC has:

- Developed a proof of concept including a draft Test Scenario
- Piloted a draft Test Scenario
- Outlined plans for developing further scenarios



ONC's plan for developing further scenarios is based on a clinically-plausible workflow that:

- Follows a patient from contact with an EP or EH through care and follow-up
- Follows an EP or EH from patient care through public health and clinical quality measure reporting
- Includes all of the 2014 Edition EHR Certification Criteria

# Next Steps



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IWG is reviewing the workflow outlined by ONC

Test Scenarios Overview  
(Sorted by Alphanumeric)

#	Scenario	Criteria
1	Encounter: Intake	(a)(3) Demographics (a)(4) Vital signs, body mass index, and growth charts (a)(5) Problem list (a)(6) Medication list (a)(7) Medication allergy list (a)(11) Smoking status (a)(13) Family health history (a)(17) Advance directives (inpatient) (f)(1) Immunization information (f)(2) Cancer case information (Ambulatory & Inpatient)
2	Encounter: Interoperability Intake	(b)(1) Transitions of care: receive, display, and incorporate (b)(4) Clinical information reconciliation
3	Encounter: Care Ordering	(a)(1) Computerized provider order entry (a)(2) Drug-drug, drug-allergy interaction checks (a)(14) Drug-formulary checks (a)(16) Electronic medication administration record (inpatient) (b)(3) Electronic prescribing
4	Encounter: Results	(a)(8) Clinical decision support (a)(9) Electronic notes (a)(10) Results

This is **one** possible workflow for testing, **not** the only way a workflow could link the capabilities tested

**ONC plans to post five draft test scenarios Sept 6**

