HIT Standards Committee Meeting
March 27th, 2012

Overview
The meeting of the HIT Standards Committee (HITSC) on the 27th of March included: an update from the ONC, updates from several HITSC workgroups on the Meaningful Use Stage 2 NPRM; a discussion on cross-workgroup coordination; and a briefing on long-term and post-acute care activities, which was ultimately rescheduled for the next HITSC meeting.

Background
The HITECH Act, part of the American Recovery and Reinvestment Act of 2009, was passed to help promote the adoption of health information technology (HIT) for a better health care system. HITECH established two federal advisory committees to assist the Office of the National Coordinator for Health Information Technology (ONC) in the adoption process, with one of them being the HIT Standards Committee (HITSC). This committee provides recommendations to the ONC on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. HITSC is itself composed of several workgroups that cover various topics including clinical operations, clinical quality, privacy & security, implementation, vocabulary task force and others.

Summary of Meeting:

Updates from the ONC
Doug Fridsma, ONC

Consolidated CDA (CCDA)
Document Templates for Meaningful Use and the S&I Transitions of Care elements to be exchanged:

- Continuity of Care (8 parts): Medications Administered; Plan of Care; Instructions; Vital Signs; Social History; History of Past Illness; History of Present Illness; Medical Equipment
- Consultation Note (17): Plan of Care; Allergies – Entries Optional; Chief Complaint and Reason for Visit; Medications— Entries Optional; Problems– Entries Optional; Procedures– Entries Optional; Results– Entries Optional; Social History; Vital Signs– Entries Optional; Encounters– Entries Optional; Discharge Instructions; Family History; Immunizations– Entries Optional; Advance Directives– Entries Optional; Functional Status; Medical Equipment; Payers
- Discharge Summary (17): Reason for Visit; Hospital Discharge Instructions; Results; Vital Signs; Social History; Problem Section; Hospital Discharge Physical; Hospital Discharge Studies; Chief Complaint and Reason for Visit; History of Present Illness; Procedures – Entries Optional; Functional Status; Discharge Diet; Immunizations – Entries Optional; Vital Signs – Entries Optional; Review of Systems; Family History
- Header Template (3): Language Spoken; Healthcare Provider; Encompassing Encounter

The CCDA creates a way of assembling the pieces you need to achieve a standardized way of sharing clinical information.

In composing the 2014 Edition of the CCDA there has been added clarity on the requirements leading to fewer errors. The question is, based on the proposed rules and the S&I Framework Transitions of Care work, should the CCDA standard for 2014 Edition be constrained? If so, at what level, sections/entries or documents?

NIEM Section 1561 Update
The ACA legislation gave the HITSC the responsibility to pick standards for the health insurance exchanges:

- CMS is now implementing the federal insurance exchange, and using the HITSC recommended standards as a guideline
- Work underway to align CMS efforts with state efforts

Proposal to form a NIEM WG to evaluate CMS success in implementing the NIEM standards

Discussion:
Q: What is the scope of CCDA? There has been a debate recently over the longitudinal representation of data. Specifically, is the goal to create a summary of an episode of care or a longer patient history?
A: It is difficult to answer this question because this is an expansive issue and further debate is needed to determine what we want the CCDA to be.

Q: The CCDA is underspecified in how to send data to a registry. Can additional standards be added?
A: Sure, additional standards can be added, but we need to determine if proper standards exist and if adding new standards to the CCDA is the best route to go.

Update from Implementation Workgroup
Liz Johnson & Cris Ross, Co-Chairs

Comments on the following NPRM Measures:
- Computerized provider order entry (CPOE)
- eRx
- Clinical Decision Support (CDS)
- eMAR
- Clinical Summaries
- Immunization Registries
- Lab Results to Public Health Agencies
- Syndromic Surveillance Data to Public Health Agencies
- Protect Electronic Health Information
- Discharge Prescriptions
- Provide Structured Electronic Laboratory Results to EPs
- Problem Lists

All of the Implementation Workgroup's comments are available at:
http://healthit.hhs.gov/portal/server.pt/document/957375/application_vnd_openxmlformats-officedocument_wordprocessingml_document

Workgroup work plan for next several months:
- Complete comments on Testing Procedures
- Complete comments on Meaningful Use Certification Criteria NPRM
- Develop clinical scenarios to be utilized as part of testing
- Identify activities to gain public and committee insight into implementation challenges presented by MU Stage 2 and opportunities for providing guidance/standards/tools to assist in successful implementations

Discussion:
Q: How will patients be included in clinical decision support in the future?
A: We need to further discuss where patients can be included.

Update from Clinical Operations Workgroup and Vocabulary Group
Jamie Ferguson, Chair

The Workgroup is still in the process of drafting and refining their written comments, but a rough outline of the comments is as follows:
- Encounter Diagnosis Data Elements where ICD is specified. Is the intent for this data to be used for clinical diagnosis or billing? If the data is clinical then SNOMED would be more appropriate.
- Problem Lists: Usability of SNOMED for data entry into problem lists may be problematic.
- eRXs in Eligible Hospitals: Is the HL7 standard required for Meaningful Use? If not then HL7 does not need to be listed in the regulation.
- Allergy Vocabulary: UNI vs. RxNorm requirement: Which identifier should be used for this concept?
- Transmission Protocols: The rule should support SOAP and SAML

- Registries: There is not a way to send data via a group of patients so maybe a new standard is needed
- Patient Access: TLS should be clarified as the transport model as opposed to a CDA format
- Demographics: Country of origin should be added as a required measure
- Family History: Mature and appropriate standards do not exist
- eRX: Structured standards do not exist yet

Medication Reconciliation and CDS will be discussed at future Workgroup meetings.

Discussion:
SNOMED should be used for clinical diagnosis and perhaps a second field should be added for billing purposes.

Problem Sets need to include a small set of very clearly recognized issues and an additional set of specialty-specific problems.

Update from Clinical Quality Workgroup
Jim Walker & Karen Kmetik, Co-Chairs

Comments were made on the following Meaningful Use Stage 2 NPRM Measures:
- Clinical Decision Support
- Clinical Information Reconciliation
- Quality Measures
- Problem List

For the Clinical Quality Workgroup's comments visit:
http://healthit.hhs.gov/portal/server.pt/document/957378/application_vnd_openxmlformats-officedocument_presentationml_presentation

Two Tiger Teams were created to address these issues:
- Quality Measure Essential Components Tiger Team: This Tiger Team will focus on identifying essential components of high quality clinical quality measures. This includes (but is not limited to) discussion of value sets, standard terminologies, and the technical & custodial requirements for creation, sharing and maintenance of these components.
- Characteristics of Optimal Clinical Quality Measures for Health IT Tiger Team: This Tiger Team will focus on identifying the attributes of optimal clinical quality measures that are created or "re-tooled" for use in Health IT. This includes (but not limited to) discussion of the scope of quality measure data element expectations, the Quality Data Model, EHR workflow considerations, and links to care quality improvement processes.

Update from Consumer Engagement Power Team
Leslie Kelly Hall, Chair

Power Team Charge: Assess the Standards and Certification Criteria NPRM and provide recommendations for strengthening consumer/patient engagement components. The Power Team will prioritize recommendations to enable patients to participate as partners in their care.
NOTE: The patient engagement objectives of the Meaningful Use NPRM are being addressed in the HITPC. Privacy and security issues are covered in other workgroups of the HIT Policy Committee and HIT Standards Committee.

Upcoming Meetings:
- March 30th 1:00 – 2:30 p.m. EDT
- April 13th 10:00 – 12 noon EDT

Update from Privacy & Security Workgroup

Dixie Baker & Walter Suarez, Co-Chairs

Comments on the Standards and Certification Criteria NPRM

- Overall, the Workgroup thought the ONC did a good job of translating the Workgroup's recommendations into the Standards and Certification Criteria
- Recommendations
  - Clarify Transport standards references
  - Clarify intent of patient-accessible log
  - Add certification criteria to secure channel for patient viewing and downloading; use same standards proposed for secure messaging with patients
  - Change reference to "limited set of users" to "authorized users"
  - Clarify that audit records may be purged after required retention period
  - Adopt ASTM E2147-01, *Standard Specification for Audit and Disclosure Logs for Use in Health Information Systems*, as standard for defining auditable events and information to be recorded about those events – rather than creating new standard language through a regulation
  - Reduce specificity regarding how patient information may be appended

Starting development of recommendations for test procedures – to be presented at April HITSC meeting

- Will Phelps (ONC) and Kevin Stine (NIST) are supporting this effort

The Workgroup made comments on the following Meaningful Use Stage 2 NPRM Measures:

- Patient Download and Transmit
- Secure Electronic Messaging
- Protect Electronic Health Information

The Privacy & Security Workgroup's comments are available at:
http://healthit.hhs.gov/portal/server.pt/document/957372/application_vnd_openxmlformats-officedocument_wordprocessingml_document

Discussion:
More clarification on the patient's ability to view, download and transmit. There are a lot of issues around the privacy & security of this feature especially websites where health information can be uploaded or shared. Appropriate guidance for consumers is needed on health related websites.

Discussion on Cross-Workgroup Coordination

Areas for Concern:

- Testing and Certification: A liaison from the HITSC is needed to go to the HITPC to bring forth knowledge on what the HITSC is doing in this area. Liz Johnson was nominated and approved to act as the liaison.

No other areas of concern from the ONC or HITSC.

Briefing on Long-Term and Post-Acute Care (LTPAC) Activities

John Derr, LTPAC

This presentation will be postponed until the next meeting because a number of other meetings are taking place before then that could alter the activities of the sector. This includes work being done with the HITPC's Meaningful Use Workgroup on the Meaningful Use Stage 2 NPRM.