Health Information Technology Advisory Committee
Interoperability Priorities Standards Task Force
Meeting Notes August 31, 2018, 10:00 a.m. - 11:30 a.m.
VIRTUAL

The August 30, 2018, meeting of the Interoperability Standards Priorities (ISP) Task Force of the Health IT Advisory Committee (HITAC) was called to order at 10:04 am ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

ROLL CALL

(Members in attendance, representing)
Kensaku Kawamoto, Co-chair, University of Utah Health
Steven Lane, Co-chair, Sutter Health
Ricky Bloomfield, Member, Apple
Tina Esposito, Member, Advocate Health Care
Tamer Fakhouri, Member, One Medical
Cynthia Fisher, Member, WaterRev, LLC
Edward Juhn, Member, Blue Shield of California
Anil Jain, Member, IBM Watson Health
Victor Lee, Member, Clinical Architecture
David McCallie, Jr., Member, Cerner
Clement McDonald, Member, National Library of Medicine
Terrence O'Malley, Member, Massachusetts General Hospital
Ming Jack Po, Member, Google
Andrew Truscott, Member, Accenture

Members not in attendance:

Valerie Grey, Member, New York eHealth Collaborative
Leslie Lenert, Member, Medical University of South Carolina
Arien Malec, Member, Change Healthcare
Raj Ratwani, Member, MedStar Health
Ram Sriram, Member, National Institute of Standards and Technology
Sasha TerMaat, Member, Epic
Sheryl Turney, Member, Anthem
Scott Weingarten, Member, Cedars-Sinai Health System

ONC Staff

Lauren Richie, Designated Federal Officer

Lauren Richie called the task force (TF) meeting to order, conducted roll call, and then turned the meeting over to the co-chairs.

Steven Lane kicked off the meeting by reviewing the Interoperability Standards Priority Task Force charge.

Survey Results

Ken Kawamoto reviewed the survey feedback received from the task force members.

Topic Rank

1. Orders & Results
2. Medication/Pharmacy Data
3. Evidence-Based Care for Common Chronic Conditions
4. Closed Loop Referrals
5. Other
6. Social Determinants of Health
7. Cost Transparency

Survey Results Discussion

- **David McCallie** noted that care coordination in the community seems to be missing. Most items seem to focus on internal issues, which is important, but focus is needed on cross-system issues as well.
- **Clem McDonald** questioned how this relates to U.S. Core Data for Interoperability (USCDI).
    - **Ken Kawamoto** confirmed overlap with USCDI with things like social determinants of health.
- **Steven Lane** noted that the goal is to use the survey results as a starting point and then work to identify a methodology to start working through each item.
- **Ken Kawamoto** added that orders and results are a core topic for today's discussion.
- **Terry O'Malley** commented that there is a need to work on what is needed to support communication to and from the individual. He also recommended adding transitions of care and suggested collapsing orders and results and closed loop referrals because the process behind them is similar. Transitions could be viewed as a multi-step process rather than a one-off exchange.
- **Ricky Bloomfield** explained that one aspect that cuts across all of these themes is that many of these items have a provider and patient-centric uses. He recommended calling this out explicitly. One example, the top uses of portals tends to be access to data, prescription refills, and scheduling. Clinical notes and imaging are things that patients would like access to.
    - **Tina Esposito**, in alignment with Ricky's comment, expressed that the task force needs to think about understanding priorities from the consumer/patient aspect, in addition to the health system.

Process Flow for Orders and Results

Steven Lane reviewed a draft process flow for orders and results using a shared Google document. The process revealed how complex the system is in his attempt to break apart the process and identify where the task force can make a difference. The co-chairs will manage editing the document, as it might get difficult to manage if the entire group is able to add comments.

Task Force Discussion of Survey Results

- **Ken Kawamoto** explained that as a group the TF needs to decide how to scope the work and identify a path forward for as many priorities uses as possible so that they don't go too wide or too deep on any given topic.
- **Terry O'Malley** expressed that the work is daunting, but starting with a group effort on one topic where everyone learns the issues, all learning the same process, provides an opportunity to tackle other topics in smaller groups in a standardized way in the future.
- **Edward Juhn** asked if it is worthwhile to see how this use case aligns with existing policy and see how it aligns with current efforts that are in process?
    - **Steven Lane** answered that it would be helpful to identify as the task force goes through the step-by-step process, identifying applicable standards, where standards lack, policy issues, and patient/provider perspective that may be missing. The task force will identify resources that may need to be engaged to identify additional levers or where additional subject matter expertise is needed.
- **Ken Kawamoto** noted that the task force should focus on the problems to be solved, rather than documenting the current state of where things are working well.
- **David McCallie** agreed with focusing on what problems the task force is trying to solve, prioritizing those problems, and then prioritizing what standards are needed. The problem we are trying to solve will hopefully become present.

Discussion of steps in the process that are problematic

- **Ken Kawamoto** suggested starting with a constrained and understood scope of laboratory orders/results and then identify the process and the current problems.
- **Terry O'Malley** suggested an alternative process, reviewing the ways the system could possibly fail.
- **David McCallie** commented that one problem to be solved is the lack of standards for ordering things which can make clinical decision support (CDS) interjection difficult.
    - **Clem McDonald** and **David McCallie** then discussed the availability of standards.
        - **David McCallie** noted that vendors are not using radiology standards.
        - **Clem McDonald** commented that the Radiology Society of North America (RSNA) has produced RadLex. He also noted that LOINC exists, but is not widely supported as orderable.
        - **David McCallie** noted that LOINC is too granular at the orderable level and standards for ordering things is an area of need.
- **David McCallie** commented that prior authorization in the ordering process can be a pain point (a little bit different than CDS).

Discussion of the process for ordering

- **David McCallie** noted the following:
    - The signing process can be more complex than just signing.
    - Rarely are orders dealt with as single orders, typically order sets.
    - Is there an expectation that results should be routed to the patient as they occur in real time or should they be gathered and batched as part of a summary?
        - **Clem McDonald**, noted that real-time should be considered carefully and does not recommend it.
- **Victor Lee** asked how this group can focus on solving the most important items?
    - **Ken Kawamoto** answered that this is exactly what this group is aimed at doing.

- **Ming Jack Po** was difficult to hear, so he was asked to share his comments in writing. **Ken Kawamoto** tried to summarize what he thought he heard:
    - Claims data in this and other use cases is important.
    - The orderable side and the role of things like order sets is important.
- **Terry O'Malley** suggested identifying the simplest pathway for orders and results and identify if standards are available. Sub-processes will be identified through this process.
- **David McCallie** asked what APIs would be expected to be exposed around the order process by systems that are plugged-in from the outside. Are there places where standards-based APIs could be plugged-in? This is a problem to be solved. Are there standards-based APIs that make sense?
    - **Victory Lee** appreciate the API comment. In addition to APIs, there are document-based exchanges that should also be thought about.
    - **David McCallie** also noted that order set standards might be something to add to the list.
- **Clem McDonald** expressed frustration that regulations are not pushing harder and expressed a need to deal with simple big things.
    - **Ken Kawamoto** explained that there are things that can be solved within this task force, but there are also items that will be hard and won't be solved in the next three calls or a year. For those items, he recommends that the task force identify steps that should be taken to solve the problem (e.g., ONC, Argonaut). If it isn't possible to identify a way to solve something within five years, perhaps those items go into a parking lot.
    - **Cynthia Fisher** expressed concerned about timing to accomplish the task force's goals. Use the full force of government to push things along, as an example, only paying the provider once the patient has received her results. HHS has the lever to use condition of payment if the health of the patient could be impacted.
    - **Ken Kawamoto** commented that payment is a lever that can apply to many things. Many labs, especially smaller ones, may not LOINC code results. To make the data useful, a LOINC code should be used as a condition for payment (it's a good way to push implementation).
    - **Ming Jack Po** suggested that the task force identify where regulatory pressure should be applied. The hard part currently is getting players to do it for business reasons.
    - **Steven Lane** commented that it is important to think about business drivers. He suggested identifying proposed remedies that the task force will advocate for or standards that may need to be implemented differently.
    - **Ming Jack Po** commented that use cases are needed to help ensure that all data is sent.
    - **Cynthia Fisher** noted that a standard will happen and it will be in human-readable form.
    - **David McCallie** noted that there are many ways where patient data flows today. If we are going to advocate for something new and different, we need to be precise about the circumstances and means by which the side effects of orders would be delivered to patients.

Discussion of the Standards Needed

- **Clem McDonald** voiced that LOINC codes are too granular. There is a need to separate order codes and result codes (results are well covered). The order codes are a challenge because there is almost infinite variation. Work is being done for order panels. Don't tie orders with results success.

- **David McCallie** agreed that LOINC is too granular and expressed that what is missing from LOINC is an easy grouping of tests that are essentially the same clinically.
    - **Clem McDonald** noted that working on equivalence class to cover this. The challenge is identifying what is "safe." Once identified as "safe," implementers will have to decide what they want to use.
- **David McCallie** commented that interaction standards, such as CDS hooks are needed.
- **Ken Kawamoto** explained there is a need to help with reviewing result to be able to interpret meaningfully and what should be done as next steps for the patient. The current approach is typically based upon the reference range.
    - **David McCallie** elaborated it is not a per results issue, it is the whole panel. This may be a place where apps can be used.
    - **Ken Kawamoto** expressed that smart apps could be used to help interpret results.

Top Three Priorities

Ken Kawamoto suggested that the task force enumerate the problems with examples and identify potential solutions for those problems. This will be partly for homework, but with the remaining time, the task force began to discuss a few items.

Discussion of Priorities

- **Ken Kawamoto** noted the need for equivalency panels.
- **David McCallie** expressed the need to prioritize the work started to interpose decision support into the ordering conversation (including prior authorization). Need to agree on the API hooks necessary to enable the interjection of decision support, so that decision support can recognize when to get engaged or not. This is a priority because it impacts quality, safety, and cost.
- **Clem McDonald** expressed the need to prioritize getting results back to providers and patients in structured and readable form. We don't need to solve every operational problem to do that.
    - **Cynthia Fisher** suggested condition of payment as the holdback and insist that the patient get their results.
    - **David McCallie** noted that this is already in effect today. The view, download, transmit capabilities since the days of Meaningful Use are available. He did note that they are under-used.
    - **Cynthia Fisher** voiced that there is a need to move beyond the portals which are inconvenient – this is where the APIs come in.
    - **David McCallie** asked which results should be automatically pushed and which results should be "on need"?
    - **Cynthia Fisher** noted that our role is best served if automatically pushed to the patient.
    - **David McCallie** commented that there is a need to clarify policy so that labs understand what needs to be sent to the patient.
    - **Unknown**, there is a need to have clear and articulated use cases to truly understand the problem we are trying to solve. Seem to be worrying about prioritizing technology, versus prioritizing use cases.
        - There was some disagreement from task force members on this point.

Closing Remarks

Steven Lane noted that the homework for the task force will be to identify the problems that exist and link to potential solutions. He suggested creating an editable document with a table for the group to add their comments. The co-chairs will identify next steps for homework and will follow-up with the group regarding exactly how it will be executed. He also suggested inviting subject matter experts to share their standards expertise at a future meeting.

PUBLIC COMMENT

The following public comment was received in the chat feature of the webinar during the meeting:

Noam Arzt (HLN): I also do not see public health... in other?
Steven Lane: Public Health was identified as a Priority for the task force's work in the CURES act.

Alise Widmer: Can someone please paste the google doc link here?
Steven Lane:
https://docs.google.com/document/d/1UADmp4SIgpVnLHXUyIkTBAN1NZTowr337jW_k6dAH6c/edit?usp=sharing

NEXT STEPS

The HITAC will meet next on September 5. The next meeting of the TF is scheduled for September 11, 2018, at 10:00 am.

The meeting was adjourned at 11:32 a.m.