Health IT for the Care Continuum Task Force: DRAFT Recommendations to the HITAC
May 22, 2019

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HITCC Task Force Presentation: Outline

- Task Force Members

- Task Force Charge

- Recap - Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

- Questions and Feedback

Membership

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Christoph Lehmann	Vanderbilt University Medical Center	Co-Chair
Aaron Miri	The University of Texas at Austin	HITAC Committee Member
Steve Waldren	American Academy of Family Physicians	SME
Susan Kressly	Kressly Pediatrics	SME
Chip Hart	Physician's Computer Company	SME

Health IT for the Care Continuum Task Force Charge

- **Overarching Charge**: Provide recommendations on ONC's approach, recommendations, and identified 2015 Edition certification criteria to support pediatric care and practice settings; related criteria to support multiple care and practice settings; and a request for information on how health IT can support the treatment and prevention of opioid use disorder.

- **Specific Charge:** Provide recommendations on the following:

  ➢ The 10 ONC recommendations to support the voluntary certification of health IT for pediatric care, including whether to remove a recommendation

  ➢ Identified 2015 Edition certification criteria for supporting the certification of health IT for pediatric care and practice settings

  ➢ Pediatric technical worksheets

  ➢ 2015 Edition "DS4P" and "consent management for APIs" certification criteria

  ➢ How health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis

Recap - Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

- ONC proposes to remove the current 2015 Edition DS4P-send and receive certification criteria and replace them with three new DS4P criteria (two for C-CDA and one for FHIR

  » The Task Force supports this proposal and acknowledges that DS4P would help for opioid management and provide greater confidence in sharing OUD information

  » TF also recognizes that the "consent management for APIs" proposal would also aid in furthering the exchange of information

- Encouraging stakeholders to collaborate to create viable solutions for the implementation of DS4P is crucial for improving interoperability while protecting patient privacy

- Motivations for completing this work include:

  » (1) a patient's privacy must be maintained wherever information flows in the health care continuum, and

  » (2) accurate and complete health information must be shared to enable providers to make appropriate decisions at the point of care.

- Without solving this problem, patient care and safe transfer of information are compromised.

Recap - Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

- The TF acknowledges barriers to optimal implementation of DS4P such as: safety implications; medicolegal recordkeeping requirements; "leakage" or the concern that segmentation will not meet user expectations (particularly regarding narrative content); and, the significant scope of development efforts to implement DS4P in health information technology systems

- The TF recognizes that governance will be necessary to prioritize use cases for industry consideration, address barriers, and facilitate consistent implementation

- However, the task force agrees that it is crucial to initiate future work to advance DS4P now including efforts on both technical and policy components

  » Failure to do so at this junction would be a great opportunity loss and hamper future interoperability efforts. The work could be accomplished in part through multi-stakeholder collaborative work and testing of the DS4P standard to enable priority use cases.

3.1.1 Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

ONC proposes to remove the current 2015 Edition DS4P-send and receive certification criteria and replace them with three new DS4P criteria (two for C-CDA and one for FHIR). The Task Force supports this proposal and acknowledges that DS4P would help for opioid management and provide greater confidence in sharing OUD information. The TF also recognizes that the "consent management for APIs" proposal would also aid in furthering the exchange of information. The TF notes that, with appropriate protections in place, health IT can help providers electronically use and share data allowing providers to appropriately share health information while both complying with laws/legal requirements and respecting/honoring patient privacy preferences, often referred to as consent requirements.

Encouraging stakeholders to collaborate to create viable solutions for the implementation of DS4P is crucial for improving interoperability while protecting patient privacy. Motivations for completing this work include: (1) a patient's privacy must be maintained wherever information flows in the health care continuum, and (2) accurate and complete health information must be shared to enable providers to make appropriate decisions at the point of care. Without solving this problem, patient care and safe transfer of information are compromised.

The TF acknowledges barriers to optimal implementation of DS4P such as: safety implications; medicolegal recordkeeping requirements; "leakage" or the concern that segmentation will not meet user expectations (particularly regarding narrative content); and, the significant scope of development efforts to implement DS4P in health information technology systems. The TF recognizes that governance will be necessary to prioritize use cases for industry consideration, address barriers, and facilitate consistent implementation. However, the task force agrees that it is crucial to initiate future work to advance DS4P now including efforts on both technical and policy components. Failure to do so at this junction would be a great opportunity loss and hamper future interoperability efforts. The work could be accomplished in part through multi-stakeholder collaborative work and testing of the DS4P standard to enable priority use cases.

As an implementation consideration, the TF recommends that a user should be able to identify items that they want protected. The TF also acknowledges a need for the development of a minimal data set description to represent stakeholder consensus on what data is considered private. The TF notes that further work is needed to develop patient privacy best practices for universal adoption.

Appendix - Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

- The TF identifies published resources to help inform development of these privacy practices as referenced below:

  » Carequality Principles of Trust. Ratified Jan 2015. The Sequoia Project, 2017. https://sequoiaproject.org/wp-content/uploads/2017/08/Carequality_Principles-of-Trust_Final.pdf

  » Carr JM., Chariperson, National Committee on Vital and Health Statistics. Letter to Secretary of Health and Human Services Kathleen Sebelius. 10 November 2010. https://www.ncvhs.hhs.gov/wp-content/uploads/2014/05/101110lt.pdf

  » CommonWell Health Alliance Member Services Agreement. 28 December 2018. https://www.commonwellalliance.org/wp-content/uploads/2019/01/CommonWell-MSA-28Dec2018-1.pdf

  » Cuevas AG, O'Brien K, Saha S. Can patient-centered communication reduce the effects of medical mistrust on patients' decision making? *Health Psychol.* 2019 Apr;38(4):325-333.

  » Hazin R, Brothers KB, Malin BA, *et al*. Ethical, legal, and social implications of incorporating genomic information into electronic health records. *Genet Med* 2013 Oct 15(10):810-816.

  » Kilbride MK and Joffe S. The New Age of Patient Autonomy: Implications for the Patient-Physician Relationship. *JAMA* 2018 Nov 20;320(19):1973-1974.

  » Minari J, Brothers KB, Morrison M. Tensions in ethics and policy created by National Precision Medicine Programs. *Hum Genomics* 2018 Apr 17;12(1):22. doi: 10.1186/s40246-018-0151-9.

  » "Protecting Sensitive Health Information in the Context of Health Information Technology." Consumer Partnership for eHealth. June 2010. http://go.nationalpartnership.org/site/DocServer/Sensitive-Data-Final_070710_2.pdf?docID=7041

  » Santana MJ, Manalili K, Jolley RJ, *et al.* How to practice person-centred care: a conceptual framework. *Health Expect*. 2018 Apr; 21(2): 429–440.

  » The Office of the National Coordinator for Health Information Technology. Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap. Final Version 1.0. October 2015. https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf

  » The Office of the National Coordinator for Health Information Technology. Trusted Framework and Common Agreement Draft 2. April 2019. https://www.healthit.gov/sites/default/files/page/2019-04/FINALTEFCAQTF41719508version.pdf

Appendix - Data Segmentation for Privacy (DS4P) and Consent Management for APIs Certification Criteria

- Additional resources for historical purposes:

    » The Office of the National Coordinator for Health Information Technology. Patient Consent for Electronic Health Information Exchange and Interoperability. https://www.healthit.gov/topic/interoperability/patient-consent-electronic-health-information-exchange-and-interoperability

    » The Office of the National Coordinator for Health Information Technology. Health Information Privacy Law and Policy. https://www.healthit.gov/topic/health-information-privacy-law-and-policy

    » The Office of the National Coordinator for Health Information Technology. Health Information Technology. https://www.healthit.gov/topic/health-information-technology

- # Summary

  » Support TF recommendations on the proposed DS4P and Consent Management for APIs certification criteria