



Meeting Notes

Health Information Technology Advisory Committee (HITAC)

Interoperability Standards Priorities (ISP) Task Force

October 1, 2019, 3:00 p.m. – 4:45 p.m. ET

Virtual

Executive Summary

The HITAC Recommendations section of the draft report was reviewed and discussed among task force members. Changes were made to the draft report in preparation for the final presentation to the HITAC at the October 16, 2019 meeting. There were no public comments but there were additional comments in the public meeting chat via Adobe.

Agenda

- 3:00 p.m. **Call to Order/Roll Call**
- 3:05 p.m. **Task Force Schedule**
- 3:10 p.m. **Task Force Draft Report-Discussion**
- 4:30 p.m. **Public Comment**
- 4:45 p.m. **Adjourn**

Roll Call

Kensaku Kawamoto, Co-Chair, University of Utah Health
Steven Lane, Co-Chair, Sutter Health
Cynthia A. Fisher, WaterRev, LLC
Anil Jain, IBM Watson Health
Victor Lee, Clinical Architecture
Arien Malec, Change Healthcare
David McCallie, Jr., Individual
Clement McDonald, National Library of Medicine
Terrence O'Malley, Massachusetts General Hospital
Ming Jack Po, Google
Sasha TerMaat, Epic
Sheryl Turney, Anthem Blue Cross Blue Shield

MEMBERS NOT IN ATTENDANCE

Ricky Bloomfield, Apple
Tina Esposito, Advocate Aurora Health
Tamer Fakhouri, Livongo Health
Valerie Grey, New York eHealth Collaborative
Edward Juhn, Blue Shield of California
Leslie Lenert, Medical University of South Carolina
Raj Ratwani, MedStar Health
Ram Sriram, National Institute of Standards and Technology
Andrew Truscott, Accenture



Scott Weingarten, Cedars-Sinai Health System

Task Force Schedule

The task force has one more meeting scheduled on October 8, 2019 prior to the presentation of the final recommendations to the HITAC on October 16, 2019.

Task Force Draft Report Discussion

The task force members reviewed the Closed Loop Referrals & Care Coordination section of the current draft of recommendations and made changes based on comments from task force members and members of the HITAC.

ILLUSTRATIVE STORY OF WHAT RECOMMENDATIONS WILL ENABLE

The following suggestions and changes were made:

- The phrase “can ideally see who is available to accept referrals in the specialty and associated coverage and costs” was added to the list of procedural elements in the third sentence.
- It was suggested that, in order to make the story more realistic, the patient should be offered more than one specialist to choose from.
 - This suggestion resulted in the addition of the phrase “you can also see what providers are available and can discuss with your provider the best specialist for you to see” to the fourth sentence.

CLOSED-LOOP COMMUNICATION

Recommendations

The following change was made:

- The seventh bullet was made broader as the opening phrase was changed from “encourage expansion of 360X protocol” to “make sure the referral approach, whether via 360X or an alternative mechanism”

CLINICAL DATA COLLECTED PRIOR TO AND SENT AT THE TIME OF REFERRING A PATIENT

Observations

The following changes were made:

- In the second bullet, the word “minimum” was added to specify the nature of the standards.
- The phrase “these payer requirements must be aligned with best practice guidelines determined by recognized medical/specialist organizations” was added to the end of the third bullet.
- The phrase “referrals to the acute care setting, e.g. emergency department, from any source, and discharges” was added to the fourth bullet.

CLINICIAN TO CLINICIAN PATIENT-SPECIFIC MESSAGING

Recommendations

The following change was made:

- A recommendation was added stating “ensure small physician practices have sufficient support”.



Policy Levers/Responsibilities

The following change was made:

- A bullet was added that reads “Centers for Medicare & Medicaid Services (CMS): continue to encourage addition of contact and communication addresses needed for interoperability for providers via the National Plan and Provider Enumeration System (NPPES) central repository of provider information”.

REFERRAL MANAGEMENT & CARE COORDINATION

Recommendations

The following change was made:

- An additional sub-bullet was added under the first bullet, reading “organization(s)/place(s) of business”.

Policy Levers/Responsibilities

The following change was made:

- A bullet was added that reads “CMS: continue to encourage addition of contact and communication addresses needed for interoperability for providers via the National Plan and Provider Enumeration System (NPPES) central repository of provider information”.

GOVERNANCE

Observations

The following change was made:

- The phrase “snap-on government” was removed from the second bullet to minimize confusion.

AUTOMATICALLY INCORPORATE RELEVANT PATIENT INFORMATION INTO ELECTRONIC HEALTH RECORDS (EHR)

Recommendations

The following changes were made:

- The phrase “standards-based” was added as a descriptor of the messaging type in the first bullet.
- The phrase “to enable closed-loop referrals” was added at the end of the sentence in the first bullet.

Policy Levers/Responsibilities

The following change was made:

- A bullet was added that reads “ONC: Support the development of effective standards in this area, and inclusion in certification criteria once available and validated”.

PATIENT-CLINICIAN ELECTRONIC MESSAGING

The word “electronic” was added to the title and throughout the discussion of the topic to specify the type of message.

Observations



The following suggestions and changes were made:

- A bullet was added reading “reimbursement policies may need to be adjusted to encourage electronic non-traditional communications between patients and providers”.
- A bullet was added reading “adequate connectivity (e.g., internet and cell phone-based connectivity) may be needed for effective communications to occur”.
- The importance of expanding the choices for patients to communicate with their clinicians was emphasized, however, the errors that can occur as a result of undocumented communication were also noted.
- The third bullet reading “any viable solution to support patient-clinician communications must fully integrate with existing EHR workflows” was deleted.
- A bullet was added reading “preferred methods for communications among patients and providers may include insecure methods such as email and SMS text”.

Recommendations

The following changes were made:

- A bullet was added reading “solutions to support patient-clinician communications should ideally integrate with existing EHR workflows to support efficiency for clinicians and appropriate documentation of communications and healthcare decision making in the patient’s medical record”.
- The phrase “while ensuring that other relevant concerns such as security, Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, and integration with EHRs and clinical workflows are appropriately considered” was added to the end of the bullet reading “provide flexibility to individuals/patients to select the messaging tool(s) of their choice and to easily manage messaging with care team members utilizing disparate health information technology (HIT) solutions”.
 - This bullet was moved to the top of the list of recommendations to reflect the prioritization of the desires of the patient.

Policy Levers/Responsibilities

The following change was made:

- It was added that ONC has a responsibility to “convene appropriate stakeholders to develop a standard to support flexible, integrated patient-clinician messaging. Such a standard should be: standards-based, application programming interface (API)-enabled, integrated into EHR workflow, integrated with consumer devices, and freely available to consumers”.

MULTI-STAKEHOLDER, MULTI-INSTITUTIONAL CARE PLAN

Recommendations

The following change was made:

- An addition was made to the first bullet, citing a link to a description of the Gravity Project.

REAL-TIME TEXT MESSAGING

It was agreed that this topic would be completely deleted as it was addressed in the “Patient-Clinician Electronic Messaging” section.



Public Comment

There were no public comments.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

Sasha TerMaat: <https://www.cms.gov/Center/Special-Topic/Interoperability/CMS-9115-P.pdf>

Sasha TerMaat: See page 136

Sasha TerMaat: To ensure the index is accessible to all clinicians and facilities, we have updated the NPPES to be able to capture digital contact information for both individuals and facilities. NPPES currently supplies National Provider Identifier (NPI) numbers to health care providers (both individuals and facilities), maintains their NPI record, and publishes the records online.

Adjourn

Task Force members were invited to review and comment on the remainder of the draft report. The last task force meeting prior to the HITAC presentation is scheduled for October 8, 2019 and the final presentation of the recommendations to the HITAC is scheduled for the October 16, 2019 meeting. The task force may schedule one additional meeting prior to the HITAC presentation on October 16, 2019 to finalize the recommendations if necessary. The meeting was adjourned at 4:45 p.m. ET.