



ISP Task Force 2021

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June 24, 2021

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology





Meeting Agenda

- Call to Order/Roll Call
- Introductions
- Discussion of Updating Recommendation #3
- Public Comment
- Adjourn



Recommendation #3 Discussion



ISP-TF-2021_Recommendation 03 - Foundational Standards – Terminology

3a. ONC to **work with Federal stakeholders and terminology curators to establish policy** that moves the nation **towards terminology standards** that are:

- Developed in accordance with OMB Circular A-119 (on Voluntary Consensus Standards) **and the 2019 NCVHS Vocabulary Recommendations**
- Have licenses that allow **for free or low cost open use (using the language of the 2019 NCVHS Vocabulary Recommendations)** by providers, researchers, developers, patients and other stakeholders (~~though national licensing where appropriate~~)
- Designed to address multiple needs (e.g., clinical care, research, public health, and administrative needs).
- International or cross-mapped to international standards (**where available**) to allow for multi-regional pooled research



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3b. ONC to work with key Federal stakeholders (such as NLM, CMS, FDA, NIH, etc.) **and terminology stakeholders curators** to transition the nation towards terminology meeting the policy through means including, but not limited to, licensing **terminologies, funding terminology curators**, working with terminology curators to align development with the policy, or **managing the** transitioning to alternate terminology standards **taking reasonable efforts to minimize workflow disruption during the any transition.**



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3c. ONC to use direct levers to continue to standardize laboratory results terminology, while working with related agencies of HHS (FDA, CMS) **and terminology curators to correctly code as close to source (e.g., analyte machine or LIMS) as possible the identity of laboratory tests/measures (the “question”), to LOINC; for tests whose value (the “answer”), is a quantity, code their units of measure (e.g. mg/dL) to UCUM; and for tests whose value, (the “answer”), is reported as a named code (e.g. “not detected”), code the value to SNOMED-CT; ~~laboratory data to LOINC and UCUM (or other relevant terminology such as SNOMED-CT) as close to the source of the data as possible.~~**



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- d. We recommend that ONC, directly and through coordination with CMS **and terminology curators**, harmonize procedural coding standards to standards meeting the policy goals listed above.
- e. We recommend that ONC, In the transition to ICD11, work with CMS and NLM to encourage ~~SNOMED-CT and ICD11~~ harmonization to allow **a single source use nomenclature of captured for capture and encoding clinical data problems and diagnoses** for clinical care, research, and administrative workflows ~~using singular problem list terminology~~.
- f. We recommend that ONC work with FDA and CMS to continue to harmonize NDC to RxNorm, treating RxNorm as the source terminology set, and to harmonize administrative and electronic prescribing standards to use RxNorm as the single source of clinical data for clinical care, research and administrative workflows, replacing NDC for such purposes.



Questions?

Public Comment

To make a comment please call:
Dial: 1-877-407-7192

*(Once connected, press “*1” to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
“Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

*Written comments will not be read at this time,
but they will be delivered to members of the Task Force and made part of the Public Record.*



Meeting Adjourned