Health Information Technology Advisory Committee

Interoperability Standards Priorities Task Force 2021 Virtual Meeting

Meeting Notes | June 24, 2021, 2:00 p.m. – 3:30 p.m. ET

Executive Summary

The focus of the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021) meeting was to finalize its work on identifying opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. Arien and David explained that the ISP TF 2021 presented its final recommendations to the HITAC at its June 9, 2021, meeting, and six of the seven recommendations were passed to the National Coordinator for Health IT in a transmittal letter. To complete its recommendations, the TF discussed proposed revisions to recommendation #3. The revised recommendation will be presented to the HITAC at its July 14, 2021, meeting.

There was one public comment submitted by phone, and there were several comments submitted via the chat feature in Adobe Connect.

Agenda

02:00 p.m.	Call to Order/Roll Call
02:05 p.m.	Introductions
02:10 p.m.	Discussion of Updating Recommendation #3
03:25 p.m.	Public Comment
03:30 p.m.	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 2:01 p.m. and welcomed members to the meeting of the ISP TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

Arien Malec, Change Healthcare, Co-Chair
David McCallie, Individual, Co-Chair
Ricky Bloomfield, Apple
Ken Kawamoto, University of Utah Health
Clem McDonald, National Library of Medicine
Ming Jack Po, Ansible Health
Ram Sriram, National Institute of Standards and Technology

MEMBERS NOT IN ATTENDANCE

Cynthia Fisher, PatientRightsAdvocate.org
Valerie Grey, New York eHealth Collaborative
Jim Jirjis, HCA Healthcare

Edward Juhn, Inland Empire Health Plan
Victor Lee, Clinical Architecture
Les Lenert, Medical University of South Carolina
Raj Ratwani, MedStar Health
Sasha TerMaat, Epic
Andrew Truscott, Accenture

ONC STAFF
Mike Berry; Designated Federal Officer (ONC)

General Themes

TOPIC: DISCUSSION OF UPDATING RECOMMENDATION #3
The TF discussed and finalized proposed revisions to recommendation #3.

Key Specific Points of Discussion

TOPIC: WELCOME AND ISP TF 2021 REPORT OVERVIEW
David and Arien welcomed ISP TF 2021 members, briefly reviewed the agenda, and briefly summarized the following points:

- The ISP TF 2021 presented its recommendations and transmittal letter to the HITAC at its June 9, 2021, meeting.
- HITAC members voted to transmit all the ISP TF recommendations to the National Coordinator of Health IT except for TF Recommendation #3. At its last meeting, the TF received testimony submitted by the American Medical Association (AMA) and the National Committee on Vital and Health Statistics (NCVHS).
- The goal of the current meeting is to complete work on Recommendation #3 and to submit it to the HITAC at its July 14, 2021, meeting.

TOPIC: DISCUSSION OF UPDATING RECOMMENDATION #3
The ISP TF discussed updates and wording changes that were added following the previous presentations, TF feedback, and discussions. Arien explained that the front matter text/high-level Recommendation #3 was updated and simplified and noted that footnotes were added. The revised version included:

- Recommendation 03 - In order to improve interoperability and innovation as well as maximize the deployed EHR base for pragmatic research, we recommend that ONC work with other Federal stakeholders to move the nation towards terminology standards that are developed in accordance with OMB Circular A-119 (*footnoted Circular*) (on Voluntary Consensus Standards) and with the 2019 NCVHS Vocabulary Recommendations, have licenses that allow for free or low cost use by providers, researchers, developers, patients and other stakeholders, and are designed to address multiple needs (clinical care, research, public health, administrative needs). In areas where code sets that do not conform to this policy are currently required by Federal actors, we recommend that ONC work with key Federal stakeholders and terminology curators to align national terminology with this policy.

Arien reviewed the updated text of Specific Recommendation #3, Foundational Standards – Terminology, which included:

"The task force found that the Interoperability Standards Advisory (ISA) and United States Core Data for Interoperability (USCDI) contain well founded terminology systems for interoperability. However, we found that the lack of upstream codification (normalizing data as close to source creation as possible) and divergence between administrative and clinical terminology creates significant burden for electronic health record (EHR) data use for real world evidence, comparative effectiveness, and other research activities and

creates administrative burden by requiring dual coding. In addition, the implied mandate to use coding systems that were not designed by voluntary consensus standards processes, are not open or broadly licensed to be freely available for all stakeholders or are primarily designed for administrative, rather than clinical needs, inhibits maximal appropriate use of data. The Task Force recognizes that professional maintenance of vocabulary standards requires work that needs to be funded; in parallel with the recommendations of NCVHS we note that broader interoperability calls **for** an approach to sustainability for terminology curation while also maximizing the interoperability, patient engagement, and innovation that depends on barrier-free access to the nation's health data.

We reference in our recommendations the 2019 NCVHS Vocabulary Recommendations
to the Secretary of Health and Human Services (HHS)."

- Recommendation 3a. ONC work with Federal stakeholders and terminology curators to establish policy that moves the nation towards terminology standards that are:
  - o i. Developed in accordance with OMB Circular A-119 (on Voluntary Consensus Standards) and the 2019 NCVHS Vocabulary Recommendations
  - o ii. 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
  - o iii. Designed to address multiple needs (e.g., clinical care, research, public health, and administrative needs)
  - o iv. International or cross-mapped to international standards (where available) to allow for multi-regional pooled research.
- Recommendation 3b: In areas where code sets that do not conform to this policy are currently required by Federal actors, we recommend that ONC work with key Federal stakeholders (such as NLM, CMS, FDA, NIH, etc.) and terminology 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 transition to alternate terminology standards, taking reasonable efforts to minimize workflow disruption during any transition.
- Recommendation 3c: We recommend that ONC use direct levers to continue to standardize laboratory results, while working with related agencies of HHS (primarily FDA [analyte machines] and CMS [CLIA]) and terminology curators to correctly code 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. In addition, the transmittal letter of approved recommendations from the ISP Task Force's initial deliberations in 2019. (*Link added as a footnote:* https://www.healthit.gov/sites/default/files/page/2019-12/2019-10-16_ISP_TF_Final_Report_signed_508.pdf)
- Recommendation 3d: 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.
- Recommendation 3e: We recommend that ONC, In the transition to ICD-11, work with CMS and NLM to encourage ~~SNOMED-CT and ICD-11~~ harmonization to allow single nomenclature for capture and encoding problems and diagnoses for clinical care, research, and administrative workflows.

- Recommendation 3f: 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.

DISCUSSION:

- Arien summarized changes to the high-level and specific text for Recommendation 3a and sub-bullets and invited ISP TF members to provide final feedback.
  - o David suggested adding the word "for" to the description of the Specific Recommendation.
- Arien summarized changes to the high-level and specific text for Recommendation 3b, noting the use of the phrase "terminology curators" throughout, and invited ISP TF members to provide final feedback.
  - o Clem McDonald commented that the addition of the workflow disruption issue is useful, but there could be workflow disruption during the transition between ICD-10 and ICD-11.
  - o Arien stated that the text encapsulates the idea that it is difficult to do vocabulary updates without workflow disruption but that it should be minimized.
  - o Clem responded that no changes to the text were needed.
- Arien summarized changes to the high-level and specific text for Recommendation 3c, noting that the text came from Clem's updates, which were discussed at the last meeting. He invited ISP TF members to provide final feedback.
  - o Ram Sriram commented in the public chat: "We need a mechanism to test the implementation of the recommendations. E.g., how are going to test if lab results are communicated properly?"
  - o Arien responded that CLIA already requires testing of results distribution to ensure clinical compliance, and the previous iteration of the ISP TF made many related recommendations. The current ISP TF is recommending the use of UCUM, LOINC, etc. and normalizing upstream
- Arien summarized changes to the high-level and specific text for Recommendations 3d and 3e, and he invited ISP TF members to provide final feedback.
- Clem congratulated the co-chairs and TF members on the work done on the revised recommendations. Arien added that the revised recommendations were clearer and should better stand up to HITAC scrutiny going forward.

Action Items

The co-chairs and the ONC team created a slide deck for use at the ISP TF's presentation of the revised version of its #3 Recommendations. The ISP TF will present to the HITAC at its July 14, 2021, meeting.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There was one public comment received via phone.

Laurie McGraw, Senior Vice President, Health Solutions, American Medical Association (AMA):
We understand the questions related to AMA's licensing framework for CPT were raised during the task force meeting previously and wanted to offer some following clarifications. In the previous task force meeting, as stated by Dr. Peter Hollmann, who spoke to this task force, CPT codes are multi-purpose in meeting the needs of clinical and administrative workflows and integral to treating patients, supporting research, and public health. For example, with COVID, CDC and CMS came to the panel with ideas for COVID vaccine and

vaccine administration codes to support these agencies' tracking requirements. Using the CPT benefit from the level of trust in CPT, because the CPT process is evidence-based, transparent, and driven by stakeholders, AMA ensures that obtaining a license to access the CPT code set is low cost and efficient, which meets regulatory requirements. AMA makes the code set available on a nondiscriminatory basis to all interested parties. Typically, developers of products that use CPT codes obtain a license from the AMA, and that license provides for access to users of such products. At an organizational level, some entities (technology developers, payers, etc.) obtain a license to use CPT broadly. This approach to licensing is common for organization that create widely adopted intellectual property because it is efficient, while reasonable protecting their rights. The AMA does not require patients or consumers to pay a license. Further, the AMA has permitted a number of royalty-free use cases to support patients' participation in care, price transparency, interoperability, and innovation. Thank you for allowing me to make these comments on behalf of AMA.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Welcome back to the Interoperability Standards Priorities Task Force. We will be starting soon!

Arien Malec: I like that Ricky is fully owning PT.

Ram D Sriram: I have a conflict with another meeting, and unable to connect via audio, but we need a mechanism to test the implementation of the recommendations. E.g., how are going to test if lab results are communicated properly.

Victor Lee: Looks like a great set of recommendations

Ricky Bloomfield: @Arien, sorry, I got pulled away. What was the reference I missed?

Alix Goss: Nice iteration on the recommendations!

Arien Malec: In my administration, we will move the seat of government to Oakland and make Pacific time the universal time zone.

Ricky Bloomfield: Ah, it was the good morning! :)

Jack Po: /me roffles

Jack Po: there are a few PT folks here, I like this change

Victor Lee: Thank you David and Arien for your leadership

Jack Po: Thanks guys! +100

Resources
ISP TF 2021 Webpage
ISP TF 2021 – June 24, 2021 Meeting Agenda
ISP TF 2021 – June 24, 2021 Meeting Slides
ISP TF 2021 – June 24, 2021 Meeting Webpage
ISP TF 2021 – Draft Recommendations Report
HITAC Calendar Webpage

Adjournment
Arien and David thanked everyone for their participation in the ISP TF 2021's work. They stated that it was a

pleasure to work with everyone.

The meeting was adjourned at 2:22 p.m. E.T.