



HITSP

Healthcare Information Technology Standards Panel

Report from the Technical Committees

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Presented by:

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HITSP Technical Committee Co-Chairs



AHIC Extensions/Gaps/Use Cases 2009

Provider

General Lab Orders

Order Sets

Long Term Care –
Assessment

Admin/Finance

Scheduling

Prior-Authorization
in Support of
Treatment, Payment,
& Operations

Consumer

Common Device
Connectivity

Medical Home: Co-
morbidity and
Registries

Medication Gaps

Consumer Preferences

Common Data Transport

Population

Newborn Screening

Maternal & Child
Health

Consumer Adverse
Event Reporting

Quality Measures

Care Management/
Health Records

Clinical Note Details

Technical Committee Leadership

❑ Provider Perspective – 233 members

- Allen Hobbs, PhD, Kaiser Permanente
- Steve Hufnagel, PhD, DoD/Medical Health System (MHS)
- Mike Lincoln, MD, Department of Veterans Affairs

❑ Consumer Perspective – 217 members

- Mureen Allen, MD, FACP, ActiveHealth Management
- Charles Parisot, EHR Association
- Scott Robertson, PharmD, Kaiser Permanente



Technical Committee Leadership

□ Population Perspective - 187 members

- Floyd Eisenberg, MD, MPH, National Quality Forum
- Eileen Koski, M. Phil
- Anna Orlova, PhD, Public Health Data Standards Consortium

□ Administrative and Financial Domain – 55 members

- Don Bechtel, Siemens Medical Solutions
- Deborah Belcher, GE Healthcare
- Durwin Day, Health Care Service Corporation



Technical Committee Leadership

☐ Security, Privacy & Infrastructure Domain - 182 members

- Glen Marshall, Grok-A-Lot, LLC
- John Moehrke, GE Healthcare
- Walter Suarez, MD, Institute for HIPAA/HIT Education and Research

☐ Care Management and Health Records Domain - 67 members

- Keith Boone, GE Healthcare
- Corey Spears, McKesson Health Solutions
- Greg Alexander, PhD, RN, Alliance for Nursing Informatics

Total Technical Committee Membership – 558 individuals

Report from the Population Perspective Technical Committee

- ❑ Consumer Adverse Event Reporting

- Update to IS11

- ❑ Maternal and Child Health

- New IS (IS91)

- ❑ Newborn Screening

- New IS (IS92)

- ❑ Quality Measures Value Case

- Update to IS06

Report from the Population Perspective Technical Committee

- 2009 Extension/Gap and Use Case Harmonization
 - Consumer Adverse Event Reporting
 - **Achievable**
 - Leverage same constructs
 - Mapping to consumer subset of reporting
 - **Gaps**
 - Consumer-friendly vocabulary standards
 - Same Gaps as already documented in IS11
 - ICSR3 still pending ballot

Report from the Population Perspective Technical Committee

□ 2009 Extension/Gap and Use Case Harmonization – Newborn Screening

–Achievable

- Leverage IS01 (EHR-Lab) constructs
- Pre-population of test orders from birthing record, newborn record

–Gaps

- Lab Order Standards – Coordinate with CMHR
- Subscribe to Results – Coordinate with SPI
- Confirmatory Tests, Short & Long-Term Care Follow-up – Coordinate with CMHR
- Guidelines – Coordinate with SPI and CMHR

Report from the Population Perspective Technical Committee

□ 2009 Extension/Gap and Use Case Harmonization – Maternal and Child Health

Scope: Focus on EPDST (Early Periodic Screening, Diagnosis and Treatment)

Confirmation of pregnancy thru early childhood (up to 4 years of age)

Included:

- Pre-populate administrative forms from clinical records
 - Antepartum Summary
 - Labor & Delivery Summary
 - Discharge Summary
 - Newborn Birth Summary
 - Birth Registration (Vital Record)
 - Well-Child Care Encounter Records
- Medicaid Enrollment, Eligibility, Registrations

Additional Analysis is Needed with

- CMHR
- SPI

Report from the Population Perspective Technical Committee

□ 2009 Extension/Gap and Use Case Harmonization – Quality

– **Achievable**

- New construct for Measures (pending development)
- New construct for mapping measure concepts from EHR data sources
- Value Sets

– **Gaps**

- Communication of Measures (Transaction – pending further analysis)
- Approach for expressing informative specification and examples
- Approach for asserting policy requirements

Report from the Population Perspective Technical Committee

□ Anticipated New Constructs (Pending further analysis)

- Labor and Delivery/birthing record
- Maternal/Newborn Discharge Record
- Orders
- Audiology test results
- Guideline management
- Publish and Subscribe
- Form Prepopulate (Orders, Vital Records, Medicare notifications)
- Case Report
- Non-patient specific document transport

Report from the Population Perspective Technical Committee

- Anticipated changes to Existing Constructs
 - Pending review with Domain TCs – Reflected in Domain TC reports

Report from the Consumer Perspective Technical Committee

- ❑ Medication Gaps
- ❑ Common Device Connectivity
- ❑ Medical Home: Problem Lists & Provider-Based Registries
- ❑ Consumer Preferences
- ❑ IS03/05 Gaps

Report from the Consumer Perspective Technical Committee

☐ Medication Gaps – Overview

- Additions to IS07- Medication Management
- Long Term Care support
- Expanded information / terminology
- Enhanced Prior Authorization capabilities

Report from the Consumer Perspective Technical Committee

☐ Medication Gaps – Work Items

– Achievable

- ⑩ LTC workflow support
- ⑩ Structured & codified Sig
- ⑩ IS07 re-write and realignment to new template
- ⑩ Expanded data content / alignment across constructs
- ⑩ Terminology issues (partial)
- ⑩ Prior Authorization / Benefits Determination extensions

– Gaps

- ⑩ Orders for controlled substances
- ⑩ Implantable administration devices
- ⑩ Standardization of Drug Knowledgebase Exchange

Report from the Consumer Perspective Technical Committee

☐ Medication Gaps – Constructs

- Expanded content (C32, C80, C83, T42)
- LTC support (TP43)
- Prior Authorization / Benefits (TP46, T40, T79, T85)
- New constructs pending specific requirements

Report from the Consumer Perspective Technical Committee

- ❑ Common (Method for) Device Connectivity – Overview
 - New IS (CMDCC)
 - Support for complex / life-critical device data reporting to the EHR
 - Support for “first link” device interaction (analog to RMON SDE #1)
 - Support for multiple care settings (e.g., EMS, acute, LTC, ...)
 - Support for life-critical alarms
 - Identify and address new security / safety implications
 - Includes support for device-specific semantic content

Report from the Consumer Perspective Technical Committee

□ 2009 Work Items

– Achievable

- ⑩ Device Information Reporting to EHR / Enterprise Applications
- ⑩ Semantic Content: terminology, data structures w/ co-constraints, multiple data types (monitored parameters, control settings, alerts, waveforms,...)
- ⑩ “Documents” with device data (pending SDO partnering)

– Gaps

- ⑩ Multi-device integration at the point-of-care
- ⑩ Device-external “Remote” Control (open loop – clinician control) (i.e., “pilot in the cockpit”)
- ⑩ Data Stream Continuity (e.g., across care setting transitions)
- ⑩ Retrospective access & associated data archiving
- ⑩ ID Binding & Release (device & patient & data)

– Out-of-scope

- ⑩ Closed-loop device control

Report from the Consumer Perspective Technical Committee

- ❑ Anticipated changes to Existing Constructs
 - Resolve IS04 (ER-EHR) gap for medical device data
 - Harmonizing with IS77 (RMON) System Data Exchanges
- ❑ In collaboration with ...
 - Consumer: Medical Home, Long Term Care
 - Provider: EMS, Nursing, Clinical Notes
 - CMHR: Health Record Terminologies, (near) Real-Time CM
 - SPI: Safety/Life-Critical, Real-Time & Time Critical, Data Volume
- ❑ External Coordination:
 - IEEE 11073, HL7 DEV WG, IHE Patient Care Device (PCD)
 - Continua Health Alliance
 - U.S. FDA

Report from the Consumer Perspective Technical Committee

□ Medical Home - Overview

- Clearly identify the Medical Home (MH) and the Medical Home provider
- Facilitate sending of documents to the MH provider
- Facilitate the generation of a master problem list in the MH
- Facilitate the use of a “practice based” registry / EHR for individual patient care and patient population management

Report from the Consumer Perspective Technical Committee

☐ Achievable Activities

- Designation of the medical home provider
- Generation of a problem list
- Receipt of documents into the MH

☐ Gaps / Concerns

- Provider list prerequisite still works-in-progress
- Introduction of new care coordination paradigm in HITSP

Report from the Consumer Perspective Technical Committee

□ Approach: Potential Pilot for Service-Based Model

- Complex use case

- Involves many existing ISs:

- ⑩ IS01: EHR-Lab results

- ⑩ IS03: Consumer Access to Clinical Information

- ⑩ IS06: Quality Use Case

- ⑩ IS07: Medication Management

- ⑩ IS09: Consultation and Transfer of Care

- ⑩ IS10: Immunization and Response Management

- ⑩ IS12: Patient-Provider Secure Messaging

- ⑩ IS77: Remote Monitoring

- And extension / gaps:

- ⑩ Clinical Notes

- ⑩ Medication Gaps

Report from the Consumer Perspective Technical Committee

□ Next Steps

- Outreach to Medical Home Stakeholders / Subject Matter Experts from Medical Home PPC-PCMH initiative
- Finalize scope of 2009 work, identify work item roadmap/sequencing
- Participate in Service-based deliverable model discussions with HITSP IRT
- Draft Medical Home IS or a framing document for MH as a HITSP Service deliverable

Report from the Consumer Perspective Technical Committee

❑ Consumer Preferences – Overview

- New Use Case/Extension open for comment
- Joint effort between SPI and CPTC

❑ Impacted Constructs

- TP20 – Access Control
- TP30 – Manage Consent Directives
- IS03/IS05 – Consumer Access to Clinical Information

⑩ TP20 / TP30 are used by all ISs

⑩ A framework for how ISs will reference revised TP20/TP30

Report from the Consumer Perspective Technical Committee

- IS03/05 – Consumer Access to Clinical Information via Networks/Media Gaps and Extensions
 - Provider List prerequisite for Medical Home UC; continuation of 2008 work
 - Potential extension of IS's for 2009 Prior Authorization UC requirements
 - Inclusion of HL7 PHM clinical documents from 2008 Remote Monitoring UC (IS77) as part of IS03/05 document set to be exchanged

Report from the Provider Perspective Technical Committee

□ High Level Statement of Work

- The Long Term Care (LTC) – Assessment gap focuses on the ability of clinicians to assess and evaluate LTC patients and to communicate patient status
- The Order Sets extension/gap focuses on the ability to exchange defined groups of orders among clinicians and healthcare entities.
- General Laboratory Orders focuses on a clinician's ability to select and order a laboratory test.

Report from the Provider Perspective Technical Committee

□ 2009 Extension/Gap and Use Case Harmonization

Achievable

- Ability to exchange catalogue of tests offered by a laboratory
- Ability to electronically send, modify and status lab orders
- Ability to send/receive LTC Assessment templates and completed assessments
- Ability to send de-identified LTC Assessment data
- Ability to exchange order sets and uniquely identify the order set

Gaps/Overlaps

- Vocabularies for lab orders

Report from the Provider Perspective Technical Committee

- Anticipated New Constructs
 - Pseudonymization of LTC-Assessment data
 - Laboratory Order Message

Report from the Provider Perspective Technical Committee

- Anticipated changes to Existing Constructs
 - C80 (vocabulary)
 - C83 (CDA documents)
 - C36 and C37 to include lab orders
 - IS01 Laboratory Results
 - IS04 ER-EHR
 - IS08 Personalized Healthcare
 - IS09 Consultations and Transfer of Care

Report from the Security, Privacy & Infrastructure Domain Technical Committee

❑ Major Updates to prior work

- TP30 Manage Consent Directives
- TP20 Access Control
- TN900 Security & Privacy

❑ Minor updates – large in the aggregate

❑ Document reviews – short term

- 2 from NIST, public comment for 3 new use cases, 3 for OASIS XSPA (fulfills HITSP-identified gap)

Report from the Security, Privacy & Infrastructure Domain Technical Committee

□ 2009 Extension/Gap and Use Case Harmonization

- **Reuse** – Use of existing constructs without change
- **Achievable** – Minor updates to existing constructs and new constructs for which standards are known
- **Open Issues** – Consumer Preferences, Common Data Transport, New SSA use case – need final version very quickly
- **To Be Decided** – Services paradigm for HITSP

Report from the Security, Privacy & Infrastructure Domain Technical Committee

- ❑ **Anticipated New Constructs** (preliminary only)
 - Nonrepudiation of receipt
 - Anonymize for NBS
 - Anonymize for maternal child health
 - Transport for measure (non patient specific)
 - Transport for fulfilment to PHR
 - Publish/subscribe
 - Transport for multiple patients in a single document
 - Transport for non-patient specific data in a single document

Report from the Care Management & Health Records Domain Technical Committee

- ❑ Maintenance on Existing CDA Constructs
 - Incorporate into C83/C80
 - Updates to C80
 - Work to be Completed by June Publication
- ❑ Tier 2 Review for New Constructs
 - Initial List of Constructs and Standards Created
 - Initial Draft to be completed by June
- ❑ Draft Request for Laboratory Order Standards
 - Identified a gap in laboratory orders
 - Develop scope statement and request to SDOs to enable completion of the Laboratory Order Use Case

Care Management & Health Records

New Constructs

- T?? Clinical Decision Support
- C?? Order Set Document
- C?? Quality Measure Specification
- C?? Patient Level Measurement Report
- T?? Device Alert Communication
- T?? Device Control
- T?? Device Monitored Parameters
- T?? Laboratory Order
- C83 Updates to address Maternal Child Health Data Requirements (Ob/Gyn and Pediatric)

Care Management & Health Records

New Constructs – Clinical Notes

- C?? Radiology Report
- C?? Long Term Care Assessment
- C?? Operative Note
- C?? Coded Nursing Documentation
- C?? Prehospital Care Report
- C?? Antepartum Record
- C?? Labor and Delivery Summary

– OR –

- C?? Clinical Notes

Care Management & Health Records Domain Maintenance to Existing Constructs (June)

- ❑ C28 Emergency Care Summary Document
Updated to incorporate C83 and C80
- ❑ C35 Lab Result Terminology to be deprecated
C36 Lab Result Message and C37 Lab Report
Document will be updated to point to vocabulary already
in C80 Clinical Document and Message Vocabulary
- ❑ C36 and C37 will be updated to use Genomic
Vocabulary identified last year for the PHC Use case

Care Management & Health Records Domain Maintenance to Existing Constructs (June)

- ❑ C38 Patient Level Quality Data Document to be deprecated.
These requirements have been harmonized with C48 Encounter Document.
- ❑ C83 CDA Content Modules will be updated to incorporate data structures and vocabulary for medical devices
- ❑ C80 will be updated to reflect additional cleanup of vocabulary

Report from the Administrative and Financial Domain Technical Committee

□ High Level Statement of Work

– Prior-Authorization Use Case Extension

Adds following additional functionality:

- Provider lists
- Non patient specific authorization criteria
- Expanding eligibility responses for prior authorization criteria
- Concept of involving consumer and his PHR in requesting prior authorization
- Broadcasting non-patient specific information

Report from the Administrative and Financial Domain Technical Committee

□ High Level Statement of Work

– Scheduling Use Case

- ⑩ communicate an appointment request between a requestor and a provider
- ⑩ communicate appointment sequencing and intervals for appoint type
- ⑩ View and process appointment slots
- ⑩ Access availability of multiple resources needed for an appointment
- ⑩ Associate appointments
- ⑩ Select or decline available appointment
- ⑩ Receive or acknowledge an appointment request
- ⑩ Handle a request for an appointment change
- ⑩ Handle appointment cancellations
- ⑩ Schedule an appointment for more than 1 patient

Report from the Administrative and Financial Domain Technical Committee

- High Level Statement of Work
 - Address early childhood health services
 - Early childhood screening to determine eligibility
 - Eligibility for social services benefits
 - Enrollment for benefits
 - Claim attachments (CPHS)

Report from the Administrative and Financial Domain Technical Committee

□ High Level Statement of Work

- Address Social Security Administration request for authorized release of information to a trusted entity
 - ⑩ Handle requests for medical records associated with a patient applying for disability
 - ⑩ Awaiting additional information from SSA
 - ⑩ When we have all the information will evaluate next steps

Report from the Administrative and Financial Domain Technical Committee

❑ 2009 Extension/Gap and Use Case Harmonization

❑ Achievable

- Prior Authorization (Provider to Provider/Provider to Payor)
- Prior Authorization broadcast
- Scheduling focus items
- Early Childhood health services
- Broadcast

❑ Gaps

- Consumer prior authorization
- Non-patient specific prior authorization criteria
- No interoperability specification for scheduling
- Standards for Scheduling
- Support consumer concept (co-pay, co-insurance information)

Report from the Administrative and Financial Domain Technical Committee

□ Anticipated New Constructs

- Several new constructs to support scheduling
- Several child healthcare constructs

Report from the Administrative and Financial Domain Technical Committee

□ Anticipated changes to Existing Constructs

– T68 and T79

- ⑩ Provider Lists

- ⑩ Non-patient specific prior authorization criteria

– T40 and TP46

- ⑩ Support consumer concept (co-pay, co-insurance information)

- ⑩ Prior authorization criteria associated with specific eligible service