Meeting Date: January 17th, 2007

CCHIT- HITSP Joint Working Group

Meeting Notes

Meeting: Wednesday, January 17th, 2007 2:00 pm – 4:00 pm/ET
Location: Teleconference

External delegation	**Present**
Howard Clark (HITSP)	**x**
Michelle Deane (HITSP)	**x**
Peter Elkin (HITSP)	**x**
Jamie Ferguson (HITSP)	**x**
John Halamka (HITSP)	
Donald Kamens (CCHIT)	
Mark Leavitt (CCHIT)	**x**
Lee Jones (HITSP)	**x**
John Loonsk (ONC)	**x**
Sarah Quaynor (HITSP)	**x**
Anita Samarth (CCHIT)	**x**
Lyle Schofield (HITSP)	**x**
Steve Steindel (CCHIT)	**x**
David Tao (CCHIT)	**x**
Alan Zuckerman (CCHIT)	**x**

Please note that meeting invitation was mistakenly sent to the full HITSP JWG internal group and Gary Dickinson (HITSP) was also present

Discussion Summary

1.0 Opening of Meeting & Remarks by Jamie Ferguson

Jamie opened the meeting with an overview of the agenda. He explained that there have been a number of discussions within the last couple of weeks on aligning the planning of this group and co-chairs and participants and that is also on agenda. Alan clarified that the lab roadmap will include a message strategy in order to finish and get vendors started. So there is a need to have agreement on that part.

2.0 Follow-up on Action Items from last meeting.
- CCHIT-HITSP Timeline
- CCHIT-HITSP Lab EHR Roadmap and Timeline, in relation to above

Lab Roadmap
HITSP
Jamie started reviewing the DRAFT CCHIT-HITSP EHR Lab Roadmap document which describes the HITSP/CCHIT timeline for 2007 to 2010. In 2007, currently, HTSP is in implementation testing period for the Interoperability Specifications, which is expected to culminate in revisions based on feedback from the testing process, and then end with publication and approval by panel. The final version 2 specification is expected to be approved in the main panel meeting in the June timeframe as final v2 spec.

There are no changes expected, however additional implementation guidance should be documented in terms of more detailed specifications and usage and the inclusion of more data elements – such as in the existing ELINCS spec. HITSP plans to publish addenda to interoperability specification which provides guidance to the industry for the implementation of subsets of the specification. Those addenda would be in line with the roadmap displayed later in the document that will we will be going through. The addenda will form a base on which CCHIT can develop their testing criteria. The final point was that the final v2.0 Interoperability Specification and addenda would include both HL7 v2 message and CDA XML document specifications as required by the Use Case.

CCHIT

Alan explained that CCHIT was charged by the Commissioners to test an area of Lab Interoperability. Also wanted to test a derivative of what CCHIT decided they would use last year, as well as a derivative of what HITSP would be using. This was a little bit of a problem because the two were incompatible. Therefore, decided in 2007 to do a stepping stone test of Laboratory Interoperability – specifically lab functional interoperability. Want to receive electronic lab results, make sure system can receive lab results and post to the patients record so that it can be reviewed. Not doing error checking. Just verifying that the lab message can be received, parsed, posted, and accessed by the reviewer.

Then tried to figure out what the best way is to review a message based on the HL7 2.5.1 standard, with respect to posting a lab result. Thought they could use one message in both systems using the ELINCS parser. The hypothesis was checked by generating actual messages. The test was conducted in HL7 v.2.4, v.2.5 and v.2.5.1 and in all cases, the message parsed cleanly. Only got an error message when checking the versions, which was expected. Every field that needed to post a message was parsed correctly. This was thought to be a good test for functional interoperability for 2007. Alan explained further that as part of the pilot, they will work out how they will retrieve the messages in time. Getting ready for next year, CCHIT will come up with a suitable way for delivering messages from the EHR to the lab. This year, CCHIT is not testing anything to do with connection or message transporting security. Alan brought up before this call that he would like to put on agenda transport.

Next year, the assumption is that there will be an HL7 implementation guide for v.2.5.1 message which will contain all necessary error checking requirements such as CLIA.

Action Item:

- Need to merge CCHIT and HITSP timelines into one document – just put CCHIT milestones from list into chart that Jamie showed. Important points to note:
    - Recognition is important to Federal sector, but not to private – so don't have to wait for that to start clock for certification – can start when documents are accepted.
    - Need to also formalize differences in Accepted vs Recognized for the IS documents, and look at criticality of implementation testing input to CCHIT.

  Follow up responsibility: Anita (or other staff help), David (merge CCHIT timelines into Jamie's diagram)

HITSP Interoperability Specification Updates

John then wanted to verify whether the Interoperability Specification updates that Jamie described earlier constituted changes in the standards that were used in the v.1.2 specifications. The thought is that the HITSP Interoperability Specifications would remain intact, but there would be temporal sequencing of certification recognition.

Jamie clarified that the intention is not to change the Interoperability Specifications. However, in terms of phasing in implementation over time, the Technical Committee has the subject

matter experts who can put additional feedback into implementation.

John Loonsk then stated that the temporal phasing would be more of a CCHIT function, rather than a HITSP specification. The idea of having an annual subset of implementation should be a CCHIT work product with input from HITSP rather than other way round. This is a more desirable process.

Peter also added that there is work from the SDO's that may have a bearing on the lab implementation specification. There are 2 classes of the types of information that affect the process:

1. Examination that Jamie conducted with ELINCS group to reconcile differences
2. Work by the Clinical Genomics group at HL7 who found some additional required constraints on the v.2 lab message to handle genomic test data.

As these types of discoveries occur, there will be a need to have a method for continuous quality improvement.

Jamie agreed that HITSP will have continuous process in place, but that will not change the 2008 shown in the roadmap. However, one year from now, there will probably need to be updates of the Interoperability Specifications as a result of SDO changes. Jamie suggested that they defer the discussion on quality improvement updates until the issue has been dealt with by HITSP through the update and maintenance process.

David then made the point that that the idea of a roadmap for 2008, 2009, and 2010 is tremendous. 2008 needs to be locked down to have stakeholders aim for that target, but other years are more flexible from the CCHIT perspective, in terms of incorporating new requirements. There isn't a set roadmap for 2010, and the projected roadmap for 2009 provides the opportunity for gathering of ideas and input and then gradually converges on the targeted roadmap.

The discussion continued with regard to the provision of independent implementation advice input to CCHIT on what to test when. Jamie noted that there is a need to have some offline conversations on how the annual subset of implementation guidance (noted in the lab roadmap document) for the certification process is documented/created.

Action Item:

- Need to explore possibility of Technical Committee providing independent implementation advice input to CCHIT after implementation test period due to the fact that HITSP has SME's who can provide more detailed implementation guidance. This would indicate to CCHIT what to test and when to test it. Need to work on the description of the specification/document to be produced.
  Follow up responsibility: Jamie

Support for "Copy-to" providers

Jamie continued to go through the Lab Roadmap document and explained that part of the EHR Use Case that HITSP worked on last year included a set of requirements for adding a "copy-to" list or "carbon copy" list, for example: an order that specifies copying the result to the consulting or referring physician. This was specified in the HITSP Interoperability Specification. CCHIT will need to take a look at the functionality roadmap to see if the "copy-to" functionality is included. It is important to note that if the copy to function was delayed by labs, it would mean that 2009 would have too many changes for labs introduced in a 1 year period. Those who seek to move towards the HITSP target faster may not be precluded from doing so, however, don't want to give anyone reason for delay.

Action Item:

- Need to look into functionality roadmap to see if CCHIT has the "copy-to" functionality
  Follow up responsibility: Anita w. Kari Taylor Atkins of CCHIT Ambulatory FWG

CDA
The discussion moved to the CDA. HITSP doesn't have any problems with CDA documents with respect to certification in general. CCD documents have already been specified as part of the Consumer Empowerment Interoperability Specifications. From the HITSP standpoint, CDA is a key element on the timeline in the 2008 timeframe – some labs have expressed interest in providing this CDA doc repository service as a value added service that they'll offer, so not having that in the certification criteria for EHR's might hamper that activity.

Discussion continued around CDA r2 XD* - the repository portion. Steve mentioned that he didn't think there had been any good discussion about the testing of repository functions of EHR's, outside of the CDA document. He suggested that the group engage the community in discussions on this, because another group, e.g. in ambulatory care, may not want to do repository as well. Jamie responded that his expectation was that some of the larger vendors would readily provide that service. Jamie clarified that by repository, he was referring to a repository that can generate historical lab documents. Steve responded that the only way historical lab results should be reported is with a format showing persistence with the respective system that is sending. If you go to historical lab results, the presumption is that it is coming from a store/repository and should be reported as XD* functions, whether XDS or XDR. He was not sure that they will be correctly represented in low end EHR's. John commented that this may be an area where HITSP provided more architectural specifications instead of just standards, and also, it is also not clear that the retrieval of historical lab results is from an EHR.

Alan added that with the certification in place, vendors could move faster than the certification of documents. That's why it's important that vendors are notified before june if the XD protocol is used. Jamie asked that the discussion of this item be placed on a follow-up list for future discussion.

Action Items:

- Have to engage community in discussions on testing of repository functions of EHR which is different from the CDA document with respect to just supporting that particular XML format. Repository refers to a store that can generate historical lab documents
  Follow up responsibility: Jamie

Field Optionality
Jamie moved on to the Optionality discussion in the document. He explained that the issue of optionality has received a lot of discussion in other meetings and previous discussions. The intent was to take issues raised in terms of optionality from HITSP's point of view, then let a process evolve to appropriately deal with philosophical differences between the approaches to reusability of components (ELINCS approach is one and only one specification for each use case). The agreement is to start with a tighter specification, for example, the ELINCS specification. However messages that include information in fields that are not supported will not rejected. Peter gave examples from the Biosurveillance Interoperability Specifications which had fields using multiple coding systems because the Technical Committee wanted to get the broadest participation so that it may regulated at the government level, but not necessarily for all private health organizations. E.g. for diagnoses, allowed both RCT9 diagnoses. Peter wondered if this kind of behavior was being eliminated, and if that was a good thing if it was.

Jamie explained that the HITSP method of constraining at a higher level was done to provide reusable HITSP components across different Use Cases. HITSP left many fields designated as optional in base level components – those could be constrained out at higher level within the HITSP framework. However, for ELINCS, those fields not required by the Use Case are supposed to be designated as not supported. The concern is that information in fields not

supported would result in rejection of documents. Therefore talking about optionality of fields used by the specification, and not optionality in terms of how the fields are populated.

Anita commented that if the field is not a field that is required, then it probably won't be required during testing. If the field is populated anyway to display data, CCHIT will need to determine a scenario in which to test that. Could be something that is added into the criteria. In the first year, what needed to be displayed was specified. If there is a need to see specific information in 2 to 3 years, there is a need to specify what that is. The scenario would be that there are additional fields with data which may be used, and for which a non-rejection test would need to be conducted. CCHIT will need to consider that further. Discussion continued into the timing of these tests. David commented that if this is being considered for 2007, it will require quick action. Anita responded that she did not think that this can be done for 2007 while using the same message for HL7 v.2.4 and v.2.5. Steve thought that in a sense, CCHIT was testing this in 2007. The statement is clear that the EHR should not fail on an error message coming from the optional fields. There are 2 main points for CCHIT to consider:

1. No rejection of messages for fields that are not supported – specific test that CCHIT should implement
2. Compliance testing of fields being used to verify that they being used correctly

He thought that the discussion on how far CCHIT will do the testing described above, within the context of testing the full acceptability of the message, will come to the fore in 08.

Action Items:

Look into feasibility to certify against HITSP Interoperability Specification constraints. Discussion on how far CCHIT will go with testing within the context of testing full acceptability of messages

- No rejection of msgs for unsupported fields – specific test that CCHIT should implement. Steve says we already do this. Nevertheless, it is something to keep in mind as future tests and test messages are designed. Should the test messages explicitly contain more "unsupported data" than they currently do, to test the "nonrejection?
  Follow up responsibility: CCHIT Interop WG
- Compliance testing – of flds being used, are they being used correctly
  Follow up responsibility: CCHIT Functionality WG

Lab Message Transport

The group discussed the question of the CCHIT transporting mechanism. For the 2008 certification, there is a risk of CCHIT having to create criteria when HITSP hasn't specified standards. Alan explained that CCHIT is going to need a lab testing facility in which 2008 lab messages can be tested within a full security environment and a more emulated workflow. John mentioned that it would be fair to say HITSP work has not specified the standards and supports Alan's suggestion that this is something that needs to move forward quickly – need is expressed by nhin work. HITSP needs to express the path forward for standardized transport across the public internet in a secure fashion in support of these activities. Even without the NHIN being available today, can specify the transport mechanisms for different types of data e.g. Lab vs eprescribing. Ask what mechanism is needed today and come up with a solution.

Steve responded that in eprescribing networks, the people running the network actually define how it is accessed. It depends on point to point communication. Additionally, there is a huge gap between what is used practically in this regard. Part of what HITSP needs to consider is to identify the path forward but be aware that implementation may be time delayed. This issue is complex and touches on security methodologies layered on top of internet protocols. David commented that he believes that a lot of work hs been done on this. The solution will probably be secure circuits. However there is a need for a consultation between NHIN and HITSP to resolve this issue.

Action Items:

- This year, no tests are being conducted on connection or message transporting security. Need to put on the agenda to discuss further.
  Follow up responsibility: None

- HITSP to work on expressing path forward for standardized transport across public internet in secure fashion in support of these activities – make sure adequate data are conveyable and can be done in conformant way with appropriate standards. Need to specify the standards for each Use Case (e.g., eRx networks have a de facto standard, but others may not). Really have to have more intense discuss at HITSP level on this – in privacy and security workgroup. So that CCHIT can at least propose some kind of test environment that will mimic ~90% of what goes on in NHIN or since don't have NHIN today, transport mechanism for different types of data
  Follow up responsibility: Jamie discuss with SPWG

Other Topics for 2008 roadmap
RxNorm and LOINC
The group confirmed that RxNorm was being phased in and that the expectation was that organism sensitivities will use LOINC codes for 2008

CLIA
John brought up the issue of CLIA conformance with respect to having a standards based way to address CLIA data transfer. Jamie explained that from the HITSP perspective, there is a follow-up agenda item to engage with the appropriate CLIA regulartory representatives to ensure that for the Use Case, the specification can enable CLIA complaince. There is no way to guarantee conformance of performing lab, nor for requirements that fall outside the scope of the Use Case. Peter commented that he's done some work for VA specifically with re-engineering of lab systems that looked at benchmarks and metrics for CLIA compliance and he could share the results with the group to try to help give people information that would help ensure CLIA conformance.

John commented that there are two issues from HITSP's perspective: Not to make sure data is presented, rather, to make sure adequate data are conveyable and can be done in a conformant way using the appropriate standards.

David made a comment regarding conformance that data has been displayed - he recently had a discussion with the functionality workgroup that there may need to be more functional criteria that correspond to the interoperability criteria (e.g., display, tag, and store the data that was transmitted). Therefore, it would seem that there should be some way to show that someone was able to see and act upon data that was transmitted.

John explained that the most prominent action with regard to CLIA is that adequate data is conveyed. A subsidiary action is whether the conveying of data is being done in a conformant way with standards. Additional actions may be needed with other CCHIT issues that need to be addressed along the way as well. Functionality issues of retention and accessibility by providers is more germane for CCHIT alone.

Action Items:

- Need to have adequate payload in standards-based way to address CLIA data transfer. HITSP agenda item to engage with appropriate CLIA regulatory reps to ensure that for Use Case, the IS can enable CLIA compliance. Peter has done some work with VA reengineering lab systems that looked at benchmarks and metrics for CLIA conformance – can share to help give info on how to be conformant
  Follow up responsibility: HITSP external delegates to JWG

3.0 Alignment with AHIC

Discussion was deferred to next meeting

4.0 Major functional areas for standards specification and certification.

Discussion was deferred to next meeting

5.0 Next JWG meeting

Jamie briefly brought up the notion of setting up a schedule of meetings for the rest of the year. David has proposed that we have the meeting every 3rd Wednesday of every month. David and Jamie will generate a couple of alternate proposals to send to workgroup for acceptance. Sarah will send out the details after meeting with Jamie, and David to discuss the options.

Action Items:

- Need to setup schedule of meetings for rest of year. David proposed a time of 3rd Wed of every month. David and Jamie will generate a couple of alternate proposals, and Sarah will send to workgroup for acceptance
  Follow up responsibility: Sarah

6.0 Adjournment
4:05 pm

Summary of Action Items

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  Follow up responsibility: Anita (or other staff help), David (merge CCHIT timelines into Jamie's diagram)

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Follow up responsibility: CCHIT Interop WG

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Follow up responsibility: None

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Follow up responsibility: Jamie discuss with SPWG

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