



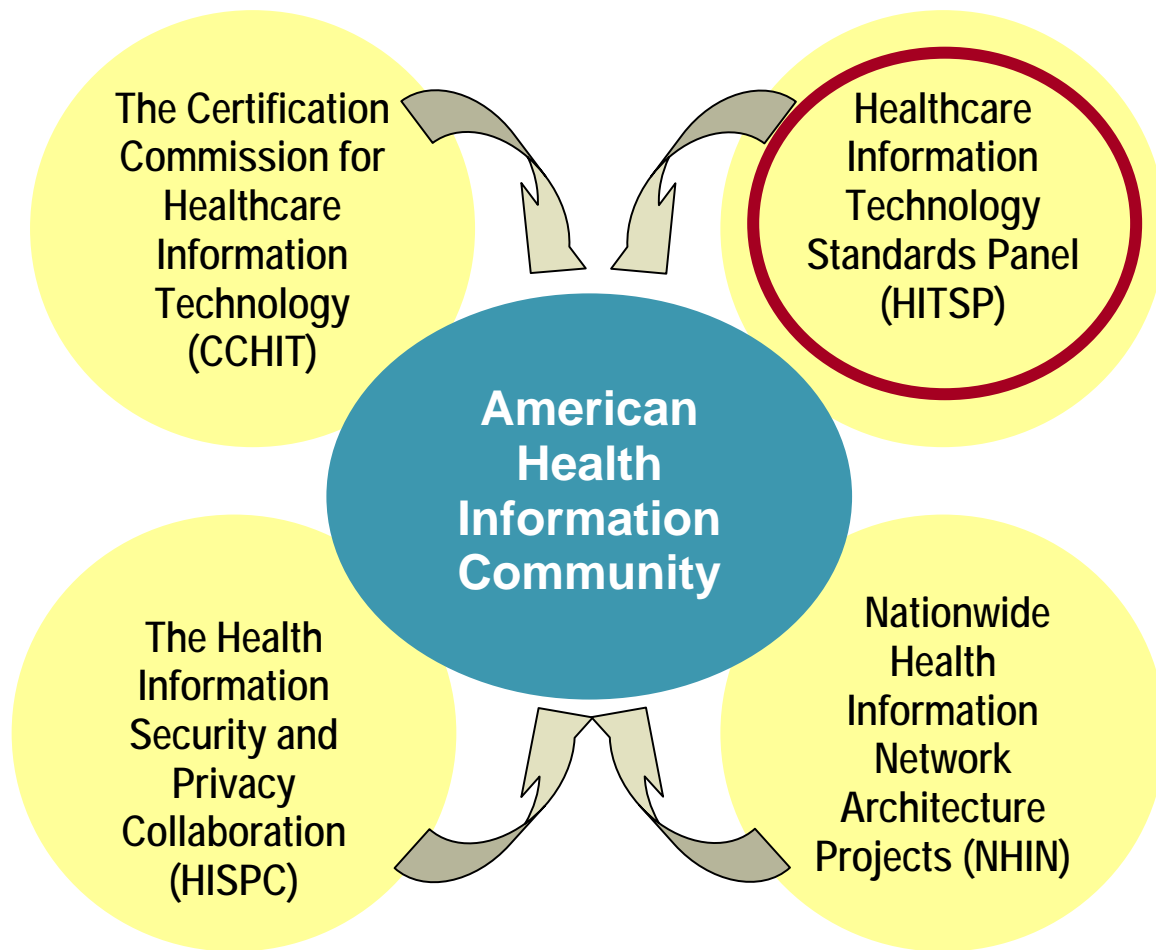
Healthcare Information Technology Standards Panel

2006, 2007 and Beyond

John D. Halamka MD

Chair, HITSP

A public-private “Community” was established to serve as the focal point for America’s health information concerns and drive opportunities for increasing interoperability



HITSP includes 249 different member organizations and is administered by a Board of Directors

- 16 SDOs (6%)
- 197 Non-SDOs (79%)
- 19 Govt. bodies (8%)
- 10 Consumer groups (4%)
- 7 Project Team and Undeclared (3%)

The Community is a federally-chartered commission and will provide input and recommendations to HHS on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way.



2006 – the First “Turn of the Crank”

- ▶ Consumer Empowerment
 - Medications
 - Allergies
 - Demographics
 - Advance Directives

- ▶ Electronic Health Records
 - Laboratory including blood banking and microbiology
 - Ordering and results exchange

- ▶ Biosurveillance
 - Deidentified registrations
 - Labs
 - Radiology text results

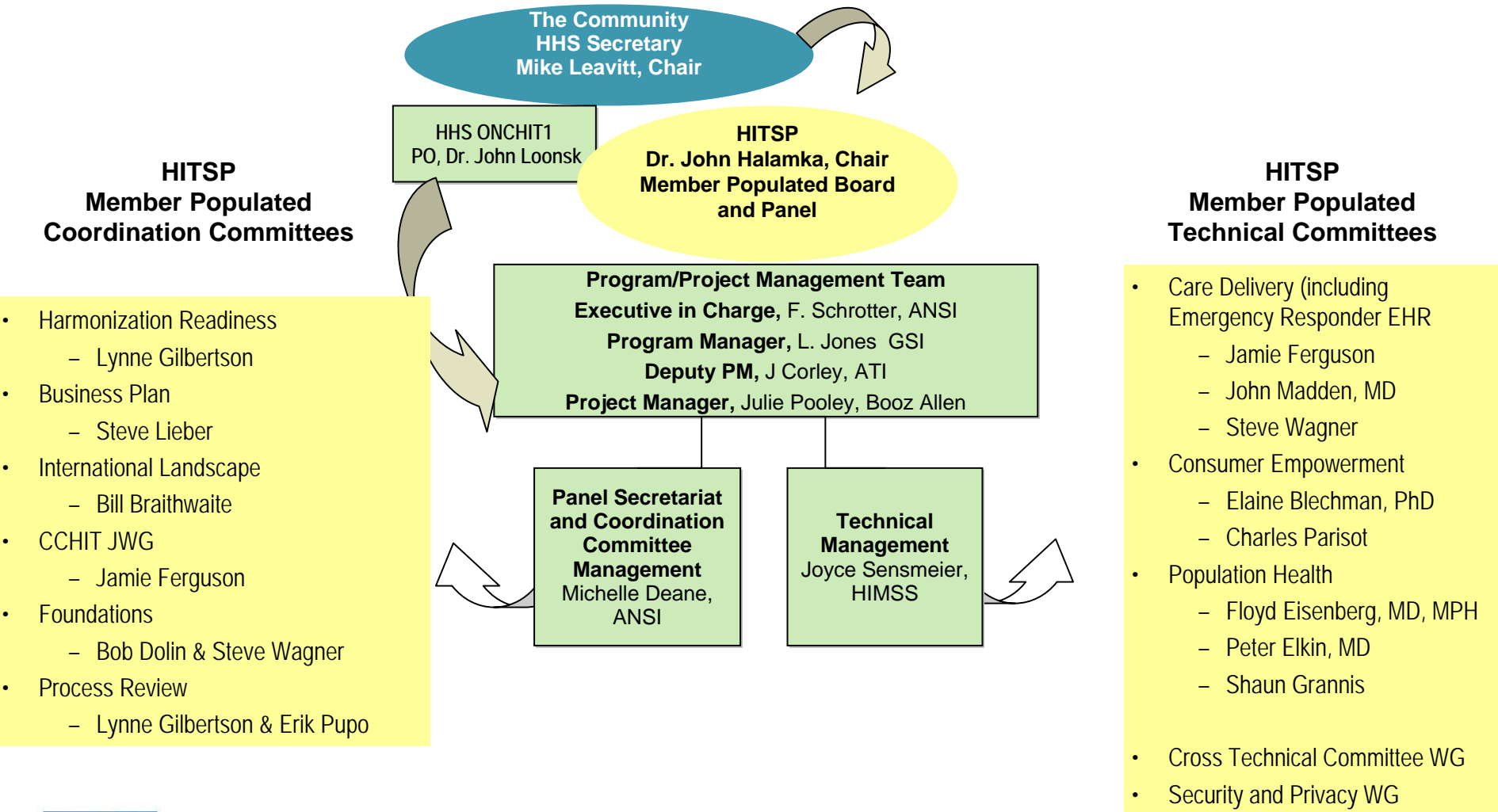


What did we do in 2006?

- ▶ Established the HITSP Organization and its committees
- ▶ Created the standards harmonization process including all coordinating committee sub-processes
- ▶ Harmonized standards for 3 use cases (accepted by Secretary Leavitt) and resolved three controversies along the way
 - To resolve CCR v. CDA, the CCD was successfully balloted
 - To resolve the need for Interim standards we accelerated CCD
 - ELINCS and an enhanced implementation guide for HL7 2.5.1 will be balloted by HL7 this Summer
- ▶ To align HITSP interoperability specifications with CCHIT functional criteria, the CCHIT/HITSP Joint Working group is establishing a joint timeline for the next 3 years

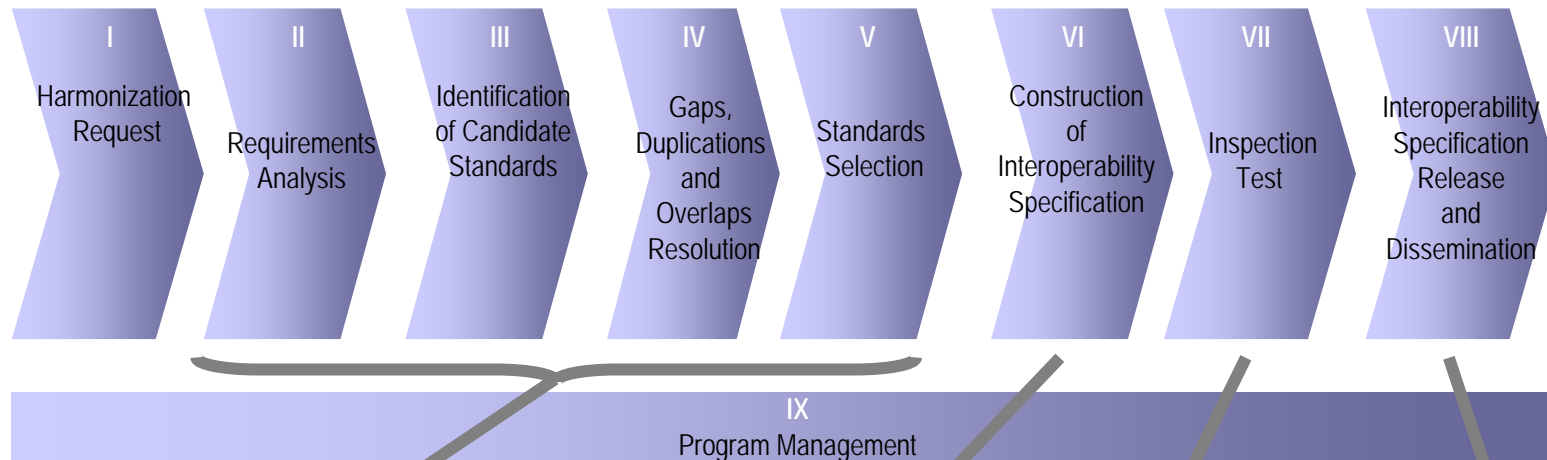


HITSP Organization

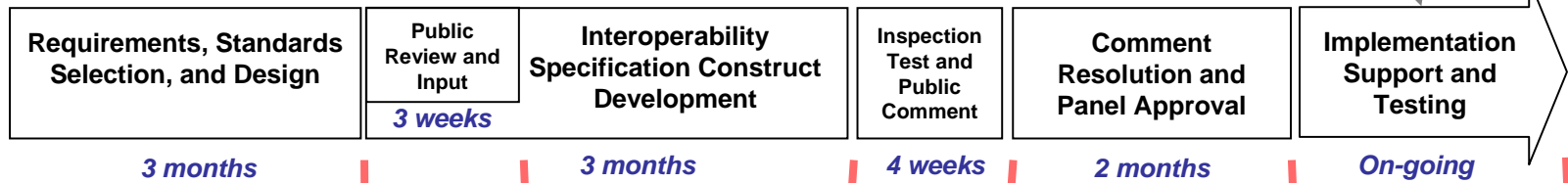


Standards Harmonization Work Plan Tasks

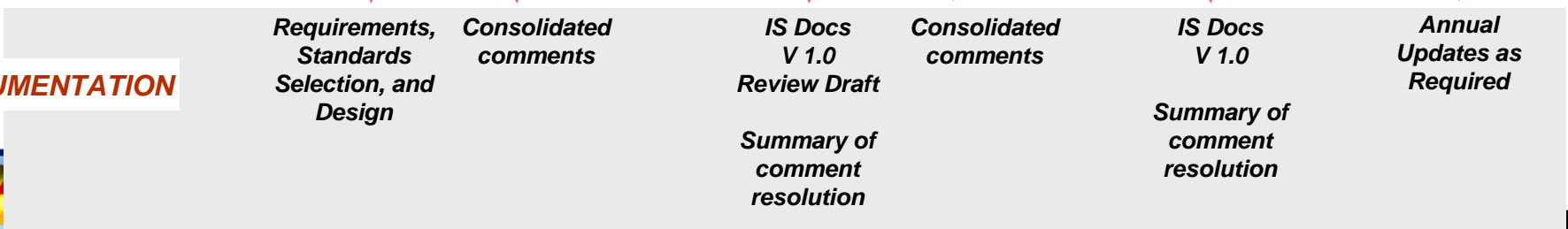
PROCESS



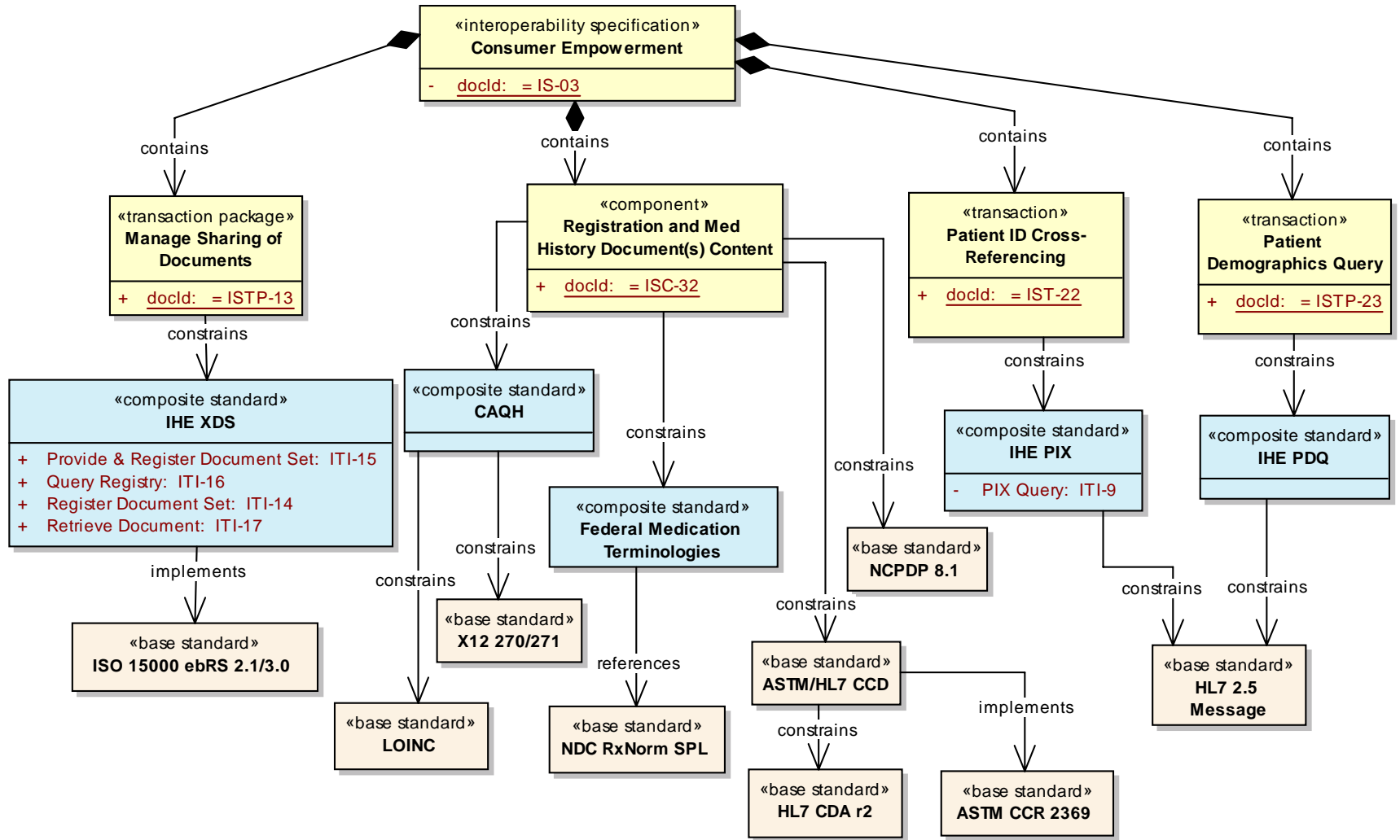
TASKS



DOCUMENTATION



cd CE Interoperability Specification



HITSP Named Standards

Accredited Standards Committee (ASC) X12 Insurance Subcommittee (X12N) Implementation Guides Version 004010 plus Addenda 004010A1

Accredited Standards Committee (ASC) X12 Standards Release 004010

American Society for Testing and Materials (ASTM) Standard Specification for Continuity of Care Record (CCR): # E2369-05

Council for Affordable Quality Health Care (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase I Operating Rules

Federal Medication Terminologies

Health Level Seven (HL7) Version 3.0 Continuity of Care Document (CCD)

Health Level Seven (HL7) Version 3.0 Clinical Document Architecture (CDA/CDA R2)

Health Level Seven (HL7) Version 2.5

Health Level Seven (HL7) EHR System Functional Model Draft Standard for Trial Use (DSTU)

Integrating the Healthcare Enterprise (IHE) Laboratory Technical Framework Supplement 2006-2007 Revision 1.0

* Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC) Technical Framework Revision 1.0

Logical Observation Identifiers Names and Codes (LOINC®)

National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Version 8.1



2007 – The second turn of the crank

- ▶ Privacy and Security standards
- ▶ Emergency Responder
- ▶ Personal Health Records
- ▶ Medication Management
- ▶ Quality



Security Standards

- ▶ Collect and Communicate Security Audit Trails
- ▶ Consistent Time
- ▶ Document Integrity
- ▶ Manage and Control Data Access
- ▶ Manage and Control Privacy Consents
- ▶ Manage Entity Identity Credentials
- ▶ Non-Repudiation
- ▶ Secure Communications Channel
- ▶ User Authentication



Security timeframe

- ▶ First draft by June 18
- ▶ Second draft and share those with other HISTP TCs for written comments June 20-July 8
- ▶ Security and Privacy TC face to face meeting to finalize the documents July 10-11
- ▶ Final documents to prepare for publication and public comment period by July 15
- ▶ Inspection Test and Public Comment July 20 – August 16
- ▶ Comment Resolution and Panel Approval August 17 – October 15



Consumer Access to Clinical Information

C Extension of existing Consumer Empowerment use case	Consumer Access to Clinical Information Consumers will benefit from the ability to access important healthcare data stored within their electronic health record to assist them in making decisions regarding care and healthy lifestyles. Accessible information could include registration information, medications history, lab results, current and previous health conditions, allergies, summaries of healthcare encounters and diagnoses. Consumers would be able to incorporate this information from their EHRs into Personal Health Records and share the information with designated individuals as needed. The PHR should describe medical terminology into layman's terms for the consumer. PHRs should be portable between vendors, so consumers can transfer the information as required.	
	<i>AHIC Priority Areas</i> CE 1.0 Lab results as needed by patient CE 2.0 List of conditions and allergies CE 2.1 Health Problems CE 2.2 Medication Allergies CE 2.3 Allergies CE 6.2 Diagnosis codes AHIC 25.0 PHR portability methods	<i>Workgroup Issues</i> CE 11.0 Limited pre-populated clinical data & limited patient access CE 13.0 Connectivity between physician offices, PHR's and pharmacies CE 12.0 Minimal interoperability or portability CE 10.0 PHR not integrated with workflow CE 14.0 State laws regarding labs CE 15.0 Policies for consumer entered data



Medications Management

<p style="text-align: center;">A</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">New Use Case</p>	<p>Medications Management</p> <p>Consumers and providers would both benefit from electronic prescribing of medications, which would include transmittal of prescriptions to pharmacies by clinicians. Providers would be able to receive real-time feedback regarding potential adverse interactions and verify medication compliance by the consumer. Pharmacy Benefits Management entities would be able to interact with providers and consumers during the medications prescribing and fulfillment activities. Consumers would also be able to request prescription refills, view their prescription histories, verify insurance eligibility and coverage, view formulary information and incorporate all of this information into their Personal Health Records.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><i>AHIC Priority Areas</i></p> <ul style="list-style-type: none"> CC 8.0 Monitoring of Medications EHR 2.0 Pharmacy/Allergy CCHIT 3.0 Medication management CCHIT 3.1 Outpatient prescription writing and transmission to pharmacies CCHIT 3.2 Ordering CCHIT 3.3 Clinical decision support CCHIT 3.4 Transmission CCHIT 3.5 Dispensing CCHIT 3.6 Administering CCHIT 3.7 Reconciliation </td> <td style="vertical-align: top;"> <p><i>Workgroup Issues</i></p> <ul style="list-style-type: none"> EHR 11.0 Pharmacy/medication interoperability EHR 14.0 Need for confidentiality, privacy and security </td> </tr> </table>	<p><i>AHIC Priority Areas</i></p> <ul style="list-style-type: none"> CC 8.0 Monitoring of Medications EHR 2.0 Pharmacy/Allergy CCHIT 3.0 Medication management CCHIT 3.1 Outpatient prescription writing and transmission to pharmacies CCHIT 3.2 Ordering CCHIT 3.3 Clinical decision support CCHIT 3.4 Transmission CCHIT 3.5 Dispensing CCHIT 3.6 Administering CCHIT 3.7 Reconciliation 	<p><i>Workgroup Issues</i></p> <ul style="list-style-type: none"> EHR 11.0 Pharmacy/medication interoperability EHR 14.0 Need for confidentiality, privacy and security
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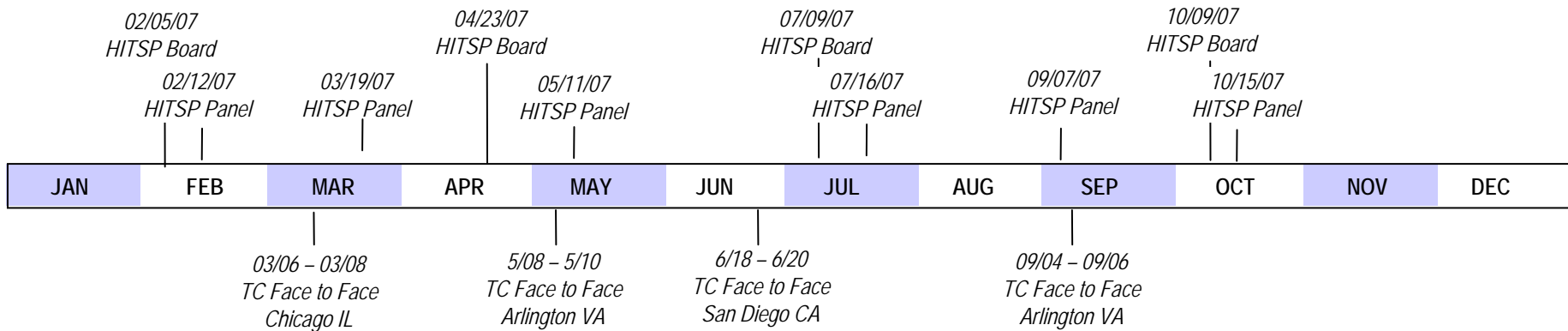


Quality

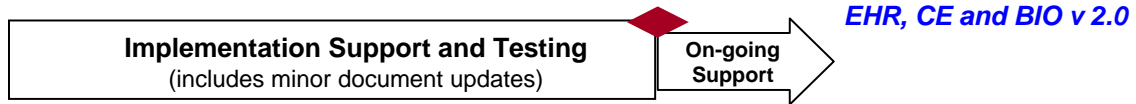
<p>A</p> <p>Extension of existing Biosurveillance use case</p>	<p>Quality</p> <p>Providers would benefit from the collection and dissemination of healthcare quality data such as HQA quality indicators for inpatient care and AQA quality indicators for ambulatory care, particularly if this information can be integrated into EHR systems within the provider's workflows. Clinicians could benefit from receiving realtime or near-realtime feedback regarding relevant quality indicators and contra-indications for specific patients. Additionally, quality data across multiple providers and entities could be aggregated for the purpose of public reporting.</p> <table border="0"> <tr> <td data-bbox="342 756 1142 1028"> <p><i>AHIC Priority Areas</i></p> <p>Q 1.0 Inpatient Quality Measures (core set)</p> <p>Q 2.0 Ambulatory measures (core set)</p> <p>Q 3.0 Clinicians have access to feedback (self-assessment)</p> <p>Q 4.0 Public reporting</p> </td> <td data-bbox="1142 756 1812 1028"> <p><i>Workgroup Issues</i></p> <p>Q 8.0 Lack of data and technical standards and clinical documentation</p> <p>Q 9.0 Data sharing rights and responsibilities</p> <p>Q 10.0 Data security and privacy – policies for secondary use</p> </td> </tr> </table>	<p><i>AHIC Priority Areas</i></p> <p>Q 1.0 Inpatient Quality Measures (core set)</p> <p>Q 2.0 Ambulatory measures (core set)</p> <p>Q 3.0 Clinicians have access to feedback (self-assessment)</p> <p>Q 4.0 Public reporting</p>	<p><i>Workgroup Issues</i></p> <p>Q 8.0 Lack of data and technical standards and clinical documentation</p> <p>Q 9.0 Data sharing rights and responsibilities</p> <p>Q 10.0 Data security and privacy – policies for secondary use</p>
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HITSP 2007 Timeline



Activity 1 – Version 2.0 of Existing EHR, CE, BIO ISs



Activity 2 – On-going Work for Existing EHR, CE, BIO ISs (e.g. Security and Privacy)

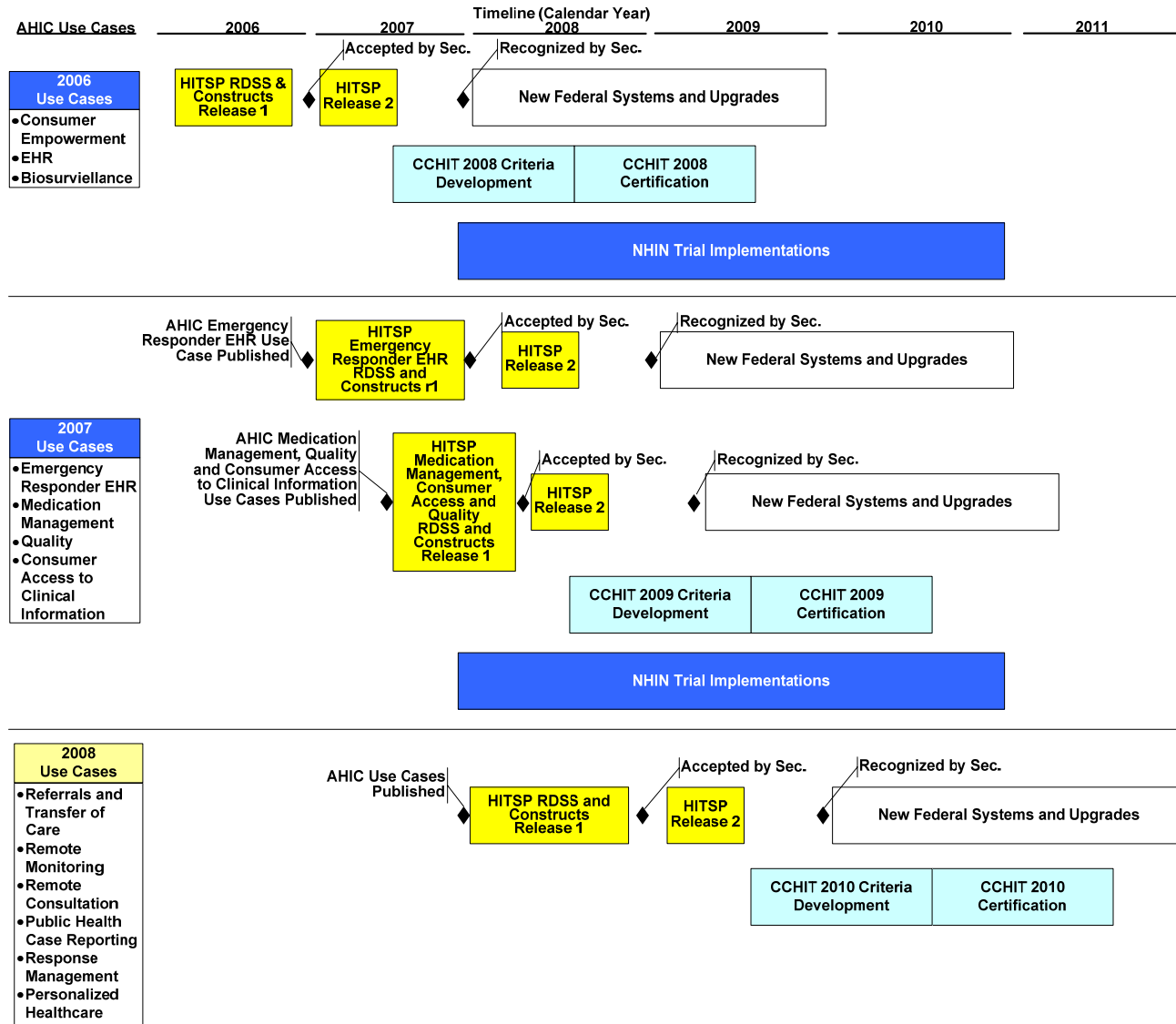
Activity 3 – New Emergency Responder EHR Use Case



Activity 4 –New Use Cases from AHIC



Overall Timeline



Summary

- ▶ Over the past year, HITSP has become an established, trusted organization with a multi-stakeholder, open, transparent process for standards harmonization
- ▶ In 2007, we will complete 4 additional use cases plus security/privacy
- ▶ In 2008, we expect an additional 3-4 use cases
- ▶ Our Foundations Committee will work on the medium to long term alignment of standards organizations and their work products in parallel with the Use Case work of the entire panel



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