



Health Information Technology Advisory Committee Interoperability Standards Priorities Task Force 2021 Virtual Meeting

Meeting Notes | March 11, 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 begin a new cycle of the TF's work to identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. The co-chairs facilitated a broad discussion of potential standards-related topics the ISP TF 2021 may consider at future meetings and collected responses to populate a recommendations framework spreadsheet or another document.

There were no public comments submitted by phone and several comments submitted via the chat feature in Adobe Connect.

Agenda

02:00 p.m.	Call to Order/Roll Call
02:15 p.m.	Introductions
02:30 p.m.	Priority Uses of Health IT
02:35 p.m.	Selected and Future Focus Areas
02:45 p.m.	ISP Task Force Specific Charge
03:15 p.m.	ISP How to Access the ISA
03:20 p.m.	ISP Task Force Timeline and ISA Annual Reference Cycle
03:25 p.m.	Public Comment
03:30 p.m.	Adjourn

Call to Order

Michael Berry, Designated Federal Officer, Office of the National Coordinator for Health I.T. (ONC), called the meeting to order at 2:00 p.m. and welcomed all members to the first 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

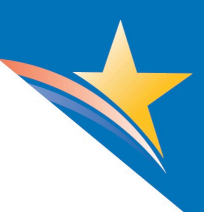
Jim Jirjis, HCA Healthcare

Edward Juhn, Blue Shield of California

Victor Lee, Clinical Architecture

Les Lenert, Medical University of South Carolina

Ming Jack Po, Ansible Health



Raj Ratwani, MedStar Health
Ram Sriram, National Institute of Standards and Technology
Andrew Truscott, Accenture

MEMBERS NOT IN ATTENDANCE

Cynthia Fisher, PatientRightsAdvocate.org
Valerie Grey, New York eHealth Collaborative
Ken Kawamoto, University of Utah Health
Clem McDonald, National Library of Medicine
Sasha TerMaat, Epic
Scott Weingarten, Cedars-Sinai and Stanson Health

ONC STAFF

Michael Berry, Branch Chief, Policy Coordination, Office of Policy (ONC); Designated Federal Officer

General Themes

TOPIC: ISP TF 2021 MEETING KICK-OFF

The co-chairs welcomed and introduced members to the first meeting of the reconvened ISP TF (ISP TF 2021) and provided an overview of the Priority Uses of Health IT, Selected and Future Focus Areas, and ISP Task Force Specific Charge.

TOPIC: PRIORITY USES FOCUS AREAS – SELECTED AND FUTURE

The co-chairs facilitated a broad discussion of potential standards-related topics the ISP TF 2021 could consider in greater depth at future meetings. Topics connected to the COVID-19 pandemic were listed, as well as other gaps.

TOPIC: ISP TF 2021 TIMELINE & ISA REFERENCE CYCLE

These agenda items were moved to the next meeting of the TF.

Key Specific Points of Discussion

TOPIC: WELCOME AND ISP TF 2021 OVERVIEW

- The co-chairs, David and Arien, welcomed ISP TF 2021 members to the first meeting of the reconvened TF, and Arien reviewed the following items:
 - Updated TF roster overview – diverse membership includes members from the HITAC and the health information technology (health IT) community (representing large and small payers, patient advocates, and consumer organizations). The TF will be looking for input from public health going forward.
 - Overview of the history and role of the ISP TF over the years
 - Priority Uses of Health IT as defined by the 21st Century Cures Act:
 - “The National Coordinator shall periodically convene the HIT Advisory Committee to identify priority uses of health information technology...identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities...publish a report summarizing the findings of the analysis...and make appropriate recommendations...”
 - “The HIT Advisory Committee, in collaboration with the National Institute for Standards and Technology, shall annually and through the use of public input, review and publish priorities for the use of health information technology, standards, and implementation specifications to support those



priorities.”

- ISP TF 2021 Charge: Identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT, including related standards and implementation specifications. The ISP Task Force shall:
 - Identify opportunities to update the “Interoperability Needs” within the ISA sections to address the HITAC priority uses of health IT (including new priority uses of health IT, if necessary)
 - Recommend additional or modified “Interoperability Needs” for consideration in updates to the ISA, including related standards and implementation specifications
 - David summarized the goals as updating the ISA and adding new categories or standards to the ISA.

TOPIC: PRIORITY USES FOCUS AREAS – SELECTED AND FUTURE

Arien provided an overview of the priority uses focus areas identified in 2019 and were listed on slide #5 in the presentation materials. There were 42 Primary recommendations and 159 Sub recommendations. The work of the ISP TF 2021 will include updating the future focus areas that need to reflect lessons learned in 2020 from the COVID-19 pandemic.

David facilitated a discussion around the selected and future focus areas. He asked ISP TF 2021 members to submit surface-level feedback to develop a list of topics for ONC to review. TF members submitted the following comments, beginning with topics related to the COVID-19 pandemic:

- Andy suggested that the TF consider how to best update the active infection and antigen blood testing use cases in the Orders & Results focus area. Immunization histories and immunization administration also need to be updated.
 - Arien suggested looking at the flow of demographic and content information into public health and that the TF examine gaps in the U.S. healthcare system, as evidenced by the COVID-19 pandemic.
- Victor discussed his experiences working on the early detection of novel infections and highlighted the siloing of laboratory information. There is a disconnect in the flow of information between local labs, healthcare delivery systems, providers, health information exchanges (HIEs), state/local/federal health departments, and the Centers for Disease Control and Prevention (CDC). There are issues with policies and current interoperability standards.
 - David suggested that this would be a gap, “low-level flows of information,” within the Syndromic Surveillance focus area.
 - Arien highlighted issues created by the removal of the CMS electronic reporting measure tied to Orders & Results, which resulted in a lack of policy ties to the Orders standard.
 - Jim supported Arien’s comments and submitted two comments:
 - He discussed his experiences working on reducing barriers for states to report public health information, noting that the standards were not lacking. Rather, reporting interfaces were the issue. The federal reporting of the White House Task Force worked well to allow data to flow, but there were issues sharing requirement information around vaccines with state public health departments. Florida had many data elements beyond HHS’s requests, and several states could not share requirements like legalization data and vaccination information (were using faxes at one point).
 - TF members discussed their experiences with various state’s adverse events and vaccine reporting systems. These issues included standards not being implemented/no readiness by states to adopt standards, standards were well established but were overlapping/unusable due to additional requirements, and adverse events reporting systems were not available/not appropriately functional (e.g., faxes and paper-based systems). All require different policy responses.
 - David and Andy suggested that the TF should clarify the ideal standards to set public health policy, going forward, for the state and local levels. Regulatory and



financial (grant) incentives could be attached.

- He inquired about opportunities to use HIEs to allow providers to interact with a highly capable intermediary to connect with public health departments.
- There was a request to revise the last version of the ISP TF-maintained spreadsheet that categorized policy issues, policy level arms, regulatory constraints/opportunities for the priority use cases.
- Raj discussed issues with targeted outreach as part of the vaccine distribution process and stated that there have been issues with connecting to the HIE to determine which patients/populations have been vaccinated. The information is captured within a system, but systems have to use a manual process to share data.
 - Les agreed that this has been an area of focus and offered to share a whitepaper on the topic and a link to the Flat FHIR (Fast Healthcare Interoperability Resources) program he has been using with states to make their data interoperable.
 - Arien suggested that there is an HL7 interface to query/respond on a one-by-one basis, but not by batches.
 - Andy stated that HL7 2.1 immunization registries were already being used.
 - The broad category of vaccination status tracking across regions was added to the list.
- Jack submitted several comments:
 - He discussed the international implications of this issue, noting that vaccination status passports/credentials standards should be added.
 - Price transparency standards should be included to allow for the sharing of computable data beyond what is already required to be shared on a patient-specific basis (often unstructured data).
 - Standards for data collection related to health equity are not properly defined.
 - Arien suggested that policy levers should be defined to ensure that this data is collected.
 - David encouraged the TF to discuss barriers and issues related to collecting/using social determinant of health (SDOH) information at a future meeting.
- Les suggested that the outbound messaging from vaccine registries should be standardized. There might be an issue with the performance capacity of existing immunization information systems (IIS) that needs to be resolved with bulk FHIR infrastructure. COVID-19 vaccines and American children and adults missing over a year of vaccines are two use cases.
 - Andy agreed that modernization to a FHIR façade or work on the underlying IIS is needed but might not be within the scope of the ISP TF 2021 to propose changes to IIS. The TF could recommend changes to interface standards.
 - Arien noted that the same vendor has developed over 40 IIS, but many have been updated with workarounds and customizations.
 - TF members discussed use cases beyond COVID-19, in which IIS updates would be beneficial to examine.
 - TF members discussed the ways standards and policies are connected to the wide variety of spaces that do not have access to electronic health record (EHR) systems in which vaccines are being administered.
- Ed suggested that the ISP TF 2021 discuss the complexities and opportunities related to the previous SDOH-related suggestions.
- Arien discussed ways in which the U.S. lags behind the United Kingdom in taking real-world evidence from non-sponsored clinical trials or research and applying it to clinical practice. Real-world evidence could be a use case. Arien listed several examples of potential trials.
 - David stated that solutions were lacking at the beginning of the pandemic to better aggregate data to generate hypotheses about which populations were most at risk and which drugs/therapies warranted more investigation. Urgent hypothesis generation is a use



case.

- Ram discussed the American Rescue Plan Act of 2021 (pandemic support signed by President Biden) and asked if there were any topics in the bill that ONC/the HITAC should address.
 - Arien responded that the bill involved earmarking funding for existing programming, but the ISP TF 2021/the HITAC should work with ONC to determine if any actions should be taken. The HITAC could make recommendations on the programmatic funding spending.
- Les suggested that the ISP TF 2021 should discuss existing standards and/or the development of standards related to facility management/readiness to respond to large-scale disasters and pandemics. There is the CDC's approach, which involves data entry on a manual platform, but the TF could look into more systemic approaches (like EHR) for managing hospital resources. Information about a facility could be presented in a more patient-centric way.
 - The work of the SANER Project might address some of these concerns. The TF could ask Audacious Inquiry to present on their recent work.
- Arien suggested that the ISP TF work on standards related to the collection of contact information.
 - David suggested adding standards around privacy constraints related to contact tracing apps developed for the pandemic.
 - The topic of setting minimum standards to allow patients to access their information (with/without smartphones, across browsers, with/without apps and portals, etc.) was discussed at a recent HITAC meeting.
 - Patient notifications/EN, digital passports, and verification of exposure/non-exposure could be related topics.
- Arien suggested adding standards related to ongoing case management, "other data that needs to be standardized" (like dietary information), and patient-reported outcomes/data as potential future topics of discussion.
- Les discussed the topic of standards related to issuing unique encrypted IDs to devices to allow for the automatic collection and integration of data to an EHR. Also, devices might be used by more than one person, which adds levels of complexity.
 - Arien stated that Unique Device Identification System (UDI) standards for these types of situations exist but highlighted that the data is not flowing.

Action Items

USCDI TF 2021 members will email any further suggestions for topics to discuss at future meetings to the co-chairs.

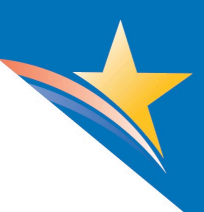
At its next meeting, the ISP TF 2021 will work to consolidate suggestions, survey TF members to determine if any topics were missed, and begin to build out a framework for recommendations, which the co-chairs will begin to develop. Potential next steps will be included in the framework.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT



Mike Berry: Thank you for joining the kick-off of the Interoperability Standards Priorities Task Force! We will be starting shortly.

Chris Muir: I can here you [sic]

Chris Muir: hear

Andy Truscott: I can hair you [sic]

Victor Lee: Apologies in advance, I need to drop at the 30 minute mark

Victor Lee: I am here, possibly having audio issues

JackPo: here

JackPo: not sure if anyone can hear me

Raj Ratwani: Raj Ratwani is here.

Raj Ratwani: Trying to get audio.

Ricky Bloomfield: Ricky here!

Andy Truscott: We're current friends Dave!

David McCallie: someone is typing close to their mic?

Arien Malec: that's me multitasking, sorry!

Jim Jirjis: are we using hand raising?

Andy Truscott: The issue there is one of awareness and adoption though surely?

Andy Truscott: Can we not lose what was said around Semantic Interoperability?

Victor Lee: Dropping now, thanks everyone

Rita Torkzadeh: Referrals and ePrescribing could be considered a type of order with the "result" being closed loop feedback and dispensed medication respectively. Could select focus area related to lab orders, care coordination, and medication administration be considered a subset of a type exchange focused on sending a request and associated result? I ask because in looking at future focus areas like SDOH one can envision exchanges that could function as an Order, Referral, or Prescription.

Leslie Lenert: apologies for calling in late

Jim Jirjis: I can send the actual data elements. But it was their actual lack of having an interface that was the issue

Leslie Lenert: Yes there are standards for this

Jim Jirjis: The issue was they were months aware from having the technical capability to receive information

Leslie Lenert: what do you know...split by the office that they are reporting to at the FDA

Andy Truscott: This keeps coming back to the same issue though. The standards basis exists – it's the implementation of them.



Alix Goss: Implementation challenges in public health notably include funding streams

Andy Truscott: ... and by implementation it's technology and people (all stimulated by funding).

Jim Jirjis: TX, TN, NH, KY, MO

Jim Jirjis: Has no electronic interface

Leslie Lenert: no electronic interface to their IIS?

Arien Malec: <https://vaers.hhs.gov/>

Arien Malec: "Report an Adverse Event via Online Form or PDF"

Leslie Lenert: <https://vaers.hhs.gov/esub/index.jsp>

Leslie Lenert: It's an online form backed by an XML standard

Arien Malec: "standard"

Andy Truscott: ^^ and that online form creates an AllergyIntolerance FHIR Resource?

Leslie Lenert: Totally agree

Andy Truscott: Is XML the standard, or a 48765-2 or ??

Raj Ratwani: Les can you please send to me at raj.m.ratwani@medstar.net

Arien Malec: <https://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide-1-5-2014-11.pdf>

Arien Malec: <https://www.cdc.gov/vaccines/programs/iis/technical-guidance/soap/services.html>

Andy Truscott: Who was that who just disagreed with me? Happy to discuss ... and appreciate there's multiple angles here!

Arien Malec: Leslie I believe -- but the expressed need is a population level/batch query rather than a singleton patient query

Andy Truscott: Yep. Appreciate that. Les- let's talk off line and litigate this through!

Arien Malec: Use case I understood was: Can I synch a population's status for my patient panel rather than doing one off query

Jim Jirjis 2: I have to log off at 2 but wanted to bring up a potential area of focus

Andy Truscott: (and having a batch query as an alternate approach, I'm supportive of)

Ricky Bloomfield: There's also this: <http://build.fhir.org/ig/dvci/vaccine-credential-ig/branches/main/>

Arien Malec: yes + the VCI work.

Arien Malec: which aligns I believe.



Raj Ratwani: Apologies but have to jump. Thank you for your leadership, David and Arien.

David McCallie: thanks Raj

Arien Malec: tx raj

Ricky Bloomfield: Unfortunately I have to drop off now.

Arien Malec: just when we called on Ricky he dropped.

Andy Truscott: I've got to drop now

Leslie Lenert: standards for EN are currently duopoly [*sic*] driven. But who is watching the watchers

Andy Truscott: apologies

Mike Berry: We welcome comments from the public and will open the comment period in about five minutes. To make a comment please call: 1-877-407-7192 (once connected, press “*1” to speak).

Leslie Lenert: I have to drop off

Resources

[ISP TF 2019 Webpage](#)

[ISP TF 2021 – March 11, 2021 Meeting Agenda](#)

[ISP TF 2021 – March 11, 2021 Meeting Slides](#)

[ISP TF 2021 – March 11, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

Adjournment

The co-chairs of the ISP TF 2021 thanked everyone for their work at the current meeting.

The next TF meeting will be held on Thursday, March 18, 2021.

The meeting was adjourned at 3:26 p.m. E.T.