Meeting Notes

Health Information Technology Advisory Committee
Health IT for the Care Continuum Task Force
March 15, 2019, 09:00 a.m. – 10:30 a.m. ET
Virtual

The March 15, 2019, meeting of the Health IT for the Care Continuum Task Force (HITCCTF) of the Health IT Advisory Committee (HITAC) was called to order at 9:00 a.m. ET by Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC).

Roll Call

MEMBERS IN ATTENDANCE

Carolyn Petersen, Co-chair, Individual
Christoph Lehmann, Co-Chair, Vanderbilt University Medical Center
Chip Hart, Member, PCC
Susan Kressly, Member, Kressly Pediatrics
Steve Waldren, Member, American Academy of Family Physicians

MEMBERS NOT IN ATTENDANCE

Aaron Miri, Member, The University of Texas at Austin, Dell Medical School, and UT Health Austin

ONC STAFF

Zoe Barber, Health IT for the Care Continuum Task Force Back Up/Support
Stephanie Lee, Health IT for the Care Continuum Task Force Staff Lead
Samantha Meklir, Health IT for the Care Continuum Task Force SME
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer
Elisabeth Myers, Health IT for the Care Continuum Task Force SME
Al Taylor, Health IT for the Care Continuum Task Force SME

Call to Order/ Roll Call

Welcome Remarks

Carolyn Petersen, co-chair, welcomed the taskforce and turned the meeting over to her co-chair Chris Lehmann.

Chris Lehmann welcomed the taskforce and turned the discussion over to Samantha Meklir.

Samantha Meklir asked the members if anyone had any concerns with the ten recommendations. With no concerns, she noted that the co-chairs will present the feedback on the recommendations that they are able to discuss prior to the HITAC meeting on March 19-20.

Elisabeth Myers, provided framing and context to help with the task force's discussion. She noted that certification is thought of as a floor and that should be kept in mind throughout the discussion. She also shared that this work is set-up as a three-part construct.

1. There are ways health IT can help support broad things (e.g., care coordination). These things are needed to support clinical priorities and appear in the recommendations discussed by this task force.

2. What can certification do? How do these functionalities establish as a floor to support clinical proprieties?

3. Work beyond the certification program.

Discussion

PEDIATRIC RECOMMENDATIONS

Recommendation 4: Segmented Access to Information

- **Steve Waldren** shared implementation concerns.
- **Chris Lehmann** comment that this issue extends to billing. He provided an example of his 22-year-old daughter who is in college, yet the billing comes to his address.
- **Al Taylor** noted that this is at the core of the data segmentation for privacy (DS4P) standard. Any particular element could be tagged for redisclosure; this is a well-established security standard. He noted that this is the proposed solution, but the implementation is where the difficulty lies.
- **Chris Lehmann** commented that DS4P is a great path towards achieving this recommendation.
- **Steve Waldren** question what a data element even is (e.g., paragraph, sentence, word).
- **Susan Kressly** cautioned not to get stuck in the perfect end-goal. The right answer is to start to lead EHRs to protect granular data elements. Don't hide the problem list (hide the problem). Don't hide the medication list (hide the appropriate medication). Questioned if DS4P has a standard nomenclature to know if something has been withheld.
- **Chip Hart** commented that the legal issues are vast. As an example, in the state of NY diagnosis has to be on the bill. It is creating impossibilities all the time. Need to understand the lack of legal standards. Even if there is a way to hide appropriate things, there will be difficulty with the user interface (UI). Looking to clinicians to bear a burden, making them gatekeepers. Without better legal standards and clinical understanding of what is appropriate, it is going to be a struggle.
- **Elisabeth Myers** shared that the DS4P standard is a tagging mechanism and protocol that allows metadata tagging within the systems. A Fast Healthcare Interoperability Resources (FHIR) based solution is also in the rule.
- **Susan Kressly** felt that it is important that EHRs allow user-levels to tag individual items (e.g., problems, notes, medications) that the user can protect in some way.
- **Chip Hart** commented that Susan's suggestion is a good one, but trying to avoid solving this issue in a way that could become an implementation/workflow challenge.
- **Susan Kressly** questioned if there is standard nomenclature to notify that that information may be missing.

- **Steve Waldren** noted that some believe if it is known that something is missing, it is a breach of privacy.
- **Chris Lehmann** commented that if something is not in the chart, can't be held accountable for action on it.
- **Al Taylor** shared that he will follow-up regarding Susan's question.

Chris Lehmann summarized the recommendation discussion. He noted that the recommendation is huge and needs to be narrowed. The task force needs to discuss the notion that there is a need to address information as private (while not worrying about what is done with the information). The clinician can determine what to do with the information downstream.

- **Steve Waldren** commented that transitions of care would not apply if tagging.

Recommendation 5: Synchronize immunization histories with registries

- **Steve Waldren** suggested that there is a possibility that this could be removed. This is not an electronic health record (EHR) problem; it is an Immunization Information Systems (IIS) problem.
- **Chip Hart** noted that there is a need to focus on the end goal, getting information at the right time. The goal is to identify when to immunize. The forecast is the most important item, but it is done poorly.
- **Susan Kressly** noted that there is a lag with the Morbidity and Mortality Weekly Report (MMWR) which is a patient safety concern. Younger physicians and those being trained are expecting to have this data or expecting all systems to work the same. The is the most important decision support that pediatricians have.

Chris Lehmann summarized that future work for ONC is to look into consolidating state registries into a single resource. ONC could look into the time it takes to onboard practices for immunization forecasting. Overall, this is a good recommendation, but nothing further to do currently.

Recommendation 6: Age- and weight-specific single-dose range checking

- **Chris Lehmann** shared his experience looking at 13,000 dose range alerts that were built into his EHR. The minimum recommendations were not useful and created noise within the system (e.g., erythromycin). Letting providers know there is no dose recommendation creates noise. A lesson learned is to be quiet in these scenarios.
- **Susan Kressly** commented that she doesn't want to make clinical decisions for users. Need to give the user access to best practices or standards when writing the prescription (let the user know where the resource came from as well). She is concerned about creating a patient safety issue. In the ambulatory space, information should be passed from a reliable source when it is available.
- **Chip Hart** agreed with Sue's comments. When citing a source, it would be great to test the EHRs accuracy in this regard.
- **Chris Lehmann** commented that certification should focus on walking through medication dosing and recommendation process and demonstrating the correct information reaches the pediatrician.
- **Chris Lehmann** shared that the Agency for Healthcare Research and Quality (AHRQ) Safety Through Enhanced e-Prescribing Tools (STEPStools) is an open resource.
- **Steve Waldren** expressed concern about usability.

Lauren Richie opened the lines for public comment.

Public Comment

There was no public comment.

Next Steps and Adjourn

The next HITCCTF meeting will be on Friday, March 22 at 9:00 a.m. ET.

Lauren Richie adjourned the meeting at 10:24 a.m. ET.