Meeting Notes
Health Information Technology Advisory Committee
Health IT for the Care Continuum Task Force
April 12, 2019, 09:00 a.m. – 10:30 a.m. ET
Virtual

The April 12, 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).

Lauren Richie called the meeting to order and then conducted the roll call.

Roll Call

MEMBERS IN ATTENDANCE

Carolyn Petersen, Co-chair, Individual
Susan Kressly, Member, Kressly Pediatrics
Steve Waldren, Member, American Academy of Family Physicians

MEMBERS NOT IN ATTENDANCE

Christoph Lehmann, Co-Chair, Vanderbilt University Medical Center
Chip Hart, Member, PCC
Aaron Miri, Member, The University of Texas at Austin, Dell Medical School, and UT Health Austin

ONC STAFF

Alex Kontur, ONC
Stephanie Lee, Health IT for the Care Continuum Task Force Staff Lead
Samantha Meklir, Health IT for the Care Continuum Task Force SME
Elizabeth Myers, ONC
Carmen Smiley, ONC
Albert Taylor, Health IT for the Care Continuum Task Force SME

GUEST SPEAKERS

Kensaku Kawamoto, University of Utah Health

Lauren Richie called the meeting to order and turned the meeting over to Carolyn Petersen, co-chair.

Welcome Remarks

Carolyn Petersen welcomed the task force members and reviewed the agenda. She turned the meeting over to Ken Kawamoto.

Clinical Decision Support (CDS) Presentation

Ken Kawamoto shared details of an ONC and Centers for Disease Control and Prevention (CDC) project to take the guidelines for chronic pain management and put them into standardized form for better integration into electronic health records (EHRs).

The goal of the project is to provide point of care CDS. The project uses Health Level Seven (HL7) standards (i.e., SMART on fast healthcare interoperability resources (FHIR), clinical quality language (CQL), CDS Hooks). A pilot implementation was conducted at the University of Utah using Epic. It is currently being scaled to other institutions at Yale using Epic and Indiana University using Cerner.

Ken shared a demo with the task force. He noted that Epic helped them create a more user-friendly interface. He noted that some difficulties were encountered (e.g., visual displays are handled differently by different vendors), but the end result was that opioid prescribing rates have decreased.

Discussion

Al Taylor asked if it is possible to measure whether a provider accepted the advice that was prompted?
- **Ken Kawamoto** noted that it is fairly easy to do. It can be more difficult to track when someone does something outside of the prompt though. There has been discussion in the CDS Hook standard to be able to track the prompts and the response.

Al Taylor asked what triggers the SMART on FHIR application (app).
- **Ken Kawamoto** noted that it is just a tab in the EHR.

Ken Kawamoto noted that as far as he knows, Epic is the only one using CDS Hooks in production

Data Segmentation for Privacy (DS4P) and Consent Management for Application Programming Interfaces (APIs) Certification Criteria

Samantha Meklir noted that part of the charge includes DS4P. It is a regulatory proposal in the notice of proposed rulemaking (NPRM). While this has been discussed as it related to pediatrics, it does have its own proposal in the NPRM. Samantha Meklir turned the meeting over to Alex Kontur.

Alex Kontur noted that the DS4P standard provides the capability to apply and recognize security labels in a summary document (C-CDA) so that the recipient of the document can recognize the existence of sensitive elements within the summary document. The current DS4P criteria focus on document level "tagging." Under the proposed new criteria, health IT would be required to be able to tag data at the document-level, the section-level, and individual data element-level.

The 2015 Edition included the following which is being proposed for removal.

- DS4P-send (§ 170.315(b)(7))
- DS4P-receive (§ 170.315(b)(8))

Replace with new DS4P and Consent Management certification criteria

- C-CDA Criteria Based on HL7 DS4P Standard
    o New DS4P-send (§ 170.315(b)(12))
    o New DS4P-receive (§ 170.315(b)(13))
- FHIR Criteria + Consent management for APIs § 170.315(g)(11)
    o This is based on FHIR Release 3

Discussion

Steven Waldren noted that he wasn't sure if he had the expertise to provide feedback on the standards. One concern he had was that it is up to the provider to maintain confidentiality, by tagging something as confidential and sharing it, he is then pushing that confidentiality to someone else (e.g., depression on the problem list can only be shared with the patient's spouse). He is not confident that the receiving system can maintain confidentiality. He questioned how he as a user can maintain the complex sharing permissions. He concluded that if these standards are voluntary, it may not get the industry where it needs to be.

- **Al Taylor** noted that the criteria are sent and received so that data elements are marked appropriately (e.g., the receiver can handle in an appropriate way).

Carolyn Petersen thanked Alex for the presentation, noting that with a smaller group there may be follow-up questions in the future.

Opioid Use Disorder (OUD) Request for Information (RFI) – General OUD Discussion

Samantha Meklir provided details of the request for information and reviewed questions to help initiate the conversation.

- What's your general sense of how our existing Program requirements and the proposals in this rulemaking support use cases related to OUD prevention and treatment and additional areas for ONC consideration for effective implementation of health IT?
    o General sense/value for how existing and new criteria can support clinical priorities and advance interoperability for OUD
    o General sense/value for how the successful implementation of health IT can support OUD and aid in the achievement of national and programmatic goals, especially where they may align with initiatives across HHS and with stakeholder and industry-led efforts
    o Discuss health IT solutions and effective approaches to improve opioid prescription practices and clinical decision support for OUD.

Steven Waldren noted that DS4P can help with opioid management.

Carolyn Petersen commented that interoperability needs to have a broad range of parties integrated across multiple settings. Gathering public health feedback would be helpful. She noted that there are systemic components to OUD.

Steve Waldren shared that making resources available to support drug dependency and addiction resources to providers would be helpful. Continued harmonization and merging of prescription drug

monitoring programming (PDMPs) and eprescribing controlled substances. The ability to get opioid history from multiple states would be extremely helpful, without having to go out to another app or portal. This will be a significant help.

Carolyn Petersen noted that usability for providers is an important consideration.

Steve Waldren shared that making it easy for providers to do the right thing is important, such as making use of the CDS Hooks that Ken Kawamoto reviewed.

Steve Waldren commented that CDS needs to make it easy to do the right thing. Make it one-click away, keeping it simple will also make it easier to track outcome goals.

Carolyn Petersen shared that this is a good start to the conversation with the small group of members who were able to participate in the call.

HITAC Feedback on Recommendations
Carolyn Petersen shared the feedback from the HITAC meeting on April 10.

Logistical Comments & Questions
- HITAC members sought clarification on framing for recommendations for which they are voting on
- Members sought clarification on ONC pediatric recommendations as pertains to supporting certain settings and/or universal setting
- HITAC sought a listing of functionalities that should be included in technology and reference each standard (if time permits)
    - Note – ONC will develop a visual table based upon the correlated items in the technical worksheet
- Comment to limit certification requirements because it may cause regulatory burden
    - Caution to avoid creating redundant certification criteria or requirements

Recommendation 8 - Associate maternal health information and demographics with newborn
- There was a comment of disagreement on the statement that there is no standard nomenclature available
- Question on what process has been used to look at the certification criteria in the pediatric setting and if there has been input from consumers
    - Separate question on if there was any discussion about newborns and/or adults who are privately adopted; should be able to link to birth maternal info crucial for the care of child
- Suggestion to look where we can push out and allow the consumer to be able to transfer and be able to determine privacy and control

Recommendation 4 Supplemental (Problem-specific age of consent)
- Comment that removing this Children's EHR Format requirement to the main recommendation could be a red flag. Agrees that it is not vendor responsibility to know all state/local laws, but they should be required to provide certified technology that fits into their customer's practice

Recommendation 5 Supplemental (Synchronize immunization histories with registries)

- Noted that there are school forms in certain states/local areas that cannot be digitized

General Comments

- Encouraged TF and Chairs to listen in on USCDI meetings for their discussion on pediatric vital signs – commented that there are substantial overlaps and that our task forces should stay in sync
- Suggestion to keep in mind FHIR based apps as we move towards the app economy. Note to make sure there is nothing specific in regulations to prohibit
- Commended TF for taking on complex issues

Carolyn Petersen expressed that some of the feedback echoed the discussion that was had in the task force. She questioned how the task force can best coordinate with the United States Core Data for Interoperability Task Force (USCDI).

Steve Waldren commented that harmonizing into one recommendation with USCDI would be welcome. He listened to the meeting and heard that Chris Lehmann tried to make the case that there are things that are different between adults and pediatrics. He suggested providing the concepts and the data needed to take care of children.

Al Taylor shared that there are specific discussions in the USCDI Task Force to adopt pediatric vital signs. Only one of those items is an actual measurement; the other two are calculations.

Carolyn Petersen thanked ONC for helping the task force to navigate these concerns.

Public Comment

Ben Moscovitch, **The Pew Charitable Trusts**, thanked the task force for taking his comment and for all their work. He noted that his organization has done research that has demonstrated that EHRs showed that of 9000 safety events examined, about a third of them exhibited errors. His organization appreciates many of the clinical parities identified which are the ones also identified in his organization's research (e.g., weight-based dosing). He shared that there are digital opportunities for ONC to improve the usability and safety of EHR's, consistent with the approach in the NPRM. This is an area where the HITAC can provide further comment to ONC suggesting that ONC map other aspects to pediatric care. As an example, the 2015 edition requires EHR developers to test EHR's with real world users. When finalizing these regulations, ONC should clarify that at least some of the end-users that are involved in the testing systems should have a pediatric focus, such as pediatricians or pediatric nurses. His organization would be happy to answer questions to help further map the 2015 Edition requirements to pediatric care and would support HITAC also including a recommendation in a transmittal letter to ONC. He thanked the task force again for the time.

Next Steps and Adjourn

Carolyn Petersen adjourned the meeting at 10:30 a.m. ET.