



The Office of the National Coordinator for
Health Information Technology

Interoperability Standards Priorities Task Force: Overview & Activities

Steven Posnack | Executive Director | Office of Technology

June 20, 2018



Interoperability Standards Priorities (ISP)

Task Force of the HITAC

- 21st Century Cures Act amended the Public Health Service Act to create HITAC (Section 3002) as well as requiring HITAC to set priorities for Standards Adoption (Section 3003).
- To do so HITAC will be creating the Interoperability Standards Priorities Task Force (ISPTF) whose responsibility will be to:
 1. Identify priority uses of health information technology focusing on specific priorities
 2. Identify existing standards and implementation specs that support the use and exchange of electronic health information needed to meet the priorities identified
 3. Publish a report summarizing the findings of the above analysis and make appropriate recommendations to the HITAC

Section 3003 of the Public Health Service Act as amended by the 21st Century Cures Act

“SEC. 3003. SETTING PRIORITIES FOR STANDARDS ADOPTION.

“(a) IDENTIFYING PRIORITIES.—

“(1) IN GENERAL.—Not later than 6 months after the date on which the HIT Advisory Committee first meets, the National Coordinator shall periodically convene the HIT Advisory Committee to—

“(A) identify priority uses of health information technology, focusing on priorities—

“(i) arising from the implementation of the incentive programs for the meaningful use of certified EHR technology, the Merit-based Incentive Payment System, Alternative Payment Models, the Hospital Value-Based Purchasing Program, and any other value-based payment program determined appropriate by the Secretary;

“(ii) related to the quality of patient care;

“(iii) related to public health;

“(iv) related to clinical research;

“(v) related to the privacy and security of electronic health information;

“(vi) related to innovation in the field of health information technology;

“(vii) related to patient safety;

“(viii) related to the usability of health information technology;

“(ix) related to individuals’ access to electronic health information; and

“(x) other priorities determined appropriate by the Secretary;

“(B) identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities identified in subparagraph (A); and

“(C) publish a report summarizing the findings of the analysis conducted under subparagraphs (A) and (B) and make appropriate recommendations.

ISP Task Force Charge

- **Overarching Charge:** To make recommendations on priority uses of health information technology and the associated standards and implementation specifications that support such uses.
- **Detailed Charge:** The ISP Task Force will
 1. Make recommendations on the following:
 - » Priority uses of health IT (consistent with the Cures Act's identified priorities);
 - » The standards and implementation specifications that best support or may need to be developed for each identified priority; and
 - » Subsequent steps for industry and government action.
 2. Publish a report summarizing its findings.

Interoperability Standards Priority Task Force Milestones

Milestone	Anticipated Due Date
Welcome Meeting	July 2018
Initial Scope of the ISP Task Force Decided	July 2018
Review of Standards & Priority Uses	August 2018- February 2019
Develop Findings & Recommendations Letter	March – August 2019
Report to Full HITAC ISP Task Force Recommendations & Findings	September 2019

- **The Interoperability Standards Advisory will serve as a valuable resource from which the ISPTF can start its work and ultimately contribute content back into.**



The Office of the National Coordinator for
Health Information Technology



Questions?



@ONC_HealthIT



@HHSOHC



ONC 2018 Interoperability Forum

Meeting at a Glance: Draft Agenda

- **August 6th, Monday: 1pm to 5pm**
 - » 1 – 3:30pm: Opening; Keynote; Agenda Overview
 - » 4 – 5pm: Networking session & Track Orientation
- **August 7th, Tuesday: 9am to 5pm**
 - » 7 full-day tracks/sessions
 - » Participants select 2 tracks (morning and afternoon session)
- **August 8th, Wednesday: 9am to 3pm**
 - » Day 2 Report Outs; Keynote; Closing Remarks

Tracks

Track Title	External Leads	Description
Patient Matching	Eric Heflin (Sequoia Project)	Identify areas of consensus regarding patient matching definitions and showcase innovative matching technologies and metrics.
Content Interoperability	Lisa Nelson (MaxMD) Brett Marquard (WaveOne)	Review the current and future plans to advance content interoperability via the USCDI & gather input on the quality of exchanged content and data types that are of emerging importance.
Interoperability Infrastructure	Jitin Asnaani (Commonwell Health Alliance) Josh Mandel (Harvard Medical School)	Highlight efforts such as national networks and open APIs to enable interoperability; identify issues related to their implementation and use and develop recommendations to address identified barriers.
Using Standards to Advance Research	John Wilbanks (Sage Bionetworks)	Highlight the use of standards to improve the flow and availability of data for research

Tracks (continued)

Track Title	External Leads	Description
Clinician Experience with Interoperability	Evelyn Gallego (EMI Advisors), Holly Miller (Med Allies)	Highlight current and upcoming efforts (e.g., 360X) to enhance clinicians' use of information received from external sources in areas such as shared care plans, closed loop referrals and hospital post-discharge in ambulatory settings.
Security	Heather Flannery (Obesity Prevention, Policy, Management, Inc.), Don Thibeau (OpenID Foundation) John Moehrke (HL7 Security Workgroup)	Highlight the application of blockchain technology for security-related applications and security mechanisms for APIs related to consent and privacy.
Interoperability Measurement	Julia Adler-Milstein (USCF) Walter Sujansky (Sujansky Associates) Hans Buitendijk (Cerner/EHRA)	Identify and prioritize interoperability measurement gaps (e.g., standards), and recommend approaches to address gaps (e.g., leverage existing data, novel methods, specific stakeholder actions)