Interoperability Standards Priorities (ISP) Task Force

Transcript
July 20, 2018
Virtual Meeting

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Hello and good afternoon, or good morning, depending on where you are. Welcome to the inaugural Interoperability Standards Priorities Task Force of the health information technology advisory committee. We would like to thank everyone for your patience as we had a lot of – took time and effort to stand up this task force.

We wanted to make sure we have the right balance of membership as well as be prepared to start in a timely manner. With that, we will call the meeting to order. I will start by a general thank you to Ken and Steve who have graciously agreed to be our task force co-chairs moving forward. We also want to thank all of the other members who have agreed to donate their time and efforts both on the high-tech side and the public side. We do look forward to your contributions there. I will start the meeting by taking official roll call. Than we have a couple of housekeeping items and then we will get the meeting started. Do we have Ken Kawamoto on the line?

Ken Kawamoto – University of Utah - Co-Chair

I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Steven Lane?

Steven Lane – Sutter Health – Co-Chair

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Anil Jain?

Anil Jain – IBM Watson Health - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Arien Malec?

Arien Malec – Change Healthcare – ISP Task Force Member

I'm here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Andy Truscott, I believe may be a few minutes late. We'll circle back before the end of the call. Clement McDonald? No Clem yet, okay. Cynthia Fisher? Not yet.

Cynthia Fisher – WaterRev, LLC - ISP Task Force Member

Here. Yes, I'm here. I'm here. Hello.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Okay. Hi Cynthia. David McCallie

David McCallie – Cerner - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Edward Juhn? Not yet. Okay, Terry O'Malley?

Terrence O'Malley – Massachusetts General Hospital - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Les Lenert? Not yet, okay. Ming Jack Po? Not yet, okay. Raj Ratwani? Ram Sriram? Ricky Bloomfield?

Ricky Bloomfield – Apple - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Hello. Sasha TerMaat?

Sasha TerMaat – EPIC - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Scott Weingarten? No Scott yet, okay. Tamer Fakhouri? Not yet, okay. Tina Esposito?

Tina Esposito – Advocate Health Care - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Great, Valerie Grey?

Valerie Grey – New York eHealth Collaborative - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

And Victor Lee?

Victor Lee – Clinical Architecture - ISP Task Force Member

Here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Okay. We'll circle back to the attendance. I know a few folks may be dialing in late. So, just –

Ram Sriram – NIST - ISP Task Force Member

Yeah, this is Ram Sriram from NIST.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Oh, hi Ram. Anyone else I've missed?

Raj Ratwani – MedStar Health - ISP Task Force Member

Yep, Raj Ratwani is here.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Hi, Raj.

Raj Ratwani – MedStar Health - ISP Task Force Member

Hi.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Anyone else?

Ken Kawamoto – University of Utah - Co-Chair

Have you seen the chat that Jack and Edward are on according to chat? For folks who are members and folks who are members, please make sure to call the phone number on the appointment that may be separate from the phone number that is on the – that you see on the Adobe to get connected to that line.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thank you for that reminder Ken. Just a couple of housekeeping items. For most of the members we have used the Adobe system before, in the past we've used the hand raise function which seemed to work well. In the upper left-hand corner, you would just click on the little guy raising his hand if you have a question, and then click it again when you have completed your comment. For those that are on the phone only and you don't have access to the Adobe, feel free to pipe in when you have a question or comment and we will add you to the queue. And then, the co-chairs will call on you based on the order in which the comments – the hand raised were selected.

Last but not least, we will have a public comment period at the end of the call. The instructions are in the lower left-hand corner of your screen and remind public members that you will be limited to three minutes for your comments. With that, I will turn it over to Ken Kawamoto and Steven Lane, our co-chairs.

Steven Lane – Sutter Health – Co-Chair

Thank you so much. We really appreciate it and really want to welcome everybody to the call and really thank you for the time that you are offering up to us today and that you will be offering as we work forward over the coming year or so. I'm personally very excited. This is

Steven Lane. I'm very excited to be co-chairing this along with Ken Kawamoto. We have assembled quite diverse and experienced membership for this task force. We intentionally reached out and try to engage with some newer stakeholders to try to bring some younger voices to the table, and while we, your co-chairs, are both physicians and one of us is white-haired, I think the goal here was really to make this a more diverse and really an engaged task force. We obviously have a very specific charge that Ken is going to be reviewing with us all shortly.

But, that charge came out of the 21st-century cures legislation that was written in 2015, 2016, a little bit in the past. My hope for our committee, our task force is really that we will do work that is going to be relevant today in our current environment and with the current forces at play. We will certainly fulfill the requirements of the task force, but I think that we should all be looking to how we can make the most difference with the work that we're investing here. With that very brief introduction to our work I will just introduce myself and then we will go down the list and give people a chance to say little bit about who you are. We don't have a lot of time.

But, I would personally love to know what it is that led to your interest in serving on the task force and what aspirations you have for the work that We're gonna do together. Then I will just start off. Again, I'm Steven Lane. I'm a practicing family physician and clinical informaticist at Sutter Health in Northern California. I'm very interested in supporting interoperability worldwide, and really bringing key data to bear when we care for patients and care for populations and I see that evolving and committing ourselves to standards and getting everyone on the same page is really going to support that effort. Ken, do you want to go next?

Ken Kawamoto – University of Utah - Co-Chair

Yeah, I'll go next. Thanks Steve. And just as a note, I hear a little bit of an echo. I think this typically happens if one of the presenters has both their private line and maybe their Adobe connect audio also leaking out. If you could just double check that you don't have two audios at the same time, especially if you are one of the members of the committee that might have two lines including Adobe. I am Ken. I echo Stephen's aspirations for this committee and hope we can get some great work done. I think also, along those practicality notions it would be really nice if each of us, in our own organizational roles can think of the recommendations we can make that are highly relevant to our organizations and the sectors we represent and can move things forward according to our recommendations.

Just background, I'm Associate CMIO at University of Utah Health and vice chair for Department of Medical Informatics I also engage pretty heavily in the standards realm and

co-chair the HL7 clinical support workgroup. I personally would like to see us put the US forward on the quadruple aim, improving not only patient care, but provider experience and reducing healthcare costs as well. Thanks.

Steven Lane – Sutter Health – Co-Chair

Why don't we just go down the list for those who've been able to join us. Arien? Maybe Arien's got pulled away.

Arien Malec – Change Healthcare – ISP Task Force Member

That's the mute – sorry, that was the mute button I was talking to. Apologies.

Steven Lane – Sutter Health – Co-Chair

There you are.

Arien Malec – Change Healthcare – ISP Task Force Member

Yeah, Arien Malec. I'm the CP of RND for Change Healthcare, where I'm responsible for our clinical and administrative networks where we do about 14 billion data transactions a year. I have seen amazing results when the ecosystem of HIT developers, providers, and the broader ecosystem including app developers and consumer-oriented developers get together around some common directions and align and implement and test standards to drive those priorities. I've also seen failure modes where the standards development organizations are moving one direction, the vendor community is moving a different direction and the provider community is moving in a third direction. Part of my role and goal for this task force is to make sure that we get a state of the world more like the former then like the latter. Thank you.

Steven Lane – Sutter Health – Co-Chair

Thanks, Arien. Terry?

Terrence O'Malley – Massachusetts General Hospital - ISP Task Force Member

Another mute button malfunction. Hi, Terry O'Malley. I'm a practicing geriatrician in Boston and formerly the medical director for Non acute care services at Partners Healtcare and I've had sort of a long career and long term in post-acute care, and an interest in interoperability. And I think that this task force represents yet another foundational piece for interoperability.

I think the more foundation pieces we can put into place the better it will be. I'm delighted to be on the task force with you guys. Thank you.

Steven Lane – Sutter Health – Co-Chair

Cynthia, I think you're the next one who's here.

Cynthia Fisher – WaterRev, LLC - ISP Task Force Member

Hi, this is Linda. I'm Cynthia's assistant. She actually just had to step out for a few minutes, but I can tell you that she is passionate about interoperability and enabling patients with their own data across multiple providers.

Steven Lane – Sutter Health – Co-Chair

That's for sure, Cynthia's amazing. Sasha?

Sasha TerMaat – EPIC - ISP Task Force Member

Hello everyone, this is Sasha TerMaat. I work at epic, an electronic health records company where we implement hundreds of the different interoperability standards that many of the folks here are involved with. And I also served in a leadership role with the Electronic Health Records Association which is a trade association of other EHR companies who do similarly with those interoperability standards and obviously have a vested interest in furthering the progress of the industry.

Steven Lane – Sutter Health – Co-Chair

Anil?

Anil Jain – IBM Watson Health - ISP Task Force Member

Yeah, hi guys. This is Anil Jain. I am one of the VPs and the chief health information officer at Watson health and given the fact that we got several thousand clients who all depend on us for data analytics and AI solutions we happen to think that interoperability standards are the way to accelerate adoption in the field with robust solutions that actually are solving healthcare problems. There is a reality to what our clients all see when it comes to data analytics and some of the expectations they have for interoperability. I'm looking forward to being on this task force, so we can align what we as those who drive value into the market and those who actually have to deal with some of the requirements, how they all align and

how we can lift all bolts together.

Steven Lane – Sutter Health – Co-Chair

Great, Ram? Ram Sriram, are you there?

Ram Sriram – NIST - ISP Task Force Member

I'm sorry. I was on mute. Hello, can you hear me?

Steven Lane – Sutter Health – Co-Chair

Yes.

Ram Sriram – NIST - ISP Task Force Member

Yes, this is Ram Sriram from NIST. I am the program manager for the health IT program here and our main focus with respect to interoperability – actually there are two things that we are doing in interoperability. One is developing a test infrastructure for testing various standards. Second is that we look at the future technologies for enabling both syntactic and semantic interoperability. By semantic interoperability I mean things like ontology and so on. We do a lot of work in this area so that we also are trying to develop test techniques to actually test semantic interoperability. These are the two primary things that we do, we do other things like usability studies and so on, but with respect to this particular group those are the two areas of interest.

Steven Lane – Sutter Health – Co-Chair

Great. Raj?

Raj Ratwani – MedStar Health - ISP Task Force Member

Hi everybody, this is Raj Ratwani. I serve as the director for MedStar health national center for human factors and healthcare. And related to interoperability, we are very interested in sharing that standards are developed that encourage strong usability and support the clinician and also encourage strong safety. I'm hoping that we can inform those aspects of

this work.

Steven Lane – Sutter Health – Co-Chair

David?

David McCallie – Cerner - ISP Task Force Member

Hi, it's David McAuley. I am a senior vice president at Cerner, another EHR company. Before I joined the corporate world, I was a clinical neurologist in the Boston area with an interest in epilepsy, but I left that behind to focus on health I.T. and in particular worked hard on interoperability. I was on the original H I.T. standards committee from the beginning through near to the end of that group and served on a number of these task forces and got great pleasure when we could work together and get stuff done and make good decisions and I look forward to that experience again.

Steven Lane – Sutter Health – Co-Chair

Scott? Do we have Scott Weingarten?

Ken Kawamoto – University of Utah - Co-Chair

I don't think he's on today.

Steven Lane – Sutter Health – Co-Chair

Sorry, I was thrown off because there's a Scott on the attendee list which is a different Scott. Welcome to that Scott also. Victor Lee?

Victor Lee – Clinical Architecture - ISP Task Force Member

Yeah, hi everyone. Victor Lee and I am VP of clinical informatics at clinical architecture, we're a data quality company. My personal background is in internal medicine. I was a hospitalist for a dozen years, before getting pulled into the world of health I.T. My health I.T. experience is primarily in clinical decision support and our particular interoperability interest reside in structural as well as semantic interoperability. I think a lot of times we don't fully appreciate the importance of semantics, the meaning of information as it flows through models and how we preserve the meaning of terminology. That's sort of the angle that we're approaching this with. Happy to join the group. Thanks.

Steven Lane – Sutter Health – Co-Chair

Excellent. Ricky?

Ricky Bloomfield – Apple - ISP Task Force Member

Hi, I lead our clinical and health informatics efforts on the health team here at Apple. I've been here a little over a year and a half. Prior to joining Apple, I worked at Duke as the director of mobile technology strategy for the Duke health system and also as **[inaudible] [00:17:03]** hospitalist. I think our interest is in ensuring that the consumer perspective is represented here. We decided to embrace standards for our recent health records feature which I believe is probably the largest use of fire right now adopting the Argonaut Implementation Guide. We have hundreds of hospitals already engaged. We're really interested in ensuring that the volume and quality of data continues to increase for consumers, decreasing the friction to access the data. And we recognize that standards are only real once they've actually been implemented and they're in use. The implementation aspect is also very important.

Steven Lane – Sutter Health – Co-Chair

Thanks Ricky. Ed Juhn?

Edward Juhn – Blue Shield of California - ISP Task Force Member

Hi, my name is Edward Juhn and I'm a regional medical director at Blue Shield of California, as well as a medical director of care, innovation, and transformation where I work with our medical groups, IPAs, hospitals, and employers in delivering high quality and affordable care and through the use of big data and analytics and technology enabled service offerings, and I'm honored to be a part of this task force, which I view is at the nexus of forces for good. I'm highly interested in supporting interoperability and committing to standards to allow individuals to receive the right care at the right time in the right place, by the right provider.

Steven Lane – Sutter Health – Co-Chair

Thank you. Tamer?

Tamer Fakhouri – One Medical - ISP Task Force Member

Hi everyone, I'm Tamer Fakhouri. I'm a general internal medical physician in San Francisco and informaticist at One Medical. I have been involved in our efforts to build proprietary HR and also support interoperability with several partner health systems across the U.S. As an example, we're currently involved in a project with UCSF around closed loop referrals using the direct protocol. We're very interested in proving the data exchange across the health

ecosystem to better support patients through transitions of care. Very excited to participate in this task force to further develop standards that can help make this happen.

Steven Lane – Sutter Health – Co-Chair

And Jack?

Ming Jack Po – Google - ISP Task Force Member

Hi, my name is Jack Po. I'm a product manager at Google and we, right now we have a number of solutions as well as a number of resource streams working on big data analytics in healthcare. And one of the things that we found to be a necessary thing to do was to use standards in order to really look at data for multiple places. We are very excited about this effort and we are huge supporters of things like fire and open standards in general.

Steven Lane – Sutter Health – Co-Chair

That's great. Thank you all so much. I think on the next slide we have the ONC staff that is supporting us and if we can go ahead and change slides maybe we can have brief introductions. For the other folks who are with us. I don't think Dr. Rucker joined us, but Steve, I think you're here.

Steven Posnack

Hey, good afternoon. This is Steven Posnack. I am the director of the office of technology. I want to thank everybody for joining. Just hearing everybody's background, bio, interests, really dynamite group. I know you all expect a lot out of your participation and I think we're looking forward to everything that you have to add and your contribution. Again, thank you for your public service and your time spent with us on this task force and you are in capable hands with Steven and Ken.

Steven Lane – Sutter Health – Co-Chair

And I don't know if we need to do introductions for the rest of the folks on this list. Do you have an opinion on that ONC team?

[Crosstalk]

Steven Posnack

Oh, I was – if Farrah can just do her introduction. She's a lead ONC staff on my team as well who you'll probably be getting multiple emails from to keep things moving along.

Steven Lane – Sutter Health – Co-Chair

Great.

Farrah Darbouze

Hi, this is Farrah Darbouze. I'm going to be the ONC lead for this task force and I'm very excited to work with all of you.

Steven Lane – Sutter Health – Co-Chair

Super. Well thank you all so much and the ONC team has really been a pleasure to work with on our past taskforces and I'm sure they'll be very accessible and supportive for our work. With that, we spent a little bit more time on the introductions than had been planned, but I think it's really helpful to hear everyone's perspective and let's dive in.

Ken Kawamoto – University of Utah - Co-Chair

Okay, I'll just quickly go over the task force charge for folks on the HITAC we've already covered this before, but it'll, I think – obviously important to go over the basics. Overarching charge for this task force is to make recommendations on priority uses of H I.T. and associated with that standard and implementation specifications that support such uses. And, specifically we will make recommendations on party uses consistent with the cures app to identify priorities, which we will show – which is really quite broad, so I'd say we have a fair amount of scope that we can work with. And related to that, and I think secondary to that, to identify the standards and implementation specs, the best supporter may need to be developed for each identify priority and subsequent steps for industry and government apps.

And I think whenever it's recommendations we have to think about for whom. Certainly, recommendations would go for ONC, but I think again it would be really useful for us to think, what are the recommendations that are actionable, and we're motivated to do as a community. And then, to publish a report summarizing its findings. Next slide please.

This is the section of the 21st century Cures Act that identifies the priorities that we're working within. And the key part here is the section A, bullet points one through ten. I'll just quickly go through this, but I think in particular if you see anything that you think might be

missing from this, I think that's worthy of discussion. One is, arising from the implementation for the incentive programs for the meaningful use of certified EHR Technology, merit-based incentive payment system, alternative payment models – yeah, go ahead.

I think that was unintentional. Purchasing program and any other value-based payment program determined appropriate by the secretary. Second, related to the quality of patient care. I think that's pretty much a catchall. Related to public health, related to clinical research, related to privacy and security, related to innovation in the field of H I.T., related to patient safety, usability of H I.T., individuals' access to electronic health information and other priorities determined appropriate by the secretary.

I think in our review of this the only thing that I thought might missing as an explicit mention was value and cost, but we were thinking that really does fall under the notion of quality of patient care because unaffordable patient care is not high-quality at all. I don't know if anybody on the committee has any thoughts on that, but it is a broad enough framework that I think anything that we think is important can be covered under this.

David McCallie – Cerner - ISP Task Force Member

Hey Ken?

Ken Kawamoto – University of Utah - Co-Chair

Yes.

David McCallie – Cerner - ISP Task Force Member

It's David. I formerly raised my hand, but I'm happy to talk if that's okay.

Ken Kawamoto – University of Utah - Co-Chair

Please.

David McCallie – Cerner - ISP Task Force Member

Okay, one question, and it is a wonky question, but I don't see – there was a separate part of the 21st century cures focused on what we now call TEFCA. And am I correct in probably guessing that we would try to stay away from the specific issues around TEFCA other than maybe to which they overlap with one of these? Or is that something we shouldn't worry

about? Maybe that's a Steve question.

Ken Kawamoto – University of Utah - Co-Chair

Yeah, I'll punt that one.

Steven Posnack

Alright, I didn't think it was going to take that amount of time to get back to me. I think it would be – the intersecting point I would give in terms of overall guidance would be – for those of you that are familiar with the trustee exchange framework and common agreement, to the degree that you are familiar with some of the discussion around permitted purposes, that would be where I think there would be a bit of a nexus in terms of the context because here, we're talking about priority uses of health information technology. If you wanted to dive into priority uses associated with public health or for other types of treatment, things along those lines, that would be, I think, the primary intersection point with anything related to **[inaudible]**, as we use the acronym. Otherwise, I think your original instinct, David, to stay away from all of this other, kind of policy parameters is fair.

David McCallie – Cerner - ISP Task Force Member

Okay, thanks. That's what I had assumed, but it's good to hear.

Ken Kawamoto – University of Utah - Co-Chair

Great, okay. Shall we go to next slide?

Steven Lane – Sutter Health – Co-Chair

So, I think I'm going to pick it up here. Thanks Ken. Just to orient people to our work plan for the task force. Obviously, today is our opening. We are going to focus in on the scope that we are going to tackle over the next couple of meetings. We are then going to be reviewing standards and priority uses over the bulk of our time together through February. Then, the focus will be on developing our findings and recommendations and getting those all written out in a way that we are comfortable and then reporting that back to the full H I.T. advisory committee in the September timeframe of next year. We have our work cut out for us.

We have calendared twice monthly meetings, thinking that this will get us into an appropriate rhythm with regard to doing the work. Hopefully, the time that we have selected is going to work for all of you or that you can adjust your schedules accordingly, and we

thought with twice monthly meetings we would be able to skip some of the holiday weeks and that sort of thing when that is appropriate. Some of these meetings do land, for example, in the midst of HIMSS or some other significant national meetings, and if that ends up being the case we may take the opportunity to support an in-person session where people can come together and meet face-to-face. Any questions about that? I see a couple of hands up. I think, Ricky, you raised your hand first.

Ricky Bloomfield – Apple - ISP Task Force Member

Yes, I had just had a comment, I was going to save to the end, but – related to the TEFCA. The only comment I had about that was, given that our charge is to look at the priorities of some of these things, obviously the U.S. CDI is really intended to be priority list of the datatypes that we should consider to make available. I think it would be hard to avoid that discussion. In fact, I think we should jump right into that discussion at the appropriate point and weigh in on that priority and how that impacts what we're doing here within this interoperability task force.

Steven Lane – Sutter Health – Co-Chair

Yeah Ricky, this is Steven I couldn't agree more, and I think we will come back to that after we have a chance to hear Brett's presentation. Arien?

Arien Malec – Change Healthcare – ISP Task Force Member

Yeah, thank you. Just as an ordering question, it notes review of standards and priority uses. I might suggest that we flip that order and think about first priority national priorities and then think about standards and the evolution of standards. And the reasons for that is, I've seen in the past we get hung up around where are the standards, what standards are available? Which is useful, but it's much more useful to say, what do we need to do as a nationwide, as an integrated health system. And then, asked the question, do our standards support us in those aims, and what evolution needs to happen with respect to those standards. Just a shout out from the peanut gallery for consideration.

Steven Lane – Sutter Health – Co-Chair

Thanks, Arien. I don't see any other comment and actually, I think Arien, that really creates a very nice segue for us to move on to our discussion of the interoperability standards advisory which is really going to serve as a resource for the work we will be doing. A lot of effort has been put into developing and maintaining this and luckily, we have with us today Brett Andriesen who comes from the ONC and know this work inside and out and is going to review it for us. Brett?

Brett Andriesen

Great. Thanks, Steven, and hi, everyone. Lots of familiar names on the call today as well as some new ones. A number of folks have been really involved with us in our development of the standards advisory for previous task forces and through the public comment process, so appreciate your continued engagement with us on this. For folks that maybe seeing us for the first time, just wanted to kind of give you some background and an overview of what the standards advisory, also referred to as the ISA is just so we are all on the same page. Move onto the next slide. What is the ISA? It's really a single, public list of the standards and implementation specifications that can be best used to address specific interoperability needs in healthcare.

Prior to its publication for the 2015 standards advisory there really wasn't a single list that folks could come to, to determine what the standards and implementation specifications are for various purposes out there. It's meant to reflect the result of ongoing dialogue, debate, and consensus among industry stakeholders. That largely, today, occurs through our public comment and review processes. It also documents known limitations, preconditions, and dependencies as well as a host of other helpful information and we will dig into it a little bit deeper over the next few slides. And it's really meant to serve as an informational resource, it's called an advisory because it is non-binding , it doesn't create or confer any particular rights or obligations on any persons or entities. It's different from our certification criteria or other regulations out there that do create requirements on folks, it's meant to be informational in nature.

And on the next slide we will talk about how it is used. It can be used for a number of different purposes including for stakeholders who administer government and nongovernmental procurements for testing, certification, grant programs as kind of a first place to look for their interoperability needs. Developers of health I.T. look first to the ISA for available at appropriate standards or specifications to support their interoperability efforts. Implementers and users of health I.T. products can use it to ensure that their contracts and products that they're procuring include standards that support their specific interoperability needs.

And ISA and their associated informative characteristics are also available to help more fully inform policy and implementation efforts, including that documentation of limitations, dependencies, or preconditions of use for the various standards or specs that are included there for those interoperability needs.

On the next slide here, we'll talk about the ongoing process. When we initially published it,

we would put out a draft and final version in PDF format for folks to comment on. We have since shifted to a web-based version that is updated frequently throughout the year as new comments from stakeholders come in or as changes in the standards development landscape occur. And then, we do have a call for review and comment coming in the late summer timeframe. For this year that will be in the next couple of weeks here, so you can mark your calendars for that. And then, each December we do publish a static reference addition of the ISA in a PDF format, but folks can reference if they are looking to have a static version that they want to be sure that the goal posts are not changing on or something to refer to in contracts or other places where that certainty might be required.

On the next page here, we will look at the high-level structure. ISA is really broken down by the type of standards into five different sections, starting with vocabulary, code set terminology standards. Section 2 is around content and structured standard. Section 3 is around the standards for services and information exchange. Section 4, around models and profiles. Section 5, around standards for administrative purposes.

And then, under each of those sections there are subsections that break it down by topic a little bit more. In section 1, things like allergies and intolerances and counter diagnosis, immunization, pregnancy status procedures, race and ethnicity, things like that. Within each of those we have laid out interoperability needs you can kind of think of those akin with purpose, is what we called it in the very initial roll out of the ISA. Some folks think of it as use cases, but we chose not to use that term, just because that has a very specific meaning to folks that are working day in and day out on standards, and we don't quite take it to that same level of detail. Under each of those interoperability needs there are the specific standards and implementation specifications that support each of those interoperability needs as well as a host of other informative characteristic and helpful information that are listed on the next slide.

For each of the different standards and specs we do provide some more information. You can see it on the screen here, and we'll take a closer look on a future slide. But, things like standards, process maturity whether something is in draft or final status, whether it's being piloted more limitedly or if it is widely being used in production. We try to do our best guess on what the adoption level of the standard for that particular interoperability need is, whether it's being required for that use through regulation or other rules, whether there's a cost associated to access use of that standard, whether there are test tools, and then various other informative pieces that can help provide implementers with the best information that they need to know.

On the next slide we have an overview of the home page here that lays out some of the structure. On the left-hand side you can see – you can break it down into each of the

different sections and see what's in it. If you click on the table of contents link on the left side, it's in blue, there's also a link directly too at the bottom. It really breaks out each of the different sections, each of those different topical areas, and then each of the interoperability needs within it. This can be a good resource as you're starting to consider, what are those priority uses. You can look here instead of trying to reinvent the wheel in terms of what those interoperability needs are.

And then on the next slide here, we have a closer look at a particular interoperability need this one is around documenting and sharing care plans for single clinical context. You can see there's an implementation specification list at the top. There's some emerging standards and specs that are also listed, and then each of those different characteristics I talked about earlier is listed alongside them, so you can get more information about each of the standards and specs that support that, as well as different limitations, dependencies, preconditions, and more information about the interoperability need or the standard there. And then, of course there are plenty of places where we do ask for additional feedback from folks during our comment period and throughout the year. I think that largely covers it for my presentation. I can take a few questions now or we can wait until the end or I'm happy at any time to address any questions via email as well.

Steven Lane – Sutter Health – Co-Chair

I think this is a good time for questions, Brett. I don't see any hands up though. There we go. David?

David McCallie – Cerner - ISP Task Force Member

David's got his hand up. Sorry, I was slow on the mute button. Brett, how having sat through some of the ISA meetings, there seems to be a fair amount of overlap in the purposes of the ISA compared to this group. I can understand the overlap, but maybe you can distinguish what this group would be – how it would be different from what was done with the ISA advisory in the past. What's different about our current focus?

Brett Andriesen

Sure, and I may have Steve maybe jump in and provide his insights here just given that he's been closer to this work as well. But, I think in the past we had been looking for input and overarching framework of ISA overall for some of our work in that area. This work, in addition to being called out explicitly by the cures rule can support that, and we can definitely reflect the output of this group within the ISA. But, I think it's a little bit different in terms of calling out, specifically, what are the priority uses, and maybe, Steve, I don't know if you have any other thoughts here.

Steven Posnack

Yeah, sure, thanks, Brett. Pretty much consistent with what Brett mentioned, I think the one opportunity, specifically, that this task force has is, as the statute notes and as you got a presentation from Brett on, the standards advisory in and of itself is that coordinated catalog, and it is non-prioritized. The opportunity that your group has is to elevate the priority of a use case that may not be seeing enough attention, that you feel warrants further input, priority, focus from industry and-or government. Also, to spotlight if there are available standards or not for a priority that you identify, obviously the kind of latter where you identify a new priority or something you believe warrants higher prioritization in the collective discussion among all of us health IT mavens that doesn't have the appropriate set of standards to support it, then that helps to guide future work that either ONC can take on that we can coordinate with other industry stakeholders to do.

That's really, perhaps, the attractive opportunity that we have with this task force today in comparison to the standards advisory. Afterwards, if you want to know where all your work's gonna go, the standards advisory, as we've noted and as I presented to HITAC, we hope will be that place where we can memorialize and feat it in to the standards advisory. As you all identify perhaps nuances to certain priority uses, we'll be able to represent ways in which the HITAC has designated something already listed in the standards advisory as a HITAC priority, which is kind of an output of this task force work, so, many ways to fold your inputs back into what the community would see through the standards advisory.

Steven Lane – Sutter Health – Co-Chair

Steve, I'll just add to that. This is Steven Lane. As you've shared with us, there's also an opportunity to identify new use cases that maybe haven't had a focus historically or to identify the need for standards that perhaps don't exist to support those use cases. I think we're all aware that new data items come up. This came up in our U.S. CDI discussion, as well, social determinants of health being a great example where there may not be sufficient standards, or they may not go far enough, so I think we have opportunities to work in those areas, as well.

Steven Posnack

Yeah, absolutely, and that's just an area – this is a good example, to piggyback off of that, Steven, where, as Ken noted and worked you all through the first slides there about the statutes, talked about priority uses arising from these value-based payment programs. And so, for those of you that have participated in many of these now going on a few years, there could be new uses that have come up as a result of the way that value-based payment, care-based – coordinated care, care team-oriented processes that haven't been on people's radars that do, from a forward-looking perspective, need to be a priority use that's identified.

David McCallie – Cerner - ISP Task Force Member

That makes sense. I appreciate the clarity of that answer. Thanks, Steve.

Steven Lane – Sutter Health – Co-Chair

Great. The next period of time we have is really to discuss the scope of the task force, and this is really meant to be an initial discussion knowing that we have time to dig deeper into this. In terms of our time, we don't have a lot of time before we're gonna open it up to public comments, but I think that we did want – I did want to come back to Ricky's question earlier about USCDI and how does this overlap with that effort. Ricky, do you wanna flesh out your idea a little bit?

Ricky Bloomfield – Apple – ISP Task Force Member

Sure. I haven't probably put a lot of deep thought into it aside from this call, but the USCDI, for those – hopefully everyone on the call is familiar with it, but basically, it describes the set of data that should be made available and kind of builds on the initial meaningful use common clinical dataset, which has been implemented within Argonaut as the data that's currently available by those who have implemented these FHIR APIs at scale, and then proposes, in sort of a tiered approach, a structured way to evaluate the items that should be included in the future. And that might include the encounter resource or imaging resources, and it structures this so, every year, there are a couple under evaluation, and then those move from being evaluated to being on the required list.

I think we have an opportunity to provide feedback as to whether those are the right elements. Is there another place we should pay attention? But, I think even more importantly in my mind is that having items on a list does not make it happen, and so, I think it may be helpful for us to think about, how would this work get done, who would work to standardize this in a way that is implementable. Right now, Argonaut is doing some of that work. Is that sufficient? Basically, how do we take this from an idea in a list to reality? And maybe that is beyond the charge of this group, but I think it might at least be worth thinking about so that we can make it a little bit more concrete.

Steven Lane – Sutter Health – Co-Chair

Thank you, Ricky. Ken, do you think we have time to pull up the matrices or should we save those for next time?

Ken Kawamoto – University of Utah - Co-Chair

How much time do we need to leave for public comment?

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

We have a last five minutes reserved for public comment.

Ken Kawamoto – University of Utah - Co-Chair

I think we can go to that, unless other members of the committee have comments. One question, if there are members of the committee who joined a little bit later or otherwise didn't have a chance to introduce themselves, if you can, at this point, to do so, I'm not sure if somebody – there were several folks who weren't on earlier.

Valerie Grey – New York eHealth Collaborative - ISP Task Force Member

Hi, this is Val Grey. I just wanted to do a quick hello. I'm the executive director of the New York eHealth Collaborative. We're a public-private partnership that's charged with helping to lead the statewide health information network for New York, which is really 8 different QEs that are all connected together, and we serve virtually every hospital and about 80,000 other providers. I'm really excited to be on this task force. It's a real honor. I think interoperability is totally key to everyone getting to that quadruple aim. Thank you very much and I look forward to working with all of you.

Ken Kawamoto – University of Utah - Co-Chair

Great, thank you so much.

Steven Lane – Sutter Health – Co-Chair

Thanks, Val. Why don't we just, real quick, see if we can pull up the matrices that we've been -- that the cochairs have had a chance to look at? This is a multipage document that we're gonna to dive into, I believe at our next meeting, and as you'll see as we scroll through it, or just starting here, what you see across in the columns is the priorities that were calling out in the 21st Century Cures Act that we have been tasked to focus on, and then looking for the priority uses that address those priorities. It's a little confusing because we use the word priority both for the priorities and the priority uses, but we just have to get used to that.

That first column, the uses arising from payment incentive programs, obviously there's a lot

in there and the ONC team has offered to bring us a summary so that we can all have the same understanding of what that includes. I think the rest of these, there's obviously lots that could be said about the priorities, but then, in these matrices, what you can see is this page suggests a number of priority uses, certainly not exhaustive. On the next page, it breaks it down into care settings where we might think about how each of those settings interacts with the priorities as stated in Cures. The next page looks at it from the perspective of the purpose of the interoperability. And the final page looks at it again from a slightly different perspective, what they call interoperability uses.

This is really just meant to be a tool that we can use as we start to do our analysis of identifying and prioritizing the uses that address these priorities and that we will be drilling down into. Our hope is to utilize these documents in real-time as we discuss them and basically fill in the boxes, define where the uses interface with the priorities, and then spell out some of the detail. I believe this document was distributed. Our hope is that, as part of our homework, you'll have a chance to think about, especially the rows in this document, what's missing, what could perhaps be clarified, if there are questions, and that, over the next couple of meetings, we'll be drilling down into that more deeply.

Valerie Grey – New York eHealth Collaborative - ISP Task Force Member

Hi, this is Val.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

I'm sorry. Val, if you can just hold on that comment for one second, we're just gonna pause and go to public comments, and then, if we don't have public comments or there's still time, we can come back for a discussion until 3:00. Operator, at this time, can you please open up the public line for comment?

Operator:

If you would like to make a public comment, please press star-one on your telephone keypad. A confirmation tone will indicate your line is the comment queue. You may press start-two if you would like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star key.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Thank you, and just one final check for attendance, do we have either Les Lenert or Scott Weingarten on the call? Okay. And, operator, do we have any public comments in the

queue?

Operator

There are no public comments at this time.

Lauren Richie – Office of the National Coordinator for Health Information Technology - Designated Federal Officer

Okay. Steven, I will hand it back to you, and I believe that was Valerie with a comment.

Steven Lane – Sutter Health – Co-Chair

And, actually, David did raise his hand. I think we're gonna try to be fastidious with the use of the hand raising function. No offense, Val, but let's let David go first and raise your hand, and then we'll call on you.

Valerie Grey – New York eHealth Collaborative - ISP Task Force Member

Yeah, I can't raise my hand because I'm just on this mobile device.

Steven Lane – Sutter Health – Co-Chair

My bad. Okay, then you go right ahead.

Valerie Grey – New York eHealth Collaborative - ISP Task Force Member

No worries. I have what hopefully is just a really quick, basic question. When we were talking about the priority uses as outlined in Section 3003, in the first category, the sort of value-based care category, which seems to be focused on a lot of the federal program, MIPS, APMs, all of that, would that category also include any major state value-based payment programs like DSRIP or other things? Because I see this other clause that says the secretary can designate other DVP programs, so I was just curious how we should think about it. I'm not sure there's a big difference. I would think a state program as well as a federal program would have similar needs, but I just wanted to ask the question.

Ken Kawamoto – University of Utah - Co-Chair

This is Ken. I guess my assumption is that would just fall under general quality of care, as well. I think it can certainly be in scope.

Valerie Grey – New York eHealth Collaborative - ISP Task Force Member

Got you. Okay, thank you.

Ken Kawamoto – University of Utah - Co-Chair

I would ask one of the ONC folks to comment because I think we need to keep in mind that our task force does arise from federal legislation, which has a specific charge, and I believe that the charge was either meant to or specific to federal value-based care programs. I think, before we assume that we can go there, I'd invite the ONC staff to comment.

Farrah Darbouze

Hi, this is Farrah. I personally think that it's specifically, like you mentioned, from federal legislation and specifically calls out various federal programs, but I can double check with the appropriate folks here at ONC to verify, and I will have an answer for the task force after this meeting.

Steven Lane – Sutter Health – Co-Chair

Okay, David, your hand is up.

David McCallie – Cerner - ISP Task Force Member

Yeah, my question is similar, but I'm more focused on the rows of the matrices than the columns. I can understand the columns come straight out of the Cures language, but it looks like the rows don't, and I was wondering, are we bound to this particular set of rows or could there be things added, or some of these may be split apart, teased apart into more granular detail? Some of them are really super broad and some of them are really narrow. I understand, the columns, you probably can't change because that's the legislation, but what about the rows?

Steven Lane – Sutter Health – Co-Chair

Yeah, that's sort of what I was trying to get at. I very much would like all of the members of the task force to look at the rows and to think about them and put them under your pillow at night, and really consider how we can refine that. My understanding is that this was kind of a first stab that the ONC staff took just trying to think about, what are the perspectives that we might use thinking that each of the pages provides a slightly different perspective. Certainly, there might be something that could show up in any of the perspectives, but I would very

much hope that, between now and the next meeting, you think about the rows, think about, as you say, should some of these be split apart? Are there big categories that are missing? I think that's really gonna be part of our initial storming process that we'll go through over the next couple of meetings.

Farrah Darbouze

Hi, this is Farrah. Also, one thing that I don't think has been mentioned in terms of the matrix document, while the legislation does provide all of those columns, it is up to the task force to decide which are of highest priority. If you find that certain columns are higher priority than others and decide to only concentrate within that, that is acceptable.

Ken Kawamoto – University of Utah - Co-Chair

This is Ken. I think it would be useful to think of this as – use this as a tool for us to get an ultimate objective of, what are the priorities and how can we get there? I guess it might be useful to think of it that way, not that we have, like Farrah said, to fill out the box.

Steven Lane – Sutter Health – Co-Chair

We are at time and we are going to be fastidious about keeping to our time, and I want to really thank everyone for your participation. This is the beginning of a journey that we will go on together and I'm really looking forward to it. Farrah, can you clarify, our next meeting is on July 31st, correct?

Farrah Darbouze

Yes, it is July 31st from 10:00 until 11:30.

Steven Lane – Sutter Health – Co-Chair

And we've given ourselves 90 minutes, so we can dive deep.

Farrah Darbouze

Exactly, and in the future, generally, our meetings are going to be the second and fourth Tuesday of the month.

Steven Lane – Sutter Health – Co-Chair

Any closing comments from the membership? Hearing none, we'll finish 24 seconds early, and I think you all, look forward to the next meeting.

Ken Kawamoto – University of Utah - Co-Chair

Okay, thanks, everyone. Have a great weekend.