

April 28, 2010

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

The HIT Standards Committee (Committee) gave the following broad charge to the Clinical Operations' Vocabulary Task Force (Task Force):

Broad Charge for the Vocabulary Task Force:

The Task Force was charged with soliciting public feedback and making recommendations as to the role of the federal government in identifying, developing and maintenance of clinical vocabularies, value sets and associated code sets.

The Task Force conducted a series of public hearings regarding governance of controlled vocabularies required for Meaningful Use and related matters, then reported and discussed its findings with the Committee.

This letter provides recommendations to the Department of Health and Human Services (HHS) on standards for governance, funding and infrastructure of controlled vocabularies, value sets and vocabulary subsets to be used primarily to further interoperability between providers and the systems they deploy as defined by the various stages of Meaningful Use Objectives.

Background and Discussion

Through considerable public feedback, the Vocabulary Task Force asserted the importance of the federal government's role as a single central authority to govern an open process, ensure ongoing maintenance of vocabularies, binding values to context, and making the process easy for implementers. The Task Force submitted recommendations to the Clinical Operations Workgroup of the HIT Standards Committee for review and refinement, and subsequently, on April 28, 2010, to the HIT Standards Committee for approval. The Committee respectfully submits the following recommendations to you.

Recommendations

Subject Area: Life Cycle Management of Vocabularies, Value Sets and Code Sets.

***Recommendation 1.0:** That a single federal office or agency should be responsible for ensuring the creation, maintenance, dissemination and accessibility of all controlled vocabularies, vocabulary value sets and subsets (sets) related to Meaningful Use.*

Discussion/Rationale

The Committee recommends:

- This entity should be responsible for key vocabulary, value set and subset deployment processes and activities through coordination with other federal agencies, standards development organizations (SDOs), and relevant stakeholders.
- Processes and activities should include identifying what vocabularies, value and code sets are needed, who will be responsible for producing and maintaining each set, how often updates will be made available, and establishing standard formats for production and dissemination of vocabularies.
- In addition, this entity should manage the processes for review, testing, and approval and publication of sets, and ensure the existence of a robust authoritative infrastructure per Recommendation #2.
- The entity should ensure funding as needed to establish, support and maintain these activities, and to make Meaningful Use vocabularies, value sets and subsets available to users of EHR technology for US-wide use at no cost.

Subject Area: Establishing an Authoritative Vocabulary Infrastructure.

***Recommendation 2.0:** Establish an authoritative infrastructure for development, maintenance and dissemination of standard value sets and subsets related to Meaningful Use.*

Discussion/Rationale

The Committee recommends:

- To ensure accuracy and accessibility of value sets and subsets, the Committee recommends establishing, in the federal government, a central repository equipped with download and feedback capabilities for dissemination of Meaningful Use vocabularies and sets.

- Based on the unanimity of requests of implementers and end users of EHR technology for “one-stop shopping” for vocabularies for Meaningful Use, this request should form an overriding priority in establishing such infrastructure.
- The infrastructure should exhibit and accordingly differentiate between tightly controlled vocabularies and value sets required for Meaningful Use, such as in regulation, certification or testing, and those subsets that may be more loosely controlled, shared and made available for EHR implementer convenience.
- Federally standardized exchange formats should enable decentralized private or public sector repositories for dissemination of sets that may include alternative distribution mechanisms and schedules.
- Finally, we recommend the establishment of open, public, consensus based processes to standardize parameters of public and private sector tools that can make vocabularies searchable and discoverable by end users of EHR technology.

We appreciate the opportunity to provide these recommendations, and look forward to discussing next steps.

Sincerely yours,

/s/

Jamie Ferguson

Chair, Clinical Operations Workgroup

Sincerely yours,

/s/

John Halamka

Co-Chair, Clinical Operations Workgroup