

DISCUSSION DRAFT: Proposed Hearings on Vocabulary Infrastructure Requirements

Proposed Panels:

Wednesday 1 Sept. 2010

- A) Morning: Measure Developers / Value Set Creators
- B) Afternoon: End Users / Clinicians / Hospitals / Other EHR Implementers (Health Information Exchanges Organizations?)

Thursday 2 Sept 2010

- C) Morning: EHR Vendors and Developers (HIE Vendors/Developers?) Terminology Services Vendors / Developers / Implementers

Proposed Questions for Panelists:

Introduction

The Vocabulary Task Force of HITSC Clinical Operations Workgroup plans to conduct public hearings September 1 and 2, 2010 that will follow the previous hearing of March 23rd 2010. That earlier hearing focused on general questions about national governance of terminologies, value sets and subsets, related to Meaningful Use. A theme in those presentations and discussions, especially with the implementers and users of EHR technology, was a desire for “one-stop shopping” and this was reflected in the subsequent recommendations of HITSC. In the next hearings we wish to understand from your perspective what would constitute the right set of requirements for infrastructure on the path to a future state within the framework of those recommendations (see attached recommendations).

Overall questions

1. What should be the stated requirements for a centralized infrastructure to implement one-stop shopping?”
2. Which requirements are urgent? Which are most useful immediately? What would be a staged approach over time to get to this end state?

Detailed Questions

3. (A, B, C, D) Where are you using value sets and subsets? What domains? How many value sets and subsets?
4. (A, B, C, D) What is your experience, what works and what does not work?
5. (B) What human resources does it take to implement and manage? Informaticists? Clinicians? IT people? How are you organized?

Detailed Questions, continued

6. (A, B, C, D) Where can national resources be leveraged? What is the irreducible minimum of local work at the implementation site?
7. (A, B, C, D) What is your maintenance process? How do you manage updates?
8. (A, B, C, D) What metadata do you maintain and how do you maintain versioning?
9. (B, C) Is there a difference between versioning for clinical documentation vs. versioning for reported measures, i.e., when do you go live with a change in the EHR vs. when do you use the new version for measures?
10. (B, C) How do you manage versioning in clinical decision support vs. changes in value sets?
11. (B, C) How does an application know which value set is for which purpose? How is the specific context for a value set maintained at the message data element level of specificity? How is the English language intent of the value set context documented and maintained?
12. (A, B, C, D) What are lessons learned about web links vs. storage of the vocabulary or other artifact in a physical repository?
13. (C, D) How do you manage distribution of updates to multiple sites?
14. (C, D) How do you manage distribution of updates with local variations and optionality? Unique subsets? Local mappings?
15. (B, C, D) What has to be local in an EHR implementation vs. what can be external in a vocabulary repository?
16. (D) What functions are required that users have not yet appreciated.