



The Summer of Standards

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Office of Standards and Interoperability
ONC
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The Office of the National Coordinator for
Health Information Technology



Membership

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- Stan Huff, Lead Intermountain
 - John Halamka Harvard Medical School
 - Dixie Baker SAIC
 - Steve Ondra OSTP/White House
 - Wes Rishel Gartner
 - Carl Gunter University of Illinois
 - Steve Stack AMA



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- Marc Overhage, Lead Siemens
 - Judy Murphy Aurora
 - David McCallie Cerner
 - Nancy Orvis DoD
 - Cris Ross Surescripts
 - Walter Suarez Kaiser Permanente
 - Shaun Grannis Regenstrief
 - Lisa Gallagher HIMSS
 - Jonathan Perlin HCA



E-Prescribing of Discharge Meds Power Team

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- Jamie Ferguson, Lead Kaiser Permanente
 - Kevin Hutchinson
 - Liz Johnson Tenet
 - Don Bechtel Siemens
 - Scott Robertson Kaiser Permanente
 - David Yakimischak Surescripts
 - Ken Gebhart NIST
 - Jon Perlin HCA
 - John Halamka Harvard Medical School



Surveillance Implementation Guide

Power Team

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- Chris Chute, Lead
 - Seth Foldy
 - Sharon Terry
 - Walter Suarez
 - John Derr
 - Ken Mandel
 - Jon Perlin
 - John Halamka
 - Martin LaVenture
 - Anna Orlova
 - Rita Altamore
 - Taha Kass-Hout
 - Warren Williams
 - Art Davidson
 - Bill Brand
 - David Ross
 - Kathleen Gallagher
 - Priya Rajamani
 - Sanjeev Tandon
- Mayo
 - Centers for Disease Control & Prevention
 - Genetic Alliance
 - Kaiser Permanente
 - Golden Living
 - Harvard Medical School
 - HCA
 - Harvard Medical School
 - Minnesota Public Health
 - Public Health Data Standards Consortium
 - State of Washington, Dept of Health
 - CDC
 - CDC
 - Denver Public Health
 - PHII
 - Minnesota Public Health



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- Dixie Baker, Lead SAIC
 - Tim Cromwell VA
 - John Fiekema Ability
 - Kevin Hutchinson
 - Wes Rishel Gartner
 - Cris Ross Surescripts
 - Ken Tarkoff Relay health
 - David McCallie Cerner
 - Ollie Gray TATRC
 - Avinash Shanbhag ONC
 - Jonathan Perlin HCA
 - John Halamka Harvard Medical School

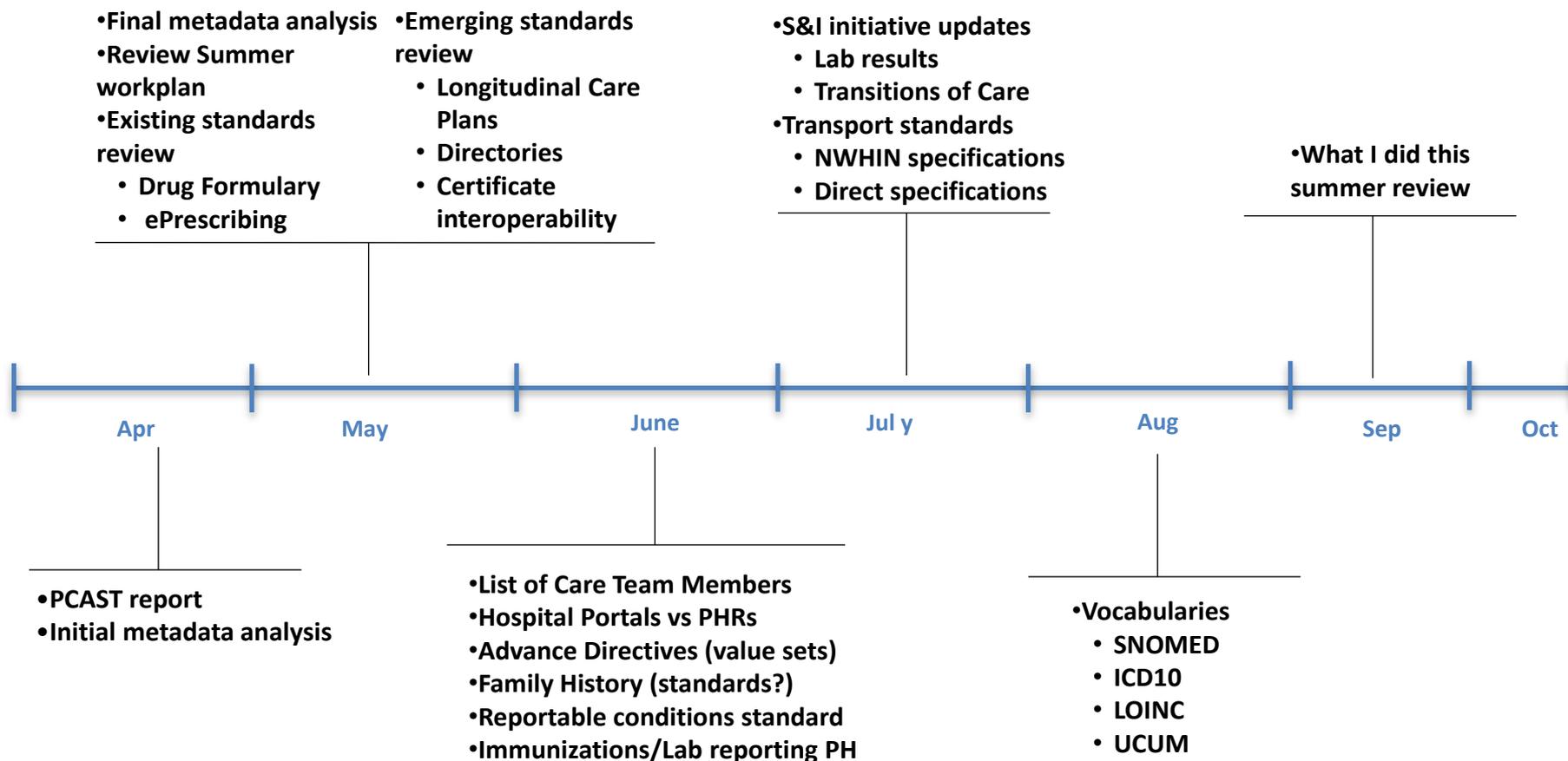


- Analyze standards implications of HITPC recommendations
 - Prepare for Meaningful Use Stage 2
 - Identify gaps in Standards
 - Triage Standards Work
- Tools at our disposal: Hearings, Federal Register, Wikis, working groups, S&I framework



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- Refresh/Reload
 - Recommend revisions to adopted certification criteria
 - Recommend new/updated standards/implementation specifications to associate with adopted certification criteria
 - Analyze MU WG draft recommendations
 - Identify and draft new certification criteria
 - Associate standards/implementation specifications, where available

Suggested Timeline for HITSC to review Standards



- 6 Summer Camp Power teams
 - 39 public meetings and hearings over 20 weeks
 - Approximately 1 meeting every 3.6 days
 - ANPRM from metadata team
- 6 S&I project activities
 - Certificate Interoperability
 - ToC (balloted DSTU in 6 months)
 - LRI (off-cycle ballot to be completed this fall)
 - Provider directories (3 subprojects)
 - Query health (launched last month)
 - Data segmentation (October launch)





Completed Work

April 2011 – August 2011

- Identified metadata elements and standards for the following categories:
 - Patient Identity
 - Provenance
 - Privacy
- Recommended HL7 CDA R2 header elements (with modifications)
- ANPRM published August 9, 2011
- Currently reviewing public comments



- Overarching Assumptions
 - Specificity – at least 99.9%
 - Sensitivity – at least 95%
 - Need to align the patient attributes for matching



Surveillance Implementation Guide

Power Team

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- Convergence on the HL7 2.5.1 standard across lab reporting, immunization reporting, and syndromic surveillance
 - Electronic Lab Reporting (ELR):
 - Recommend: *HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm)*.
 - Immunization Reporting Recommendations:
 - The current alternative standard HL7 2.3.1 should be deprecated.
 - The corresponding Implementation Specification to be adopted for Meaningful Use Stage 2 should be the 2.5.1 Implementation Guide and Standard Code Sets specified in Stage 1 (unless updated versions of these are established in time for Stage 2 implementation).
 - Syndromic Surveillance Recommendations:
 - The current alternative standard HL7 2.3.1 should be deprecated
 - Recommend: *2.5.1 Implementation Guide for Hospital Syndromic Surveillance, currently under development*
 - Other Recommendations:
 - The HIT Standards Committee should carefully follow the maturation of CDA for public health reporting, and encourage its rapid evolution and evaluation.

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- Select a **base set of attributes** based on experience that support the sensitivity and specificity recommendations
 - Establish ways to **improve data quality**
 - Providers should **allow patients to verify** the patient attributes (printed summary or on-line access)
 - Enable providers to identify missing/unavailable data and approximate/questionable values at the time of entry as well as apply basic checks on the validity of patient attributes
 - **Patient queries**
 - patterns should follow the NwHIN patient query implementation guide and that the CDA R2 header formats should be used to represent patient attributes and metadata
 - **Patient results**
 - Patient Responses to patient queries should not return any patient attributes that were not included in the original query
 - The Office of the National Coordinator or other appropriate agencies should sponsor specific research and analysis to identify the most relevant and achievable metrics to return in response to a patient matching query

Modular Specification Project

NwHIN Direct Specifications

Applicability Statement for Secure Health Transport

XDR and XDM for Direct Messaging

NwHIN Exchange Specifications

Service Specs

Patient Discovery, Query for Documents, Retrieve Documents

Administrative Distribution

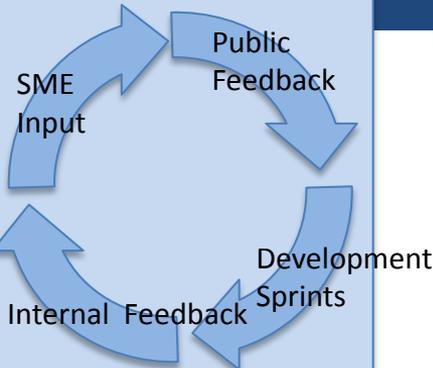
Document Submission

Foundational Specs

Authorization Framework

Messaging Platform

Mod Spec Process



Artifacts Produced:

- Specification
- Reference Implementation
- Product Neutral Test Cases

Modular Specification: Secure Transport

- Direct Based Secure Transport
 - SMTP and S/MIME
 - XDR and XDM Conversions

- Exchange Based Secure Transport
 - SOAP over HTTP

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- Biosurveillance Power team
 - NWHIN Power team
 - E-prescribing for discharge medications
 - Vocabulary WG
 - Implementation WG