



# The Summer of Standards

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HIT Standards Committee  
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# Membership

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- Stan Huff IHC
  - John Halamka BIDMC
  - 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, Siemens
  - Judy Murphy Aurora
  - David McCallie Cerner
  - Nancy Orvis DoD
  - Cris Ross Surescripts
  - Walter Suarez Kaiser
  - Shaun Grannis Regenstrief
  - Lisa Gallagher HIMSS
  - Jonathan Perlin HCA



- Jamie Ferguson      Kaiser
- Kevin Hutchinson
- Liz Johnson          Tenet
- Don Bechtel          Siemens
- Scott Robertson     Kaiser
- David Yakimischak   Surescripts
- Ken Gebhart          NIST
- Jon Perlin            HCA
- John Halamka        BIDMC



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- Chris Chute
  - Seth Foldy
  - Sharon Terry
  - Walter Suarez
  - John Derr
  - Ken Mandl
  - 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
  - CDC
  - Genetic Alliance
  - Kaiser
  - Golden Living
  - Harvard Medical School
  - HCA
  - BIDMC
  - Minnesota Public Health
  - Public Health Data Standards
  - State of Washington, Dept of Health
  - CDC
  - CDC
  - Denver Public Health
  - PHII
  - Minnesota Public Health



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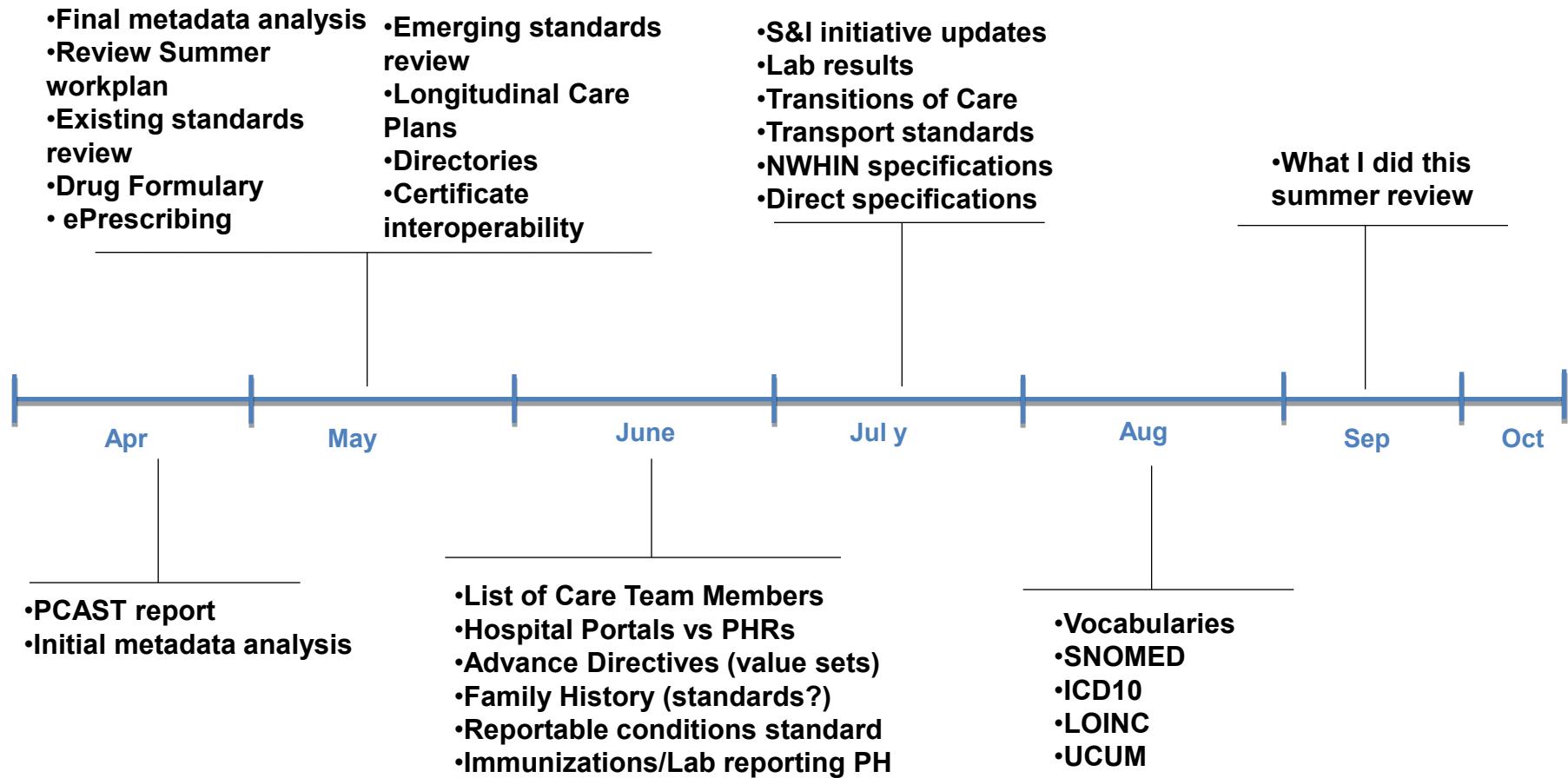
• Dixie Baker	SAIC
• Tim Cromwell	VA
• John Fiekema	Ability
• Kevin Hutchinson	
• Wes Rishel	Gartner
• Cris Ross	Surescripts
• Ken Tarkoff	Relay health
• David McCallie	Cerner
• Ollie Gray	TATRC



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- 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

# Timeline for Summer Camp



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- 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)
    - Lab (off-cycle ballot to be completed this fall)
    - Provider directories (3 subprojects)
    - Query health (September 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



# E-Prescribing of Discharge Meds

Putting the I in HealthIT  
[www.HealthIT.gov](http://www.HealthIT.gov)

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- HL7 2.2-2.51
  - Medicare Part D Compliant

# Surveillance Implementation Guide

## Power Team

- 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.

- The NwHIN Power Team was tasked to assist the ONC in defining the set of standards, services, and policies that comprise the Nationwide Health Information Network (NwHIN)
  - Evaluate the 10 specifications developed for the Exchange pilot and the 2 specifications developed for the Direct pilot with respect to their usability and scalability to support nationwide health information exchange (inputs provided by the NwHIN Exchange Coordinating Committee, NIST, ONC, invited testimony from VA and DOD Exchange implementers, and Power Team members)
  - Recommend specifications that could be integrated and deployed to support the secure transport and exchange of electronic health information at a national scale, and identify where further work may be needed
- **Evaluation factors**
  - Need for specified capability
  - Maturity of the specification
  - Maturity of the underlying technology used in the specification
  - Deployment and Operational Complexity
  - Industry adoption
  - Availability of alternatives

# NwHIN Power Team Conclusions & Recommendations

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1. Architecture is important – whatever standards are chosen must be deployable within an architectural framework and must support the exchange of structured and well as unstructured data.
  2. Neither the Exchange specifications nor the Direct specifications have been proven at large scale, in production environments, across a broad range of healthcare organizations.
  3. The Exchange specifications are highly complex, and designed to support a complex architecture that may not be appropriate for all healthcare organizations, and that may not scale to nationwide deployment.
  4. The Power Team encourages the ONC to consider opportunities to simplify Exchange specifications (specific examples were given)

# NwHIN Power Team Conclusions & Recommendations

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- 5. The standards that Direct uses (SMTP and S/MIME) are well understood, widely deployed, and highly scalable. The Direct specifications do introduce some new approaches that have yet to be fully developed and proven beyond the Direct Project itself, but generally the Power Team supports and encourages broader deployment and use of these specifications.
  - 6. Some areas were found to be underspecified, including exchange of large images, discovery and retrieval of data elements outside a document context, and more granular query (e.g., “most recent ECG”); these areas may be addressable by PCAST approaches.
  - 7. Industry is trending toward widespread use of the REST architectural style in designing networked systems; to provide consistency and security in RESTful implementations, a need exists for a specification for “secure RESTful transport for healthcare exchange.”

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- One vocabulary per domain of medicine
  - Significant use of SNOMED-CT and LOINC
  - Transition plan from current state to future state including all mappings

# Questions?

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