HIT Standards Committee Meeting Summary: September 15, 2009

The Health Information Technology (HIT) Standards Committee September 15 heard update presentations and adopted recommendations from the Committee’s Privacy and Security workgroup. Many of the issues raised by the three workgroups pointed toward the need for the recently-chartered fourth workgroup on implementation guidance. Recommendations adopted by the Standards Committee are intended to be considered by the ONC and the Centers for Medicare and Medicaid Services (CMS) in drafting regulations.

Below, please find a summary of highlights from the meeting. Materials from the meeting are posted at:

Clinical Quality Workgroup

The workgroup provided an update to the meaningful use measure grid, indicating that of the 29 recommended measures 17 can be retooled for EHRs, 10 other measures will assess EHR utilization, and 2 related to privacy and security. Retooling will begin September 21, 2009.

Much of the discussion was devoted to a graphic depiction of quality measure submission workflow and identified the need to collaborate with clinical operations to identify IT standards.

It was agreed there would be different models for how the quality measures were captured based on the intended uses. Such as collecting data in the EHR for patient care and in a data collection assistant for registry and other reporting. There was also discussion about how implementation guidance will be an important part of the success of quality data reporting.

Privacy and Security Workgroup

The workgroup presented reformatted recommendations regarding implementation guidance. The reformatted certification standards recommendations: include the incorporation of the technical requirements from the HIPAA security and privacy rule (plus ARRA) that comprise the baseline 2011 requirements; clarify where options are required jointly and where the implementer is given a choice; and include high-level certification criteria statements.

Notable changes from previously-adopted recommendations included:

- IHE ATNA Required for 2011
- Keberos/EU authentication allowed only in 2011

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• Choice among XDS suite, XDR, XCA and XDM for reliably exchanging electronic health records.
• Allow (SOAP + WS-Security) or REST for profiles that provide implementation guidance

The workgroup also identified and recommended implementation guidance documents that would be most likely to produce real interoperability between enterprises. These include:

• HITSP Tiger Team products
• HITSP use-case-based constructs
• IHE Profiles or profiles produced by other profiler-enforcer organizations
• Standards published by SDOs

Clinical Operations Workgroup

The workgroup had only minor revisions to its prior recommendations, including: clarifying the scope of recommendations for each standards as being scenarios described in implementation guidance; clarifying the local or proprietary codes in 2011 and 2012 excluding where specific codes and coding systems are required for quality reporting; clarifying use of legacy HL7 v2 implementation and unstructured documents for 2011-2012 to be specified; and clarifying the recommendation to use the most recent approved version of implementation guidance.

Next Steps

The committee has asked Aneesh Chopra to chair the new implementation workgroup that will take up many of the issues raised by the other workgroups. The members discussed the need to address gaps in standards and implementation guidance and raised the issue of complexity and barriers for implementers and how these might be resolved. Topics raised include:

• Currently transfer of data between government and non-government is fraught with barriers: can there be an interface? (A similar issue exists with data transfer between state and federal entities.)
• Recommended to use current standards available and function (if not perfect) before creating more standards – better utilization. Can these be packaged in a way that is useful?
• Asked how to differentiate requirements for data reporting to state or federal bodies and data for patient care.
• Federation is not being addressed for HIE.
• Need to prioritize.

Lee Jones, HITSP program manager, presented on identifying implementation specifications and gaps explaining that HITSP harmonizes standards by identifying and producing testable

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implementation guidance. He noted that as the degree of automated interoperability goes up, the
degree of implementation goes down as environment is constrained by architecture, transactional
rules, content encoding, data format, etc. Therefore, there need to be drivers to improve business
operations to encourage adoption of standards.

The group noted a need to pull information together and across standards developing
organizations to assist implementers and asked whether the standards committee could play a
role in creating a clearer path.

Written by Morgan Passiment, Director of Information Resources Outreach, AAMC. Morgan
may be reached at mpassiment@aamc.org or at 202-828-0476.