

HITSP

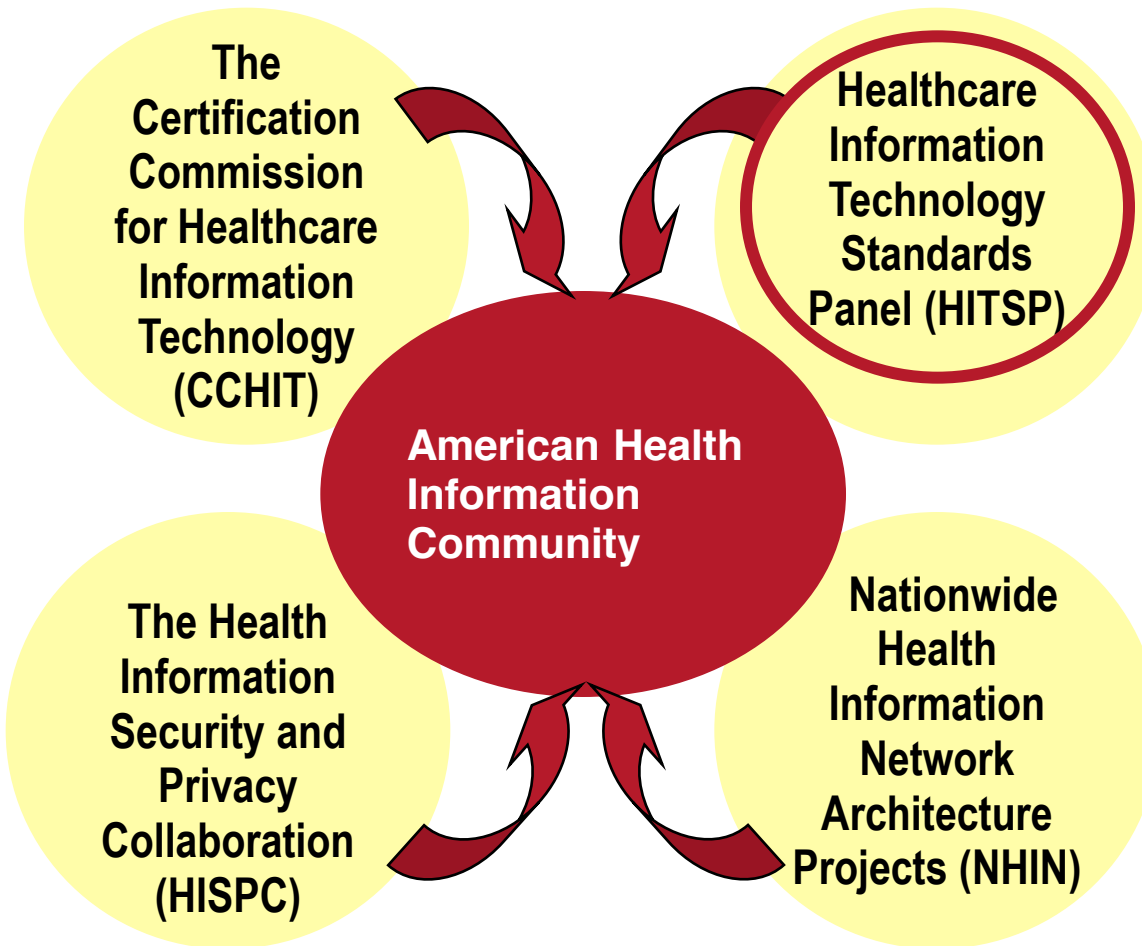
Healthcare Information Technology Standards Panel

Review of the Healthcare Information Technology Standards Panel (HITSP)

Accomplishments and Activities

TEPR Conference | May 19, 2008

A public-private “Community” was established to serve as the focal point for America’s health information concerns and drive opportunities for increasing interoperability



HITSP includes 398 member organizations and is administered by a Board of Directors

23 SDOs (6%)
313 Non-SDOs (79%)
34 Govt. bodies (8%)
16 Consumer groups (4%)
12 Project Teams (3%)

The Community is a federally-chartered commission and will provide input and recommendations to HHS on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way.



HITSP Standards Harmonization Process

Mission:

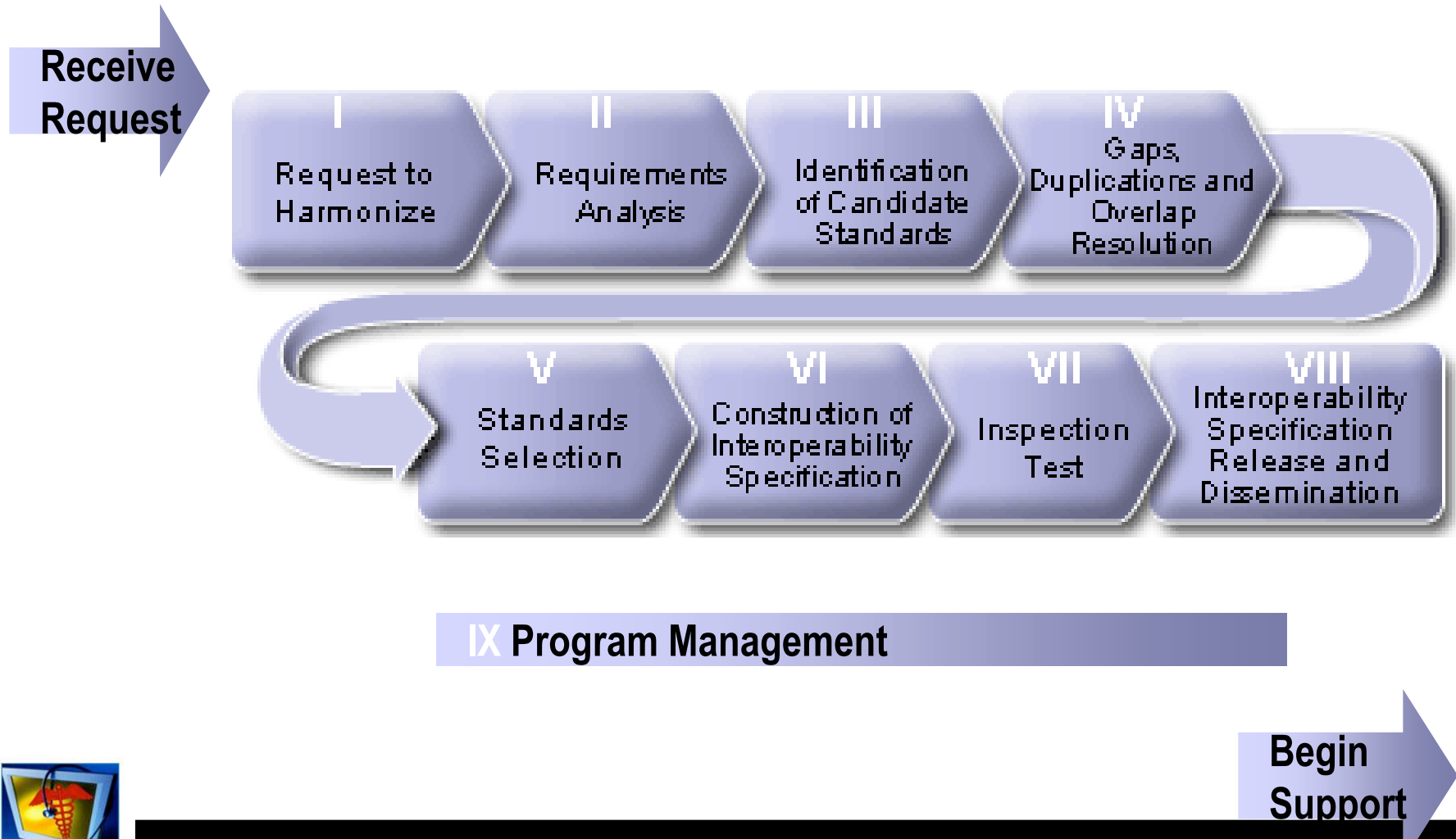
To integrate and harmonize standards to meet health care business needs and advance interoperability

The standards harmonization process is an open, inclusive, collaborative, use case driven process

- ❑ Identify a pool of standards for a Use Case
- ❑ Identify gaps and overlaps for a specific context
- ❑ Work with standards community to resolve gaps and overlaps
- ❑ Develop interoperability specifications that integrate standards to meet the use case requirements
- ❑ Test the Interoperability Specification



Harmonization Process Steps



Standards Readiness Criteria

- ❑ Suitability - standard is named at proper level of specificity and meets technical and business criteria of use case
- ❑ Compatibility - standard shares context, data exchange structures, content or data elements, security and processes with other HITSP harmonized standards or adopted frameworks as appropriate
- ❑ Preferred Standards Characteristics - Approved standards, widely used, readily available, technology neutral, supporting uniformity, demonstrating flexibility and international usage
- ❑ Standards Development Organization and Process - Meet selected criteria including balance, transparency, developer due process, stewardship and others.
- ❑ Total Costs and Ease of Implementation - Deferred to future work



Technical Committees Structure and Role

Perspective

- ❑ Translates business needs into an Interoperability Specification
- ❑ Selects lower-level HITSP constructs – existing and new
- ❑ Allocates requirements to selected constructs
- ❑ Defines how to integrate and constrain selected constructs
- ❑ Manages the overall execution plan and schedule with support of Domain Committees
- ❑ In short, Takes a “system integrator” role for interoperability perspectives

Domain

- ❑ Develops specifications for constructs
 - Supports multiple Interoperability Specifications
 - Enables reuse
- ❑ Manages the execution plan and specific schedule of new constructs aligned with the Interoperability Specifications
- ❑ Maintains all existing constructs assigned to their domain
- ❑ Requires: Participants with a deep understanding of a domain and standards that support that domain



Technical Committee Matrix

<u>Provider Perspective</u>	<u>Population Perspective</u>	<u>Consumer Perspective</u>
Care Management & Health Records <u>Domain Committee</u>		
Security, Privacy & Infrastructure <u>Domain Committee</u>		
Administrative & Financial <u>Domain Committee</u>		

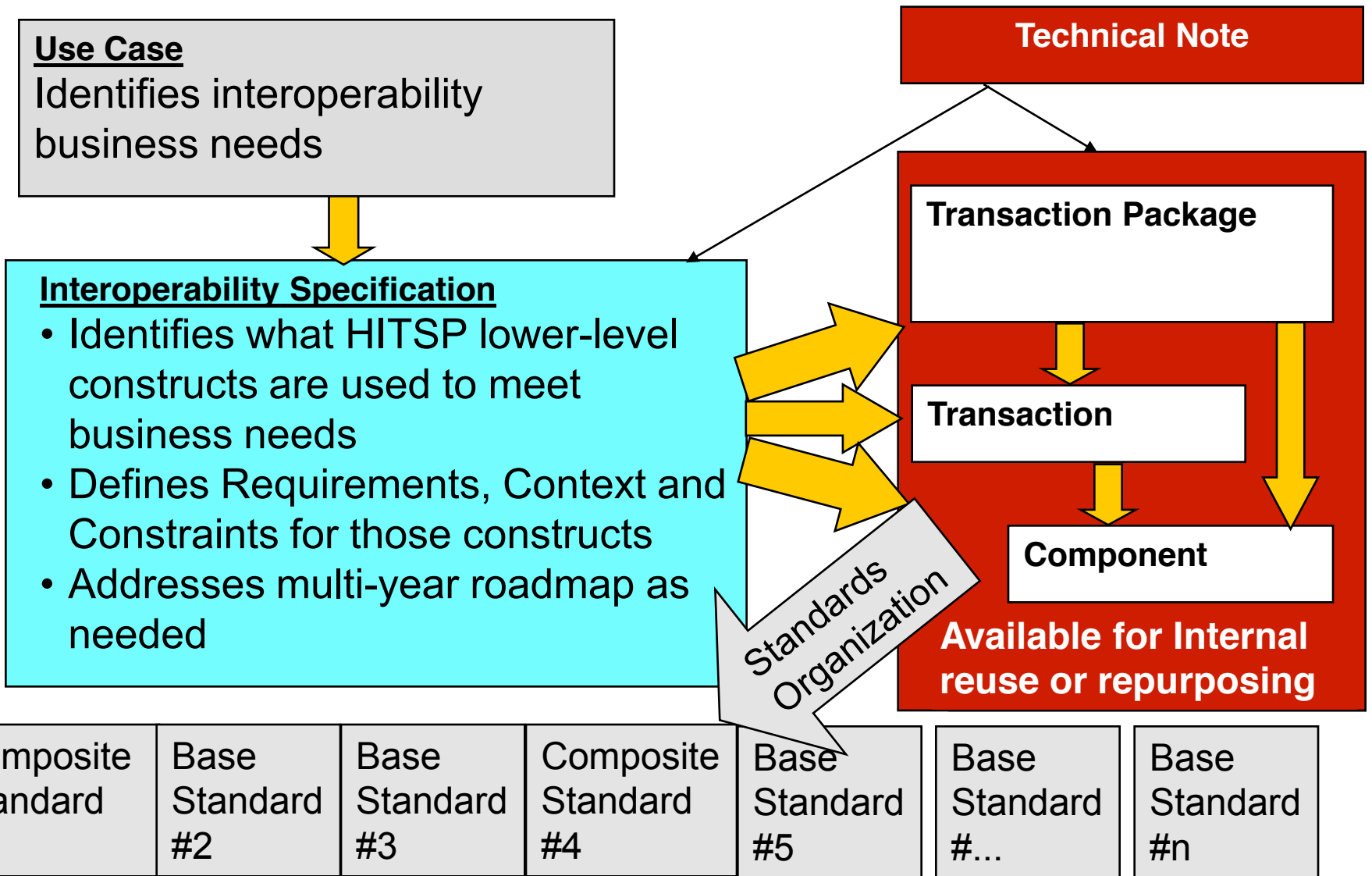


HITSP Interoperability Specification Overview

- ❑ Interoperability Specifications include a suite of documents (including Transactions, Transaction Packages, and Components) that define selected standards and provide implementation level guidance to satisfy the requirements imposed by a given Use Case
- ❑ It is important to understand that the selected standards are defined within the context of the specific Use Case requirements and do not necessarily reflect selection in other contexts
- ❑ As used by HITSP, the term “standard” refers, but is not limited to Specifications, Implementation Guides, Code Sets, Terminologies, and Integration Profiles

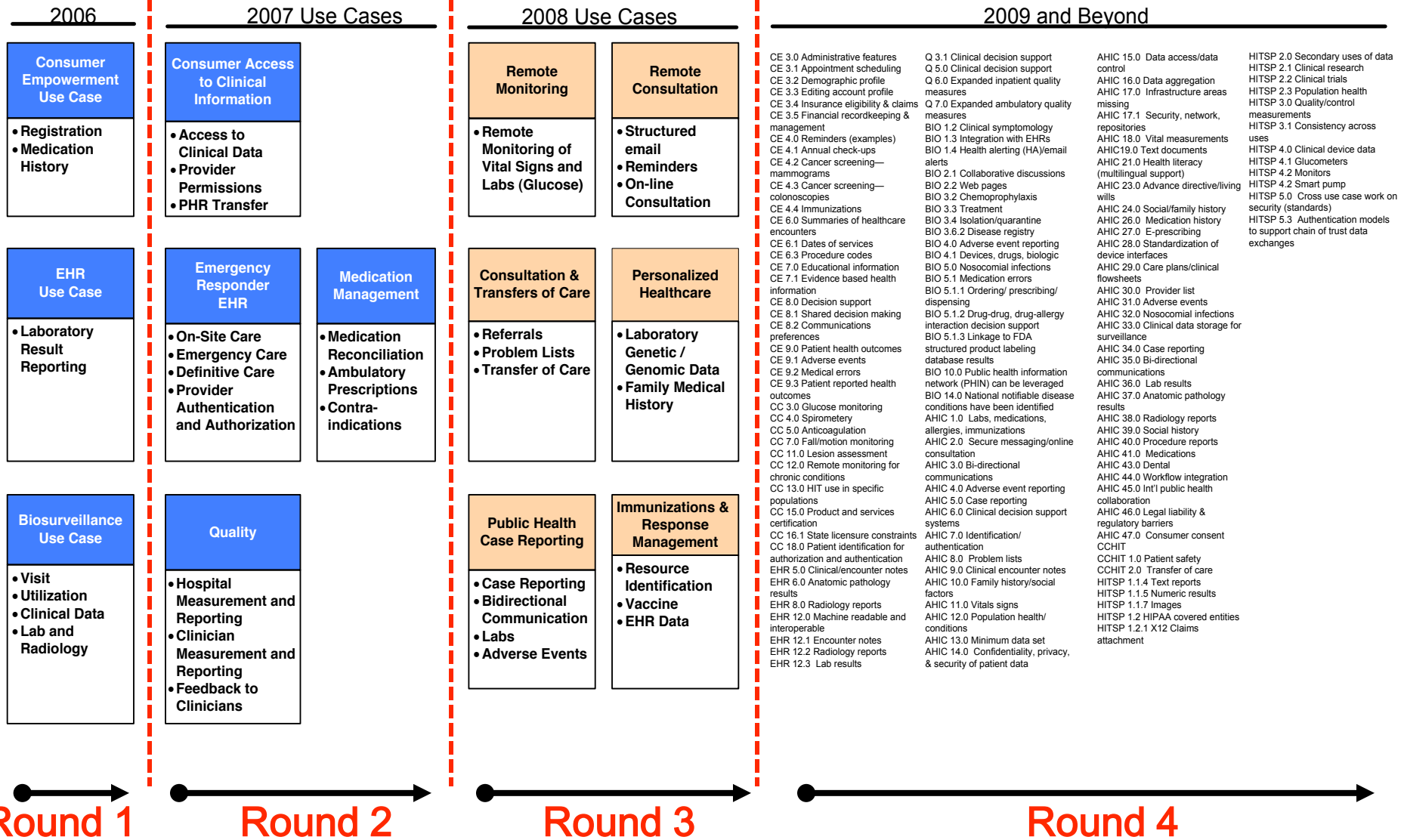


Harmonization Framework



AHIC Use Case Development “Rounds”

AHIC Priorities and Use Case Roadmap



Technical Committee Use Cases Rounds 1 & 2

□ Provider

- ***EHR - Lab Reporting*** -- Deploy standardized, widely available, secure solutions for accessing laboratory results and interpretations in a patient-centric manner for clinical care by
- ***Emergency Responder - EHR*** -- Covers the use of the ER-EHR from the perspective of on-site care providers and emergency care clinicians. Definitive care clinicians involved in the care and treatment of emergency incident victims, medical examiner/fatality managers investigating cause of death, and public health practitioners using information contained in the ER-EHR, are included because of their interactions with the other portions of this use case.
- ***Medication Management*** – Focuses on patient medication and allergies information exchange, and the sharing of that information between consumers, clinicians (in multiple sites and settings of care), pharmacists, and organizations that provide health insurance and pharmacy benefits.



Technical Committee Use Cases Rounds 1 & 2

□ Consumer

- **Consumer Empowerment** -- Deploy to targeted populations a pre-populated, consumer-directed and secure electronic registration summary. Deploy a widely available pre-populated medication history linked to the registration summary.
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- **Consumer Access to Clinical Data** – Includes three scenarios which describe highlights of the processes, roles and information exchanges which could enable a consumer's access to clinical information via a personal health record (PHR). The three scenarios are: Consumers receive and access clinical information; Consumers create provider lists and establish provider access permissions; and Consumers transfer PHR information.
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Technical Committee Use Cases Rounds 1 & 2

□ Population

– **Biosurveillance** -- Transmit essential ambulatory care and emergency department visit, utilization, and lab result data from electronically enabled health care delivery and public health systems in standardized and anonymized format to authorized public health agencies with less than one day lag time.

– **Quality** -- Depicts two scenarios related to quality measurement, feedback and reporting with respect to a patient's encounter with the healthcare delivery system: quality measurement of 1) hospital-based care and 2) care provided by clinicians.



Technical Committee Use Cases Round 2

□ Security, Privacy and Infrastructure

- ***Identification of Core Set of Constructs*** -- A core set of Privacy and Security constructs identified from all use cases; constructs reviewed and validated/modified upon receipt of new use cases
- ***Incorporation of Constructs into Other Technical Committee Documents*** – Privacy and security constructs are incorporated into the documents created by the other TCs to address interoperability in their respective use cases



Use Cases Year 3

- ***Consultations and Transfers of Care*** -- The exchange of information between clinicians, particularly between requesting clinicians and consulting clinicians, to support consultations such as specialty services and second opinions.
- ***Immunizations and Response Management*** – The ability to communicate a subset of relevant information about needs for medication and prophylaxis resources, about resource availability, about their administration and about the status of treated and immunized populations.
- ***Personalized Healthcare*** - The exchange of genomic/genetic test information, family health history and the use of analytical tools in the electronic health record (EHR) to support clinical decision-making.



Use Cases Year 3

- ***Public Health Case Reporting*** - Leveraging electronic clinical information to address population health data requirements.
- ***Patient-Provider Secure Messaging*** -- Patients consult with their healthcare clinicians remotely using common computer technologies readily available in home and other settings.
- ***Remote Monitoring*** – Focuses on the exchange of physiological and other measurements from remote monitoring devices in three candidate workflows: Measurement and Communication, Monitoring and Coordination, and Clinical Management.



Interoperability Specifications

Round #1 2006 Use Cases

- IS01 – Electronic Health Record Laboratory Results Reporting
- IS02 - Biosurveillance
- IS03 – Consumer Empowerment

Round #2 2007 Use Cases

- IS04 – Emergency Responder Electronic Health Record
- IS05 – Consumer Access to Clinical Information
- IS06 – Quality
- IS07 – Medication Management
- Security and Privacy Constructs (deferred from Round 1)

Round #3 2008 Use Cases

- Consultations and Transfer of Care
- Personalized Healthcare
- Immunizations and Response Management
- Public Health Case Reporting
- Remote Monitoring
- Patient Provider Secure Messaging



Interoperability Specifications

- ❑ Round #1
 - January 2008 Secretary recognized interoperability standards for 2006 use cases
 - Exceptions: Lab message and Resource Utilization message
- ❑ Round #2
 - January 2008 Secretary accepted interoperability standards for Security and Privacy and 2007 use cases
 - Exceptions: Medication Management Use Case and Reliable Document Interchange
- ❑ Round #3
 - HITSP is currently harmonizing interoperability standards for 2008 use cases (6)
 - Scheduled for acceptance in January 2009



Interoperability Standards - Upcoming AHIC

- ❑ Interoperability standards that will be advanced for acceptance (to be recognized in June 2009) include....
 - IS07 Medication Management
 - T31 Document Reliable Interchange

- ❑ Round #1 Interoperability Specifications have been updated with minor updates of a technical nature to reference the Security and Privacy standards
 - IS01 Electronic Health Record Lab Results Reporting Interoperability Specification (V3.0)
 - IS02 Biosurveillance Interoperability Specification (V3.0)
 - It is expected that these specifications will be recognized along with the Security and Privacy standards in January 2009



IS07 – Medication Management Interoperability Specification (v1.0)

- ❑ Defines specific standards to facilitate access to necessary medication and allergy information for consumers, clinicians, pharmacists, health insurance agencies, inpatient and ambulatory care, etc.
- ❑ Includes four new HITSP constructs
 - T40 Patient Generic Health Plan Eligibility Verification
 - T42 Medication Dispensing Status
 - TP43 Medication Orders
 - TP46 Medication Formulary and Benefits Information

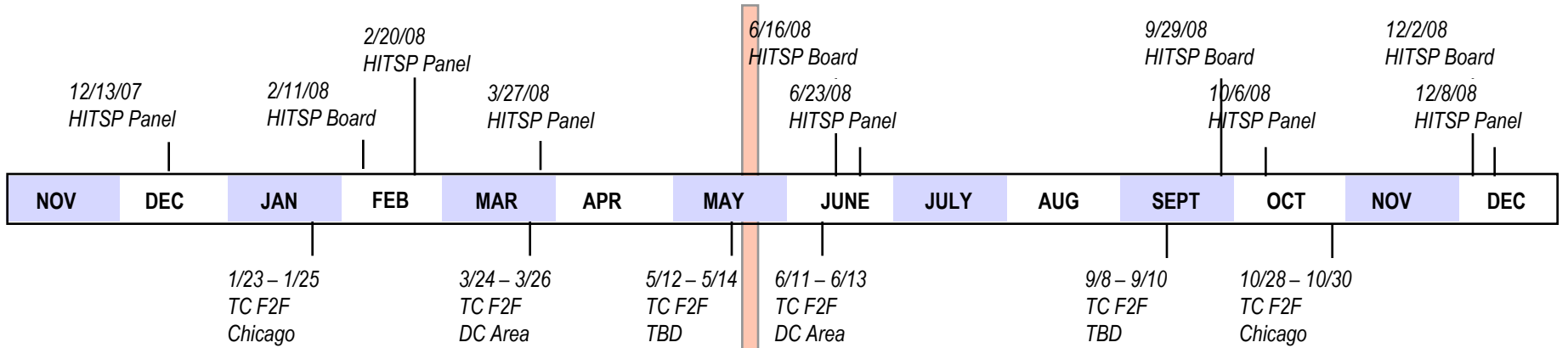


T31 Document Reliable Interchange (v1.0)

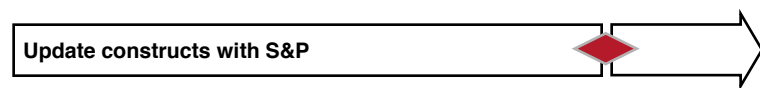
- ❑ Provides a standards-based mechanism for conveying a set of medical documents in a point-to-point network-based communication
 - May involve direct interchange between EHRs, PHRs, Quality Measurement Organizations, Public Health Authorities and other healthcare IT systems in the absence of a document sharing infrastructure such as that enabled by the Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework.
 - The content of the communication might be clinical documents, quality documents or public health documents.
- ❑ Uses the IHE *Cross-Enterprise Document Reliable Interchange (XDR)* Integration Profile, a companion to the IHE *Cross-Enterprise Document Sharing (XDS)* Integration Profile



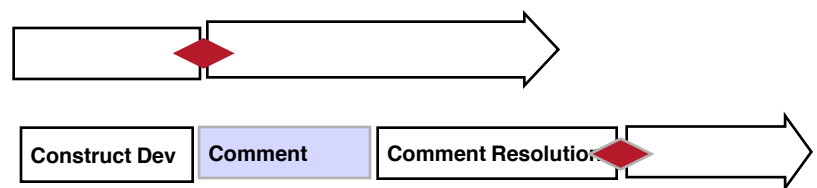
HITSP 2008 Plan



Phase I Use Cases



Phase 2 Use Cases



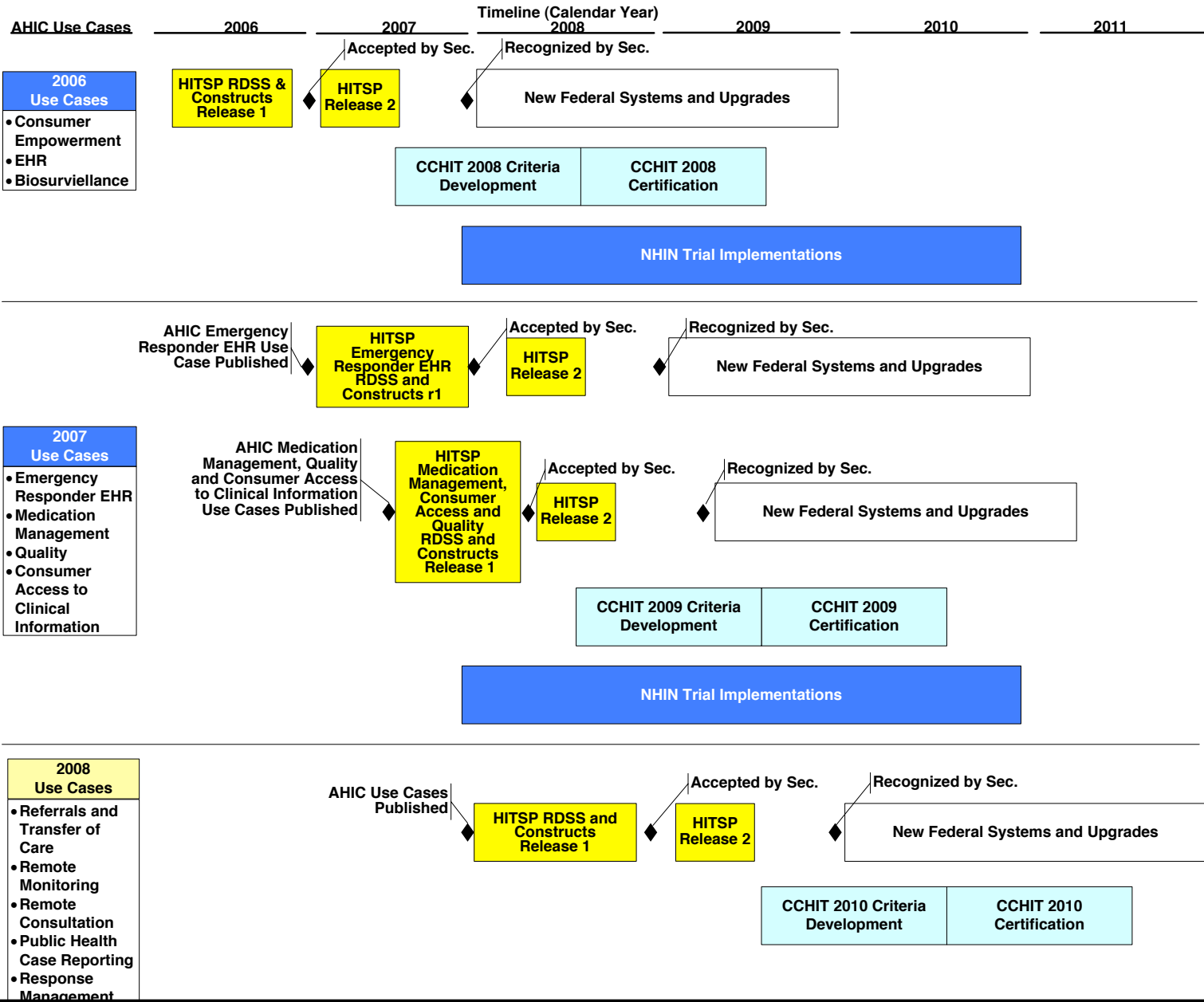
Phase 3 Use Cases



WE ARE HERE



Overall Timeline



Call for Participation

Care Management and Health Records Domain Technical Committee Subject Matter Experts

- Health Information Management Professionals
- Architects and Implementers of EHR Systems
- Experts in Clinical Vocabularies (e.g. LOINC, SNOMED, RxNORM)
- Architects and Implementers of Clinical Decision Support Systems
- HL7 CDA R2 knowledge and implementation experience



Call for Participation

Security, Privacy and Infrastructure Domain Technical Committee Subject Matter Experts

- ❑ Specialists in Electronic Data Interchange Standards, such as HL7 messaging, Web-Services, X12N, IHE
- ❑ Healthcare Security Administrators
- ❑ Technical Members of the Privacy Office
- ❑ Security Technology Architects, Designers, Implementers
- ❑ Database Application Architects, Designers, Implementers
- ❑ Health Information Network (HIE) Architects, Integrators
- ❑ Identity Credentials Management Experts



Call for Participation

Administrative and Financial Domain Technical Committee Subject Matter Experts

- Application Architects, Designers, Implementers
- Payer, Provider, and Vendor community
- Business Analysts with Administrative and Financial Systems experience
- System Analysts with Administrative and Financial Systems experience
- Application Architects, Designers, Implementers of Administrative and Financial systems and the HIPAA Transactions and Code Sets (NCPDP and X12)



HITSP Resources

- ❑ At the HITSP public website, www.hitsp.org, you can find
 - The ANSI Public Document Library, used for publicly posting completed works and related materials;
 - HITSP Interoperability Specifications (ISs) and Executive Summary;
 - Contact information for staff;
 - Information on all committees.

- ❑ For information regarding the HITSP Panel and Coordinating Committees, please contact:
 - Michelle Deane (ANSI) at: mmaasdeane@ansi.org

- ❑ For information regarding the HITSP Technical Committees, please contact
 - Jessica Kant (HIMSS) at: jkant@himss.org
 - Theresa Wisdom (HIMSS) at: twisdom@himss.org



Thank you for your time and attention!

- ❑ Lee Jones, Principal – GSI Health
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