February 23, 2008

Report to ANI at HIMSS

Re: HITSP Panel meeting Feb 20, 2008

Dear ANI Constituents,

The following report was created from slides that were presented by HITSP Board members and the Technical Committee Chairs at the face to face HITSP meeting held in Washington DC last week.

Page 2 provides details of HITSP accomplishments during the first 2 years (2006-2007). This includes a HITSP implementation test of use case constructs that have been created to date.

Page 3-6 provides results of the HITSP technical committee work.

Page 7-10 provides an overview of the HITSP plan for 2008 including a description of the new use cases that technical committees will be focused on developing.

Thank you for the opportunity to represent ANI on this important panel.

Respectfully submitted,

Gregory L. Alexander PhD, RN
ANI representative to HITSP

HITSP Accomplishments

2006 Use Cases --Round #1
–IS01 (v2.1) Electronic Health Record (EHR) Lab Results Reporting
–IS02 (v2.1) Biosurveillance
–IS03 (v2.1) Consumer Empowerment
Recognized by HHS Secretary –January 2008
Exceptions: Lab Result Message (C36) and Resource Utilization Message (C47);
plan to recognize in June 2008

TN900 (v1.1) –Security and Privacy Technical Note

2007 Use Cases –Round 2
–IS04 (v1.1) -Emergency Responder Electronic Health Record
–IS03 (v3.0) -Consumer Empowerment and Access to Clinical Information via Networks
–IS05 (v1.0) -Consumer Empowerment and Access to Clinical Information via Media
–IS06 (v1.0) -Quality
Accepted by HHS Secretary –January 2008
IS07 (v1.0) Medication Management expected to be completed and approved by the Panel on
March 27, 2008

HITSP Implementation Testing
HITSP conducted implementation testing on many of the HITSP constructs as part of the January 2008 IHE
Connectathon
–30 vendors tested HITSP-related items
–14 companies tested CDA-based docs
Results still being verified; Follow-up surveys and facilitated sessions will be administered to gain
additional feedback
Demonstrations at the HIMSS Interoperability Showcase next week

Technical Committees Use Cases Years 1 & 2 Results

▸ **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 authorized parties.

– *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.

▶ 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.

- *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.

‣ 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.

▶ 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

HITSP 2008 Plan
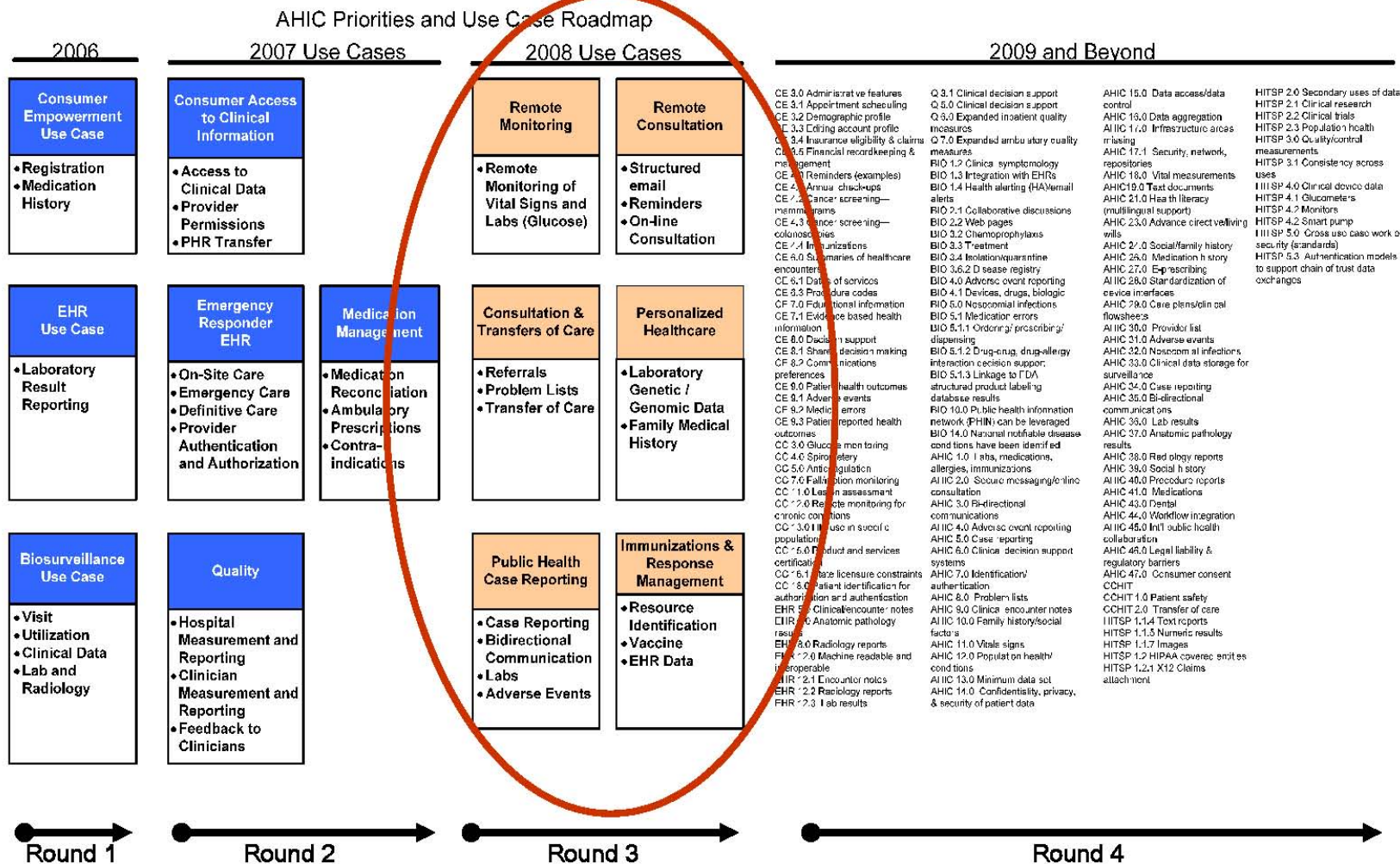
March 2008 Publication

–Medication Management v1.0

–Versions 3.0 of IS01 and IS02 –Updates to reference security and privacy constructs

2008 Use Cases --Round #3

–Patient Provider Secure Messenger

–Personalized Healthcare

–Public Health Case Reporting

–Immunization and Response Management

–Remote Monitoring

–Consultations and Transfers of Care

Use Case Development Process Overview

AHIC Priorities and Use Case Roadmap

2006	2007 Use Cases	2008 Use Cases	2009 and Beyond

Consumer Empowerment Use Case
- Registration
- Medication History

EHR Use Case
- Laboratory Result Reporting

Biosurveillance Use Case
- Visit
- Utilization
- Clinical Data
- Lab and Radiology

Consumer Access to Clinical Information
- Access to Clinical Data
- Provider Permissions
- PHR Transfer

Emergency Responder EHR
- On-Site Care
- Emergency Care
- Definitive Care
- Provider Authentication and Authorization

Quality
- Hospital Measurement and Reporting
- Clinician Measurement and Reporting
- Feedback to Clinicians

Medication Management
- Medication Reconciliation
- Ambulatory Prescriptions
- Contra-indications

Remote Monitoring
- Remote Monitoring of Vital Signs and Labs (Glucose)

Remote Consultation
- Structured email
- Reminders
- On-line Consultation

Consultation & Transfers of Care
- Referrals
- Problem Lists
- Transfer of Care

Personalized Healthcare
- Laboratory Genetic / Genomic Data
- Family Medical History

Public Health Case Reporting
- Case Reporting
- Bidirectional Communication
- Labs
- Adverse Events

Immunizations & Response Management
- Resource Identification
- Vaccine
- EHR Data

CE 3.0 Administrative features
CE 3.1 Appointment scheduling
CE 3.2 Demographic profile
CE 3.3 Editing account profile
CE 3.4 Insurance eligibility & claims
CE 3.5 Financial recordkeeping & management
CE 4.0 Reminders (examples)
CE 4.1 Annual check-ups
CE 4.2 Cancer screening—mammograms
CE 4.3 Cancer screening—colonoscopies
CE 7.4 Immunizations
CE 6.0 Summaries of healthcare encounters
CE 6.1 Dates of services
CE 6.3 Procedure codes
CE 7.0 Educational information
CE 7.1 Evidence based health information
CE 8.0 Decision support
CE 8.1 Shared decision making
CE 8.2 Communications preferences
CE 9.0 Patient health outcomes
CE 9.1 Adverse events
CE 9.2 Medical errors
CE 9.3 Patient reported health outcomes
CC 3.0 Glucose monitoring
CC 4.0 Spirometry
CC 5.0 Anticoagulation
CC 7.0 Fall/motion monitoring
CC 11.0 Lesion assessment
CC 12.0 Remote monitoring for chronic conditions
CC 13.0 IT use in specific populations
CC 15.0 Product and services certification
CC 16.1 State licensure constraints
CC 16.0 Patient identification for authorization and authentication
EHR 5.0 Clinical/encounter notes
EHR 6.0 Anatomic pathology results
EHR 8.0 Radiology reports
FHR 12.0 Machine readable and interoperable
EHR 12.1 Encounter notes
EHR 12.2 Radiology reports
FHR 12.3 Lab results

Q 3.1 Clinical decision support
Q 5.0 Clinical decision support
Q 6.0 Expanded inpatient quality measures
Q 7.0 Expanded ambulatory quality measures
BIO 1.2 Clinical symptomology
BIO 1.3 Integration with EHRs
BIO 1.4 Health alerting (HA)/email alerts
BIO 2.1 Collaborative discussions
BIO 2.2 Web pages
BIO 3.2 Chemoprophylaxis
BIO 3.3 Treatment
BIO 3.4 Isolation/quarantine
BIO 3.6.2 Disease registry
BIO 4.0 Adverse event reporting
BIO 4.1 Devices, drugs, biologic
BIO 5.0 Nosocomial infections
BIO 5.1 Medication errors
BIO 5.1.1 Ordering/ prescribing/ dispensing
BIO 5.1.2 Drug-drug, drug-allergy interaction decision support
BIO 5.1.3 Linkage to FDA structured product labeling database results
BIO 10.0 Public health information network (PHIN) can be leveraged
BIO 14.0 National notifiable disease conditions have been identified
AHIC 1.0 Labs, medications, allergies, immunizations
AHIC 2.0 Secure messaging/online consultation
AHIC 3.0 Bi-directional communications
AHIC 4.0 Adverse event reporting
AHIC 5.0 Case reporting
AHIC 6.0 Clinical decision support systems
AHIC 7.0 Identification/ authentication
AHIC 8.0 Problem lists
AHIC 9.0 Clinical encounter notes
AHIC 10.0 Family history/social factors
AHIC 11.0 Vitals signs
AHIC 12.0 Population health/ conditions
AHIC 13.0 Minimum data set
AHIC 14.0 Confidentiality, privacy, & security of patient data

AHIC 15.0 Data access/data control
AHIC 16.0 Data aggregation
AHIC 17.0 Infrastructure areas missing
AHIC 17.1 Security, network, repositories
AHIC 18.0 Vital measurements
AHIC19.0 Text documents
AHIC 21.0 Health literacy (multilingual support)
AHIC 23.0 Advance directive/living wills
AHIC 24.0 Social/family history
AHIC 26.0 Medication history
AHIC 27.0 E-prescribing
AHIC 28.0 Standardization of device interfaces
AHIC 29.0 Care plans/clinical flowsheets
AHIC 30.0 Provider list
AHIC 31.0 Adverse events
AHIC 32.0 Nosocomial infections
AHIC 33.0 Clinical data storage for surveillance
AHIC 34.0 Case reporting
AHIC 35.0 Bi-directional communications
AHIC 36.0 Lab results
AHIC 37.0 Anatomic pathology results
AHIC 38.0 Radiology reports
AHIC 39.0 Social history
AHIC 40.0 Procedure reports
AHIC 41.0 Medications
AHIC 43.0 Dental
AHIC 44.0 Workflow integration
AHIC 45.0 Int'l public health collaboration
AHIC 46.0 Legal liability & regulatory barriers
AHIC 47.0 Consumer consent
CCHIT
CCHIT 1.0 Patient safety
CCHIT 2.0 Transfer of care
HITSP 1.1.4 Text reports
HITSP 1.1.5 Numeric results
HITSP 1.1.7 Images
HITSP 1.2 HIPAA covered entities
HITSP 1.2.1 X12 Claims attachment

HITSP 2.0 Secondary uses of data
HITSP 2.1 Clinical research
HITSP 2.2 Clinical trials
HITSP 2.3 Population health
HITSP 3.0 Quality/control measurements
HITSP 3.1 Consistency across uses
HITSP 4.0 Clinical device data
HITSP 4.1 Glucometers
HITSP 4.2 Monitors
HITSP 4.2 Smart pump
HITSP 5.0 Cross use case work on security (standards)
HITSP 5.3 Authentication models to support chain of trust data exchanges

Round 1 → Round 2 → Round 3 → Round 4 →

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.

– *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.