EHRA
HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION

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November 9, 2020

Donald Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health IT
330 C St SW, Floor 7
Washington, DC 20201

Dear Dr. Rucker,

We appreciate this opportunity to provide input into the Interoperability Standards Advisory (ISA).

The EHR Association's nearly 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our core objectives focus on collaborative efforts to accelerate health information and technology adoption, advance information exchange between interoperable systems, and improve the quality and efficiency of care through the use of these important technologies.

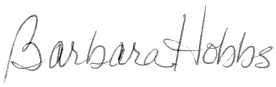
Since the introduction of the ISA the library has grown to be a more robust representation of current standards that support important interoperability use cases. Attached please find our detailed suggestions for the various sections to further reflect current guidance available for consideration.

Sincerely,

Hans J. Buitendijk
Chair, EHR Association
Cerner Corporation

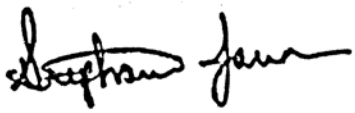
David J. Bucciferro
Vice Chair, EHR Association
Foothold Technology

HIMSS EHR Association Executive Committee



Barbara Hobbs
MEDITECH, Inc.

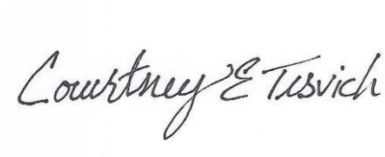
Cherie Holmes-Henry
NextGen Healthcare



Stephanie Jamison
Greenway Health

Rick Reeves, RPh
CPSI

Alya Sulaiman, JD
Epic



Courtney E. Tesvich, RN
Nextech

About the HIMSS EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of nearly 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS.

For more information, visit www.ehra.org.

Electronic Health Record Association
Comments on the 2020 Interoperability Standards Advisory

General Feedback

Navigation

We appreciate the many updates that have been made to organize content and improve navigation. We recommend adding forward/backward page buttons to the top of each page, in addition to their current location after the page content. This would avoid excessive scrolling when pages are long.

Adoption Level

We believe information on adoption levels could be valuable, but not as they are currently documented. We recommend clarifying the reason a standard was assigned a particular adoption level with a narrative explanation that summarizes the feedback informing the reported adoption level for that standard. In the absence of that clarification, it is difficult to assess the reliability of the adoption level informative characteristic, limiting its value to users of the ISA.

ONC Standards

USCDI

We note that the USCDI PDF document[1] on the ONC website contains more detailed information about applicable code sets and standards for data classes and elements than the webpage version. We recommend aligning details across the pdf version and the ISA webpages dedicated to USCDI.

Vocabulary

Clinical Notes

We suggest the Argonaut Clinical Notes IG and HL7 FHIR US Core references be moved from the current Vocabulary section into the Content/Structure section.

Laboratory

The references to LOINC and SNOMED remain confusing for the Laboratory Tests and Laboratory Values/Results. We note that LOINC is used to represent Laboratory Test codes, while SNOMED and LOINC are both used to represent Laboratory Observation Values (i.e. Results). However, the terminology of "standard for observations" that is used in both sections seems to imply that it focuses on the test, while the type of "standard for observation values" seems to imply results. Considering that, we recommend:

- On the Representing Laboratory Tests page, the second row be removed

[1] https://www.healthit.gov/isa/sites/isa/files/inline-files/USCDI-v1-2019.pdf

- On the Representing Laboratory Values/Results page, both rows use "standard for observation values" so the two rows are then clearly referencing both SNOMED and LOINC

Also, we note that for laboratory orders, the order can be accompanied with answers to Ask at Order Entry questions that are necessary to perform and report on the test. We recommend that the questions, akin to "observations," be encoded where possible using LOINC codes.[2] We suggest that this standard be included with a maturity of "final and production," and with a low adoption level, noting that recent electronic laboratory reporting requirements for COVID-19 have seen wider adoption to accommodate those requirements.

Nursing

Representing Outcomes for Nursing

We appreciate the inclusion of a reference to Standard Nursing Terminologies,[3] and suggest that outcome-related value sets from that document are specifically referenced in the Applicable Value Set(s) and Starter Set(s) column.

Provenance

We suggest that this section be moved to Content/Structure, as it references guidance on how to represent provenance, not just the vocabulary.

Tobacco Use

Representing Patient Electronic Cigarette Use (Vaping)

The EHR Association supports the inclusion of this interoperability need with the associated standards and value set.

Representing Patient Second Hand Tobacco Smoke Exposure

The EHR Association supports the inclusion of this interoperability need with the associated standards and value set.

Unique Device Identification

The EHR Association agrees with removing this topic from the vocabulary section.

Content/Structure

Admission, Discharge, Transfer

Sending a Notification of a Patient's Admission, Discharge and/or Transfer Status to Other Providers

Considering that the intent of the ISA is to promote the use of common standards, the EHR Association believes including references to foundational standards that provide overly flexible and optional methods to communicate data should be avoided. Therefore, we suggest removal of the reference to HL7 v2.5.1, particularly as the IHE PAM profile listed is based on HL7 v2.5, thus providing more consistency if implemented.

[2] https://search.loinc.org/searchLOINC/search.zul?query=aoeobservation%3Anotnull

[3] https://www.healthit.gov/sites/default/files/snt_final_05302017.pdf

Care Coordination for Referrals

Referral from Acute Care to Skilled Nursing Facility

It is unclear whether the interoperability need is solely focused on the referral process (finding a SNF), or includes the actual transfer as well. The interoperability needs vary as it relates to relevance of C-CDA document types. If the focus is on the referral aspect, we suggest inclusion of a reference to the Referral Note document type in C-CDA specifically. If it also includes the transfer, other document types such as Discharge Summary for key information from CCD for a more complete data set are also relevant and should be called out.

Clinical Decision Support

Shareable Clinical Decision Support

The EHR Association notes that Quality (QI Core) Release 4 is available.

Data Provenance

Establishing the Authenticity, Reliability, and Trustworthiness of Content Between Trading Partners

We suggest inclusion of the *HL7 Guidance: Basic Provenance for C-CDA and FHIR, Release 1 - US Realm*.[4] We also recommend that the Limitations and Dependencies section clarify that provenance is dependent on other interactions that carry provenance, even though there is not yet full guidance available as to what data is explicitly considered provenance data. For example, HL7 v2 and NCPDP transactions may be the source for data included in C-CDA documents, and FHIR resources may be the source further downstream. Provenance is meant to be able to go back to the original source of the data.

Services

"Push" Exchange

The EHR Association understands the purpose of this section to be focused on service and message standards used to convey the payload (Content/Structure), yet it includes various content standard references such as FHIR DSTU 2, FHIR R4, and NCPDP 2017071. References to RESTful standards are not in the standards table, but in the limitations. We suggest focusing on the actual service and message standards in use, and perhaps cross-reference n the Limitations and Dependencies table which content/structure standards can be used with what service or message standard. In its current presentation, the purpose of this section continues to be confusing.

We note that the reference in Push Patient-Generated Health Data into Integrated EHR does reflect a more consistent approach, by referencing HL7 FHIR RESTful API.

Consumer Access/Exchange of Health Information

View, Download, and Transmit Data from EHR

The EHR Association suggests replacing the reference to FHIR with a reference directly to the RESTful FHIR API as that is the intended reference, per the limitations section.

[4] http://www.hl7.org/implement/standards/product_brief.cfm?product_id=531

Additionally, the Argonaut Data Query is not a service or messaging implementation specification, but a content/structure specification that could be communicated in various ways as payload. The mixing of content/structure standards and services/exchange standards in this section continues to be confusing.

Image Exchange

Exchanging Imaging Documents Within a Specific Health Information Exchange Domain

The EHR Association suggests it would be appropriate to include IHE's PDQm and RESTful HL7 FHIR Document Reference-based API Specifications.

In line with our prior notes on the purpose for the Service/Exchange, we suggest that all content/structure standards are moved to the Content/Structure section.

Query

Data Element Based Query for Clinical Health Information

The EHR Association suggests that, in line with our prior notes on the purpose for the Service/Exchange, all content/structure standards be moved to that section. For example, Argonaut, and now US Core, are payload-focused implementation guides that should be referenced in the Content/Structure section.

Proposed Interoperability Needs

Admission, Discharge, and Transfer

The EHR Association suggests adding an interoperability need to address record location: "Sending a notification of a Patient's Encounter to a Record Locator Service." This would follow the same standards as Sending a Notification of a Patient's Admission, Discharge and/or Transfer Status to Other Providers, where FHIR is an emerging standard to support these notifications.

Appendices

No comments

Specialty Care Settings

The general outline of a subset is a good start. However, it is unclear what, specifically, within each of these categories is unique to that setting/specialty. For example, what care plan capabilities and associated standards are unique to pediatrics that one could "ignore" for non-pediatrics? Without that level of specificity, we are concerned that implementing the standards referenced in the interoperability needs may not yield needed support for the setting or specialty, although certain audiences will expect that it will.