

## **HIT Standards Committee Implementation Workgroup Meeting Summary:** **October 29, 2009**

The HIT Standards Committee's new Implementation Workgroup held a public hearing on Thursday, October 29, to hear testimony on "real world" implementation experiences.

Highlights of the meeting are as follows:

- All materials (agenda and written testimony) from the meeting may be found at [http://healthit.hhs.gov/portal/server.pt?open=512&objID=1271&&PageID=16498&mode=2&in\\_hi\\_userid=11113&cached=true](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1271&&PageID=16498&mode=2&in_hi_userid=11113&cached=true).
- The Workgroup announced a new online forum for participating in this discussion, at: <http://healthit.hhs.gov/blog/faca>. Aneesh Chopra encouraged the public to post comments there (particularly during the next two weeks), so that the Committee can take the comments into account prior to their next meeting on November 19.
- The goals of the testimony (and of the Workgroup, more generally) were to: (1) bring forward "real world" implementation experience into the HIT Standards Committee recommendations; and (2) identify strategies for accelerating adoption of proposed standards and mitigating barriers.

The following are key issues the various invited panels considered:

- Non-Healthcare Industries Panel:
  - Similarities in complexity between standards implementation in healthcare and in other industries like auto and insurance;
  - Importance of meeting people where they are in terms of standards capabilities – not pushing them to where they can't go;
  - Complexities around and costs of mapping;
  - The need to keep standards as simple and intelligible as possible;
  - Importance of simply starting and solving problems as they arise; and
  - The need to carve out specific, limited goals first and then extend.
- Providers Panel:
  - Importance of focusing on the basics first: patient demographics, medication lists, test results, and conditions;
  - Necessity of keeping the "little guys" in mind when adopting standards;
  - How to achieve semantic interoperability so that data like medicine lists can be aggregated;
  - Varying lengths of time required to implement standards;

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- Ability of physician to verify information before it is accepted into the medical record and importance of identifying the sources of all data in the record; and
  - The importance of changing culture to successful implementation.
- Vendors Panel:
    - What standards vendors currently use and why;
    - Importance of not attempting to solve all problems at once;
    - Problems with licensing issues around vocabularies;
    - Fewer concerns about administrative transactions and e-prescribing than about laboratory data exchange (semantic interoperability issues) and quality and immunization data reporting; and
    - The need to be definitive about what standards are required.
- Quality Measures Panel:
    - The need for standardization of data elements;
    - How to ensure data collection does not disrupt workflow processes;
    - The accessibility of data in the EHR – a desire to attempt to standardize where data is located (i.e. in structured fields vs. free text);
    - The necessity of proceeding slowly and cautiously;
    - How to bring information to the point of care to improve quality; and
    - The need for a single patient identifier to be able to link across systems, which is the future of quality measurement.

The next meeting of the full HIT Standards Committee will be held on November 19, 2009.

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