

Accomplishments of the NCVHS in FY 2012

As advisory committee to the Secretary of the Department of Health and Human Services, the NCVHS accomplishments in FY 2012 include:

1. In response to a request by the HHS Data Council, the Population Health Subcommittee prepared a letter that explores the capacity to establish minimum standards for collecting socioeconomic status (SES) in health surveys. The letter (June 2012) was based on information obtained from the March 8-9th hearing to assist the Department achieve greater uniformity and consistency throughout federal surveys. Findings and recommendations include the key components that are necessary for the measurement of SES in federal health surveys and consideration of the minimum variables necessary and potential for standardization.
2. As initiated by the Standards Subcommittee, developed an evaluation of the proposed operating rules for electronic funds transfer (EFT) and electronic remittance advice (ERA), as well as proposed recommendations on their adoption ((December 2011).
3. Also through the Standards Subcommittee, sent recommendations to the Secretary on naming an authoring entity for operating rules for the remaining administrative transactions under ACA provisions. The letter (May 2012) included recommendations on ensuring industry collaboration in development of the rules.
4. With coordination by the Standards Subcommittee, NCVHS developed and approved the HIPAA 10th Report to Congress with expanded content to include the conceptual overview of HIPAA's "journey" to explain the process, challenges and accomplishments over the years and to put HIPAA in context.
5. Demonstrating an extremely productive output along this line, also initiated by the Standards Subcommittee, developed a series of letters pertaining to Claims Attachments, Section 10109 of the Patient Protection and Affordable Care Act (ACA), a Standard for Electronic Acknowledgment Transactions and the Standards and Operating Rules Maintenance Process. The letters represent a continual effort by the Committee to support the architecture needed to accomplish and successfully sustain health information transactions.
6. Wrote the Secretary in March 2012 regarding the possible delay for implementing ICD-10-CM and ICD-10-PCS. The Committee urged that such a delay be decided and announced as soon as possible and should not be more than a year from the previously promulgated deadline of October 1, 2013.
7. Developed by the collaboration between the Population Health and Privacy, Confidentiality and Security Subcommittees, approved a report (December 2011) on *The Community as a Learning System for Health: Using Local Data to Improve Local Health*, the culminating report from hearings conducted in the Spring 2011, that provides insight on using local and other data to improve community health.

8. Through the Privacy, Confidentiality and Security Subcommittee, conducted a hearing (April 2012), focusing on stewardship and governance models for community health initiatives, including the unique issues of protecting small groups, the appropriate use and safeguard of results, and community attitudes about data use.. The resultant letter, “A Stewardship Framework for Uses of Community Health Data, Next Steps for Community Data Use” (September or November 2012) offers a stewardship framework as a starting point for the guidance urgently needed by those who are using data to improve health but for whom HIPAA and other protections are not fully relevant.
9. Through the Quality Subcommittee, developed a letter (June 2012) based on a hearing on “Measures that Matter to Consumers”, a natural progression from their 2011 session “Aligning Quality Measurement with Needs of Health Reform.” The members heard from diverse patient, consumer, community and healthcare stakeholders to identify opportunities for improving the relevance, usefulness, and use of measures for consumers/patients. The resultant letter, “Immediate Steps to Improve Support for Consumers’ Health Decision-Making” concludes that despite their best efforts, consumers often cannot find timely or relevant information to help them make informed decisions about their health care. The letter contains key recommendations to assist consumers struggling to obtain sufficient information to make value-based health care decisions and suggests that the emerging Health Insurance Exchanges present an immediate opportunity to apply these recommendations.
10. Through the Standards Subcommittee, held a hearing June 2012 regarding Administrative Transaction Standards, Code Sets, and Operating Rules - Industry Status of Planning, Transitioning and Implementation. The panelists discussed Preparing for Implementation of Operating Rules for Eligibility and Claim Status, Strategies and Recommended Milestones to Achieve ICD-10 transition and status of implementation of new transaction standards. The hearing served as a milestone by highlighting several major themes across all panels including 1) need for a strategic view of all HHS priorities along with the development of a road map; 2) need to reassess priorities driven by value and not dates; 3) need for collaboration, communication, and outreach, and 4) need for CMS/OESS to enforce regulations and validate pre-implementation testing.
11. Through the Executive Subcommittee, provided comments on the Advanced Notice of Proposed Rule Making (ANPRM) on “Metadata Standards to Support Nationwide Electronic Health Information Exchange” issued by the Office of the National Coordinator for Health Information Technology. The proposal called for the adoption of a series of proposed ‘metadata’ standards to ‘tag’ certain information to a patient’s electronic summary of care record under certain conditions. The Committee appreciated the initiative, but expressed concern about a premature start for the rulemaking process for metadata standards without having a better understanding of the current level of maturity of those standards, the degree to which they have been tested or even used in the industry, possible unintended consequences, and, more importantly, the lack of a policy framework that defines their use. The Committee will continue to explore the issues as they evolve and develop.
12. Responded to an Advanced Notice of Proposed Rule Making (ANPRM) on “Human Subjects Research Protections,” agreeing with the goals of the ANPRM to better protect human subjects while facilitating research and reducing ambiguity and investigator burden. At the same time, however, the Committee cautioned that in an effort to become more efficient, the essential role and protections should not be diminished.

13. Received a briefing from NLM and Executive Officers at the National Quality Forum on the preparation for use of data after transition to ICD-10 code sets, impact on quality measures and mapping between ICD (9-CM and 10-CM) and SNOMED CT.
14. Received a briefing from Dr. Seth Foldy, CDC Liaison, on current CDC efforts and activities regarding the role of population health data in the meaningful use requirements, an area of increased attention and focus for population health priorities and indicators to improve and maintain health status in communities.
15. Facilitated organization of a panel on the CMS New Line of Service for Information Resources which met as part of the NCVHS meeting (March 2012). The participants explored more effective approaches to access CMS data. The effort supports the goals of the Affordable Care Act (ACA) and promotes a more streamlined approach to CMS data. NCVHS provided a forum to encourage inter-departmental collaboration in an effort to make data more useful and accessible, while CMS acknowledged that the current situation of patchwork of laws, restrictions, interpretation, identifiable issues is untenable.
16. Received a briefing from the new U.S. Chief of Information Technology, Mr. Todd Park, who attended the March meeting and expressed appreciation for the Committee's efforts in establishing the new Working Group on HHS Data Access and Use. Mr. Park also provided an update on the recently conducted Health Data Initiative Forum also known as Health Datapalooza, which several NCVHS members and the Executive Secretary attended
17. Was briefed by the Director of the Office of Minority Health on the HHS Action Plan to Reduce Racial and Ethnic Health Disparities Report (September 2011). The issues continue to be closely aligned with the Committee's popular report-- *Eliminating Health Disparities: Strengthening Data on Race, Ethnicity, and Primary Language in the U.S.*
18. Participated by presenting a session at the 2012 National Conference on Health Statistics, sponsored by the National Center for Health Statistics. The session "The Community as a Learning Health System: Using Local Data to Improve Local Health" is based on the Committee's recent report, which was also highlighted in a webinar conducted by the eHealth Collaborative. The session presented a vision for strengthening local data, capacities, and uses, suggested ways to support the development and functioning of community-oriented learning systems, and strived to help all the involved entities dynamically connect to improve local health.
19. Convened several meetings of the new Working Group on Data Access and Use (June and September 2012). The group was organized to monitor and identify issues and opportunities, review and consider HHS data resources, traditional and new information dissemination strategies, developments and technologies and social media, and ever evolving health data needs. The Working Group is expected to keep abreast of the constantly evolving issues and make recommendations to HHS, through the full NCVHS, on improving access to and innovative use of HHS data. This is the first time that a Working Group of experts who are not appointed members of the Committee has been established by NCVHS in many years and was made possible by support from the Office of the HHS Chief Technology Officer. Each NCVHS Subcommittee has a representative on the Working Group.
20. The NCVHS Executive Leadership meets periodically in conference calls and held a very successful strategic planning session or 'retreat' in August 2012 to review the processes and operations to assure the Committee's effectiveness, with an aim to target what is Relevant,

Actionable and Timely. The result was a fine-tuned distillation of the Committee's key themes and a temporary working consolidation of the Population Health and Quality Subcommittees to explore the new concepts. The Committee's unique ability to re-organize reflects a flexibility and response to constantly evolving data infrastructural needs, highlighting its effectiveness.

21. A new Chair and an extensive cadre of new members will be selected and settling into their subcommittee assignments through the end of the year. Accordingly, a new liaison representative to the NCHS Board of Scientific Counselors is being identified to continue as an active participant in the Center's program review efforts and activities.
22. The NCVHS Leadership also coordinates with the Office of the National Coordinator and its two HIT Advisory Committees to assure complementary and synergistic work products. The Committee continues to reinforce its commitment to help "prepare the landscape for data-driven reform," and develop an Information Framework for Health and Health Care Improvement.