HITSP Interoperability Specifications v2.0: Empowering Interoperability

John D. Halamka
Chair, HITSP

July 18, 2007
Agenda

• AHIC Priorities and the Standards Timeline
• Interoperability Specifications Version 2.0
  – Consumer Empowerment
  – Biosurveillance
  – Electronic Health Records Laboratory Results Reporting
• Secondary uses of data empowered by standards
Standards Harmonization Process

I Harmonization Request
II Requirements Analysis
III Identification of Candidate Standards
IV Gaps, Duplications and Overlaps Resolution
V Standards Selection
VI Construction of Interoperability Specification
VII Inspection Test
VIII Interoperability Specification Release and Dissemination
IX Program Management

Begin Support

Receive Request
Consumer Empowerment – Registration and Medication History v2.0

• **Scope**
  – 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

• **Accomplishments**
  – Addresses core consumer empowerment enabling “connected PHRs”
  – Successful collaborative between HITSP and member organizations including: ASTM, CAQH, CDC, FMT, HL7, IHE, NCPDP, X12, SNOMED
  – Harmonization to the CCD medical summary record
Harmonization of the Summary Record

ASTM working on the Continuity of Care Record (CCR)
- Driven by clear business need
- Direct input from clinical care users
- Specifies the “buckets” for data, but not the specifics of the content

HL7 working on the Clinical Document Architecture (CDA)
- Has overarching considerations for many kinds of clinical documents
- Leverages standards to fill data in critical “buckets” to ensure they can be processed and used
- Needs to be scoped down to a practically implemental summary

HITSP membership, without objection, agreed to support the best of both worlds – the Continuity of Care Document (CCD)
- Developed by ASTM, HL7 and other participating organizations
- Scoped by the CCR data needs
- Benefiting from the coordination of HL7 terminologies
Biosurveillance v2.0

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

• **Accomplishments**
  – Maximizes data sources and provides stringent data management to ensure proper routing, security, privacy, and timely reporting
  – Provides support for different architectural environments
  – Addressing gaps with referrals to SDOs through the Foundations Committee
  – Aligning with other public health initiatives
  – Using the same result message as is used for clinical reporting should improve number of public health cases reported
Electronic Health Record (EHR) - Laboratory Results Reporting

• **Scope**
  – Deploy standardized, widely available, secure solutions for accessing laboratory results and interpretations in a patient-centric manner for clinical care by authorized parties

• **Accomplishments**
  – Addresses lack of harmonization among data interoperability standards including vocabulary and laboratory and other messaging standards
  – Accommodates both laboratory message transaction and document sharing paradigms
  – HL7 and HITSP Lab WG are coordinating activities to complete a lab message implementation guide to meet the AHIC use case requirements
Details of Lab Message which enable reuse

- Use of strong entity identifiers, e.g. ISO OIDs required for assigning authorities
- PV1 and PV2 data, e.g. Employment illness indicator, clinic name, Admission type, discharge disposition, time/date of services, and other physicians (admitting/referring/consulting)
- Terminology standardization across use cases, e.g. Lab and PH/Biosurveillance agreement on LOINCs, SNOMED and UCUM
Details of PV1 and PV2

- PV2-3 Reason for Admit (Chief Complaint)
- PV2-15: Employment Illness Related Indicator
- PV2-23: Clinic Organization name
- PV2-40: Admission level of care (Acuity)

- PV1-2: Patient Class
- PV1-3: Assigned Patient Location
- PV1-4: Admission Type
- PV1-10: Hospital Service
- PV1-36: Discharge Disposition
- PV1-44: Admit Date/Time
- PV1-45: Discharge Date/time
Next Steps

• AHIC to review and consider HITSP Work
• Finalized HL7 Implementation Guide and HAVE standards to be incorporated into HITSP Interoperability Specifications
• CCHIT continues to incorporate HITSP work into its functional criteria via the joint CCHIT/HITSP JWG
• HITSP moves to next priorities:
  – Security and Privacy for existing v2.0 ISs
  – Emergency Responder Electronic Health Record
  – 3 new Use Cases -- Consumer Access to Clinical Information, Quality, and Medication Management