

HITSP

Healthcare Information Technology Standards Panel

HITSP News

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The [Healthcare Information Technology Standards Panel \(HITSP\)](#) is a cooperative partnership between the public and private sectors. The Panel was formed for the purpose of harmonizing and integrating standards that will meet clinical and business needs for sharing information among organizations and systems.

Welcome to *HITSP News*, a monthly newsletter that provides news on the activities of the Healthcare Information Technology Standards Panel. Visit the HITSP Web site at www.hitsp.org for more information. If you have news or ideas for *HITSP News*, please send them to hitsp@ansi.org for consideration.

Successful Face-to-Face Meetings Held Week of November 2

A record number of participants attended last week's face-to-face meetings to advance the standards harmonization efforts of HITSP's Technical Committees (TC) and Tiger Teams (TT) in Silver Spring, Maryland.

Membership in HITSP continues to grow, and 25 individuals attended the TC/TT orientation session. HITSP TC/TT orientation slides are available online at <http://tinyurl.com/cgz4x8>.

Public Comment Period Begins November 9

Interoperability Specifications, Requirements Design and Standards Selection, Capabilities, and other Construct Documents

HITSP announced on Monday, November 9, the opening of the public comment period for the following Interoperability Specifications (IS), Capabilities (CAP), Requirements Design and Standards Selection (RDSS) and other construct documents:

- RDSS157 - Medical Home
- IS06 - Quality
- IS92 - Newborn Screening
- IS158 - Clinical Research
- CAP99 - Communicate Lab Order Message
- CAP117 - Communicate Ambulatory and Long Term Care Prescription
- CAP118 - Communicate Hospital Prescription
- CAP119 - Communicate Structured Document
- CAP120 - Communicate Unstructured Document
- CAP121 - Communicate Clinical Referral Request
- CAP122 - Retrieve Medical Knowledge
- CAP123 - Retrieve Existing Data
- CAP126 - Communicate Lab Results Message
- CAP127 - Communicate Lab Results Document
- CAP128 - Communicate Imaging Information

- CAP129 - Communicate Quality Measure Data
- CAP130 - Communicate Quality Measure Specification
- CAP135 - Retrieve and Populate Form
- CAP138 - Retrieve Pseudonym
- CAP140 - Communicate Benefits and Eligibility
- CAP141 - Communicate Referral Authorization
- CAP142 - Retrieve Communications Recipient
- CAP143 - Manage Consumer Preference and Consents
- TP13 - Manage Sharing of Documents
- TP20 - Access Control
- TP50 - Retrieve Form for Data Capture
- T68 - Patient Health Plan Authorization Request and Response
- TP22 - Patient ID Cross-Referencing
- T23 - Patient Demographics Query
- C34 - Patient Level Quality Data Message
- C80 - Clinical Document and Message Terminology
- C83 - CDA Content Modules
- C105 - Patient Level Quality Data Using HL7 Quality Reporting Document Architecture (QRDA)
- C106 - Measurement Criteria Document
- C151 - Clinical Research Document
- C152 - Labor and Delivery Report
- C154 - Data Dictionary
- C156 - Clinical Research Workflow
- C161 - Antepartum Record
- C163 - Lab Order Message
- C164 - Anonymize Newborn Screening Results

The public comment period on these documents will be open from **Monday, November 9 until close of business on Friday, December 4**. HITSP members and public stakeholders are encouraged to review these documents and provide comments through the HITSP comment tracking system which is located at www.hitsp.org.

All comments received on these documents will be reviewed and dispositioned by the appropriate Technical Committees/Tiger Teams. The comments will be used to inform the on-going process of standards selection and Interoperability Specification construct development.

HITSP members and public stakeholders are encouraged to work with the Technical Committees/Tiger Teams as they continue the process of standards selection and construct development. If your organization is a HITSP member and you are not currently signed up as a Tiger Team or Technical Committee member, but would like to participate in this process, please contact aclemons@himss.org.

Questions about the documents or the process for review should be addressed to the HITSP Secretariat at mmaasdeane@ansi.org.

Update on HITSP Universal Lab Orders

Last week, HITSP volunteers met for a busy week of face-to-face meetings. Keith Boone, Interoperability Architect for GE Healthcare, provides an update on his blog on the work of the HITSP Care Management and Health Records Technical Committee. A portion of that post appears below. [Read more](#) from the blog to learn what HITSP is doing when it comes to developing interoperable lab order codes.

On November 2, several leaders and members of HITSP Care Management and Health Records Domain Technical Committee (TC) met at the National Library of Medicine to discuss the development of a value set for creating an interoperable set of laboratory order codes. Present at this meeting was an unprecedented collaboration of people representing healthcare providers, laboratory vendors, health information technology (HIT) vendors, health information exchange (HIE) developers, and payors. Many of those participating were also involved in testimony before HIT Policy Committee's information exchange workgroup, and are experts in the field. You can read some of that testimony on the HIT Policy committee [meetings web site](#). One of the common themes of that meeting was the need to make it easier to deliver a working laboratory interface with a delivered EMR system, and the desire to work with standardized codes.

This meeting was hosted by Dr. Clem McDonald and his staff as a result of his work for HITSP a couple of months ago. Using data from several sources, including the Indiana HIE, United Healthcare, and a few other sources, McDonald and his team were able to identify a set of about 300 LOINC (Logical Observation Identifiers Names and Codes) order codes that cover about 98 – 99% of the most common laboratory orders.

We are fairly close to a resolution based on the results of the meeting today. At this stage, it appears that the significant discussions are no longer about whether there is a need for common laboratory orders, but rather, how to maintain such a set, and what should be included in it. I attribute the success we've had thus far to an appropriate scoping of the problem. Some of the more complex topics are panels, reflex testing, and custom laboratory order codes.

Read more online at [Keith Boone's blog](#).

Data Warehousing in Government Healthcare

Following are remarks by Joyce Hunter, HITSP volunteer, who spoke at the Richard Winter panel discussion during the [Teradata Partners Conference](#).

Government healthcare agencies must serve those most in need – the poor, aged, young, disabled and indigent – while also addressing rising consumer expectations. The number of people that can be helped and the amount of care that can be provided is impacted by budget constraints, resource shortages, fraud, waste and abuse...

...With the Administration's increased focus on improving the community health system, it is hoped that the community healthcare service model can efficiently connect hospitals, clinics, pharmacies, and customers for sharing information, reducing administrative costs and improving the quality of care.

Thus, the successful community healthcare model depends critically on the collection, analysis and seamless exchange of consumer, clinical, pharmaceutical and other health information or knowledge within and across the above organizational boundaries. A data warehouse-enabled community healthcare management system would help to integrate patients, hospitals, pharmacies, and governments through a common technical architecture.

Overall the benefits are:

- Decrease program expenditures at the state level, by coordinating state-administered benefits;
- Reduce costs by eliminating redundant claims processing platforms;

- Improve provider satisfaction through web-based self-service options;
- Decrease implementation costs for future federal mandates;
- Improve accountability through enhanced reporting and analysis;
- Improved quality of care oversight and quality transparency through the provision of timely performance information;
- Improved care coordination for chronic diseases and better coordination between behavioral health and physical health services; and
- Enhanced opportunities for better self-management of chronic illnesses by beneficiaries and their families through access to their health information and online wellness materials.

Read Joyce Hunter's [remarks on data warehousing](#).

HITSP Webinars

As part of its regular webinar series, HITSP will offer a presentation on “Security, Privacy and Infrastructure” on November 12 from 2 – 3:30 pm. This session is designed for a wide audience of HITSP members and others interested in this topic. Check the [HITSP website](#) to register for this November webinar. More information appears below.

Security, Privacy, and Infrastructure Webinar

Thursday, November 12

2 – 3:30 pm EST

Presenters

- **John Moehrke**, GE Healthcare, Co-Chair, HITSP SPI Technical Committee
- **Jonathan Coleman**, Security Risk Solutions, Inc., Lead Facilitator, HITSP SPI Technical Committee

What you will learn

During this 90-minute webinar, participants will learn the overall structure and fundamentals of HITSP's new Service Collaborations and their relationship to HITSP Capabilities, Constructs, and Interoperability Specifications. Through this presentation, participants will:

- Understand the core concepts and components involved in HITSP's Privacy and Security Service Collaborations, including Access Controls, Security Audit, and Patient Identification Management
- Demonstrate how Privacy and Security Service Collaborations can support ARRA's Meaningful Use, leveraging existing HITSP constructs and components
- Learn how to find, navigate, and use HITSP Service Collaborations documentation

Registration

More webinar information appears on the registration page on the [HITSP Website](#). Participation in any of the HITSP webinars is complimentary, but advance registration is required.

Check the [HITSP website](#) to register for this November webinar.

[View the HITSP webinar schedule](#)

[Listen to previous HITSP webinars](#)

Clinical Research Webinar

Thursday, November 19

1 – 3:00 pm EST

The Clinical Research Tiger Team will be hosting a webinar to explain the recently released HITSP Clinical Research products for public comment. These products include:

- HITSP Clinical Research Interoperability Specification (HITSP/IS158)
- HITSP Clinical Document Component (HITSP/C151)
- HITSP Clinical Research Workflow Component (HITSP/C156)

This webinar will help key audiences understand *and* be able to review and comment on the clinical research documents. The Clinical Data Interchange Standards Consortium (CDISC) is collaborating with HITSP to implement this webinar, which will be supported logistically by Gene Ginther and Landen Bain, the Tiger Team facilitator and technical writer.

The webinar is directed to researchers from all areas, including clinical program managers, project managers, monitors, data managers, regulators, auditors and others from Clinical Research Institutions, Clinical Research Sponsoring Organizations, Regulated Clinical Research Organizations and Academic Research Institutions, CTSA Awardees, NIH Centers, Biopharmaceutical Companies, Contract Research Organizations, Technology Providers to Clinical Research Organizations, and EHR vendors interested in supporting Clinical Research.

Specifically, the webinar will cover:

- HITSP basic concepts
- An overview of the Clinical Research Use Case
- A detailed review of the HITSP Clinical Research Interoperability Specification
- A detailed review of the two main HITSP constructs developed to support the Clinical Research Use Case
- How these HITSP products work together to support interoperability in the Clinical Research field
- How to find, navigate and comment on the HITSP Clinical Research documentation

Registration

Registration information will be provided on the [HITSP Website](#) or can be obtained by contacting Gene Ginther at gginther@jbsinternational.com.

HITSP FAQ - What Is a Standard?

Understanding exactly what a standard is – and does – seems to be an ongoing question as standards harmonization efforts strive to improve the efficiency and accessibility of sharing of patient health information. On the [Federal Advisory Committee Blog](#), HITSP Chair, John Halamka, MD, discussed standards and published the HITSP definition for a standard:

A standard (per the definition of the Healthcare Information Technology Standards Panel) specifies a well-defined approach that supports a business process and: (1) has been agreed upon by a group of experts; (2) has been publicly vetted; (3) provides rules, guidelines, or characteristics; (4) helps to ensure that materials, products, processes, and services are fit for their intended purpose; (5) is available in an accessible format; and (6) is subject to an ongoing review and revision process.

Dr. Halamka also provided his perspective on the Health IT Standards Committee Implementation Work Group Hearing on his [Life as a Healthcare CIO blog post](#). This post suggests options to consider for the transport solutions of health data via the Web, and points to two other blog posts from different authors: Microsoft's [Sean Nolan](#) and Gartner's [Wes Rishel](#).

These online conversations prompted Rebecca Kush, co-chair, HITSP Education, Communication and Outreach Committee, to weigh in as well by looking at what a standard should – and should not – be. Following is a portion of her [standards review blog post](#) discussing “what is a standard.”

I have been informed many times that the word “standard” connotes such ideas as rigidity, stifling creativity, and inhibiting innovation. There are indeed many different types of standards (from a sort of flag, to a type of rather mundane beef, to a standard operating procedure).

What we are talking about is a “technical standard,” defined on Wikipedia as an established norm or requirement. It is usually a formal document that establishes uniform engineering or technical criteria, methods, processes, and practices. Types of technical standards include a standard specification (an explicit set of requirements for an item, material, component, system or service); a standard test method; a standard practice (SOP); a standard guide; a standard definition (formally established terminology); standard units, etc.

Take the time to read the articles behind the links in this online discourse to learn more about standards, the work of HITSP, and the progress of standards harmonization. While many different approaches exist on developing and harmonizing health IT standards, the end goal remains interoperable exchange of patient health data, as noted by Ms. Kush on the CDISC blog:

I would argue that a ‘proprietary standard’ is really not a standard...in fact, this term sounds like an oxymoron to me! When one-off standards are used, interoperability cannot be achieved and data sharing and integration are tedious, costly and thus severely compromised.

Message from the Chair – Dr. John Halamka – November 6, 2009

Folks:

HITSP continues to make great strides in the world of vocabularies and code sets. My blog today highlights the great work that Clem McDonald and the HITSP Care Management and Health Records Domain TC have done to create a common lab ordering compendium for the nation. Keith Boone's blog has all the details at <http://motorcycleguy.blogspot.com/2009/11/laboratory-orders.html>.

I am continuing to gather feedback from the Implementation Workgroup Hearing and its blog: <http://healthit.hhs.gov/blog/faca/>.

I hear great things about HITSP content and vocabulary work. Many aspects of the transport work are recognized because of their "chain of trust" end to end security.

There continues to be a discussion of policy and technology that may be able to simplify transport for certain applications, resulting in a RESTful approach, which I describe on my blog:

<http://geekdoctor.blogspot.com/2009/11/standards-lessons-from-web.html>

I am confident that HITSP, working in coordination with the HIT Standards and Policy Committees, will be able to craft implementation guidance that meets all common data transport needs.

Cool Technology of the Week

On November 4, I met with my director of IS at Needham Hospital and we discussed the effort involved in creating a lab ordering/resulting dictionary that links together clinician offices, meditech sites, and commercial labs. Imagine a spreadsheet with 3 columns of lab codes that is 12,000 lines long!

Clem McDonald oversees the Lister Hill National Center for Biomedical Communications at NLM and is the developer of Logical Observation Identifiers, Names, Codes (LOINC). Using data from several sources, including the Indiana HIE, United Healthcare, and a few other sources, Clem and his team were able to identify a set of about 300 LOINC order codes that cover about 98 – 99% of the most common laboratory orders.

On November 2nd, several leaders of the HITSP Care Management and Health Records Domain TC met at the National Library of Medicine to discuss the development of a value set for creating a common interoperable set of laboratory order codes. Present at this meeting was an unprecedented collaboration of people representing healthcare providers, laboratory vendors, HIT Vendors, HIE developers and payors.

You'll find the details in [Keith Boone's blog](#) [detailed above].

When I described the notion of a single lab compendium for the country, eliminating the need for custom mappings at every institution and clinician's office, my Director of IS agreed — that's cool!

Let's hope we can get rapid adoption of a universal lab ordering compendium in labs, hospitals, and clinician offices. Time and money will be saved, quality and safety will improve.

If you have questions or concerns, please email me at jhalamka@hms.harvard.edu.

[Read John Halamka's blog](#) - Life as a Healthcare CIO

HITSP Administrative Information

1. The public comment period continues for the following Interoperability Specification (IS), Capability (CAP), Requirements Design and Standards Selection (RDSS) documents:
 - Consultations and Transfers of Care – to include Requirements and Design of Long Term Care (IS09)
 - Maternal and Child Health (RDSS155)
 - Scheduling (CAP93)

The comment period on these documents will be open **until Close of Business, Friday, Nov. 13**. HITSP members and public stakeholders are encouraged to review these

documents and provide comments through the HITSP comment tracking system. The documents and the HITSP comment tracking system are located on www.hitsp.org.

2. In keeping with its Harmonization Process, HITSP plans to kickoff an Inspection Testing phase in early November for:
 - Clinical Research Interoperability Specification (HITSP/IS158)
 - Newborn Screening Interoperability Specification (HITSP/IS92)
 - Quality Interoperability Specification (HITSP/IS06)

If you are interested in participating in this inspection testing please contact Gene Ginther (gginther@jbsinternational.com) as soon as possible. Inspection Testers should anticipate it will take 8-12 hours to complete the work.

3. Foundations:
 - The Foundations Harmonization Subcommittee will meet on Wednesday, November 11th at 10:30AM/ET.
 - The Foundations Harmonization Subcommittee will meet on Monday, November 16th at 2:00PM/ET.
 - The Foundations Medication Terminologies Working Group is now meeting within the Foundations Harmonization Subcommittee teleconferences.
 - The Foundations Security and Privacy Subcommittee teleconferences are on hiatus until further notice.

If you have questions about the administrative items, please email the HITSP Secretariat at mmaasdeane@ansi.org.

Calendar – Dates to Remember

Health IT Standards Committee

Thursday, November 19, 2009
Holiday Inn-Capitol
550 C Street, SW, Washington, DC

Health IT Policy Committee

Tuesday, December 15, 2009

HITSP Calendar

December 1, 2009 - HITSP Board meeting (teleconference)

NEW DATE: January 25, 2010 – in person Panel meeting
10 a.m.– 5 p.m. Eastern

Sheraton National
900 S. Orme Street, Arlington, VA 22204
Phone: 888.627.8210

Technical Committee/Tiger Team Teleconference Schedule

To better keep the schedule of Technical Committee/Tiger Team conference calls up-to-date and in a consistent format, all meetings and calls, as well as dial-in and GoToMeeting information, are posted in a public place on the [HITSP Web site](#).

HITSP depends on the participation of volunteer experts from across the healthcare enterprise.
For more information on becoming a volunteer for HITSP, please contact hitsp@ansi.org.



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