



Testimony Prepared for

**National Committee on Vital and Health
Statistics**

Subcommittee on Standards and Security

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Summary

The report provides a solid framework for analysis of standards for codes and terminology

- But for what purpose?
- Further analysis suggested

For What Purpose?

Does a national standard medical terminology move us any closer to a universal EHR?

- No agreement on the definition for a universal EHR
 - *Standards Insight* for April 2003
- A recommendation could eliminate alternatives and freeze technology
- Or if not on a critical path to the EHR, why do it now?

The EHR (PMR) Is the Larger Problem

- Concepts in codes and terminology only one component of a medical record
 - Context through structure and a secure system also needed
 - No standards for the EHR as a structured document
- Creates design tradeoffs
 - How much semantics in codes or in structures
 - Issue of international standards initiatives

The EHR (PMR) Is the Larger Problem

Without defining the purpose of the EHR, we do not know the value of the code set

- Is coding done at point of care or post-capture with natural language processing, coding and mapping?
 - These have great consequence to costs, scalability, usability and system design
- Should we know these things before recommending a core terminology group?

Questions Concerning the Analysis

- An excellent job overall to quantify and make objective an evaluation of existing terminology and code sets
 - But not able to discern whether this analysis confirms a single general code despite obvious limitations or recognizes that there is none currently available
- Eliminate any code set with a NOS (not otherwise specified) entry from further consideration
 - But we are more concerned that the analysis and ranking focused on the technology, which is not our limiting factor – at least not for the EHR
- Defining the purpose and the business case are the limiting factors and the criteria that impact these are not presented or considered in the analysis
 - In fact one might be willing to trade off “NOS” for financial viability, market acceptance and open consensus process versus a more closed process

Conclusions

- NCVHS made important decisions earlier in regards to PMR messaging standards
 - Provide (these standards) as guidance rather than mandates
 - Clearly recognized the trade-off between what is current and what is emerging.
- The timing may not be ripe and too many EHR initiatives may be in play
- Any recommendations should be based on further resolution of the administrative, market acceptance and intellectual property and cost issues

A Postscript on the Industry

- Vocabulary and code sets are not as large an issue within enterprise clinical information systems
 - Market and vendor focus is on the enterprise and its internal process and workflow improvements not on national interoperability issues
- Standard code sets becomes much more an issue when the enterprise must send EHR derived data to an external organization
- Integrating the Healthcare Enterprise (IHE) has not been forced to address use of general medical terminology and code sets in its EHR project, at least yet, partly because its use case is internal to the enterprise
- Vendors would appreciate standard codes if they did not create competitive disadvantage, nor restrict their ability to add-value to end-users and could be used internationally

Thank You

HIMSS is a strong advocate of data standards initiatives.

- Co-sponsor of the IHE initiative since 1998,
- Memberships in HL7, ANSI-HISB, NAHIT
- Annual sponsorship of the Nursing Terminology Summit
- Recent appointment as the Secretariat of the ISO Technical Committee 215 on health informatics standards

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