NCVHS Standards Subcommittee

The Way Forward to the Next Decade

June 17, 2010

With Many Thanks to the Co-Chairs from 2000-2010

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Accomplishments this Decade

- Congress passed HIPAA including the Administrative Simplification Provisions
  - NCVHS became responsible for selecting and recommending HIPAA standards for electronic transactions, code sets, health identifiers and data security
  - NCVHS accepted new committee members designated by the Senate and the House of Representatives
  - NCVHS created the Subcommittee on Standards and Security

Accomplishments this Decade

- NCVHS recommended and the Secretary adopted the HIPAA standards for administrative, financial and billing transactions and statistical use:
    - Transaction Standards (ASC X12N 4010, NCPDP Telecommunications Standards)
    - Code sets for billing and health claims (ICD-9, CPT, HCPCS and NDC)
    - Unique Health Identifiers (for providers and employers)
    - Information Security Standards
- NCVHS began to monitor industry readiness to implement these HIPAA standards
    - Held periodic industry hearings to assess progress, identify and address implementation issues

After a decade of achievement, we have a health IT standards foundation to build upon

- **Standards for health care billing, reimbursement and statistical use**:
  - Health care providers and payers have implemented the initial versions of the HIPAA Administrative Transactions, Code Sets, Identifiers and Privacy and Security Standards
  - NCVHS has recommended and HHS has adopted regulations that the health care industry implement the next major versions of the HIPAA Standards: migration to Version 5010 and D.0 by January 2012 and to ICD-10 by October 2013

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- **Standards for clinical use (patient care, decision support and quality measures):**
  - NCVHS set forth a strategic framework and criteria for analyzing and selecting patient medical record information standards and the Secretary endorsed this framework in 2000
  - The first set of standards based on this strategic framework were the message format standards (HL7, NCPDP, DICOM and IEEE 1073) recommended in February 2002
  - The second set of standards based on this strategic framework were identification of a core set of clinically-specific terminologies (SNOMED, LOINC and RxNorm) which were set forth in November 2003

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- Standards for clinical use (patient care, decision support and quality measures):
  - The message format and terminology standards have been adopted for use by federal health care agencies via the Consolidated Health Informatics (CH) initiative
  - The core set of clinically-specific terminologies (SNOMED, LOINC and RxNorm) have now been included in the Interim Final Rule of Standards, Implementation Specifications and Certification Criteria, and cross referenced with the Proposed Rule for Meaningful Use of Health IT to support care coordination, public health reporting and quality reporting

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- Standards for E-prescribing:
    - In 2003, the Federal Government passed the Medicare Prescription Drug Improvement and Modernization Act (MMA) which designated NCVHS as the entity to select and recommend standards for e-prescribing
    - In response to the directives from MMA, NCVHS selected and recommended e-prescribing standards (NCPDP SCRIPT and ASC X12N) in 2004 and 2005 which were readily adopted by HHS
    - HHS funded a series of e-prescribing pilot tests which successfully validated these standards during 2007 and 2008
    - ONC has now specified these same standards for demonstration of meaningful use of e-prescribing
    - NCVHS recommended that DEA and HHs collaborate to enable e-prescribing for controlled substances. Culminated ub oublication of final rul in 2010

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- Standards for Clinical Documents:
  - In 2005, NCVHS recommended HL7 Clinical Document Architecture (CDA) for use in claim attachments
  - ONC adopted in the IFR on Standards and Certification Criteria the recommendation from the HIT Standards Committee to adopt the Continuity of Care Document (CCD) which is based on CDA standard for documenting and exchanging patient summary data

Challenges for the Next Decade

- Identify and recommend standards associated with the new administrative simplification provisions in PPACA 2010

- Ensure that health IT standards are developed within the context of the NHIN model, public health policy, the data stewardship framework and the needs of users

- Accelerate adoption of clinically-specific standards in ARRA 2010 and the extension of HIPAA standards

- Recommend tools and methods to make implementation of standards easier

- Identify health IT standards gaps and create solutions

Challenges for the Next Decade

- Work with the industry towards a successful implementation of the next version of HIPAA standards and code sets

- Advance integration of clinical and administrative standards avoiding fragmentation and duplication in both internal business processes and external interoperability

- Meet new health and health care requirements such as Medical Homes, personalized medicine, clinical research, health surveys, syndromic surveillance, human genomics, proteomics, etc.

- Health IT standards increasingly will be international in development and use requiring new models of collaboration

Challenges for the Next Decade

- Tools need to be developed to manage versioning and harmonization of standards
- Ultimate goal of health IT standards is to :
  - Support the information exchange needs of a health care system,
  - Empower consumers to improve their health
  - Ensure high quality health care is delivered efficiently, securely, effectively

- Guiding principles of health IT standards:
  - Standards should be developed with user input
  - Diversity among participants should be encouraged
  - Standards should be developed in an open, consensus-based manner (consistent with ANSI guidelines)
  - Standards should be developed to facilitate interoperability and better decision making
  - Standards should not specify technology, architecture or process requirements

Thank You