



National Committee on Vital and Health Statistics Subcommittee on Standards Hearing on Healthcare Standards Development, Adoption and Implementation

**Panel #3
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Focus on the North Star

- We must do what is best for the patient and their care team
- Technology, data, and policy decisions should not be made in a vacuum
- Our policy decisions trickle down and impact direct patient care — for good or bad
- We must consider the diverse health care landscape - well-resourced health care facilities and large academic medical centers have vastly different capabilities and needs than small, solo, urban and rural medical offices

Why Interoperability is Important

- Enables clinicians to coordinate care among each other and across institutions and act based on comprehensive and current information
- Enables individuals' access to and ownership of their health data
- Is critical to safe, responsible, and transparent public health reporting and monitoring
- Is a key component in the promise of the Quadruple Aim

Current State of Semantic Harmonization

- Functional interoperability is still lacking
- Accomplished through orchestration of:
 - Technical capability (significant/ongoing work in this space)
 - Trust (much more needs to be done)
 - Consistency in data (head start with foundational terminologies)
- At the end of the day, the care team needs the right information at the right time about the right individual
 - The "Triple Need"

Semantic Harmonization — Key Considerations

- Ensuring multiple sources and representations of data share the same meaning to communicate knowledge
- Data capture, harmonization, and knowledge communication occurs when leveraging consensus and evidence-based standards
- Many medical vocabularies exist today, and a semantic harmonization framework should re-use what is available
- Semantic harmonization does not require the design of novel vocabularies
- Generally, it is the role and responsibility of a subject matter expert to specify how data are harmonized semantically
- Some knowledge is local (e.g., individual patient blood pressure) and some is global (e.g., Self Measured Blood Pressure Monitoring CPT codes)

Supporting Semantic Harmonization

- Recognize the value of foundational, evidence-based standards and the role that they play
- Rely on terminology standards that are fit for their purpose of use
- Build on the foundations that are universally trusted and well-integrated within health care
- Start with what works and enhance and expand
 - Focus on implementing incremental changes that improve clinical data exchange
 - Identify how trusted, consensus-driven and evidence-based standards can alleviate breakdowns
- Work to achieve interoperability must not result in disruptions in the health care ecosystem that would negatively impact the quality and cost of care

Semantic Harmonization Efforts Underway

- Working to drive standards and semantics consistently in use cases like digital health
 - Self-measured blood pressure (SMBP) monitoring - AMA standardized SMBP data in the Vital Signs Health Level 7 (HL7) implementation guide in partnership with Intermountain Healthcare.
 - Digital Medicine Taxonomy – An addition to CPT 2022 which classifies digital medicine into discrete categories of clinician-to-patient services (eg, visit), clinician-to-clinician services (eg, consultation), patient-monitoring services, and digital diagnostic services
 - AI Taxonomy – A change to CPT being considered in October for classifying various applications of Augmented Intelligence (AI) (expert systems, machine learning, algorithm-based services, etc.) medical services and procedures
- Gravity Project
 - Example of a global knowledge effort
 - Expanding available social determinants of health (SDoH) core data; accelerating standards-based information exchange by using HL7 Fast Healthcare Interoperability Resources (FHIR)
- Terminology mapping
 - Creating useful relationships or maps between data concepts, often related to semantics (e.g., CPT® and SNOMED-CT)
 - Often use-case specific

Consumer Empowerment

- Physicians are on the front lines and represent the voice of the clinician and patient
- Physicians hear from their patients a desire for information and knowledge—not raw data
 - They need information in order to take charge and play a central role in their own care
 - Empowering patients effectively requires two key hurdles to be cleared: patients' data must be both **accessible** and **consumable**.
 - Care coordination will fail without an informed patient
- The CPT code set provides a common language across health care stakeholders and patients, with the use of CPT Consumer-Friendly Descriptors that:
 - Empower patients with plain language descriptions to better understand the health care data they receive
 - Support federal initiatives seeking to address patients' critical need for accurate information, such as the recent “shoppable services” requirements

Public Health and Research – Current Use Case

- The COVID-19 pandemic was a wake-up call on the critical status of our public health infrastructure and the need for rapid response
- The CPT Editorial Panel met requests by the CDC and CMS to develop CPT codes for their requirements to track COVID-19 vaccines and vaccine administration
 - Coding specificity will allow for data re-use to support vaccine not only tracking but also “long-haul” patient research
- The AMA developed, produced, and distributed various educational resources to assist clinicians in understanding and implementing the new codes

NCVHS Future Considerations

Physicians still lack access to usable health information	Achieving the goals of data sharing requires uniformity and consistency in information access, exchange, and use. NCVHS should recognize, enhance, and expand foundational code sets; prioritize work based on high-impact use cases addressing unmet industry needs.
Patients need to be met where they are at while addressing their needs	Patients should be empowered through accessible and consumable data. NCVHS should promote consumer-friendly descriptors that enable patients to take ownership of their care using straightforward, plain language, consumable descriptions of health care procedures and claims data.
Improve the clinical utility of data while addressing third-party billing complexities	NCVHS should recommend standardizing rules of data submissions. This would reduce the burden on hundreds of thousands of physicians using dozens of intermediaries by streamlining compliance with disparate payer billing rules and requirements.
Churn in health IT adoption and use results in excessive physician burden	The adoption of reusable clinical and administrative concepts—leveraging the appropriate terminologies—promotes consistent data representation across the entirety of the health care system, reduces burden, and improves efficiency. NCVHS should ensure any semantic harmonization framework re-uses standard code sets.



Physicians' powerful ally in patient care