National Committee on Vital and Health Statistics

Advising the HHS Secretary on National Health Information Policy

Highlights from the August 25, 2021 Listening Session on Health Care Standards Development, Adoption, and Implementation

Subcommittee on Standards

Predictability Roadmap – Foundation of Listening Session (2018-2019)

- **Focus on immediate and longer-term needs identified by industry and within the Subcommittee's charter:**
  - Build on prior "Predictability Roadmap" recommendations
  - Improve availability and/or access to updated versions of standards
  - Address clinical, administrative and other data intersections
  - Support move to interoperability
  - Improve regulatory processes to enable access to updated or new standards
  - Improve standards update and adoption processes
  - Reduce administrative burdens

Industry message to NCVHS and HHS

Subcommittee Project: Standardization of Information for Burden Reduction and Post-Pandemic America

Intent: Build on Predictability Roadmap and identify current industry innovative activities, priorities and burden

- **Phase 1: Assess the current health data standards landscape**
  - ✓ Listening Session and Request for Written Comments (August 2021)
  - o Analyze the listening session information; identify issues and opportunities.
  - o Conceptualize potential solutions to improve efficiency and reduce burden
  - o Develop workplan for Phase II
- **Phase II: Develop and refine recommendations based on assessment of standards input, industry consultation and NCVHS input**
  - o Standards: Development, regulation, implementation, enforcement
  - o Convergence: Coordinate efforts with ONC and HITAC
  - o Identify other opportunities related to HHS priorities

Standardization of Information for Burden Reduction and Post-Pandemic America (cont.)

Additional topics that may be considered for evaluation:

- FHIR and APIs – support interoperability in health care
- All-Payer Claims Databases (APCD) Common Data Layout (CDL)
  Consistency of reporting and/or exchange of social risk data
- Conformance/Enforcement improvement opportunities
- Sanctioned exceptions and alternatives to HIPAA transaction standards
- Health data flows beyond traditional HIPAA and HITECH trading partners
  - Social and structural determinants of health; patient social services programs
  - Public health, infectious diseases and vital statistics
  - Pandemic-related lessons learned
  - Patient/consumer-driven data

Today's Focus

- Preliminary, draft themes from responses to Request for Comments (RFC)
- Highlights from Panel Sessions
  - ❖Panel 1: Lessons learned from national standards coordination (beyond healthcare)
  - ❖Panel 2: Updates from standards organizations and industry
  - ❖Panel 3: Semantic Harmonization
  - ❖Panel 4: Public Health and Social Risk Data updates
- Next Steps

Request for Comments

Request for Comments released in June 2021 with 4 questions.

- 30+ letters received to date
- Several with multiple signatory organizations

1. How can **data sharing** be improved between patients, providers, payers, public health system, and other actors in health care? What are the barriers to these improvements?
2. Are there any **new standards or use cases** available or under development that should be considered by NCVHS for recommendation to HHS for adoption to support interoperability, burden reduction and administrative simplification?
3. How have **other industries** effectively implemented, tested, and certified standards for data and their exchange that could be considered for health care?
4. What short term, mid-term and long-term **opportunities or solutions** do you believe should be priorities for HHS in the next 5 to 10 years?

To view all public comments visit: https://ncvhs.hhs.gov/wp-content/uploads/2021/08/Public-Comments-Standards-Subcommittee-Meeting-August-16-2021.pdf

Themes from Responses to Request for Comments - *Preliminary*

- Focus on the patient at the center
- Support the provider work flow
- Code sets/value of code sets;
- Testing and Return on Investment for standards
- Privacy and Security
- Interoperability through FHIR
- Public Health and Vital Records
- Social Risk Data
- Payer Portals
- Mobile Apps and Patient Education
- Patient Matching/Patient ID
- Standards Development process by SDOs
- Standards Adoption Process by Government
- Access to APCD Data
- Operating Rules when applicable
- Enforcement of correct use of data standards or transactions
- EFT Fees
- Adoption of certain standards e.g. attachments, acknowledgements, different dental standard, different pharmacy standard

Preliminary Highlights from Panel Discussions

from the Moderators

Panel 1: National Standards Coordination (Functions and Processes)

- Manage cross-sector, multi-stakeholder coordination and collaboration on standards development/maintenance.
- Standards work requires dedicated resources
- Identify and communicate sector-wide standards issues which create barriers to development or use
- Create roadmaps for solving issues in standardization and conformity assessment, and maintain ongoing reporting on measures of success
- Assessing standards conformance and compliance is important and measures should be established
- Regulatory processes for standards adoption and implementation that successfully manage transitions of standards and technologies may require a legislated framework that does not adopt specific standards in regulations or by reference, but allows a more flexible approach such as agency recognition of standards

Panel 2: Information Exchange and HIPAA – Today and Beyond

- Greater coordination/collaboration needed between SDO's
  - Some coordination taking place for mapping data elements between HL7 and X12; between HL7 and NCPDP
  - Measure benefits, outcomes, opportunities;
- Gaps in current X12 standards – Work arounds and future opportunities;
- Update rules or write new regulations to address gaps for prior authorization, Real Time Pharmacy Benefit Check, Advanced EOB (to support No Surprises Act);
- Test standards before adoption;
- HHS should publicize requirements for ROI data needs;
- HHS should support pilots for standards, e.g. HIPAA; current HL7 FHIR Exception for PA;
- HHS should adopt standard(s) for attachments, acknowledgements, NCPDP Script for ePA for pharmacy consistent with Part D under HIPAA
- Lack of transparency and/or action on status of NCVHS recommendations, e.g. attachments; acknowledgements, NCPDP Script, F6. (*letter and oral input from Cooperative Exchange).*
- Extend HIPAA to other entities, e.g. practice management systems and other vendors, similar to the extension seen in HITECH to raise standard compliance accountability.
- Two versions or models of standards could co-exist in use at the same time because system changes take time (5010/8010 or X12 and HL7);

Panel 3: Semantic Harmonization (1)

- Representatives from Kaiser Permanente, Office of the National Coordinator for Health IT, National Library of Medicine, HL7, American Medical Association, SNOMED International weighed in
- Functional interoperability is still lacking but we are closing in on data models
- Consensus is that current exchange standards may be sufficient for semantic interoperability
- No efforts to formally model semantics (ontologies) for harmonization (just use the same coding systems)
- No need for new terminologies – SNOMED, ICD10-CM, CPT, LOINC, etc. (use NLP for the rest?)

Panel 3: Semantic Harmonization (2)

- Unanimous consensus that current efforts are working and sufficient:
  - Manually curated terminologies
  - Exchange with automated mappings where available, exact text matching where not
  - Cross-walks
- No one asked NCVHS to do anything other than support the status quo
- No opinion that deeper modeling is needed, just brute force methods (manual curation, cross-walks, text processing)

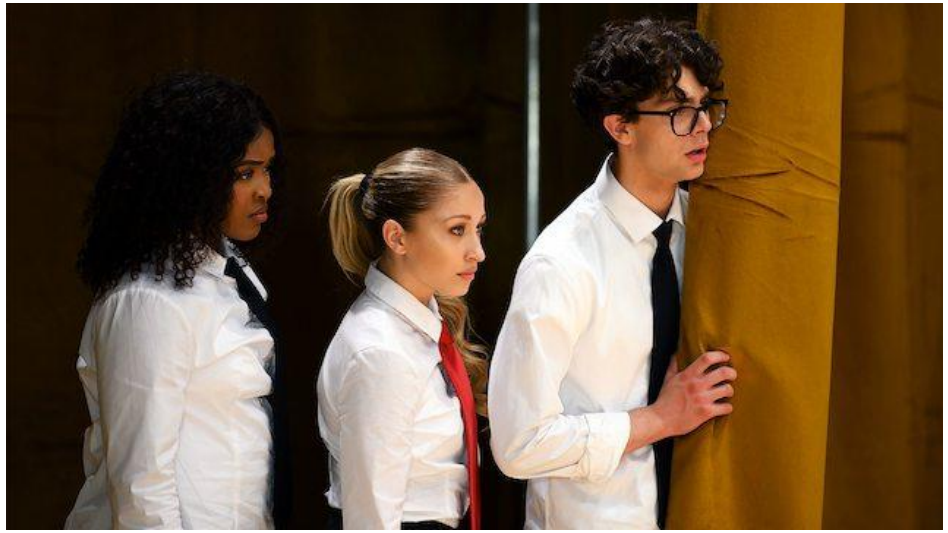
Panel 4: Public Health and Social Risk Data

- Consider both social and structural determinants of Social Risk Data – to address social risk versus social need
- Collection and use of social service data will require inter-agency and cross-sector coordination to achieve more uniform collection and appropriate access and use of social risk data.
- Data sources for administrative and vital records data originate in provider/payer systems, making industry key partners
- Standards along with a national coordinated system that includes workforce training, enforcement, validation, and imputation for use of the standards is needed
- Sustainable funding for modernization and revised reimbursement arrangements for public health data access should be a priority for federal, state and local governments
- Variation in collection and access laws vary across states. Federal actions to update outdated laws may reduce variations

Contextual Info

1. NCVHS Charter/Subcommittee Charge
2. Predictability Roadmap
3. HITAC Suggestions
4. Project scope document: available here or from this link: https://ncvhs.hhs.gov/wp-content/uploads/2021/07/NCVHS-SS-project-scoping-convergence-2021-06-21-508.pdf
5. Recording of Panel Discussions: https://ncvhs.hhs.gov/transcripts-minutes/recording-standards-subcommittee-listening-session-august-25-2021/

Next Steps for Subcommittee on Standards



Develop a timeline to:

1. Finalize analysis of input from letters and listening session
2. Complete identification of themes from letters to RFC and listening session and how they inform the Subcommittee's project
3. Associate themes to relevant Federal and/or State parties that could be interested
4. Refine workplan and identify recommendations
5. Review findings with CMS, ONC/HITAC

Standards Subcommittee Charge

Monitors and makes recommendations to the full NCVHS:

- Identify issues and opportunities in health data standards;
- Provide outreach, liaison, and consultation with, and serve as a public forum on health information technology standards for the health care industry and federal, state and local governments;
- Make recommendations related to electronic standards and operating rules under HIPAA, privacy and security standards, health terminologies and vocabularies;
- Make recommendations on strategies to promote a continuing process of developing, coordinating, adopting, implementing and maintaining standards. These strategies may include public information and educational efforts as well as research and development efforts;
- Participate in development/publication of the Report to Congress on HIPAA Administrative Simplification
- Collaborate with other Federal Advisory Committees on cross-cutting issues as appropriate and when delegated by the Full Committee

Discussion