Lantana
CONSULTING GROUP

October 30, 2015

To: The Office of the National Coordinator for Health Information Technology (ONC)

RE: Draft 2016 Interoperability Standards Advisory

To whom it may concern:

Lantana Consulting Group (Lantana) appreciates the opportunity to comment on the draft of the 2016 Interoperability Standards Advisory (2016 Advisory). Our feedback addresses "Limitations, Dependencies, and Preconditions for Consideration".

Section I-F: Functional Status/Disability

- The International Classification of Functioning, Disability, and Health (ICF) focuses on functioning and disability. We recommend analyzing its use and adoption in electronic health record systems (EHRs).
- The *HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use Release 2.1* (C-CDA R2) contains value sets that standardize functional and mental status concepts. We recommend considering code systems such as SNOMED and ICF as referenced in this guide.

Section I-H: Immunization

Need: Representing Immunizations – Administered

The terminologies identified focus on immunization orders and administration. We recommend considering RxNorm as an additional terminology for immunization administration. In addition, we recommend analyzing the availability and appropriateness of CVX, MVX, NDC for clinical decision support (CDS) intervention screening for drug/immunization allergies.

Section II-B: Care Plan

The regulation should point to specific document types, such as the Care Plan Document or Transition Summary document, in C-CDA R2. Further, the choice should be guided by the clinical workflow. Lack of such guidance has led to over-use of the generic summary document (CCD) and the subsequent "note bloat" and inability to judge anticipated content through the document type and title.

Section II-C: Clinical Decision Support

- Each receiving system must have a mapping protocol between its data model and that of the CDS standard.
- Adoption and piloting is limited by the yet-to-be-completed work to develop harmonized CDS and clinical quality measure (CQM) standards through the Clinical Quality Framework Standards & Interoperability (S&I) Framework Initiative. The harmonized standards are expected to replace the current data model (vMR).
- Strong version control and documentation of changes are essential as the artifacts, underlying evidence, and clinical protocols evolve; and as the underlying terminologies and value sets evolve. Replacing an "old" version must be easy.

Section II-E: Electronic Prescribing Interoperability

Need: Cancellation of a prescription

- A few EHRs have built RxCancel, but few of the pharmacies can support it.
- There isn't sufficient industry experience or demand for this transaction.
- The NCPDP SCRIPT standard exists and works. When the industry needs these transactions, the NCPDP SCRIPT standard should be adopted.
- Software to access Surescripts' core e-prescribing services must complete the Surescripts certification process. This process validates that the software is able to send and receive electronic messages in accordance with industry standards, and that it is providing open choice for medication selection and dispensing location.

Need: Pharmacy notifies prescriber of prescription fill status

- A few EHRs have built RxCancel, but few of the pharmacies can support it.
- There isn't sufficient industry experience or demand for this transaction.
- The NCPDP SCRIPT standard exists and works. When the industry needs these transactions, the NCPDP SCRIPT standard should be adopted.
- Software to access Surescripts' core e-prescribing services must complete the Surescripts certification process. This process validates that the software is able to send and receive electronic messages in accordance with industry standards, and that it is providing open choice for medication selection and dispensing location.

Need: A prescriber's ability to obtain a patient's medication

- The eligibility portion of the transaction is not based on NCPDP SCRIPT standard. Current implementations of Rx History use 270/271 eligibility request/response. When positive eligibility is determined based upon the 270, SCRIPT is used to deliver the Rx history.
- Software to access Surescripts' core e-prescribing services must complete the Surescripts certification process. This process validates that the software is able to send and receive electronic messages in accordance with industry standards, and that it is providing open choice for medication selection and dispensing location.

Section II-I: Patient Education

- Availability of source vendors who can support the standards and have content that meets the needs of the health care organization is limited.
- The health care organization and the content source vendor would likely need a contractual agreement.

Section II-K: Public Health Reporting Interoperability

Need: Reporting antimicrobial use and resistance information to public health agencies

These electronic data are reported to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN). An additional step (relatively easy) is required for the hospital to agree to share data through NHSN with any additional group (e.g., state public health agency).

Need: Case reporting to public health agencies

A structured format for case reporting to public health agencies is much needed and is in early stages.

- The Public Health and Emergency Response (PHER) working group at Health Level Seven (HL7) has discussed drafting standard guidance (CDA) for a specific case report form to collect the necessary variables for reporting a nationally notifiable condition to the CDC and state health departments.
- The implementation specifications listed in II-K adequately address the basic framework for patient and provider information exchange. If more detail is needed (e.g., disease info with symptoms, diagnoses, lab results), please consider the PHER working group case report.

Section III-B: Clinical Decision Support Services

Need: Providing patient-specific assessments and recommendations based on patient data for clinical decision support

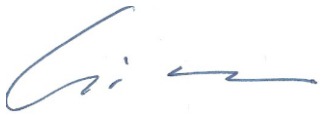
- Artifacts that have been tested and implemented are few.
- Each receiving system must have a mapping protocol between its data model and that of the CDS artifact.
- Adoption and piloting are limited by the yet-to-be-completed work to develop harmonized CDS and clinical quality measure (CQM) standards through the Clinical Quality Framework Standards & Interoperability (S&I) Framework Initiative. The harmonized standards are expected to replace the current data model (vMR).
- Strong version control and documentation of changes are essential as the artifacts evolve. Replacing an "old" version must be easy.

Need: Retrieval of contextually relevant, patient-specific knowledge resources from within clinical information systems to answer clinical questions raised by patients in the course of care

- Availability of source vendors who can support the standards and have content that meets the needs of the health care organization is limited.
- The health care organization and the content source vendor would likely need a contractual agreement.

Thank you for the opportunity to respond to this draft of the 2016 Interoperability Standards Advisory (2016 Advisory). Please let us know if you have any questions regarding our suggestions.

Sincerely,



Liora Alschuler, Chief Executive Officer