

AMIA update 2019

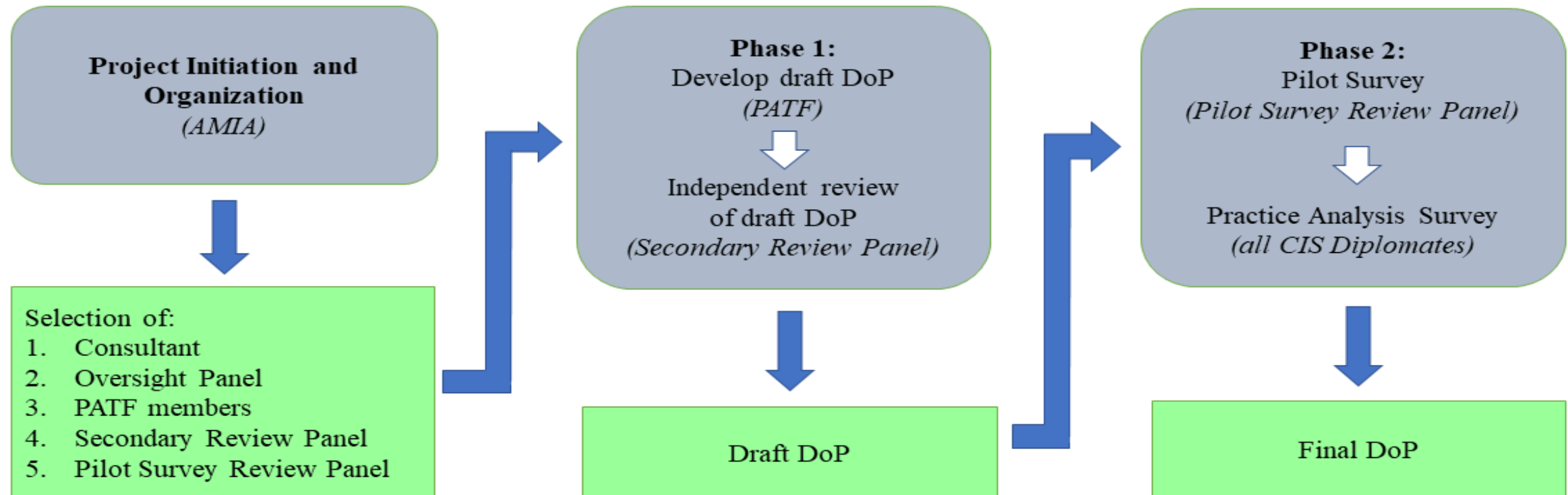
Doug Fridsma, MD, PhD
President & CEO, AMIA





Clinical Informatics Practice Analysis

CIS Practice Analysis Process Overview



Key: Process Phases Work Product (Group)

HI Survey Rating Scales

Tasks

- How **frequently** did you perform the **task** during the past 12 months, on average?
- How **important** is the **task** to effective clinical informatics practice?

Knowledge & Skills (KSs)

- How **frequently** did you use the **KSs** during the past 12 months, on average?
- What **level of mastery** of the **KSs** should be required at the time of Clinical Informatics Subspecialty certification?
- How **important is it to include the KSs** in ACGME Clinical Informatics Fellowship Training?

Final CIS Delineation of Practice (DoP)

Domains	Task Statements	Knowledge/Skill Statements	
	<i>Draft & Final DoP</i>	<i>Draft DoP</i>	<i>Final DoP</i>
Domain 1: Fundamental Knowledge and Skills	N/A	26	25
Domain 2: Improving Care Delivery and Outcomes	7	28	27
Domain 3: Enterprise Information Systems	16	33	33
Domain 4: Data Governance and Data Analytics	10	27	26
Domain 5: Leadership and Professionalism	9	28	28
Total	42	142	139

CIS Practice Analysis Conclusions

The DoP that emerged from this study differs from the 2009 CIS Core Content in that the final DoP:

1. describes CIS practice in terms of tasks in addition to identifying knowledge required for competent practice
2. reflects the growth in amount, types, and utilization of health data through the addition of a practice domain, tasks, and KS statements focused on **data analytics and data governance**

Silverman et al. Domains, tasks, and knowledge for clinical informatics subspecialty practice: results of a practice analysis. JAMIA 2019.

- CCIPD's work on a model curriculum for CI fellowship programs with intent to inform ACGME next update of the program requirements
- ABPM will use the CIS DoP to update CIS examination specifications and maintenance of certification content
- Anticipate that ABPM will update CI certification examination based on the practice analysis
- More changes are likely coming from ABPM as they respond to the ABMS recommendations for MOC and continuing professional certification



FAMIA Professional Recognition Program

First class at the CLC conference in May

- 140 members inducted
- Applications are open now for fellowship

<https://www.amia.org/famia>





Health Informatics (HI) Practice Analysis

- April 2018 to January 2019
- Followed best practices of certification industry → *Start with what people do and then identify what they need to know*
- Strong emphasis on broad representation
 - Composition of SME groups: Oversight Panel, PA Task Force, Focus Groups, Independent Reviewers, Pilot Participants = 60 volunteers
 - Partner organizations assisted with survey distribution and promotion representing
 - Imaging, Nursing, Osteopathy, Pathology, Public Health
 - AHRQ, CDC, FDA, ONC, VA, HIMSS

HI PA Snapshot cont.

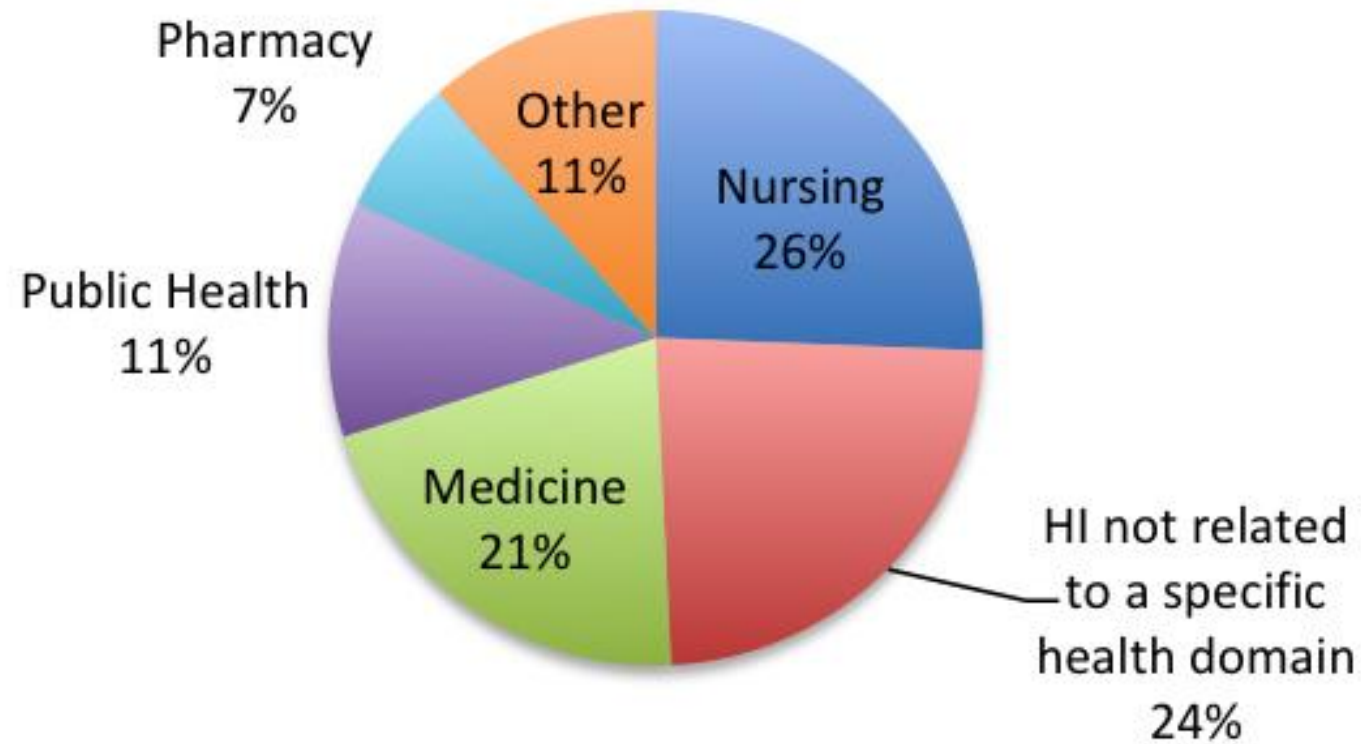
- Informed, but not constrained, by:
 - Core competencies for HI master's programs
 - CIS Delineation of Practice
 - Analysis of HI job descriptions
- 1,011 completed surveys

How the HI and CIS PAs Differ

- AHIC is a new certification, for which there is no core content or delineation of practice
- The potential audience for AHIC is more diverse
- The HI PA sought a better understanding of mid-career and advanced HI practitioners, e.g., do they perform different tasks and/or require different knowledge and skills to be competent in their roles

Survey Respondents' Primary Health Discipline

Primary Health Domain



How do the CIS and HI DoPs compare?

Health Informatics

Domains	Task statements	KS statements
Domain 1. Foundational Knowledge and Skills	NA	31
Domain 2. Enhancing Health Decision-making, Processes, and Outcomes	11	21
Domain 3. Health Information Systems	26	36
Domain 4. Data Governance, Management, and Analytics	17	28
Domain 5. Leadership, Professionalism, Strategy, and Transformation	20	28
Total	74	144

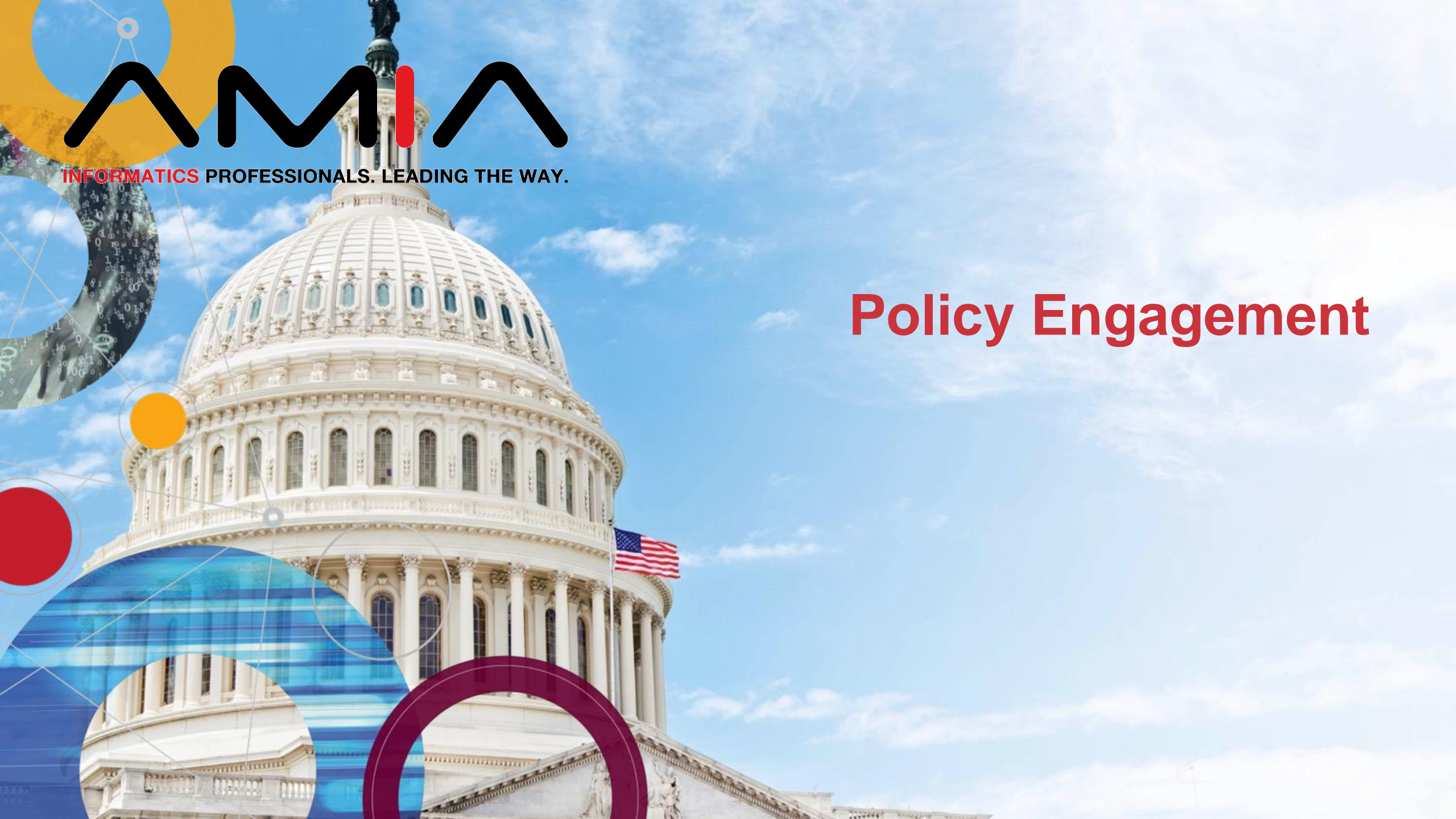
Clinical Informatics Subspecialty (CIS)

Domains	Task statements	KS statements
Domain 1. Foundational Knowledge and Skills	NA	26
Domain 2. Improving Care Delivery and Outcomes	7	28
Domain 3. Enterprise Information Systems	16	33
Domain 4. Data Governance and Analytics	10	27
Domain 5. Leadership and Professionalism	9	28
Total	42	142



INFORMATICS PROFESSIONALS. LEADING THE WAY.

Policy Engagement





Federal Affairs



AMIA's 2019 Public Comments (so far)



- **ONC**
 - Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs
 - 21st Century Cures Act NPRM
 - TEFCA 2.0...or TEFCA 0.2
- **CMS**
 - Interop & Patient Data Access NPRM
- **OCR**
 - HIPAA Request for Information
- <https://www.amia.org/public-policy/positions>

Cures Concepts from Legislation to Regulation

- Open APIs
- Exchange and use of electronic health information “without special effort”
- Complete access, exchange, use of all electronic health information
- Information blocking



The ONC-nibus Drops

- 742-page rule released (officially) March
- Three main sections of interest
 - New functional requirements for Certified EHR Technology (CEHRT)
 - New standards and specifications (incl. for APIs)
 - New Conditions & Maintenance of Certification
 - 7 New CMCs
 - New exceptions or “safe harbors” for Information Blocking

Key Policy Questions

- Should USCDI policy mirror USCDI standard?
- How all-encompassing should electronic health information (EHI) be defined?
- Should Information Blocking be focused on EHI or USCDI?
- How implementable will final policies be?

TEFCA 2.0 or TEFCA 0.2

- Key Policies to Consider:
 - How “voluntary” will final TEFCA policy be?
 - What accountability mechanisms will be in place to help TEFCA evolve over time?
 - Opportunities for stakeholder input
 - Formal NPRM v. sub-regulatory updates



Trusted Exchange Framework and Common Agreement (TEFCA) Draft 2



May 23, 2019

Don Rucker, MD
National Coordinator
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services

Re: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program

Dr. Rucker:

AMIA appreciates the opportunity to comment on this Notice of Proposed Rulemaking (NPRM) on policies to implement provisions of the 21st Century Cures Act and enhancements to ONC's Health IT Certification Program.

AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers, public health experts, and educators who bring meaning to data, manage information, and generate new knowledge across the research and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across care settings and patient populations.

In 2014, the AMIA Board of Directors chartered the multidisciplinary EHR 2020 Task Force to develop recommendations for how to address many health information technology (IT) challenges from a wide range of perspectives by the year 2020.¹ The EHR 2020 Task Force Report published in the *Journal of the American Medical Informatics Association* in June 2015² and offered numerous recommendations across four broad categories:

1. Address burdensome clinical documentation requirements so the patient's story is not subservient to billing and regulatory reporting;
2. Refocus regulations to streamline Meaningful Use and quality reporting, and reinvent health IT certification to test for interoperability;
3. Increase transparency in how health IT meets certification and in how systems perform after they're deployed in a live environment to improve usability and safety of EHRs; and

CMS Interop & Patient Access NPRM

- Key policies to consider:
 - Should CMS consider ONC's Certification Program to align standards and implementation?
 - Should CMS, not ONC, establish industry adoption timelines for health IT?
 - Should CMS use Conditions of Participation more readily moving forward?
 - How will CMMI be leveraged to improve care through informatics and health IT?



ONC's Definition of EHI
















EHI is not specifically defined in the Cures Act, HITECH Act, or other relevant statutes. ONC proposes to define EHI to mean:

- (i) electronic protected health information (ePHI); and
- (ii) any other information that –
 - is transmitted by or maintained in electronic media, as defined in 45 CFR § 160.103;
 - identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual;
 - relates to the past, present, or future health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

ONC Definition of EHI: VIII.C.3 (pg. 344 of pub inspec.)

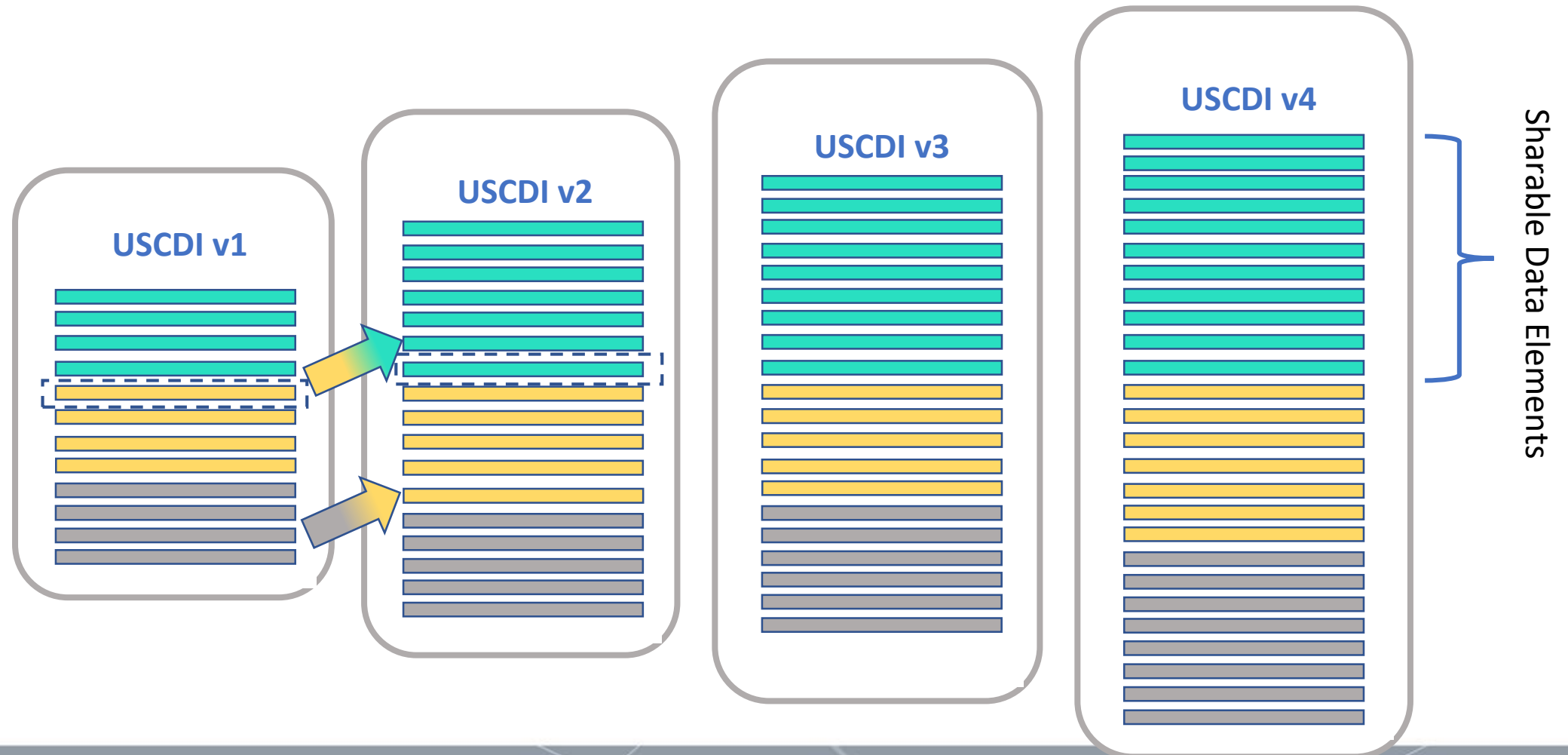
USCDI v1 (standard)

- USCDI v1 includes 15 data classes and 50+ data elements
 - C-CDA 2.1
 - FHIR R2
- Regular cadence of updates expected, but timeline is unclear

USCDI v1		
Assessment and Plan of Treatment 	Laboratory • Tests • Values/Results 	Provenance *NEW • Author • Author Time Stamp • Author Organization 
Care Team Members 	Medications • Medications • Medication Allergies 	Smoking Status 
Clinical Notes *NEW • Consultation Note • Discharge Summary Note • History & Physical • Imaging Narrative • Laboratory Report Narrative • Pathology Report Narrative • Procedure Note • Progress Note 	Patient Demographics • First Name • Date of Birth • Last Name • Race • Previous Name • Ethnicity • Middle Name (including middle initial) • Preferred Language • Suffix • Address *NEW • Birth Sex • Phone Number *NEW 	Unique Device Identifier(s) for a Patient's Implantable Device(s) 
Goals • Patient Goals 	Problems 	Vital Signs • Diastolic Blood Pressure • Systolic Blood Pressure • Body Height • Body Weight • Heart Rate • Respiratory rate • Body Temperature • Pulse oximetry • Inhaled oxygen concentration 
Health Concerns 	Procedures 	Pediatric Vital Signs *NEW - BMI percentile per age and sex for youth 2-20 - Weight for age per length and sex - Occipital-frontal circumference for children >3 years old
Immunizations 		

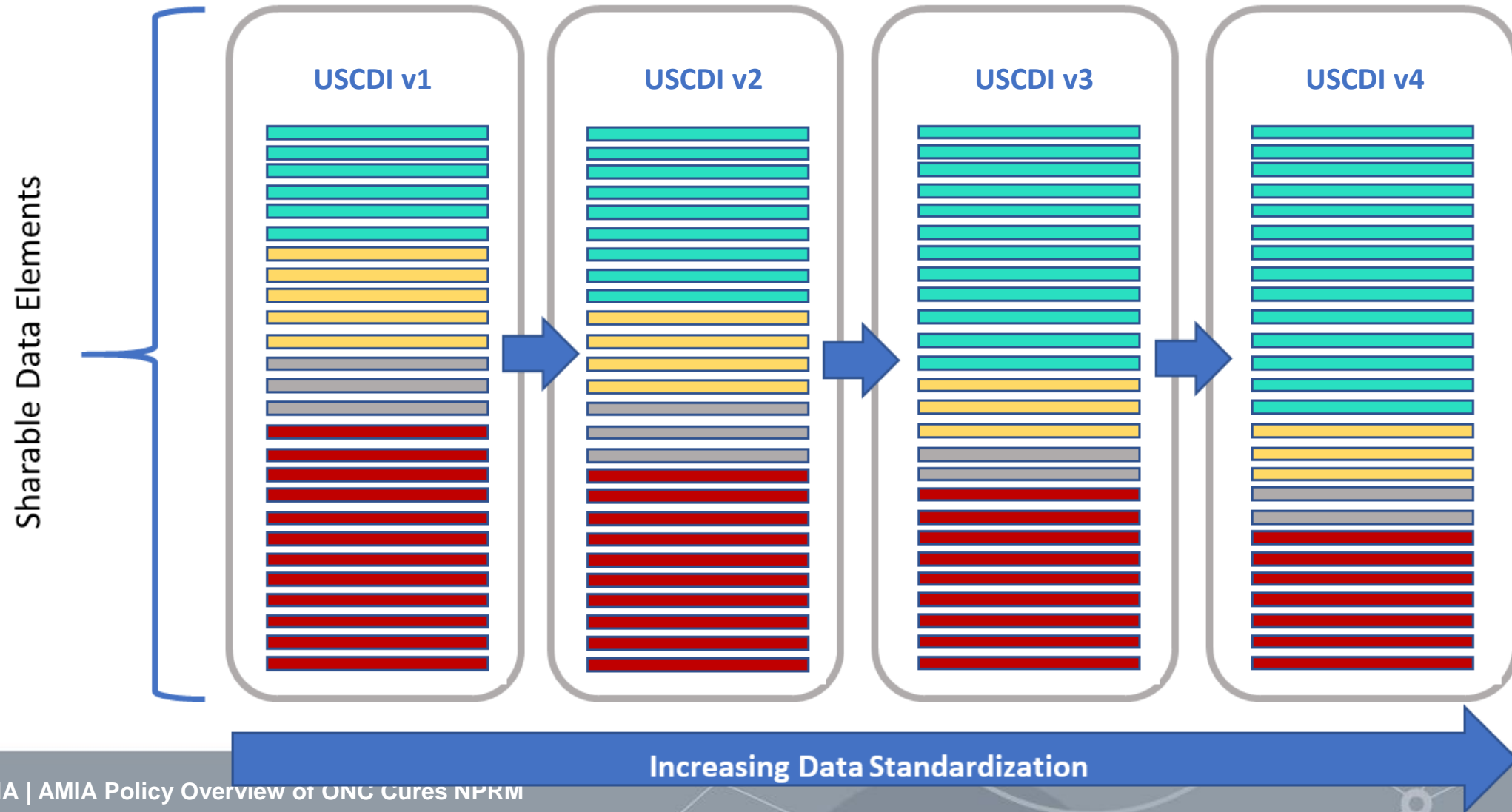
USCDI Policy: Structure first, share later

Supported Data Elements | Candidate Data Elements | Emerging Data Elements



Share First, Standardize as Needed

Supported Data Elements | Candidate Data Elements | Emerging Data Elements | Unstructured Data



Recommendations: EHI & Information Blocking

- Finalize the policy so that all **EHI is subject to the information blocking rule.**
 - Constrain EHI if necessary
 - A constrained focus on USCDI or even Protected Health Information (PHI) is pragmatic, but shortsighted, policy.
- Constraining information blocking to anything less than all EHI would keep in place the status quo, which is clearly insufficient;
 - Institute a short period of **enforcement discretion** to help stakeholders learn and avoid wasteful litigation for blocking information.
 - This period should not last more than 3 years from finalization of this NPRM and all claims of info blocking – substantiated and unsubstantiated – should be made publicly available for stakeholders to study;
 - Ensure that claims of exception to Information Blocking are (1) well-documented; (2) reviewed by OIG in a timely manner; and (3) publicly available online in a searchable manner.

Recommendations: AMIA TEFCA Draft 2 Response

With slight modifications, AMIA supports

- Draft 2 Exchange Purposes, Exchange Modalities, and acknowledgement that a **phased approach** will be necessary to TEFCA's success.
- Reiterate our initial call for a **detailed implementation plan**
 - Strongly recommend ONC develops with substantial input by the eventual Recognized Coordinated Entity (RCE) and other TEFCA stakeholders.
 - Should include specific milestones and points of engagement, as well as describe
 - (1) what will be required of TEFCA stakeholders for the initial phase;
 - (2) generally, what is being considered for inclusion in a subsequent phase; and
 - (3) what accountability mechanisms will be in place to garner feedback and input.

It will only be through engagement, accountability, and transparency that this “network of networks,” will successfully emerge and evolve.

Additional CMS Recommendations

- Proceed with limited scope on eNotification Medicare Conditions of Participation (CoP) requirements
- Enhance application requirements for all CMMI models to optimize the use of health informatics and improve interoperability, fund Clinical Informatics fellowships through new funding models
- CMS, not ONC, should establish industry adoption timelines for health IT



US SENATE
COMMITTEE ON
HEALTH
EDUCATION
LABOR &
PENSIONS



Congressional Affairs

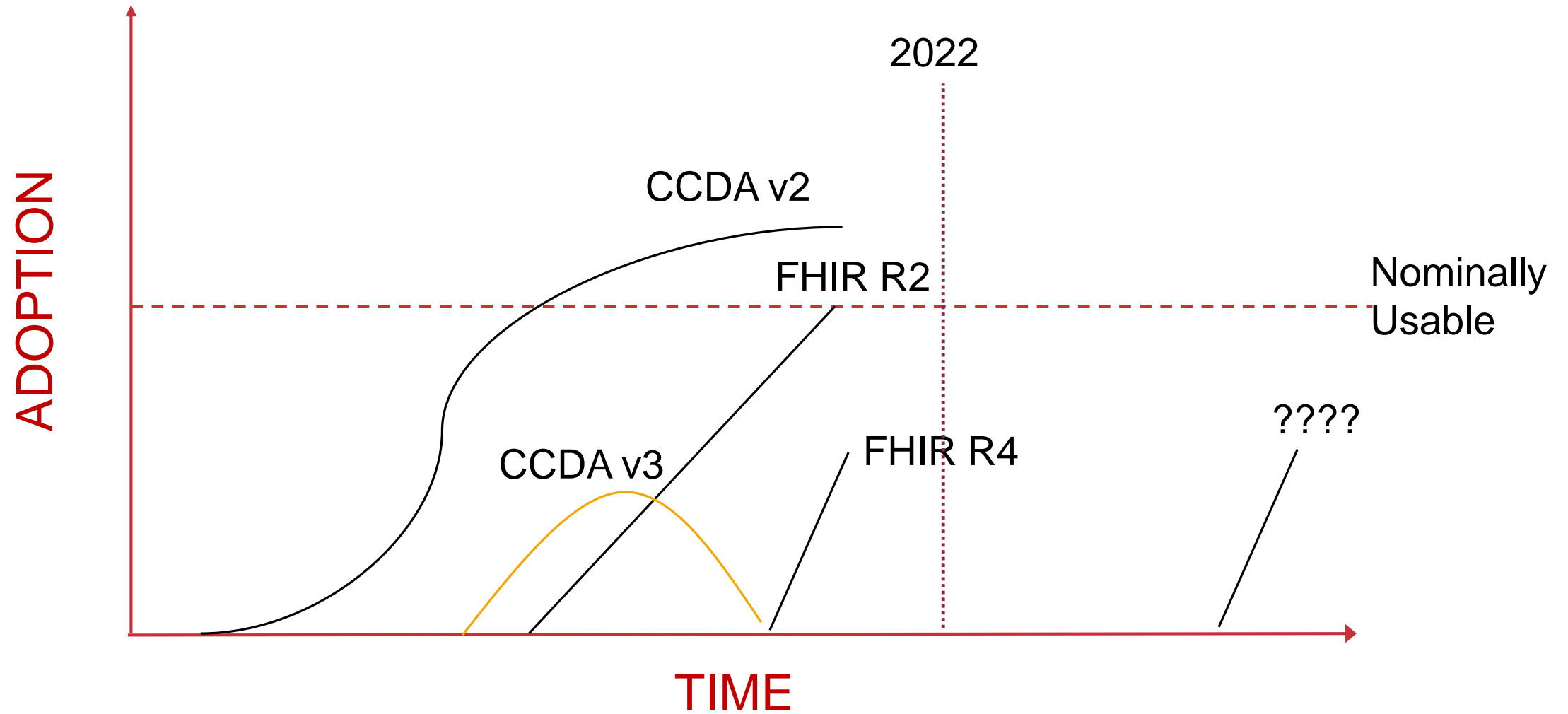


- House legislation removes HHS prohibition on spending money to develop and promulgate standards for UIDs
- Senate will be tough to persuade
 - Likely have the summer (plus) to organize
 - Looking to garner support from association member institutions / organizations
 - Possible summer campaign to garner signatures on a letter in anticipation of Senate budget process in the fall
- AHIMA, CHIME, AMIA & Others active in House will turn efforts towards Senate over the summer

Policy Considerations

- Standards will continue to evolve
- Legislation and regulation must support a portfolio approach to technology
 - Support standards evolution through R&D
 - Acknowledge standards obsolescence through a process
 - Avoid investments in “master” solutions

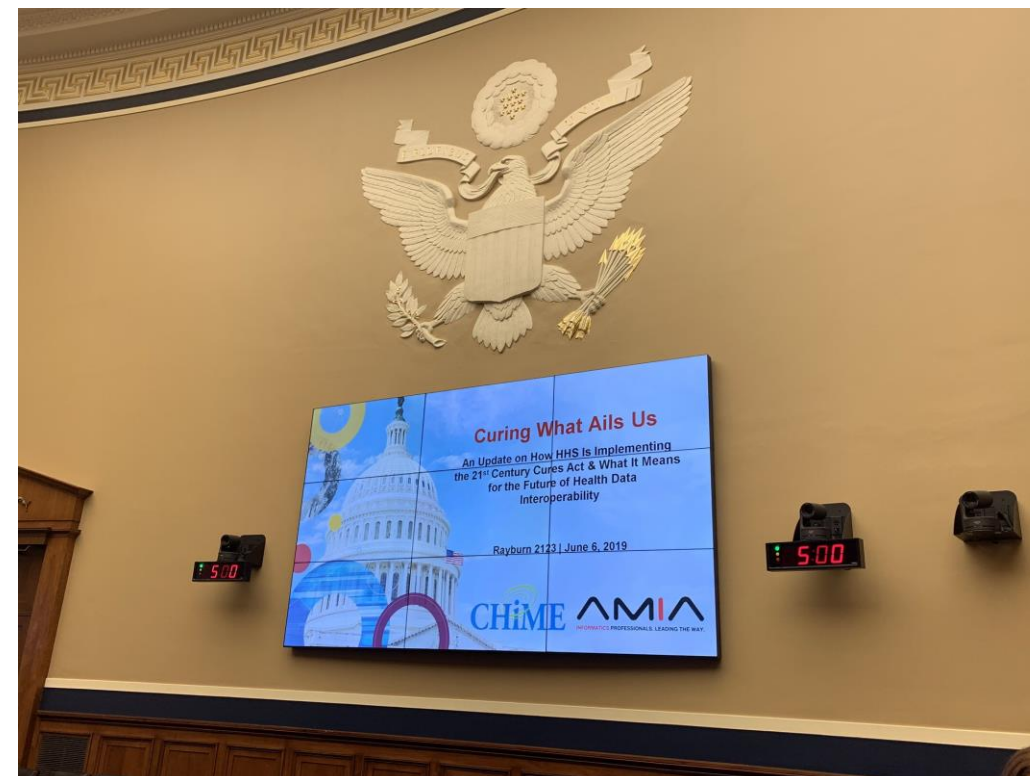
Standards Frontiers



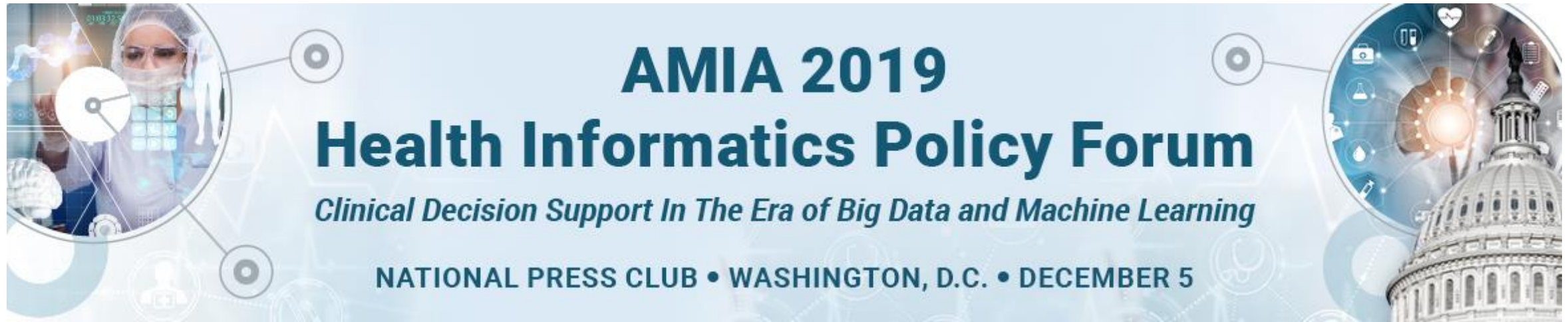
AMIA on the Hill (with CHIME)

“The Future of Interoperability in Health Care”

- June 6 in House Energy & Commerce Hearing room
- Over 40 attendees
- Discussed ONC Rule and its many implications
- Much concern and discussion regarding privacy, especially with mHealth / consumer health devices



New Name, New Approach to AMIA's Annual Policy Meeting



- Day-long meeting (rather than 1.5 days)
- Invited Panel Submissions, Keynotes (rather than “working meeting”)
- Open to all AMIA members / non-members (rather than invited guests only)
- Output = paper, policy positions, public exposure

CDS In the Era of Big Data & ML

- Call for Submissions June 17!
 - <https://www.amia.org/apf2019>
- 4 Subthemes
 - **Truth in Advertising:** How do we know what's inside the black box?
 - **Mo Data, Mo Problems:** The promise and perils of data-based decision support
 - **Balancing Science and Capitalism:** Policies to foster a vibrant marketplace for Adaptive CDS
 - **From Good to Great ...and Beyond:** Continuously learning from the deployment of Adaptive CDS
- Deadline for Panel Submissions is July 19



Save the date:

**Clinical Informatics Conference
(CIC)**

**May 19-21, 2020
Seattle, Washington**



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QUESTIONS?
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