

FCC Order 07-198

Guidance for Section III. E. 6. (ref. paragraphs 7, and 81-82)

Pilot Program Administration - Public Safety and Coordination for Emergencies

Item (1): Use health IT systems and products that meet interoperability standards recognized by the HHS Secretary

Background:

Executive Order 13410 published on August 22, 2006, requires in section 3(a)(2) that

Each agency shall require in contracts or agreements with health care providers, health plans, or health insurance issuers that as each provider, plan, or issuer implements, acquires, or upgrades health information technology systems, it shall utilize, where available, health information technology systems and products that meet recognized interoperability standards.

Recognized interoperability standards are defined in section 2(d) as “interoperability standards recognized by the Secretary of Health and Human Services”. These interoperability standards are developed by the Health Information Technology Standards Panel (HITSP) . The mission of the HITSP is to serve as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software applications, as they will interact in a local, regional and national health information network for the United States.

HITSP establishes interoperability standards in the form of Interoperability Specifications . An Interoperability Specification (IS) is a suite of documents that provides implementation level guidance that will:

- Identify standards and specific implementation context for those standards
- Describe specific value sets for unambiguous data exchange and system to system interaction
- Provide the necessary instruction to implement the specific standards in commercial and self-developed systems

To date, HITSP has published IS packages for three health care domains that are considered to be important national priorities, known as Use Cases:

- **Electronic Health Records:** Allow ordering clinicians to electronically access laboratory results, and allow non-ordering authorized clinicians to electronically access historical and other laboratory results for clinical care
- **Bio-surveillance:** Transmit essential ambulatory care and emergency department visit, utilization, and lab result data from electronically enabled health care delivery and public health systems in standardized and anonymized format to authorized Public Health Agencies with less than one day lag time

- **Consumer Empowerment:** Allow consumers to establish and manage permissions access rights and informed consent for authorized and secure exchange, viewing, and querying of their linked patient registration summaries and medication histories between designated caregivers and other health professionals

The HHS Secretary recognized these initial three Interoperability Specifications sets in December 2007. Please note that additional Interoperability Specifications for other Use Cases are in the process of being developed and are expected to be recognized by the HHS Secretary within the three-year period of FCC Order 07-198.

References:

- Executive Order 13410 of August 22, 2006:
<http://www.whitehouse.gov/news/releases/2006/08/20060822-2.html>
Also, published in the Federal Register, Vol. 71, No. 166, August 28, 2006, page 51089
- HITSP website:
http://www.ansi.org/standards_activities/standards_boards_panels/hisb/hitsp.aspx?menuid=3
- Office of the National Coordinator for Health IT – Use Cases:
<http://www.hhs.gov/healthit/usecases/>

Item (2): Use health IT products certified by the Certification Commission for Healthcare Information Technology

Background:

The Certification Commission for Healthcare Information Technology (CCHIT) is an independent, nonprofit organization that has been recognized by the Federal government as an official certification body for electronic health record products. Its mission is to accelerate the adoption of health information technology by creating a credible, sustainable product certification program.

CCHIT is responsible for developing certification criteria for electronic health record products and networks. Product vendors are then invited to submit products for certification by CCHIT. CCHIT independently tests submitted products using independent jurors to determine conformance with the established certification criteria.

To date, CCHIT has established certification criteria, and certified products, for two classes of EHR products:

- Ambulatory Electronic Health Records
- Inpatient Electronic Health Records

Please note that certification criteria for additional product classes, including health networks, are presently being developed, and are expected to be completed within the three-year period of FCC Order 07-198.

CCHIT is also in the process of developing automated tools to facilitate interoperability testing of electronic health records. One such initiative, Laika, will develop tools to validate the interoperability of ASTM/HL7 Continuity of Care Documents (CCDs), as per HITSP specification C.32

References:

- Certification Commission for Healthcare Information Technology website:
<http://cchit.org/>
- Laika:
<http://laika.sourceforge.net/>

Item (3): Support the Nationwide Health Information Network (NHIN) architecture by coordinating their activities with the organizations performing NHIN trial implementations

Background:

The NHIN has been defined as:

...a “network of networks” that will securely connect consumers, providers and others who have, or use, health-related data and services, while protecting the confidentiality of health information. The NHIN will not include a national data store or centralized systems at the national level. Instead, the NHIN will use shared architecture (services, standards and requirements), processes and procedures to interconnect health information exchanges and the users they support.¹

Briefly, the NHIN is an initiative within the Office of the National Coordinator for Health Information Technology (ONC) to facilitate the exchange of interoperable health data between entities in the health community, including providers, consumers, payers, researchers, public health organizations, Federal agencies and other participants. Support for telehealth and telemedicine priorities such as remote monitoring and remote consultation will ultimately be provided by the NHIN infrastructure.

In 2008, the focus of the NHIN is the development and deployment of trial implementations. The NHIN Trial Implementations awardees will participate in a collaborative effort, the NHIN Trial Implementations Cooperative, to further specify the common interfaces that NHIN Health Information Exchanges (NHIEs) need to interoperate. Awardees will test their ability to work together in a cooperative interoperability testing event and will demonstrate real time information exchange based upon the NHIE specifications by September 2008, using synthetic data (fictionalized patients). In 2009 and 2010, the NHIN will continue to evolve so that it can become an operational network used for production health data.

To facilitate connectivity to the NHIN, FCC 07-198 Participants will be able to utilize free software being developed by the Federal Health Architecture initiative. This software, known as the Federal NHIN Gateway, will be available in December 2007.

References:

- Nationwide Health Information Network website:
<http://www.hhs.gov/healthit/healthnetwork/background/>

¹ Gartner, “Summary of the NHIN Prototype Architecture Contracts”,
http://www.hhs.gov/healthit/healthnetwork/resources/summary_report_on_nhin_Prototype_architectures.pdf

Item (4): Use resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology

Background:

The National Resource Center for Health Information Technology (NRCHIT) provides a unique set of resources for organizations tasked with implementing health IT in rural and small community settings. AHRQ funds a wide variety of projects to support health IT adoption within underserved communities, and AHRQ has applied the valuable knowledge learned from these initiatives to create a centralized portal designed to help the health care community make the leap into the Information Age. Moreover, AHRQ has established a nationwide learning laboratory of more than 100 hospitals, physician practices, research institutes, nursing homes, and collaboratives immersed in developing and testing new health IT applications that will change the way millions of Americans experience health care.

The NRCHIT's website provides a centralized portal for technical assistance to health IT implementers. Specific capabilities that may be of interest to FCC 07-198 Participants include:

- **Knowledge Library**
The Knowledge Library provides access to a catalog of useful health IT content, including theoretical research, practical operational guidance, strategic planning materials, project assessments, case studies, relevant law and policy, and other materials.
- **Health IT Tools**
NRCHIT provides a helpful set of planning, implementation and evaluation tools for health IT projects, including workflow impact assessment, cost/benefit analysis, security and privacy assessments, and tools to evaluate health information technology and information exchanges.
- **List of AHRQ-funded Rural Health Projects**
FCC 07-198 Participants may benefit from learning about other rural health IT initiatives that have been funded by AHRQ within their region to identify opportunities for collaboration and knowledge sharing.

References:

- AHRQ National Resource Center for Health Information Technology website:
<http://healthit.ahrq.gov>

Item (5): Educate themselves concerning the Pandemic and All Hazards Preparedness Act and coordinate with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives

Background:

In December 2006 Congress passed and the President signed the Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417, which established within the Department of Health and Human Services a new Assistant Secretary for Preparedness and Response (ASPR) to lead all federal public health and medical response to public health emergencies and incidents. Some of the specific activities mandated by PAHPA include:

- Advanced development and acquisition of medical countermeasures;
- Provide an All-Hazards Medical Surge Capacity in the event of public health emergencies;
- Establishment of a quadrennial National Health Security Strategy;
- Establish a near real-time electronic nationwide public health situational awareness capability through an interoperable network of systems to share data and information to enhance early detection of, rapid response to, and management of potentially catastrophic infectious disease outbreaks and other public health emergencies.

PAHPA also includes specific provisions pertaining to telehealth, requiring the HHS Secretary to:

- Conduct an inventory of telehealth initiatives;
- Identify methods to expand and interconnect telehealth networks;
- Evaluate ways to prepare for, monitor, respond rapidly to, or manage the events of a public health emergency through the enhanced use of telehealth technologies;
- Identify methods for reducing legal barriers that deter health care professionals from providing telemedicine services;
- Evaluate ways to integrate the practice of telemedicine within the National Disaster Medical System.

Please note that the above is only a brief summary of selected provisions of PAHPA. FCC 07-198 Participants should also be aware of Homeland Security Presidential Directive 21 (HSPD-21), which provides specific directives to Federal agencies to enhance public health and medical preparedness.

References:

- HHS Assistant Secretary for Preparedness and Response website:
<http://www.hhs.gov/aspr/index.html>
- Pandemic All Hazards Preparedness Act (PAHPA: Public Law No. 109-417):
<http://www.gpoaccess.gov/plaws/search.html>
- National Disaster Medical System:
<http://www.hhs.gov/aspr/opeo/ndms/index.html>
- Homeland Security Presidential Directive 21 (HSPD – 21: Public Health and Medical Preparedness)
http://www.dhs.gov/xabout/laws/editorial_0607.shtm

Item (6): Use resources available through CDC's Public Health Information Network (PHIN) to facilitate interoperability with public health organizations and networks

Background:

The CDC Public Health Information Network (PHIN) is a national initiative to improve the capacity of public health to use and exchange information electronically by promoting the use of standards, defining functional and technical requirements. CDC responsibilities for the PHIN include:

- Supporting the exchange of critical health information between all levels of public health and healthcare,
- Developing and promulgating requirements, standards, specifications, and an overall architecture in a collaborative, transparent, and dynamic way,
- Monitoring the capability of state and local health departments to exchange information,
- Advancing supportive policy,
- Providing technical assistance to allow state and local health departments to be full and facilitating a network of active, engaged participants active PHIN participants, and
- Facilitating communication and information sharing within the PHIN community.

PHIN strives to improve public health by enhancing research and practice through best practices related to efficient, effective, and interoperable public health information systems. The PHIN will be a critical element of the national strategy for public health and medical preparedness. FCC 07-198 Participants can join the on-line PHIN Forum to learn more about current PHIN activities. Additionally, CDC hosts an annual PHIN Conference that offers an opportunity to learn and collaborate with national public health experts on the development of the PHIN.

References:

- Public Health Information Network website:
<http://www.cdc.gov/phinf/>
- PHIN Requirements 2.0:
<http://www.cdc.gov/phinf/library/documents/pdf/PHIN%20requirements%20V2.0.pdf>