Welcome!

HL7 Child Health Work Group Webcast

July 23, 2010
(770) 657-9270, code: 324598
Overview of Sessions

Child Health Work Group Meeting
July 23, 2010

- 9:00 AM-10:30 AM central
  Data Standards for EHR System Functionality

- 11:00 AM-12:30 PM central
  Data Standards and Quality

- 1:00 PM-2:30 PM central
  National Child Health HIT Efforts
Ground Rules

1. Use mute feature on phone
2. Avoid “hold”; Hang up if necessary
3. Introduce self when speaking
4. Stay on schedule
   • Stay on topic
   • Collect electronic questions
   • Use parking lot
National Child Health HIT Activities
1:00 PM-2:30 PM Central

- Agenda and Objectives
- Introductions
- Alliance for Pediatric Quality Organizations
- Model EHR Format for Children Project
- Meaningful Use Implications
- Discussion and Next Steps
Meeting Objectives

National Child Health HIT Activities

In communicating about our activities we can avoid duplication, accelerate our efforts and strengthen our common voice
Introductions

Presenter
Mark Del Beccaro, MD
Chair, AAP COCIT
Seattle Children’s Hospital

Presenter
Allan Castro
HIMSS PHIT SIG Co Chair
NACHRI

Presenter
David Classen, MD
Co Chair, HL7 Child Health CSC

Presenter
Scott Finley, MD
Project Director, Westat
Model EHR Format for Children

Facilitator
Joy Kuhl
Admin Co Chair, Child Health Alliance for Pediatric Quality
RSVPs

- Noam Arzt, HLN Consulting
- Yvonne Bachert, Texas Children’s Hospital
- Andre Boudreau, Canadian Standards Collaborative WG
- Ted Carithers, College of American Pathologists
- Joe Carpenter, Vermont Oxford Network
- David Classen, MD, CSC
- Teresa Conway, RN, Intermountain Healthcare, GE Healthcare Consultant
- Ipsita Das, Booz Allen Hamilton
- Dinakar Desai, Texas Children’s Hospital
- Mohamed Gaffoor, MD, Maimonides Medical Center
- Gay Giannone, RN, Alschuler Associates, LLC
- Suzanne Gonzales-Webb, SAIC
- Mary Greene, Booz Allen Hamilton
- Marvin Harper, MD, Children’s Hospital Boston
- Craig Joseph, MD, Epic
- Eloise Kooima
- Susan Kressly, MD, Kressly Pediatrics
- Jacqueline Kueser, Child Health Corporation of America
- Patricia MacTaggart, GW Health Policy Department
- Aileen Sedman, MD, NACHRI
- Geraldine Wade, MD, Clinical Informatics Consulting
- Carl Weigle, MD, Children’s Hospital Wisconsin
- Elizabeth Wertz Evans, RN, PANDA and Associates, LLC
- Richard Stepanek, Child Health Corporation of America
- Serafina Versaggi, Eversolve, LLC
Overview

HL7 Child Health Work Group

Founded: 2003
Leadership: David Classen, MD, Gay Giannone, RN, Andy Spooner, MD and Feliciano Yu, MD
Participation: Primarily CMIOs, physicians, medical informatics experts and vendor representatives
Distribution: 100+ previously on email; listserv unknown
Operations: One in person meeting and two webcast meetings in conjunction with HL7 work group meetings; Other calls and webcasts as needed
Emphasis To-Date

- **Functional Data Standards**
  - Standards for EHR systems include critical child health functions
  - Published EHR system standards for general pediatrics
  - Work was baseline for CCHIT child health certification criteria, other

- **Terminology Data Standards**
  - Explored improving terminology systems for pediatrics using AAP policy statements (e.g. SNOMED)
  - Funding not available to support further work

- **Messaging Data Standards**
  - Created immunization activity diagrams and story boards – now part of HL7 messaging standards
  - Provided incubation and leadership in HL7 to develop standard for reporting quality measure data – Quality Reporting Document Architecture using HL7 CDA
  - Provided support to create standards-based neonatal care report using HL7 CDA
Joy Kuhl

ALLIANCE FOR PEDIATRIC QUALITY
Alliance for Pediatric Quality

Common goals:
HIT works for children
Alliance Strategy

- **Work for consensus** and speak with one voice for pediatric quality and health information technology.

- **Endorse and promote** projects that advance our objectives for quality and health information technology in children’s health care.

- **Convene** stakeholders in children’s health care on key quality and health information technology issues.

- **Advocate** for policy, standards, systems, and products that will improve the quality of children’s health care.
Why is this important?

Numerous Initiatives Underway to Support National Goals for Adoption and Interoperability of EHR technology

**Problem:** Children are nearly one third of the population. They receive care through HIT in a variety of settings. National efforts are largely adult-focused; Pediatric efforts for influence are sometimes isolated and duplicative.

**Opportunity:** Work together as pediatric HIT community with one strong voice to influence national initiatives and ensure needs of child healthcare are addressed.
Strategy for Influence

Alliance for Pediatric Quality
Support work, convene, build consensus, endorse and advocate

Identify and Respond to Opportunities
Participants in Pediatric Healthcare Information Technology Community

Identify Requirements
- Health Level Seven (HL7) Child Health Work Group
- AAP Child Health Informatics Center and COCIT
- HIMSS Pediatric Group
- NACHRI Pediatric Advisory Council
- CHCA CIO and CMIO Forums and Special Projects
- CCHIT Work Groups

Set National Agenda
- HHS: Coordinator
- IFR

Develop and Pilot Standards
- HL7, SNOMED...
- Integrating the Healthcare Enterprise
- NHINS, Projects, Collaboratives
- NQF, CMS
- Vendor Consortia

Adopt Standards and other Requirements for Meaningful Use
- Health Information Technology vendors
- Child health practitioners, clinicians and hospitals

Desired Outcomes
- Support safe care for children
- Enable pediatric performance measurement by improving interchange of standardized information
- Reduce system implementation costs due to duplication and customization
- Support achievement of meaningful use of EHR technology in pediatrics
An Example

AAP

Published EMR Position Papers

Developed Pediatric EMR Functions

HL7

Published Pediatric EMR Functional Model Standard

CCHIT

Influenced EMR Vendor Certification Criteria

Vendor Compliance & Certification; Provider Adoption

Alliance Coordination, Support and Endorsement

An Example
Mark Del Beccaro, MD

AAP CHILD HEALTH INFORMATICS CENTER
NACHRI/N.A.C.H. HIT Update

- **Public Policy**
  - HIT Advisory Group commented on new & enhanced security rules
  - Summarizing Meaningful Use regulation released July 13; HIT Advisory Group provided significant input
  - Partnered with CMS and ONC for assisting with communication with children’s hospitals on meaningful use related and other communication
  - Position papers can be found on our website (www.childrenshospitals.net)

- **Informatics**
  - Representation in model EMR format for children effort (Westat)
  - New consultant (Pele Yu, MD)
  - Creating Connections 2011 PHIT Track (March 13-16, 2011 in Baltimore, MD)
  - Exploring new Informatics structure
HIMSS PHIT SIG Update

2010 - 2011 Goals:
1. Increase active participation among members
2. Create solid linkages with vendors
3. Increase visibility of PHIT SIG in HIMSS conferences
4. Leverage HIT presentations from CHCA and NACHRI and promote them to broader audience in HIMSS.
5. Reach out to other pediatric HIT organizations

2010-2011 Themes:
1. Children’s Hospitals leaders in HIT adoption (HIMSS analytics EMRAM scores)
2. Child Health IT is emerging as important aspect to care delivery
3. Child Health Quality is front and center of current legislation (HITECH/ARRA)
4. PHIT SIG is positioned to serve as catalyst for child health issues in HIMSS
5. Meaningful Use period is a great opportunity to focus and maximize HIT impact on child health
Scott Finley, MD

MODEL EHR FORMAT FOR CHILDREN
MEANINGFUL USE
IMPLICATIONS FOR CHILD
HEALTH HIT

David Classen, MD
DISCUSSION, NEXT STEPS
Discussion

- How could we better align, communicate, share?
- How do we know we are making an impact?
- Do we need to modify our approach for success?
- Thoughts about the HL7 Child Health Work Group’s role in further shared goals within community

- What should we continue?
- What should we change?
- What should we stop doing?
QUESTIONS?

Press unmute your line. Please identify yourself.

or

Use the Q&A function on the menu bar.
WE LOST AUDIO CONNECTION

To Rejoin Dial:
(770) 657-9270, code: 324598
Decisions Made
Parking Lot
Contact Information

Joy Kuhl
Principal
Optimal Accords, LLC
joy@optimalaccords.com
(703) 842-5311

Administrative Co Chair, HL7 Child Health Work Group
On behalf of Alliance for Pediatric Quality
AAP, ABP, CHCA & NACHRI
ADDITIONAL BACKGROUND
2001: AAP publishes report on pediatric requirements for EHR systems
2003: CHCA helps form pediatric data standards work group within HL7
2003: CHCA provides HL7 co chair and CHCA member volunteer support
2004: *President goal for most Americans access secure EHRs by 2014*
2005: *ONCHIT, AHIC, HITSP, CCHIT and NHIN formed*
2006: Alliance for Pediatric Quality formed; HIT program emphasis

2007: AAP publishes update to 2001 report on pediatric requirements for EHR systems
2007: CHCA supports member volunteers in HL7
2007: HL7 standards for EHR functionality accepted by ANSI, addresses child health
2007: Alliance lobbies CCHIT to form child health work group
2007: Alliance HIT director selected as CCHIT child health work group co chair
2007: HL7 standards used as baseline for certification criteria
2007: NACHRI helps form pediatric group within HIMSS; Provides co chair
2007: Alliance study proves feasibility of HL7 standards for reporting quality measures
2008: HL7 pediatric group ballots child health standards for EHR systems
2008: HL7 child health work accepted by ANSI as national standard
2008: Alliance supports 11 pediatric CCHIT volunteers in work groups
2008: Child health certification criteria published; 12 EHR vendors certified
2008: CHCA supports member volunteers in HL7
2008: CHCA and NACHRI provide co chairs for HIMSS pediatric group
2008: HITSP publishes immunization interoperability standards referencing HL7 work
2008: CHCA helps develop HL7 data standard for reporting quality measures (QRDA)
2008: NHIN demos QRDA; HITSP recommends

2009: ARRA includes significant appropriations for HIT dev, certification and adoption
2009: CHIPRA includes funding to develop model EHR format for children in Medicaid/CHIP
2009: NQF develops standard for computable quality measures; QRDA compatibility
2009: Alliance volunteers complete gap analysis of HL7 and CCHIT certification criteria
2009: Alliance works to influence CCHIT roadmap criteria on behalf of pediatrics
2009: CHCA supports member volunteers in HL7
2009: NACHRI forms HIT advisory group
2009: 26 pediatric volunteers accepted by CCHIT; 5 in co chair positions
2010: AAP forms Child Health Informatics Center
2010: AHRQ requires contractors for EMR Model Format project to collaborate with Alliance
2010: CHCA supports member volunteers in HL7
2010: CHNC and CHCA ballot HL7 standard for reporting neonatal care data
2010: HL7 child health work group lobby for functionality in release 2 of EMR standards
2010: QRDA is referenced as possible standard related to meaningful use requirements
2010: 40 EMR vendor products are certified by CCHIT for child health
2010: Joint nomination submitted to NQF for new HIT advisory committee accepted
2010: Joint response and communications for rulemaking related to meaningful use