



**As advisory committee to the Secretary of the Department of Health and Human Services, the NCVHS accomplishments in FY 2005 include:**

- In milestone decisions, after an intensive hearing schedule, submitted letter (September 2004) with recommendations on e-prescribing, responding specifically to the Secretary's request for guidance in these areas. The Medicare Modernization Act (MMA) directed NCVHS to identify standards for e-prescribing, in consultation with physicians and hospitals, pharmacists, state boards, electronic prescribing experts and other stakeholders that could be used in implementing the new Medicare Part D benefit. In response to the Secretary's desire to accelerate the development, implementation, and pilot testing of e-prescribing standards, NCVHS accelerated its schedule of hearings and proposed an initial set of well-established standards that were later incorporated into a proposed rule. This allowed the industry to fill standards gaps and harmonize related standards in time for e-prescribing pilot tests beginning in January 2006. The process also served as a model for obtaining industry input into the regulatory process.
- Submitted a second letter with recommendations (March 2005) which continues exploration of issues covered in September 2004 letter establishing the "state of the art of e-prescribing," e-prescribing standards, state and federal requirements, various perspectives, and messaging and terminology standards. For the September letter, the Subcommittee heard from 65 testifiers and other industry experts, and, with the assistance of a consultant, developed a comprehensive document with recommendations in sixteen areas while the March letter included 14 additional areas. The health industry has followed the hearings and development of recommendations closely and been highly complimentary of the collaborative and inclusive process of the Subcommittee.
- Actively supporting the Secretary's agenda to improve health and health care through advances in interoperable health information technology (letter Aug 15, with Committee overview, mandate, and list of representative accomplishments). Strategizing ways to be of assistance in the implementation of the American Health Information Community initiative (AHIC), organized to advise the Department on how to accelerate the nationwide adoption of interoperable digital records that are privacy-protected and secure.
- Worked with the Department's National Coordinator for Health Information Technology to advance health information technology. Received briefings from the National Coordinator and associated staff to the full Committee, and at Subcommittee and the Executive Subcommittee sessions. Received a letter from National Coordinator (January 26th) outlining the Framework for Strategic Action and initiating coordination between public and private sectors to accomplish the goals and objectives.
- Approved the report, "Eliminating Health Disparities: Strengthening Data on Race, Ethnicity, and Language." Developed by the Subcommittee on Populations, the findings and recommendations outline strategies for future action by HHS and its partnering agencies and organizations within and outside of the Federal government. The recommendations serve as a starting point for productive consultation and discussion in which all stakeholders are engaged in determining the best steps



forward. The report is the culmination of previous actions-- at the February 2003 meeting, the Committee recommended that HHS expand its multifaceted approach to obtain data on racial and ethnic populations in programmatic, research, administrative and survey data supported by the Department; also, the NCVHS approved and submitted a commentary of the issues in September 2003. Extensive distribution and mailing of the Report is expected to encourage effectiveness and impact.

- Submitted letter to the Secretary (Sept 2005) on Personal Health Record Systems based on NHII hearings held (November 12, 2004; January 5-6 and April 26-27, 2005 in Washington, DC.) Comprehensive in scope, letter expands on the Personal Health dimension presented in the first NHII first report and directly supports the Department's e-Health initiatives. Hearings explored the conceptualization of PHRs, policy issues, consumer expectations and experiences, and market forces involved. Presenters also noted the conditions that promote or inhibit acceptance and adoption of PHRs by providers, plans, and employers, and identified strategies to overcome major barriers to widespread adoption by major stakeholders.
- Through efforts of the Quality Workgroup, approved a recommendation that the next version of the Uniform Bill for Hospitals (UB04) and the ANSI ASC X 12N 837I HIPAA Implementation Guide be revised to facilitate reporting of a diagnosis indicator to flag diagnoses that were present on admission in secondary diagnosis fields for all inpatient claims transactions (November 5th). The secondary diagnosis indicator can help to distinguish between pre-existing conditions and those that developed, or were first recognized, during the hospitalization. The ability to make this distinction can enable both case mix/severity of illness adjustment at admission and quality improvement opportunities in care processes.
- At summer 2005 Quality hearings, received testimony on performance measurement activities and health informatics from some of the most distinguished leaders in the field, including AHRQ Director. Concept paper being developed to analyze and explore how to incorporate quality issues in the health information technology developments, including electronic and personal health records. Efforts directly align with and support Department's Quality initiatives. Strategy sessions increasingly reinforce the Quality Workgroup's potential to explore the information technology linkages among NHII, Standards, and Populations.
- Submitted the NCVHS 2003- 2004 report containing highlights, activities, and accomplishments of the Committee. During this period, the Committee focused on HIPAA implementation and standards, accelerating the evolution of public and private health information systems within the framework of protecting privacy and security. The Committee is also committed to a multifaceted approach to obtaining data on diverse, minority populations in programmatic, research, administrative and survey data, to improve the collection and use of health data in racial and ethnic populations and concentrated, remote areas.
- Submitted the Seventh Annual Report to Congress on Implementation of the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The 7th HIPAA Report describes the major milestones achieved on the implementation of HIPAA by outlining the process as well as implementation of the standards required by HIPAA. Report notes that the Committee was directly cited in the Medicare Modernization Act to accomplish

objectives for e-prescribing, resulting in an intense hearing schedule to submit recommendations. The Committee was also intensely involved in encouraging development of a national health information infrastructure, attuned to issues involving implementation of the Privacy Rule, and attentive to statistical data collection for minority populations. These annual reports by the Committee are required by the HIPAA legislation.

- As complement to the Department's extensive e-Health initiatives, Committee received structured briefings about key technical programs which serve as the foundation for systemic modernization of health information technology. The Federal Health Information Architecture (FHA) is intended to create a consistent federal framework to facilitate communication and collaboration among all health care entities to improve citizen access to health-related information and high-quality services. The consensus derived through the FHA will be incorporated and promoted by the Office of Management and Budget (OMB) as a part of the Federal Enterprise Architecture (FEA) and automatically made into government-wide standards.
- Also briefed about the Commission on Systemic Interoperability (CSI), authorized by the Medicare Modernization Act. The Commission is developing a strategy to make healthcare information instantly accessible at all times, by consumers and their healthcare providers. The final report is scheduled to be released in late 2005. At same meeting (June 2005), Committee was also briefed about the Certification Commission for Healthcare IT (CCHIT) whose mission is to accelerate the adoption of robust, interoperable HIT throughout the US healthcare system, by creating an efficient, credible, sustainable mechanism for the certification of HIT products. CCHIT is scheduled to develop a standard for EHRs in ambulatory settings in 2005.
- As background in considering PHR recommendations, Committee received briefing from Markle Foundation on Overview of Personal Health Record (PHR) Trends and Policy Issues which outlined potentials for PHRs, market forces, public approaches, privacy issues, policy challenges and rationale for Federal Role in PHR development (September 2005).
- In line with its commitment to assure focus on population issues throughout Committee deliberations, the Committee heard important briefings from the U.S. Census on the American Community Survey, described as a demographic survey able to provide communities with timely results about how communities are changing (November 2004).
- Likewise, received briefing on National Healthcare Quality and Disparities Reports (AHRQ) which, when paired, provide a snapshot of quality, disparities, access to health care and variation across states and populations.
- Received a briefing on Federal Initiatives in Geocoding (March 2005). Presentation was organized to provide information requested by the Committee on utilization of geographic information systems (GIS) in disease surveillance.
- Received a briefing on the former American National Standards Institute's Healthcare Informatics Standards Board (ANSI HISB) which provided an open, public forum for the voluntary coordination of healthcare informatics standards among all United States standard developing organizations. As

requested by the Committee, panelists noted where their groups fit in the standards process and/or the consensus standards effort.

- Heard from Dr. Daniel J. Friedman (former NCVHS member and former chair of the Workgroup on Health Statistics for the 21st Century) who provided an update on international projects pertaining to Health statistics and national health information infrastructures.
- In efforts to expand research considerations, Committee briefed on the NIH Roadmap (November 2004), developed with input from meetings with more than 300 nationally recognized leaders in academia, industry, government, and the public. An overview of NIH's Clinical Trial Research Agenda covering clinical trial issues, processes, direction, procedures, both intramural and extramural, was also provided.
- Through the Subcommittee on Privacy, conducted a hearing (March 30-31) in Chicago, IL to receive testimony from the provider community about the privacy implications of movement towards a national health information network and electronic exchange of health records. Associations representing clinicians provided cautionary testimony about release of any personally identifiable data without consent of the patient, in some cases even for treatment purposes. Most testifiers anticipate considerable benefits from electronic health records, but some questioned whether the privacy threats could be justified. Committee in process of developing a letter with recommendations for consideration in early 2006, providing advice in Department's implementation of the Privacy Rule.
- Also through the Privacy Subcommittee, conducted a third hearing on Privacy and Health Information Technology (June 7-8) to focus on privacy and confidentiality issues related to electronic health records and the development of a National Health Information Network. Participants testified about the use of electronic health records and health information networks in other countries, Regional Health Information Organizations (known as RHIOs or RHINOs), integrated health delivery systems, and health plans.
- NCVHS continues to support NCHS programs and activities, and through liaison with the BSC has a complementary function of fulfilling its own departmental mandate while maintaining alliance with NCHS objectives. The NCVHS Chair attended a portion of the BSC meeting, and the BSC Chair attended the NCVHS Executive Retreat. Concerns include need for continued and consistent recognition of NCHS as the principal federal statistical agency on health, and potential impact of the new CDC organization on NCHS management and operational decisions. Collaborative projects are being planned for the next several years, with a meeting of the executive/core groups to plan a joint meeting of both Committees in 2006.
- Continued its strategic planning process at an Executive Subcommittee session in Washington D.C. with the new appointed Chair (June 9th) and in San Francisco, CA for more extensive strategic planning and workplan review (August 2005).