



**As advisory committee to the Secretary of the Department of Health and Human Services, the NCVHS accomplishments in FY 2006 include:**

- Responding to a request by the DHHS Office of the National Coordinator for Health Information Policy (ONC), by forming an Ad Hoc Workgroup on the Nationwide Health Information Network. Starting with the Department's inaugural meeting at NIH (late June 2006 and follow-up Oct 16-17) the Ad Hoc Workgroup was organized to refine an initial set of minimal but inclusive requirements needed for NHIN services and its possible architectural forms. The Workgroup's efforts have resulted in increased cooperation and sense of alignment within the industry and eagerness to move forward. The NHIN is intended to develop widely available services that facilitate the accurate, appropriate, timely, and secure exchange of health information. The NCVHS reviewed the Ad Hoc Workgroup's preliminary report at its September 2006 meeting; the Workgroup will present a pre-final version at the Second NHIN Forum and finalize the report by the end of October 2006.
- Also in response to ONC, NCVHS quickly organized a hearing (July 2006) to obtain input from a range of stakeholders involved and potentially impacted by the NHIN development and process. Testifiers included representatives from NHIN contractors including consortia, RHIOs, large provider/payer networks, consumers, those involved with EHR, biosurveillance, and other pertinent areas.
- Maintaining ongoing involvement with AHIC efforts as reflected in the revised NCVHS charter, which includes a reference to working and coordinating with AHIC; also, NCVHS members are represented on two AHIC workgroups (Bio-surveillance and Electronic Health Records).
- Developed and transmitted to the Secretary a letter initially designed as a commentary on "Return on Investment," then reshaped to provide preliminary observations, lessons learned and recommendations on the implementation and impact of HIPAA. The years of testimony and input have significantly increased the Committee's understanding of HIPAA and its effects on the delivery and payment of health care as well as changes in business processes that result.
- Continues to have a role in the Consolidated Health Informatics (CHI) initiative, which has been folded into the Federal Health Architecture. In 2006, NCVHS reviewed and approved letters transmitting CHI domain area recommendations in the areas of Multimedia and Allergy.
- Submitted a letter/report prepared by the Privacy Subcommittee, on privacy implications of the Nationwide Health Information Network. Representing the culmination of an 18 month process of intensive and sometimes contentious deliberation, the report successfully establishes the Committee's baseline positions on privacy in health care and society; public, patient, cultural aspects of privacy; and release, availability and access to patient information. The report has already garnered intense interest since its posting on the NCVHS homepage.
- Packaged PHR findings and recommendations into a well received printed report "Personal Health Records and Personal Health Records Systems" (February 2006). This published report allows



wider distribution to an engaged readership and encourages a full range of stakeholders. One of the speakers noted that “PHR is part of implementing a transformational vision for health care and population health.” Input has been provided from perspectives of the consumer, provider, and business case for personal health records, and the report further explores aspects of the personal health dimension (cited in the 2001 NHII report).

- Developed NCPDP Script recommendations in response to rapid progress in the industry regarding e-prescribing foundational standards (December 2005). The letter is in line with the Committee’s charge in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to develop recommendations for uniform standards to enable electronic prescribing (e-prescribing) in ambulatory care.
- Continued to investigate improvements to the standards adoption and versioning processes by providing comments on the Claims Adjustment NPRM (November 2005). The rule proposes standards for electronically requesting and supplying particular types of additional health care information in the form of an electronic attachment to support submitted health care claims data. The Committee supported the proposed standards for the electronic transmission of attachment information and recommended flexibility for adopting new claims attachments transmission and messaging standards and additional types of attachments.
- Briefed by an IOM project officer on the recently published report-- Performance Measurement: Accelerating Improvement, which was of special interest to the Quality Workgroup and which called for a “well coordinated, national performance measurement and reporting system” through establishment of a National Quality Coordination Board.
- Actively supporting the Secretary’s agenda to improve health and health care through advances in interoperable health information technology. 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.
- Received regular briefings from the National Coordinator and associated staff to the full Committee, and at Subcommittee and the Executive Subcommittee sessions.
- Was briefed by the executive leadership from several key standards groups—The Certification Commission for Healthcare Information Technology (CCHIT) and the Healthcare Information Technology Standards Panel. CCHIT is the recognized certification authority for electronic health records, and their mission is to accelerate the adoption of health information technology “by creating an efficient, credible and sustainable product certification program.” The Chair of the HITSP informed the Committee of the process to promote nationwide interoperable health information exchange through standards adoption.
- Organized a Workshop (via the Populations Subcommittee) to explore best practices within and among government agencies in using linkages of administrative and survey data to improve our knowledge of health outcomes for the population and various subpopulations (September 2006). The workshop, *Using Administrative Data to Improve Statistics on Health Outcomes*, was successful in sharing information about current administrative record matching activities being conducted

across the Federal government and their potential for helping to understand and improve population health outcomes. The Subcommittee also explored barriers that make it difficult for the research community to utilize linked data and how they might be remedied. The Workshop provided a rare opportunity for representatives from an assortment of agencies to discuss these issues, share lessons and observations and dialog with each other. Panelists represented Census, HHS agencies, IRS, VA, Social Security, and the Department of Education.

- Organized a hearing (via the Quality Workgroup, November 2005) to explore potential effects of electronic health records (EHRs) on individual health and population health. The participants addressed the core questions of how EHRs can be used to improve health quality, and what building blocks are needed in EHRs so that they serve quality purposes. The hearing had a dual purpose: both long-range visioning and consideration of what needs to happen in the short term. Panelists provided their perspectives on the uses of the EHR and health information technology to assess and improve population health as well as on how the EHR is positioned to provide information for assessing and improving the health at the individual and population level.
- Distributed the report, “Eliminating Health Disparities: Strengthening Data on Race, Ethnicity, and Language” extensively throughout public and private organizations and offices as well as targeted mailing lists to encourage effectiveness and impact. 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. Report has been distributed
- 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 2005). 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.
- 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.
- The Quality Workgroup is working with AHRQ staff on activities related to Quality Indicators on Inpatient and Patient Safety. Currently, NCVHS members are participating on AHRQ workgroups focusing on patient safety and risk adjustment.
- 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.

- Committee was 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.
- Received a briefing and update from Dr. Daniel J. Friedman (former NCVHS member and former chair of the Workgroup on Health Statistics for the 21<sup>st</sup> Century) on an ongoing project focusing on the potential contributions of national health information infrastructures—and especially shared electronic health records—to health statistics from an international perspective (related developments in Australia, Canada, England, and New Zealand).
- In preparation for a first ever full Committee retreat, former NCVHS chairs John Lumpkin and John Detmer provided insights about the current health care environment and future projections at the June 2006 NCVHS meeting. The full Committee then adjourned for a 2-day retreat to strategize future directions and activities. The intention of the retreat was to provide time and space for the members to look back at previous work, accomplishments and operations and look forward to see how current and future issues can be best accommodated. With the help of a well-trained facilitator, the Committee discussed potential issues, strategized how to meet the escalating needs of the Department, analyzed its strengths, weaknesses, opportunities and threats, and is developing a strategic plan to operate in the current environment.
- 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 alignment with NCHS objectives. Both groups participated in a first ever joint session (September 2006) where the Chairs of both groups along with their respective staff and liaisons led discussions on the effect of tightening privacy regulations and policies on collection and analysis of health data, strengths and weaknesses of aggregated data, the current status of electronic birth and death records, and the confusion of operating under different and sometimes conflicting state laws. The members will consider making joint statements about issues of mutual interest and concern and agreed to maintain the momentum and synergy by arranging joint sessions in the future.