Health IT Standards Committee Takes On Patient-Generated Health Data

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By AHIMA's Advocacy and Policy Team

Efforts from the Office of the National Coordinator for Health IT (ONC) in the area of patient-generated health data began in 2011. With mobile health on the rise and the "meaningful use" EHR Incentive Program progressing throughout the US healthcare system, these efforts continue to grow in importance to the future of healthcare and health information.

To that effect, ONC recently released an informational document on the subject, titled "Issue Brief: Patient Generated Health Data and Health IT." This document provides information on the issue including opportunities, concerns, and a look toward what may be coming next—such as the Health Information Technology Policy Committee's (HITPC) complete stage 3 "meaningful use" EHR Incentive Program recommendations, expected in early 2014 as of press time.

HITPC and ONC's Health IT Standards Committee are exploring ways to include patient-generated health data in stage 3 meaningful use. A white paper prepared by RTI International for ONC defined patient-generated health data as "health-related data—including health history, symptoms, biometric data, treatment history, lifestyle choices, environmental factors and other information—created, recorded, gathered, or inferred by or from patients or their designees (i.e., care partners or those who assist them) to help address a health concern."

The Health IT Standards Committee's Consumer Technology Workgroup is charged with the goal to "provide recommendations on standards and interoperability issues and opportunities related to strengthening the ability of consumers, patients, and lay caregivers to manage health and health care for themselves or others." Included in their scope is the portability of patient data, access to and generation of their own health data, and incorporating patient preferences for a variety of issues.

The Patient Generated Health Data Taskforce, a group formed under the Health IT Standards Committee's Consumer Technology Workgroup, held a public call in January for the purpose of developing final recommendations for standards and for the stage 3 meaningful use program. The committee reviewed the C-CDA Release 2.0 standard, DIRECT information exchange protocol, and the Continua Alliance in four different patient-generated data use cases:

- Sharing patient information
- Sharing advance directives
- Form and questionnaires
- Device data from patients

The recommendations on these cases were slated to be included in the HITPC recommendations in early February.

Final OPPS Regulation Addresses Clinic, ED Visit Coding

In the Centers for Medicare and Medicaid Services' (CMS) 2014 Medicare Hospital Outpatient Prospective Payment System (OPPS) final rule, which was published in the December 10 issue of the *Federal Register*, CMS modified part of their proposal—described in detail in the proposed rule—to replace the current five levels of clinic and emergency department (ED) visits with three new alphanumeric Level II HCPCS codes to describe clinic visits, Type A ED visits, and Type B ED visits. CMS finalized their proposal to no longer recognize a distinction between new and established patient clinic visits.

The proposal to create a single visit level for clinic visits was finalized, but changes to ED visit levels were not adopted. A new alphanumeric HCPCS code, G0463 (Hospital outpatient clinic visit for assessment and management of a patient) has been created, for hospital use only, representing any clinic visit under the OPPS. This new HCPCS code is assigned to new APC

0634 (Hospital Clinic Visits). The proposed reduction in ED visit levels was not finalized because CMS felt it was best to delay any changes in ED visit coding while they reevaluate the most appropriate payment structure for ED visits.

Several public comments in response to the proposed rule pointed out that a single payment for an ED visit might underrepresent resources required to treat the most complex patients, such as trauma patients. CMS found this to be a compelling issue, for which an alternative payment structure, possibly including more than one payment level, may be warranted. CMS concluded that additional study is needed to fully assess the most suitable payment structure for ED visits.

US and UK Sign Bilateral Agreement

The Office of the National Coordinator's Annual Meeting, titled "Transforming Healthcare One Connection at a Time," was held on January 23-24 in Washington, DC. The new National Coordinator for Health Information Technology, Karen DeSalvo, MD, MPH, MSc, was introduced at the meeting. Participants at the meeting included Secretary of the Department of Health and Human Services Kathleen Sebelius, United Kingdom Secretary of State for Health Jeremy Hunt, Acting United States Surgeon General Boris D. Lushniak, MD, MPH, and other notable health IT experts.

The meeting's "Public Day Agenda" was held on January 23, and included an ONC Town Hall and a wide array of presentations and panels, such as:

- Spurring Innovation for Health IT Transformation
- Empowering Patients and Building Trust
- Building Safer Systems for Better Care
- Demonstrating Progress Toward Interoperability

The second day of the meeting was a working session with tracks on certification, exchange and interoperability, grants management, meaningful use, payment and delivery reform, privacy and security, population health and data, safety, communications and outreach, and consumer e-health. For additional information and a replay of the webcast, visit www.healthit.gov/oncmeeting.

Sebelius and Hunt announced on the first day of the meeting that the United States and the United Kingdom were signing a bilateral agreement for the use and sharing of health information technology and tools. According to their announcement, "the agreement strengthens efforts to cultivate and increase the use of health IT tools and information designed to help improve the quality and efficiency of the delivery of healthcare in both countries." Sebelius and Hunt signed the agreement at the Annual Meeting.

The agreement signals a formal commitment by both countries to collaborate to advance the applications of data and technology to improve health.

Originally identified at the bilateral summit meeting between the United States and United Kingdom on June 5, 2013, the collaboration focuses on four key areas for health IT and innovation. As stated in the Memorandum of Understanding (available at www.healthit.gov/sites/default/files/hhsnhs_mou_final_jan_21.pdf), these key areas are:

- **Sharing Quality Indicators** – The collaboration reviewed existing quality indicators and selected depression symptom screening and knee/hip quality indicators, and is now identifying alignments across existing British and American repositories to identify best practices in the design and use of quality indicators. Future work will include mutually leveraging technical experts and data, and working on a standardized approach to quality indicator development.
- **Liberating Data and Putting It to Work** – The HHS in the United States and the National Health Service in England will discuss and find areas of collaboration, including:

    - Open data and safe and secure data transparency of secondary stored data, with the consent of patients to allow for the two countries to further assess the quality of preventive interventions and healthcare delivery
    - Interoperability standards for improvement of data sharing and clinical care respectively, with a focus on consumer/patients accessing and sharing their data, such as Blue Button in the US

- **Adopting Digital Health Record Systems** – Both organizations will work to maximize successful adoption of digital records across the healthcare spectrum and support the development of a robust health information technology workforce.
- **Priming the Health IT Market** – Both organizations will work to support the health IT marketplace by identifying barriers to innovation, sharing individual certification approaches for patients and clinician-facing applications, and developing strategies to support small and medium enterprises and start-ups.

Read More

Full US, UK Bilateral Agreement and Memorandum of Understanding Available
www.healthit.gov

For further information on the agreement, visit http://www.healthit.gov/policy-researchers-implementers/health-information-technology-use-united-states-and-united-kingdom. To read the Memorandum of Understanding, visit http://www.healthit.gov/sites/default/files/hhsnhs_mou_final_jan_21.pdf.

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