Standards (including Vocabulary): Past ~ Present ~ Bright Future?

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Content standards include:

- **Data elements**, e.g., gender, presenting complaint)
- **Descriptions of entities**, e.g., birth certificate
- **Messages**, e.g., lab test result
- **Allowable values for data elements**, which can be entire *vocabularies*
- **Mappings** between different value sets, e.g., between SNOMED and ICD-9-CM
- **Information models** that define the context in which standards are used
- **Survey questions** and any coded responses
- **Guideline, protocol, and algorithm formats**
This topic has been addressed before …

- 1991 – IOM: *The Computer-Based Patient Record*
- 1994 – AMIA Board of Directors
- 1995 – PHS: *Making a Powerful Connection*
- 1996 – Congress: *HIPAA*
- 2000 – IOM: *To Err is Human*
- 2000 – NCVHS: *Report on Standards for PMRI*
- 2001 – IOM: *Crossing the Quality Chasm*
- 2001 – AMIA Congress: *PH Informatics Agenda*
- 2002 – NCVHS: *PMRI recommendations (1st Set)*
- 2002 – AMIA Congress: *Drug Nomenclature/Information*
- 2002 – AAMC conference: *IT Enabling Clinical Research*
- 2003 – Connecting for Health: *Standards Wk.Gr.Report*
To summarize…. (1)

- Establish a mechanism for designating uniform National Standards
- Pick best available as starting point
- Broaden participation in standards development
- Support development, maintenance, and low/no cost distribution
To summarize…. (2)

- Promote use and improvement through:
  - Early Federal adoption
  - Conformance and production testing
  - Demonstration projects, Cost/benefit research
  - Financial incentives

- Coordinate development and maintenance to achieve comprehensive, non-overlapping, interlocking standards
Establish a mechanism for designating uniform National Standards

- **1996** – HIPAA regulations established as mechanism for administrative standards
- **2000** – NCVHS recommends federal guidance and early adoption – *not* regulation - for clinical standards
- **2002** – Consolidated Health Informatics (CHI) eGov project becomes vehicle for adopting target U.S. government-wide clinical standards
Progress to date - 2

◆ Pick best available as starting point
  ● **2000** – Final HIPAA transactions and code sets regulation published (effective October 2003)
  ● **2002** – NCVHS recommends adoption of 4 clinical messaging standards
  ● **2003 March** – CHI adopts NCVHS recommendations, plus LOINC, as target U.S. government-wide standards – *more coming*
    ■ [http://www.whitehouse.gov/omb/egov/gtob/health_informatics.htm](http://www.whitehouse.gov/omb/egov/gtob/health_informatics.htm)
Progress to date - 3

◆ Broaden participation in standards development
  • 1999 – Public Health Data Standards Consortium
  • 2002 – IOM Patient Safety Data Standards Committee
  • 2002 – Connecting for Health
Progress to date - 3

- **Support development, maintenance, and low/no cost distribution**

- **Federal support for vocabulary**
  - 1999 – LOINC contract
  - 2002 – RxNorm development
  - 2003 – SNOMED CT contract & license
  - 2004 – Uniform distribution of standard clinical vocabularies and HIPAA code sets in UMLS
Progress to date - 4

- Support development, maintenance, and low/no cost distribution

- HL7
  - Increased pace and scope of activity, e.g.,
    - Implementation guides; Reference Information Model; Templates; Guidelines; Decision support rules; Electronic Health Record
  - Additional financial support
Much remains to be done

- More message implementation guides, other vocabularies, etc.
- The “rest” of the content standards
- Growing HL7’s capacity while retaining its great strength:
  - standards developers who will actually use the standards they are developing.
The *Real* Challenges

◆ Promote use and improvement through:
  ● Early Federal adoption
  ● Conformance and production testing
  ● Demonstration projects, Cost/benefit research
  ● Financial incentives

◆ Coordinate development and maintenance to achieve comprehensive, non-overlapping, interlocking standards

◆ Solve the “update” problem