The Office of the National Coordinator for Health Information Technology

RTI INTERNATIONAL

Health IT Safety Center Road Map Task Force

Task Force Meeting #3

Date: March 16, 2015

Attendance

Task Force Member	Status
Terry Fairbanks, MD, MS Director, National Center for Human Factors in Healthcare and MedStar SiTEL, MedStar Health	Present
Peggy Binzer Executive Director, Alliance for Quality Improvement and Patient Safety	Absent
Richard Landen, MBA, MPH QuadraMed, Director of Regulatory Affairs Representing the Healthcare Information and Management Systems Society (HIMSS) Electronic Health Record (EHR) Association	Present
Ronni Solomon, JD Executive Vice President and General Counsel, ECRI Institute	Present
Dean F. Sittig, PhD School of Biomedical Informatics, University of Texas Health Science Center	Present
Tejal Gandhi, MD, MPH National Patient Safety Foundation	Present
Rebecca P. Snead, BS Pharm National Alliance of State Pharmacy Associations, Alliance for Patient Medication Safety	Present
Steven Stack, MD President-elect, American Medical Association	Present
Diane Jones, JD American Hospital Association	Present
David Classen, MD CMIO, Pascal Metrics; Associate Professor of Medicine, University of Utah	Present
Gerard M. Castro, PhD, MPH Project Director, Patient Safety Initiatives; Office of Patient Safety, The Joint Commission	Present
Luke Sato, MD Senior Vice President and Chief Medical Officer, CRICO/Risk Management Foundation	Absent
Susan McBride, PhD, RN-BC, CPHIMS Professor, Texas Tech University Health Sciences Center, School of Nursing	Absent
Shafiq Rab, MD Hackensack University Medical Center Representing College of Healthcare Information Management Executives (CHIME)	Absent
Eugene Heslin, MD Bridge Street Medical Group	Present
Stephanie Zaremba, JD athenahealth	Present

Task Force Member	Status
Missy Danforth Senior Director, Hospital Ratings, The Leapfrog Group	Absent
Michael Cohen, MD Professor, Department of Pathology, University of Utah	Present
Emily Barey RN, MSN (Alt: Jim Russell) Director of Nursing Informatics, EPIC	Present
David B. Troxel, MD Medical Director and Secretary, Board of Governors, The Doctors Company	Present
Martha Donovan Hayward Institute for Healthcare Improvement, Public and Patient Engagement	Absent
Marilyn Neder Flack Executive Director, Association for the Advancement of Medical Instrumentation (AAMI) Foundation; Senior Vice President, Patient Safety Initiatives	Present
Bakul Patel, MSEE, MBA Associate Director for Digital Health (Acting), Center for Devices and Radiological Health, Food and Drug Administration (FDA)	Absent
Andrew Gettinger, MD Office of Clinical Quality and Safety, Office of the National Coordinator for Health Information Technology (ONC)	Present
Amy Helwig, MD, MS Deputy Director, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality (AHRQ)	Absent
Ben Bartolome (Alt: Yahya Shaikh, MD, MPH) Special Counsel, Office of General Counsel, Federal Communications Commission	Present
Minet Javellana Center for Clinical Standards & Quality, Centers for Medicare & Medicaid Services (CMS)	Present
Project Staff RTI: Stephanie Rizk, Doug Johnston, Colene Byrne, Dawn McIntyre, Jonathan Wald, Linda Dimitropoulos, Shellery Ebron ONC: Kathy Kenyon	Present

Topics

Welcome and Review

Doug Johnston, RTI project director, began the meeting with the roll call, and a review of project objectives and timeline. The fourth and final meeting of the Task Force is currently scheduled for April 27, 2015. The objective of that meeting will be to collect feedback on the draft road map, which will be circulated to Task Force members ahead of the meeting to review.

Work Group Report Outs

Over the past 6 weeks, two workgroups (WGs) met weekly to provide detailed inputs on a) core activities/functions and b) operations related to the Health IT Safety Center Road Map. A representative from each WG presented a summary of the results of each WG.

Core Activities/Core Functions

Report out was provided by Tejal Gandhi, MD, from the National Patient Safety Foundation. A summary of the major points is included in Table 1.

Table 1: Summary of report out for Core Activities/Core Functions Work Group

Draft HIT Safety Center Objectives	• Better methods to identify health IT safety events and hazards • Improved evidence, awareness and knowledge around health IT safety, including root cause analyses and ways to address these causes • Better practices, tools, interventions to improve health IT safety that reflect current and growing evidence • Safer use of health IT through improvements in system design, workflow, testing and implementation • Better uses of health IT as a tool to improve safety • Increased education and competency around system use and health IT safety issues, including end users (clinicians), patients/consumers, vendors, and other stakeholders • Increased engagement across public and private sector stakeholders in health IT safety
Draft Stakeholders Identified	Organizations • PSOs; health care provider organizations/systems; accountable care organizations, other value-based provider organizations; government agencies (e.g., federal, state); health care accrediting bodies; risk management/medical liability insurance organizations; health plans/payers/insurers; health IT developers and associated trade groups (e.g., vendors); trade/professional associations; developers of health IT-related safety tools/interventions; consumer safety advocacy; educational institutions; health-related standards and measure development organizations Roles • Chief information officers/chief medical informatics officers /chief nursing informatics officers; providers, clinicians (e.g., system users, frontline staff); patients/consumers and their caregivers; patient safety officers/quality directors; health IT safety, human factors, usability researchers or experts Others • Community HIE efforts (which often include research as a value proposition); quality improvement organizations

Draft Five Core Functions	1. Research – Identify evidence-based best practices, tools, interventions to improve health IT safety. 2. Analyze – Identify gaps in resources relative to priority areas based on research/ evidence. 3. Develop – Develop best practices, tools, interventions, education to address identified gap; develop tools to assess competency. 4. Disseminate – Disseminate to target audiences (e.g., clearinghouse, Webinars, education programs). 5. Evaluate – Assess quality, evidence-base, usefulness of resources; evaluate uptake, impact of resources, including competency; improve these resources based on evaluation. Focus areas nested across functions • Methods and sources for identifying health IT safety events and hazards • Current evidence of health IT: improvements, safety events, and hazards • Best practices, tools, interventions, education to address health IT safety events and hazards
Draft Core Activities	1. Synthesize findings and analysis across evidence-generating sources, develop reports, and summarize findings, which will inform areas for additional research. 2. Conduct and/or support broad and targeted research on health IT safety issues identified through analysis of health IT safety evidence/information. Include both use of health IT to improve safety and as contributor to safety risks. 3. Conduct and/or support broad and targeted research on health IT safety issues identified through analysis of health IT safety evidence/information. Include both use of health IT to improve safety and as contributor to safety risks. 4. Strengthen and augment existing taxonomies to improve identification of health IT-related safety events, including event and hazard reporting. 5. Identify, track, develop, share, evaluate, and maintain tools and educational programs that improve health IT safety and raise awareness among key audiences. 6. Address key health IT-related safety issues, such as EHR [user] interfaces, usability and design principles, to minimize safety risks. 7. Identify/develop tools for testing individual knowledge and competency regarding health IT to mitigate common safety events. 8. Identify and promote methods and tools to test impact of health IT safety interventions.

A summary of the post-report out discussion on core activities/functions included:

- Clarifications to objectives around research of health IT safety evidence provided assurance that the Health IT Safety Center is not being proposed to collect data directly nor to conduct investigations.
- The objectives support a concept of the Health IT Safety Center that provides recommendations based on evidence but does not have enforcement authority, which is outside the scope of both ONC and AHRQ. In general, the Task Force members expressed the understanding that investigations and enforcement are outside the Center's scope, and would, in any case, not be conducive to a Center as a

trusted space for collaboration by all stakeholders on important issues of concern related to health IT and patient safety.

- Suggestion to add more operational leaders like chief nursing officers to the stakeholder list.
- General agreement that the five core functions – research, analyze, develop, disseminate, and evaluate – seemed correctly aligned with achieving the Center objectives. Incorporating the concept of "impact" into the dissemination core function is important; engagement with entities that are willing to participate in the uptake of recommendations, etc., and the feeling that participants are providing real contributions to the work will also be important.

Operations

Report out was provided by Steve Stack, MD, from the American Medical Association. A summary of the major points covered is provided in Table 2.

Table 2: Report out detail for Operations Work Group

Attributes and Principles of the draft Operational Model	• Shared learning, shared responsibility • Solutions-focused – development, dissemination, implementation, evaluation • Nonregulatory • Voluntary, nonbinding • Trusted space • Public-private partnership • Transparent • Advance current work – complementary, not competitive

Draft Concept of Operations	• Health IT Safety Center would be led by a Center Director. Entity that the Center Director reports to would be dependent on funding source.
	• Central staff to the Center would fall into three areas: research, convening, and dissemination.
	  • Research staff: Conduct research related to Center focus areas (e.g. broad evidence summaries; targeted deep investigations of selected topics); synthesize, analyze, frame health IT safety event summary evidence (*nonidentifiable*); participate in development/refinement of methods to identify health IT safety events; develop evaluation plans and evaluate impact of practices, tools.
	  • Convening staff: Focus on public-facing engagement activities (e.g., Center member recruitment, managing WGs, some education); convene Center Members to discuss research findings (evidence summary reports) and existing practices targeting safety issues identified; help create, convene, and facilitate WGs; manage development of WG work products; summarize WG meeting discussions.
	  • Dissemination staff: Support promotion and distribution of Center work products (i.e., evidence summary reports, practices, tools related to health IT safety issues); supports Convening staff, WG participants, Center members and other stakeholders with implementing practices, tools; collects feedback on implementation progress, shares with research staff for evaluation.

Draft Concept of Operations (continued)	• Advisory Panel made up of both public and private sector stakeholders would operate under the Center Director. Some suggested roles and responsibilities for the Advisory Panel include:
	  • Help to define research and development topics.
	  • Review all Center work products prior to their release.
	  • Provide oversight related to Center operations (possibly).
	  • Help identify and recruit Center members.
	  • Participate in Center WGs.
	• A flexible/indeterminate number of WGs would be convened to tackle specific topics as they emerge from the evidence research as gaps in knowledge. WGs would be formed from appropriate members of the stakeholder community as appropriate and based on their expertise, experience, or interest. The scope of the WG would be determined by the Advisory Panel in conjunction with the Center Director. The WGs would be supported by Center staff (research, convening, and dissemination).
	• Center Membership would be open to both public and private sector stakeholders, individuals, and organizations. Members would be encouraged to engage in discussions regarding defining issues of focus, contributing evidence for consideration, and sharing methods/practices/tools to support safe use of health IT.

A summary of the post-report out discussion about operations included:

- General agreement that the draft concept of operations is a strong start; it brings disparate entities together to share learning and suggests minimal threats to individual autonomy.
- Task Force members offered a number of suggestions for ways in which the value of the Health IT Safety Center could be best illustrated in the road map using specific examples of how a topic or activity would move through the operational workflow.

Wrap-Up

The meeting ended with RTI's description of the timeline for drafting the roadmap document and reviewing with the Task Force. Task Force meeting 4 will focus on discussing the draft road map. WGs will not be convened on a regular basis moving forward, but RTI may contact individuals, WGs, or the entire Task Force for input as the writing process moves forward.