# PHII logo July 2010.jpgProject Charter

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| **Project Name** | **IIS-EHR Bi-Directional Query Exchange Requirements** | **Date:** Jan. 9, 2013 |
| **Project Sponsor** | PHII; HRSA/MCHB | |
| **Stakeholders** | AIRA and CDC/NCIRD/IISSB  IIS and EHR system vendors as users; CMS and ONC as critical stakeholders; HIEs as a secondary stakeholder | |
| **Project Purposes**   1. To collaboratively identify, define and document a standardized use case for bi-directional query immunization information exchange 2. To inform development of proposed regulations for stage 3 of the EHR Incentive Programs (“Meaningful Use “) and for the 2015 Edition of EHR certification. | | |
| **High Level Methodology** | | |
| 1. Convene IIS and EHR vendor community representatives to reach consensus on a single, optimal use case for bi-directional query exchange (as defined by the work group). 2. Document a consensus approach in sufficient detail that the documentation can guide IIS and EHR system vendors in implementing the approach. 3. Ensure documentation is vetted and finalized in time for CMS and ONC to consider for the stage 3 Notice of Proposed Rulemaking (NPRM), likely to be released in late summer or early fall 2013. | | |
| **High Level Project Description** | | |
| The stage 3 Meaningful Use regulations are expected to include bi-directional, real time exchange between IIS and EHR systems. Rather than every IIS program developing its own approach to such exchange, the IIS and EHR vendor communities would ideally work collaboratively to identify 1-2 consensus approaches which would be documented sufficiently well to be formally referencedin the stage 3 NPRM. This may include making recommendations to refine the HL7 v2.5.1 Implementation Guide. If time allows, the workgroup may also identify the uses and limitations of the CDA standard for bi-directional query exchange. | | |
| **Project Objectives and Time Lines**   1. Charter the project with AIRA and IISSB (Nov 2012). 2. Conduct a gap analysis between the current guidance on bi-directional exchange and actual practice. (Jan 2013) 3. Convene a workgroup of IIS managers and EHR vendors to review and narrow approaches to no more than two “endorsed” approaches (Feb 2013). 4. Develop draft requirements and specification guidance for IIS and EHR vendors, including identifying and recommending any updates needed for the HL7 v2.5.1 implementation guide (March 2013). 5. Vet with the IIS and EHR communities, the ONC and CMS (through April 2013). 6. Finalize documentation and disseminate (May 2013). | | |

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| **Project Constraints** |
| * There is a limited budget of $75,000. * The final documentation must be available by summer 2013. * Travel authorization for IIS staff may be a challenge. * Finding a date for the workgroup meeting that doesn’t conflict with other AIRA/IIS meetings could be a challenge. |
| **Project Assumptions** |
| * Representatives of the EHR vendor community (particularly for ambulatory products) will be willing to work with the IIS community on this project. * CMS and ONC will accept the result of this collaborative work, and consider it for reference in the stage 3 Meaningful Use NPRM. |
| **Project Outputs and Dissemination**   * A gap analysis between the current guidance on bi-directional query exchange and actual practice. * Detailed documentation on implementing the bi-directional query exchange use case. * Possible recommended updates to the HL7 v2.5.1 implementation guide. * Possible documentation on the potential uses and limitation of the CDA standard for bi-directional query exchange.   The outputs from this project need to be readily available to IIS projects, system developers, the ONC and others. The work products will also have to be properly curated and maintained over time. The following responsibilities for production, dissemination and curation are proposed:   * Development and production of work projects: PHII * Dissemination to IIS community and IIS developers: AIRA and CDC * Web posting of work products: AIRA and CDC * maintenance and periodic updating: CDC and AIRA * Deterioration/authoritative source: CDC |