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## Initiatives

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# Presidential Initiatives

## Consolidated Health Informatics

**Program Manager** Mary Forbes, FHA Program Manager (Program managed as component of FHA)

**Description** Adopts a portfolio of existing health information interoperability standards (health vocabulary and messaging) enabling all agencies in the federal health enterprise to “speak the same language” based on common enterprise-wide business and

information technology architectures.

**Progress to Date**

- Government-wide health IT governance council established
- Portfolio of 24 target domains for data and messaging standards identified
- Partnered with 23 federal agencies/departments who use health data for agreements to build adopted standards into their health IT architecture
- Messaging and terminology standards adopted for 20 domains, yielding 11 sets of standards to be used in federal IT architectures
- Domains that did not have standards ready or mature enough to adopt produced follow-up recommendations
- Regular meetings with industry to prevent major incompatibilities in partnership with the National Committee on Vital and Health Statistics
- Defined change management role for the initiative's merger into Federal Health Architecture (FHA)
- CHI goals incorporated into the FHA and activities coordinated through the Office of the National Coordinator for Health Information Technology (ONC) <http://www.hhs.gov/healthit/>

**Next Steps**

- Maintain adopted standards enhancing usability and interoperability
- Create implementation guides for adopted standards
- Implement adopted standards in new opportunities
- Adopt new standards
- Identify appropriate pilots, demonstrations, and deployments

Federal agencies with health-related missions need to find a way to share their health information. This health data sharing will enable them to make significant strides towards improving patient safety, reducing error rates, lowering administrative costs, and strengthening national public health and disaster preparedness. To share health data, agencies need to adopt the same clinical vocabularies and the same ways of transmitting that information. For example, today “cold” can mean many different things (temperature, mood, illness, influenza, and so forth). With common vocabulary standards, agencies are able to understand what “cold” means; with common messaging standards, they are able to transmit that information in a way that maintains its meaning. This sharing information within and between agencies establishes “interoperability.” Public and private groups have emphasized how interoperability through standards will enable us to share a common electronic patient medical record and in turn greatly improve the quality of US healthcare.

The Consolidated Health Informatics (CHI) initiative will establish a portfolio of existing clinical vocabularies and messaging standards enabling federal agencies to build interoperable federal health data systems. This commonality will enable all federal agencies to “speak the same language” and share that information without the high cost of translation or data re-entry. Federal agencies could then pursue projects meeting their individual business needs aimed at initiatives such as sharing electronic medical records and electronic patient identification. CHI standards will work in conjunction with the Health Insurance Portability and Accountability Act (HIPAA) transaction records and code sets and HIPAA security and privacy provisions.

About 20 department/agencies including HHS, VA, DOD, SSA, GSA, and NIST are active in the CHI governance process. Through the CHI governance process, all federal agencies will incorporate the adopted standards into their individual agency health data enterprise architecture used to build all new systems or modify existing ones. There is a Consolidated Health Informatics Council that leads the work. CHI conducts outreach to the private sector through the National Committee on Vital and Health

Statistics; records and schedules are available at [www.ncvhs.hhs.gov](http://www.ncvhs.hhs.gov).

An “electronic health” or “eHealth” movement in the health care industry has formed and is driven by several private, public and private-public initiatives and consortiums seeking improvements in health care activities through technology. There is consensus that the time is right to establish universal clinical vocabulary and messaging standards to enable technology development which better supports exchange and sharing in a secure environment. Leaders in the health care industry have communicated how important the federal government’s leadership role is in the adoption of standards. As the federal government is involved in providing and paying for health care, standards we use significantly influence the decisions on standards made by the rest of the health marketplace. As good business partners, federal agencies working through CHI will openly share information on the CHI standards portfolio as it is assembled. At the same time, private sector consortiums seeking standards solutions are sharing their information with CHI .

### **Standards Announced on March 21, 2003**

On March 21, 2003, the Departments of Health and Human Services, Defense, and Veterans Affairs announced the first set of uniform standards for the electronic exchange of clinical health information to be adopted across the federal government.

The standards all federal agencies will adopt are:

- Health Level 7 (HL7) messaging standards to ensure that each federal agency can share information that will improve coordinated care for patients such as entries of orders, scheduling appointments and tests and better coordination of the admittance, discharge and transfer of patients.
- National Council on Prescription Drug Programs (NCDPC) standards for ordering drugs from retail pharmacies to standardize information between health care providers and the pharmacies. These standards already have been adopted under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and ensures that parts of the three federal departments that aren’t covered by HIPAA will also use the same standards.
- The Institute of Electrical and Electronics Engineers 1073 (IEEE1073) series of standards that allow for health care providers to plug medical devices into information and computer systems that allow health care providers to monitor information from an ICU or through telehealth services on Indian reservations, and in other circumstances.
- Digital Imaging Communications in Medicine (DICOM) standards that enable images and associated diagnostic information to be retrieved and transferred from various manufacturers’ devices as well as medical staff workstations.
- Laboratory Logical Observation Identifier name Codes (LOINC) to standardize the electronic exchange of clinical laboratory results.

### **Full Reports:**

1. Laboratory Result Names - adopted
2. Messaging Standards: Includes scheduling, medical record/image management, patient administration, observation reporting, financial management, patient care - adopted
3. Messaging Standards: Includes retail pharmacy transactions - adopted
4. Messaging Standards: Connectivity - adopted
5. Messaging Standards: Includes Image Information to Workstations - adopted

## **Standards Announced on May 6, 2004:**

On May 6, 2004, the Departments of Health and Human Services, Defense, and Veterans Affairs announced the adoption of 15 additional standards agreed to by the CHI initiative to allow for electronic exchange of clinical information across the federal government. The 15 new standards build on the existing set of five standards adopted by HHS in March 2003 and complete the first phase of the CHI initiative. The new standards agreed to by federal agencies will be used as agencies develop and implement new information technology systems.

The specific new standards are:

- Health Level 7 (HL7) vocabulary standards for demographic information, units of measure, immunizations, and clinical encounters, and HL7's Clinical Document Architecture standard for text based reports. (Five standards)
- The College of American Pathologists Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) for laboratory result contents, non-laboratory interventions and procedures, anatomy, diagnosis and problems, and nursing. HHS is making SNOMED-CT available for use in the U.S. at no charge to users. (Five standards)
- Laboratory Logical Observation Identifier Name Codes (LOINC) to standardize the electronic exchange of laboratory test orders and drug label section headers. (One standard.)
- The Health Insurance Portability and Accountability Act (HIPAA) transactions and code sets for electronic exchange of health related information to perform billing or administrative functions. These are the same standards now required under HIPAA for health plans, health care clearinghouses and those health care providers who engage in certain electronic transactions. (One standard.)
- A set of federal terminologies related to medications, including the Food and Drug Administration's names and codes for ingredients, manufactured dosage forms, drug products and medication packages, the National Library of Medicine's RxNORM for describing clinical drugs, and the Veterans Administration's National Drug File Reference Terminology (NDF-RT) for specific drug classifications. (One standard.)
- The Human Gene Nomenclature (HUGN) for exchanging information regarding the role of genes in biomedical research in the federal health sector. (One standard.)
- The Environmental Protection Agency's Substance Registry System for non-medicinal chemicals of importance to health care. (One standard.)

## **Link to Executive Summaries**

### **Full Reports:**

1. Medications: Summary report including Special Populations and Drug Classifications - adopted
2. Medications: Structured Product Labeling Sections - adopted
3. Medications: Drug Product - adopted
4. Medications: Package - adopted
5. Medications: Active Ingredients - adopted
6. Medications: Clinical Drug - adopted
7. Medications: Manufactured Dosage Form - adopted
8. Anatomy - adopted
9. Billing / Financial - adopted
10. Chemicals - adopted
11. Clinical Encounters - adopted
12. Demographics - adopted

- 13. Diagnosis and Problem Lists - adopted
- 14. Genes and Proteins - adopted
- 15. Immunizations - adopted
- 16. Interventions & Procedures Laboratory Test Order Names - adopted
- 17. Interventions and Procedures, non-Laboratory - adopted
- 18. Laboratory Result Contents - adopted
- 19. Nursing - adopted
- 20. Text Based Reports - adopted
- 21. Units - adopted

**No standard ready to be adopted. Report contains recommendations for follow-up work.**

- 1. Disability
- 2. History and Physical
- 3. Medical Devices and Supplies
- 4. Multimedia
- 5. Population Health

Table 1

Consolidated Health Informatics Federal Partner Departments & Agencies As of November 2003

<b>Department-Level</b>	<b>Agency-Level</b>
Veterans Affairs	Veterans Health Administration
Defense	
Health & Human Services	Office of the Secretary
Health & Human Services	Centers for Medicare & Medicaid Services
Health & Human Services	Centers for Disease Control & Prevention
Health & Human Services	Indian Health Service
Health & Human Services	National Institutes of Health
Health & Human Services	National Library of Medicine
Health & Human Services	Agency for Health Research & Quality
Health & Human Services	Administration for Children & Families
Health & Human Services	Health Resources & Services Administration
Health & Human Services	Substance Abuse & Mental Health Services Administration
Social Security Administration	
General Services Administration	
Office of Management & Budget	
Environmental Protection Agency	
Department of Energy	Los Alamos National Laboratories
	National Institute of Standards & Technology
	US Agency for International Development
State	
Education	
Justice	