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Metadata Standards for EHRs: A Sneak Preview of Meaningful Use Stage 2?

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The Office of National Coordinator for Health Information Technology (ONC) has announced that it is seeking comments on metadata standards related to patient access to summary care records from their health care providers. In short, metadata is the background data about data. The implementation of metadata standards would mean that background data from electronic health records could be used to create a summary about patient electronic records, which patients could access through exchanges. This is the first step in easy and safe patient access to health information, a goal of HITECH alongside exchange of information between health care providers and reporting to government agencies. Comments are due by **September 23, 2011**.

This standard comes in reactions to a report entitled [Realizing the Full Potential of Health Information Technology to Improve Healthcare for Americans: The Path Forward](#) [PDF] released December 2010 from [President's Council of Advisors on Science and Technology](#) (PCAST), a White House advisory group comprised of scientist and engineers. After extensive public vetting and harmonization of PCAST's recommendations, ONC agreed that the best place to start would be to enable patients to more easily access, sort and share their own health information.

ONC believes that metadata may promote these large goals in three key areas out for public comment:

1. *Patient identity metadata* – data required to select a particular patient from a population. The proposed standard would require:
 - Name
 - Date of birth
 - Address
 - Zip code

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- Patient identifier(s) – unique identifying information such as the last 4 digits of social security numbers, driver’s license number, the provider’s patient identification number or some combination thereof

ONC is seeking comments on whether additional elements are needed for patient identity categories or if any of the listed elements should be removed. Also, ONC is seeking information about what to do when address information is not available. ONC proposes to use the health care institution’s address when the patient address information is not used. It appears that, at the very least, multiple identifiers must be used to avoid patient identification issues. For example, there may be multiple John Smiths born on the same day.

2. *Provenance metadata* – the data on the dataset’s history, origin and any modifications to ensure the data has not been altered since its creation.

This would include:

- Tagged data element (TDE) identifier (i.e., linking other tagged data elements to each other such as linking a diagnostic study to the patient encounter that lead to the test)
- Time stamp
- Actor and actor affiliation

ONC is seeking comments on whether additional elements other than those listed should be included. Provenance metadata will provide reassurance to patients and health care providers about who created the record and when it was created. On the other hand, plaintiffs’ attorneys will have a field day seeking information about alterations or late amendment to records.

3. *Privacy metadata* – data which can convey a patient preference related to the sharing of that patient’s information with particular recipients with respect to specific types of information. This standard presumes that

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metadata will be secure (i.e., encrypted) and thus, only address patient preferences related to sharing information within an exchange.

The ONC is also open to comments beyond this narrow scope of patients' summary care records, as it sees metadata supporting the growth of nationwide health information exchanges, and is considering including these metadata standards as part of Stage 2 of Meaningful Use. The ONC believes that this granular level of data exchange and accuracy will encourage health care provider confidence in health information exchanges and promote their widespread use. In addition, metadata promotes the health care reform goal that providers use real-time and accurate data for quality improvement activities. In the future, detailed information in metadata could support research and public health purposes.

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