

Updated 2/23/10	IS / Construct # and Title	HITSP Descriptions
01	<b>IS01 - Electronic Health Records Laboratory Results Reporting</b>	The Electronic Health Records Laboratory Results Reporting Interoperability Specification defines specific standards to support the interoperability between electronic health records and laboratory systems and secure access to laboratory results and interpretations in a patient-centric manner.
02	<b>IS02 - Biosurveillance</b>	The Biosurveillance Interoperability Specification defines specific standards that promote the exchange of biosurveillance information among healthcare providers and public health authorities.
03	<b>IS03 - Consumer Empowerment and Access to Clinical Information via Networks</b>	The Consumer Empowerment and Access to Clinical Information via Networks Interoperability Specification defines specific standards needed to assist patients in making decisions regarding care and healthy lifestyles (i.e., registration information, medication history, lab results, current and previous health conditions, allergies, summaries of healthcare encounters and diagnoses). This Interoperability Specification defines specific standards needed to enable the exchange of such data between patients and their caregivers via networks.
04	<b>IS04 - Emergency Responder Electronic Health Record</b>	The Emergency Responder Electronic Health Record Interoperability Specification defines specific standards required to track and provide on-site emergency care professionals, medical examiner/fatality managers and public health practitioners with needed information regarding care, treatment or investigation of emergency incident victims.
05	<b>IS05 - Consumer Empowerment and Access to Clinical Information via Media</b>	The Consumer Empowerment and Access to Clinical Information via Media Interoperability Specification defines specific standards needed to assist patients in making decisions regarding care and healthy lifestyles (i.e., registration information, medication history, lab results, current and previous health conditions, allergies, summaries of healthcare encounters and diagnoses). This Interoperability Specification defines specific standards needed to enable the exchange of such data between patients and their caregivers via physical media or secure email exchange.
06	<b>IS06 - Quality</b>	The Quality Interoperability Specification defines specific standards needed to benefit providers by providing a collection of data for inpatient and ambulatory care and to benefit clinicians by providing real-time or near-real-time feedback regarding quality indicators for specific patients.
07	<b>IS07 - Medication Management</b>	The Medication Management Interoperability Specification defines specific standards to facilitate access to necessary medication and allergy information for consumers, clinicians, pharmacists, health insurance agencies, inpatient and ambulatory care, etc.
08	<b>IS08 - Personalized Healthcare</b>	The Personalized Healthcare Interoperability Specification describes family history and genetic/genomic lab order and results which are used to provide personalized treatment specific to genetic makeup.
09	<b>IS09 - Consultations and Transfers of Care</b>	The Consultations and Transfers of Care Interoperability Specification describes the information flows, issues and system capabilities that apply to: 1. a provider requesting and a patient receiving a consultation from another provider. 2. a provider requesting a transfer of care for a patient and the receiving facility admitting the patient. It is intended to facilitate access to information necessary for consultations and transfers for consulting clinicians, referring clinicians, transferring facilities, receiving facilities and consumers.
10	<b>IS10 - Immunizations and Response Management</b>	The Immunizations and Response Management Interoperability Specification focuses on: 1) providing information about individuals who need to receive specific vaccines, drugs, or other interventions; 2) the ability to report, track, and manage administration of vaccines, drugs, isolation, and quarantine; 3) the ability to identify and electronically exchange information describing the treatment or prophylaxis status of populations; 4) the ability to exchange specific resource and supply chain data from public and private sectors.
11	<b>IS11 - Public Health Case Reporting</b>	The Public Health Case Reporting Interoperability Specification supports the bi-directional information exchanges of the Public Health Case Reporting process. It focuses on enabling more efficient data capture at the point of care while allowing for optimizing the information delivery format and content allowing for current SDO efforts to be finalized. In the absence of standards in structured content and associated Clinical Decision Support for alerts and information reporting criteria, this Interoperability Specification provides options for the secure communication of basic presentation preserving content to better automate the current paper-based information flows.
12	<b>IS12 - Patient-Provider Secure Messaging</b>	The Patient-Provider Secure Messaging Interoperability Specification describes the information flows, processes, and system capabilities that are required for patients to interact with their healthcare clinicians remotely using common computer technologies readily available in homes and other settings.
77	<b>IS77 - Remote Monitoring</b>	The Remote Monitoring Interoperability Specification addresses the information exchange requirements for the transfer of remote monitoring information from a device physically attached to or used by a patient in a location that is remote to the clinician to an Electronic Health Record (EHR) system and/or a Personal Health Record system.
91	<b>IS91 - Maternal and Child Health</b>	The Maternal and Child Health Interoperability Specification addresses the ability to exchange obstetric and pediatric patient information between Electronic Health Records (EHRs), the ability to incorporate pediatric assessment tools, guidelines and assessment schedules into EHRs, and the ability to exchange standardized patient assessments for antenatal care, pre-natal care, labor and delivery and post-partum care between EHRs. It also addresses the ability to incorporate assessment tools, guidelines and assessment schedules into EHRs for antenatal care, pre-natal care, labor and delivery and post-partum care, as well as the ability to exchange this information with appropriate Public Health programs.
92	<b>IS92 - Newborn Screening</b>	The Newborn Screening Interoperability Specification describes the information flows, issues, and system capabilities supporting newborn screening reporting and information exchanges among clinical care settings and public health.

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98	<b>IS98 - Medical Home</b>	The Medical Home Interoperability Specification focuses on the information received by the Medical Home (MH) for care coordination and the manner in which this information supports individual patient needs and co-morbidity management.
107	<b>IS107 - EHR-Centric</b>	This Interoperability Specification consolidates all information exchanges and standards that involve an EHR System amongst the thirteen HITSP Interoperability Specifications in place as of the February 13, 2009 enactment of the American Recovery and Reinvestment Act (ARRA). This Interoperability Specification is organized as a set of HITSP Capabilities, with each Capability specifying a business service that an EHR system might address in one or more of the existing HITSP Interoperability Specifications (e.g., the Communicate Hospital Prescriptions Capability supports electronic prescribing for inpatient prescription orders). Greater detail on these Capabilities is provided as part this Interoperability Specification, with their underlying HITSP constructs referenced in the Complete Library on HITSP.org.
158	<b>IS158 - Clinical Research</b>	The Clinical Research Interoperability Specification covers clinical research in all its forms as it interoperates with healthcare systems, particularly EHRs. The specification spans two industries, healthcare and clinical research, and incorporates standards from healthcare (HL7 and IHE) and research (CDISC). The design leverages existing HITSP constructs and communication methodologies where applicable, and lays out new constructs as needed. The design also leverages the current players in the clinical research industry such as Electronic Data Capture (EDC) systems and research registries.
13	TP13 - Manage Sharing of Documents	The Manage Sharing of Documents Transaction Package supports the sharing of patient records in the form of source attested objects called documents. A healthcare document is a composite of structured and coded health information, both narrative and tabular, that describes acts, observations and services for the purpose of exchange. No assumption is made by this construct in terms of the format and structure of the content of documents shared.
14	T14 - Send Laboratory Result Message	The Send Laboratory Result Message Transaction supports: transmission of complete, preliminary, final and updated laboratory results to the EHR system (local or remote) of the ordering clinician; and transmission of complete, preliminary, final and updated laboratory results (or notification of the availability of laboratory results) to the EHR system (local or remote) or other clinical data system of designated providers of care (with respect to a specific patient).
15	T15 - Collect and Communicate Security Audit Trail	The Collect and Communicate Security Audit Trail Transaction is a means to provide assurance that security policies are being followed or enforced and that risks are being mitigated. This document describes the mechanisms to define and identify security relevant events and the data to be collected and communicated as determined by policy, regulation or risk analysis. It also provides the mechanism to determine the record format to support analytical reports that are needed.
16	T16 - Consistent Time	The Consistent Time Transaction provides a mechanism to ensure that all of the entities that are communicating within the network have synchronized system clocks.
17	T17 - Secured Communication Channel	The Secured Communication Channel Transaction provides the mechanisms to ensure the authenticity, integrity, and confidentiality of transmissions, and the mutual trust between communicating parties. Its objectives include providing: mutual node authentication to assure each node of the others' identity; transmission integrity to guard against improper information modification or destruction while in transit; and transmission confidentiality to ensure that information in transit is not disclosed to unauthorized individuals, entities, or processes.
18	T18 - View Laboratory Results from a Web Application	The View Laboratory Results from a Web Application Transaction allows a user to view a laboratory report through a secure browser. This Transaction uses the HITSP/C44 - Secure Web Connection Component. It may not define all functions, constructs and standards necessary to implement a conforming system in a real world environment. In particular, an implementer must provide the technical infrastructure and security framework necessary to support operations in accordance with law, regulation, best practices and business agreements.
19	C19 - Entity Identity Assertion	The Entity Identity Assertion Component provides the mechanisms to ensure that an entity is the person or application that claims the identity provided. An example of this Component is the validation and assertion of a consumer logging on to a Personal Health Record (PHR) system.
20	TP20 - Access Control	The Access Control Transaction Package provides the mechanism for security authorizations which control the enforcement of security policies including: role-based access control; entity based access control; context based access control; and the execution of consent directives. An example of this is a functional role that has the permission to perform an act (e.g., consumer updating a Personal Health Record (PHR)). In an emergency, this construct must support the Capability to alter access privileges to the appropriate level (failsafe/emergency access), which may include override of non-emergency consents.
21	TP21 - Query for Existing Data	The Query for Existing Data Transaction Package is based on the IHE Query for Existing Data Integration Profile (QED) which supports dynamic queries for clinical data, including vital signs, problems, medications, immunizations, diagnostic results, procedures and visit history. A wide variety of systems often needs access to dynamic clinical information stored and maintained in an EMR system or other clinical data repository. The construct makes the information widely available to other systems within and across enterprises to support provision of better clinical care.
22	TP22 - Patient ID Cross-Referencing	The Patient ID Cross-Referencing Transaction Package is used for identifying and cross-referencing different attributes for the same patient. It contains a query for cross-reference and patient identity feed transactions. These transactions are used to identify patients from a list of potentials, and/or to communicate patient demographic data.

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23	T23 - Patient Demographics Query	The Patient Demographics Query Transaction is intended to provide a 'list patients and their demographics' query / 'patient(s) and their demographics identified' response message pair (QBP^Q22, RSP^K22) for use wherever such needs exist. This Transaction document extracts the Health Level Seven (HL7) version 2.5 Query and Response data mapping. The underlying basis for this extraction can be found in the Integrating the Healthcare Enterprise IT Infrastructure Technical Framework, Patient Demographics Query integration profile.
24	T24 - Pseudonymize	The Pseudonymize Transaction describes a framework for including Pseudonymization Services where the use of "dummy" or pseudo references to specific patients or providers is required. Pseudo-identifiers are intended to allow accessibility to clinical information, while safeguarding any information that may compromise the privacy of the individual patient or provider. Using pseudo-identifiers can assist in compliance with HIPAA regulations regarding suppression of patient identification information.
25	C25 - Anonymize	The Anonymize Component provides specific instruction for anonymizing data that are prepared for repurposing data created as part of routine clinical care delivery. This construct defines the Component specification that provides the ability to anonymize patient identifiable information.
26	C26 - Nonrepudiation of Origin	The Nonrepudiation of Origin Component provides the mechanisms to support Nonrepudiation of Origin, which refers to both the proof of the integrity and origin of documents in a high-assurance manner, which can be verified by any party. This Component does not provide Nonrepudiation of Receipt.
28	C28 - Emergency Care Summary Document Using IHE Emergency Department Encounter Summary (EDES)	The Emergency Care Summary Document Using IHE Emergency Department Encounter Summary (EDES) Component is the collection of data from multiple sources (such as physicians, nurses, technologists, etc.) recording the assessments and care delivered by the ED team in response to an ED visit. It is a summary of the patient's current health status and care tendered in the ED between arrival and ED departure. This Component specifies the use of the IHE Emergency Department Encounter Summary (EDES), Technical Framework Supplement, Volume I, Revision 3.0, 2007-2008.
29	T29 - Notification of Document Availability	The Notification of Document Availability Transaction is based on the Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework (TF) Supplement - Notification of Document Availability (NAV). The Notification of Document Availability Transaction defines a mechanism for a healthcare stakeholder (e.g. provider, public health, etc) to notify providers or the patient about information that is available for retrieval pertaining to an identified patient. This Transaction defines the format, content, encoding and transmission of notification messages and acknowledgements between IHE NAV Actors and a known recipient (either a person or system) that participate in the same XDS Affinity Domain.
30	TP30 - Manage Consent Directives	The Manage Consent Directives Transaction Package describes the messages needed to capture, manage, and communicate rights granted or withheld by a consumer to one or more identified entities in a defined role to access, collect, use or disclose individually identifiable health information (IIHI), and also supports the delegation of the patient's right to consent. The transactions described in this construct are intended to be carried out by HITSP/TP13 - Manage Sharing of Documents.
31	T31 - Document Reliable Interchange	The Document Reliable Interchange Transaction provides a standards-based mechanism for conveying a set of medical documents in a point-to-point network-based communication. This Transaction uses the IHE Cross-Enterprise Document Reliable Interchange (XDR) Integration Profile, a companion to the IHE Cross-Enterprise Document Sharing (XDS) Integration Profile. Cross-Enterprise Document Reliable Interchange (XDR) uses the XDS defined metadata formats in a simpler environment in which the communicating parties have agreed to a point-to-point interchange rather than communicating via document sharing.
32	C32 - Summary Documents Using HL7 Continuity of Care Document (CCD)	The Summary Documents Using HL7 Continuity of Care Document (CCD) Component describes the document content summarizing a consumer's medical status for the purpose of information exchange. The content may include administrative (e.g., registration, demographics, insurance, etc.) and clinical (problem list, medication list, allergies, test results, etc) information. This Component defines content in order to promote interoperability between participating systems such as Personal Health Record Systems (PHRs), Electronic Health Record Systems (EHRs), Practice Management Applications and others.
33	T33 - Transfer of Documents on Media	The Transfer of Documents on Media Transaction describes both the type of media (CD-ROM, USB Memory, and e-Mail) that may be used to write the documents and provides a directory structure that must be followed in order for the contents to be successfully accessed and processed by systems. An example might be to transport data from one healthcare provider to another healthcare provider, or a healthcare consumer may wish to move the contents of a Personal Health Record (PHR) using physical media or e-Mail. This Transaction uses the IHE Cross-Enterprise Document Media Interchange Integration Profile developed by Integrating the Healthcare Enterprise (IHE), a companion to the IHE Cross-Enterprise Document Sharing (XDS) Integration Profile.
34	C34 - Patient Level Quality Data Message	The Patient Level Quality Data Message Component supports the process of sending patient data from a Quality Message Sender to a Quality Message Receiver for further analysis and aggregation. Patient data are captured as part of the normal process of care performed by healthcare providers such as hospitals, emergency departments and outpatient clinics.
35	C35 - Lab Result Terminology	The Lab Result Terminology Component defines the vocabulary for either message-based or document-based laboratory results reporting.
36	C36 - Lab Result Message	The Lab Result Message Component describes the use of a constrained Health Level Seven (HL7) Version 2.5.1 ORU – Unsolicited Observation Message for electronic laboratory results reporting.

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37	C37 - Lab Report Document	The Lab Report Document Component prescribes the use of the standard Clinical Document Architecture Release 2 (CDA R2), as in the HL7 V3 2006 normative edition profiled by IHE LAB TF-3 for: transmission of complete, preliminary, final and updated laboratory results to the EHR system (local or remote) of the ordering clinician; transmission of complete, preliminary, final and updated (or notification) to the EHR system (local or remote) or other clinical data system of designated providers of care (with respect to a specific patient); transmission of laboratory result data from electronically enabled healthcare delivery and public health systems in standardized and anonymized format to authorized Public Health Agencies with less than one day lag time.
38	C38 - Patient Level Quality Data Document Using IHE Medical Summary (XDS-MS)	The Patient Level Quality Data Document Using IHE Medical Summary (XDS-MS) Component supports the communication of patient level quality data for quality measurement in a document sharing environment. The HITSP Patient Level Quality Data Document Using IHE Medical Summary (XDS-MS) Component constrains the IHE Medical Summary to support the communication of quality data for analysis and measurement. The specification includes constraints of location and vocabulary.
39	C39 - Encounter Message	The Encounter Message Component supports the process of sending patient encounter data (excluding laboratory, radiology) from a Biosurveillance Message Sender to a Biosurveillance Message Receiver.
40	T40 - Patient Health Plan Eligibility Verification	The Patient Health Plan Eligibility Verification Transaction is intended to provide the status of a health plan covering the individual, along with details regarding patient liability for deductible, co-pay and co-insurance amounts for a defined base set of generic benefits or services. The base set of benefits includes, but is not limited to, coverage status and patient liability for medical, chiropractic, dental, hospital inpatient, hospital outpatient, emergency, physician office visit, pharmacy and vision services that are included in the patient's generic health plan benefit.
41	C41 - Radiology Result Message	The Radiology Result Message Component supports the process of sending radiology result data from a Biosurveillance Message Sender to a Biosurveillance Message Receiver. Radiology result data are captured as part of the normal process of care performed by healthcare providers.
42	T42 - Medication Dispensing Status	This Medication Dispensing Status Transaction provides a medication prescriber the dispensing status of an ordered prescription (dispensed, partially dispensed, not dispensed). This Transaction is used for original prescriptions, refills and renewals. It uses the NCPDP SCRIPT Standard Implementation Guide Version 10.1 RXFILL message to provide the status.
43	TP43 - Medication Orders	The Medication Orders Transaction Package is used to define transactions between prescribers (who write prescriptions) and dispensers (who fill prescriptions). It is used for new prescriptions, refill requests, prescription change requests and prescription cancellations. Orders/prescriptions may occur in many different real world settings, such as inpatient, long term care and ambulatory settings.
44	C44 - Secure Web Connection	The Secure Web Connection Component provides the Capability to access documents through a secure web browser.
46	TP46 - Medication Formulary and Benefits Information	The Medication Formulary and Benefits Information Transaction Package addresses two tasks. The first task is to perform an eligibility check for a specific patient's pharmacy benefits. The second task is to obtain the medication formulary and benefit information.
47	C47 - Resource Utilization Message	The Resource Utilization Message Component specifies the message and content necessary to report utilization and status of health provider resources to public health agencies. This specification reflects the current status of harmonization efforts between HL7 and OASIS.
48	C48 - Encounter Document Using IHE Medical Summary (XDS-MS)	The Encounter Document Using IHE Medical Summary (XDS-MS) Component supports the process of sending patient encounter data (excluding laboratory and radiology) in a document sharing functional flow scenario. Patient encounter data are captured as part of the normal process of care performed by healthcare providers, such as hospitals, emergency departments and outpatient clinics.
49	TP49 - Sharing Imaging Results	The Sharing Imaging Results Transaction Package supports the sharing of radiology result data in a document sharing functional flow scenario.
50	TP50 - Retrieve Form for Data Capture	The Retrieve Form for Data Capture Transaction Package enables capture of supplemental data variables not typically maintained in an electronic health record or laboratory information system through a more seamless integration with the local information system. This allows for the local system to retrieve a form specific to the identified potential public health threat. In the context of quality, it allows for the local system to capture supplemental data elements required for quality reporting that may not be available to the electronic health record.
62	C62 - Unstructured Document	The Unstructured Document Component is provided for the capture and storage of patient identifiable, unstructured document content, such as text, PDF, and images rendered in PDF. It is based on the Cross-Enterprise Sharing of Scanned Documents (XDS-SD) profile from the Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework (ITI-TF).
63	T63 - Emergency Message Distribution Element	The Emergency Message Distribution Element Transaction selects the Emergency Data Exchange Language (EDXL) Distribution Element (DE) v1.0 standard, and is a multicast notification message sent to an identified population (assume this is not to the general public, but to specifically identified populations, such as emergency departments).
64	T64 - Identify Communication Recipients	The Identify Communication Recipients Transaction is intended to serve the purpose of identification of communication recipients and the subsequent purpose of delivery of alerts and bi-directional communications (e.g., public health agencies notifying a specific group of service providers about an event.) The method and criteria by which individuals are added to a directory is a policy decision, which is out of scope for this construct. It uses the Integrating the Healthcare Enterprise (IHE) Personnel White Pages profile which provides access to basic directory information for identifying one or more recipients.

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66	T66 - Retrieve Value Set	The Retrieve Value Set Transaction is used to transform human or computer vocabularies. For example, it can be used to convert the initial capture of a human-readable concept into a computer vocabulary captured in a document or message that will be communicated. It may also be used in the reverse, to take computer vocabulary and convert to human-readable form.
67	T67 - Clinical Referral Request Transport	The Clinical Referral Request Transport Transaction will be used to transport the provider to provider (clinical) referral request interaction. It is based on the Integrating the Healthcare Enterprise (IHE) Document-based Referral Request (DRR) profile which is used to bundle a referral request document with other relevant clinical documents of interest and optionally to send a trigger message to the receiving provider system.
68	T68 - Patient Health Plan Authorization Request and Response	The Patient Health Plan Authorization Request and Response Transaction provides a mechanism for a healthcare provider (other than a retail pharmacy) to request approval from a health plan to authorize certain healthcare services, when required by the patient's health plan contract. The information exchanged includes, but is not limited to, approval status for coverage, allowed service provider(s), and certification dates for services that are included in the patient's health plan benefits. The response from the health plan indicates that the health plan has determined that the particular service(s) will or will not be covered, and what is the level of coverage if that information is available from the health plan.
70	C70 - Immunization Query and Response	The Immunization Query and Response Component is used for a message based exchange of immunization information. It specifies the use of HL7 Version 2.3.1 Query for Vaccination Record (VXQ), to send a query from the message sender (clinician system, schools, IIS) to the message receiver (immunization registry).
72	C72 - Immunization Message	The Immunization Message Component provides the Capability to communicate an update to a patient's vaccination record. It is based upon the Centers for Disease Control and Prevention Implementation Guide for Immunizations Data Transaction using Version 2.3.1 of the Health Level Seven (HL7) Standard Protocol Implementation Guide Version 2.2 June 2006.
73	T73 - Aggregate Device Information Communication	The Aggregate Device Information Communication Transaction allows a system serving as a device intermediary such as a home hub, a cell phone, a set top box, or a monitoring station to which one or more monitoring devices are connected to forward a set of observations through a local or remote connection to a remote monitoring management system where these device captured observations will be reviewed by a person managing the care of the patient under remote monitoring.
74	C74 - Remote Monitoring Observation Document	The Remote Monitoring Observation Document Component describes the document content to convey medical information collected by remote monitoring management systems from monitoring devices and/or device intermediaries for the purpose of information exchange. The content may include administrative (e.g., registration, demographics, insurance, etc.) and clinical (results, vital signs, etc) information. This specification defines content in order to promote interoperability between participating systems. Such systems may include Remote Monitoring Management Systems, Personal Health Record Systems (PHRs), Electronic Health Record Systems (EHRs), Health Information Exchange infrastructure services and other persons and systems as identified and permitted.
75	C75 - Healthcare Associated Infection (HAI) Report	The Healthcare Associated Infection (HAI) Report Component specifies a standard for electronic submission of Healthcare Associated Infection (HAI) Reports to the National Healthcare Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC). HITSP has adopted the HL7 Implementation Guide for CDA Release 2: NHSN Healthcare Associated Infection (HAI) Reports, Release 1 for this construct.
76	C76 - Case Report Pre-Populate	The Case Report Pre-Populate Component supports the Data Mapping needed for Public Health Case Reports. Initially the Component supports only those data attributes that are universal or pertain to Drug Safety reporting. For those attributes that are universal in case reporting, this component may be used in support of pre-populating the remaining report types. However, other public health specific attributes will be addressed in subsequent releases.
78	C78 - Immunization Document	The Immunization Document Component defines the immunization data content to be exchanged between healthcare entities such as immunization information systems, electronic medical records systems, personal healthcare record systems and other stakeholders. It is based upon the IHE Patient Care Coordination (PCC) Technical Framework Supplement 2008-2009, Immunization Content (IC), Trial Implementation Version 1.0.
79	T79 - Pharmacy to Health Plan Authorization Request and Response	The Pharmacy to Health Plan Authorization Request and Response Transaction provides a mechanism for a pharmacy to request approval from a health plan to authorize certain healthcare products and services, as required by the patient's health plan contract. The health plan responds to the pharmacy's request for the approval of products and/or services. The information exchanged includes, but is not limited to, approval status for coverage of the products and/or services that are included in the patient's health plan benefits and/or authorization limitations.
80	C80 - Clinical Document and Message Terminology	The Clinical Document and Message Terminology Component defines the vocabularies and terminologies utilized by HITSP specifications for Clinical Documents and Messages used to support the interoperable transmission of information.
81	T81 - Retrieval of Medical Knowledge	The Retrieval of Medical Knowledge Transaction enables the request and receipt of additional knowledge about a medical concept based on specific context parameters. This transaction does not prescribe the knowledge content of the message returned but provides the specifications for the query for and receipt of additional knowledge. It uses the Health Level 7 (HL7) Context-Aware Information Retrieval (Infobutton) Specification: URL Implementation Guide as the base standard for implementation.

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82	C82 - Emergency Common Alerting Protocol	The Emergency Common Alerting Protocol Component selects the OASIS Common Alerting Protocol (CAP) v1.1 standard, and is used as a multicast notification message sent to an identified channel. The intended recipients are populations such as "all emergency departments in XXX county", "within a geographic area", etc.
83	C83 - CDA Content Modules	The CDA Content Modules Component defines the content modules for document based HITSP constructs utilizing clinical information. These Content modules are based on IHE PCC Technical Framework Volume II, Release 4. That technical framework contains specifications for document sections that are consistent with all implementation guides for clinical documents currently selected for HITSP constructs.
84	C84 - Consult and History & Physical Note	The Consult and History & Physical Note Component supports two types of commonly used clinical notes, a consult note, and a history and physical note. It is intended for use to support the exchange of information from a consulting provider to a referring provider; and may also be used to provide background information from a referring provider to a consulting provider (e.g., prior reports).
85	T85 - Administrative Transport to Health Plan	The Administrative Transport to Health Plan Transaction will be used as the transport for administrative transactions between a provider and a health plan. Examples include a pharmacy obtaining health plan eligibility, and a physician requesting referral or authorization information from a health plan. This construct is based on the CAQH Phase II CORE #270 Connectivity Rule v2.0.0, which addresses the message envelope metadata, the message envelope standards, and the submitter authentication standards for administrative transactions, as well as communications-level errors, and acknowledgements.
87	C87 - Anonymize Public Health Case Reporting Data	The Anonymize Public Health Case Reporting Data Component provides specific instructions for anonymizing data that was created as part of routine clinical care data delivery in preparation for repurposing data for public health case reporting. This construct defines the Component specification that provides the ability to anonymize patient identifiable information. Anonymization, according to the International Organization for Standardization (ISO), is the process that removes the association between the identifying data set and the data subject.
88	C88 - Anonymize Immunizations and Response Management Data	The Anonymize Immunizations and Response Management Data Component provides the ability to anonymize patient identifiable information for Immunization and Response Management. It provides specific instruction for anonymizing data that was created as part of routine clinical care delivery in preparation for repurposing the data . Anonymization, according to the International Organization for Standardization (ISO), is the process that removes the association between the identifying data set and the data subject.
89	TP89 - Sharing Imaging Results	The Sharing Imaging Results Transaction Package supports the process of sharing medical imaging results data. Imaging results data are captured as part of the normal process of care performed by healthcare providers. This data can be made available through document sharing for both clinical care and public health purposes.
90	C90 - Family History Decision Support for Genetic Risk Analysis	The Family History Decision Support for Genetic Risk Analysis Component is used to communicate genetic and family history information from healthcare IT applications to a clinical decision support system that provides an assessment of genetic risk of disease for a patient. It uses the HL7 Version 3 Standard: Clinical Genomics; Pedigree, Release 1 to support the communication of genetic and family history information to the clinical decision support system, and to support the communication of risk information from that system back to the originator.
CAP00	CAP00 - EHRCentric Capabilities	This Reference Document provides a central location for, and all inclusive list of, current HITSP Capabilities. These Capabilities were developed as a part of the HITSP/IS107 EHR-Centric Interoperability Specification. HITSP/IS107 consolidates all information exchanges that involve an Electronic Health Record (EHR) System within any of the thirteen HITSP Interoperability Specifications existing as of February 13, 2009, the enactment date of the American Recovery and Reinvestment Act (ARRA).
93	CAP93 - Scheduling	This document facilitates the electronic exchange of scheduling information between a provider and a consumer by defining the interface options and the data requirements for each information exchange.
99	CAP99 - Communicate Lab Order Message	The Communicate Lab Order Message Capability satisfies the information exchange requirements for the sending and receiving of a set of laboratory order, control and status messages. Laboratory orders may be from an inpatient or outpatient (e.g.,: Clinic, ER, office, etc) environment.
105	C105 - Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture (QRDA)	The HITSP Patient Level Quality Data Document Using HL7 Quality Reporting Document Architecture Component supports the communication of patient level quality data for quality measurement in a document sharing environment. Patient encounter data are compiled from both the local systems and from longitudinal data available through a Health Information Exchange (HIE) prior to communicating the retrieved data described in this construct for analysis.
106	C106 – Measurement Criteria Document	This Component supports communication of a quality measure (aka an "eMeasure"). Clinical concepts (e.g. "atrial fibrillation", "coronary artery disease") and parameters (e.g. "numerator", "denominator") in an eMeasure are formally defined to support consistent and unambiguous interpretation. The eMeasure is standardized as a structured document, where one can capture the complete narrative of the measure and a formalized computable representation of statements.
108	SC108 - Access Control	The Access Control Service Collaboration provides the mechanism for security authorizations which control the enforcement of security policies including: role-based access control, entity based access control, context based access control, and the execution of consent directives.
109	SC109 - Security Audit	The Security Audit Service Collaboration describes the mechanism to record security relevant events in support of policy, regulation, or risk analysis. It also provides the mechanism to determine the record format to support analytical reports that are needed.

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110	SC110 - Patient Identification Management	The Patient Identification Management Service Collaboration provides the ability to lookup and/or cross-reference patient identities.
111	SC111 - Knowledge and Vocabulary	The Knowledge and Vocabulary Service Collaboration provides the ability to retrieve medical knowledge and terminology.
112	SC112 - Healthcare Document Management	The Healthcare Document Management Service Collaboration provides the ability to share healthcare documents using a set of topologies, such as Media, e-Mail, Point-to-Point, Shared within a Health Information Exchange, and Shared within a larger community (made up of potentially diverse Health Information Exchanges).
113	SC113 - Query for Existing Data	The Query for Existing Data Service Collaboration provides the Capability to query and retrieve data from another clinical system, and the Capability to respond to same queries. It applies the necessary Security and Privacy constructs and supports all the queries found in TP21.
114	SC114 - Administrative Transport to Health Plan	The Administrative Transport to Health Plan Service Collaboration provides the transport mechanism for conducting administrative transactions with health plans.
115	SC115 - HL7 Messaging	The HL7 Messaging Service Collaboration provides the Capability to send and receive HL7 messages. The Service Collaboration applies the necessary Security and Privacy constructs.
116	SC116 - Emergency Message Distribution	Emergency Message Distribution Service Collaboration performs a multicast notification to specifically identified populations, such as emergency departments.
117	CAP117 - Communicate Ambulatory and Long Term Care Prescription	This Capability addresses interoperability requirements that support electronic prescribing in the ambulatory and long term care environment. The Capability supports: <ul style="list-style-type: none"> <li>• Transmittal of new or modified prescriptions</li> <li>• Transmittal of prescription refills and renewals</li> <li>• Communication of dispensing status</li> <li>• Request for Benefit Eligibility Determination</li> </ul>
118	CAP118 - Communicate Hospital Prescription	This Capability addresses interoperability requirements that support electronic prescribing for inpatient orders that can occur within an organization or between organizations. The Capability supports the transmittal of a new or modified prescription from a Hospital to an internal or external pharmacy. It also includes the optionality to access formulary and benefit information.
119	CAP119 - Communicate Structured Document	Communicate Structured Document (CAP119) addresses interoperability requirements that support the communication of structured health data related to a patient in a context determined by the author of the document. This Capability supports the exchange of all CDA documents. The following are examples of the type of CDA structured data that are supported: <ul style="list-style-type: none"> <li>• Continuity of Care Document (CCD)</li> <li>• Emergency Department Encounter Summary</li> <li>• Discharge Summary (In-patient encounter and/or episodes of care)</li> <li>• Referral Summary Ambulatory encounter and/or episodes of care</li> <li>• Consultation Notes</li> <li>• History and Physical</li> <li>• Personal Health Device Monitoring Document</li> <li>• Healthcare Associated Infection (HAI) Report Document</li> </ul>
120	CAP120 - Communicate Unstructured Document	The Communicate Unstructured Document Capability addresses interoperability requirements that support the communication of a set of unstructured health data related to a patient in a context set by the source of the document who is attesting to its content. Two types of specific unstructured content are supported, both with a structured CDA header: <ul style="list-style-type: none"> <li>• PDF-A supporting long-term archival</li> <li>• UTF-8 text</li> </ul>
121	CAP121 - Communicate Clinical Referral Request	The Communicate Clinical Referral Request Capability addresses interoperability requirements that support provider-to-provider (clinical) referral request interaction. It allows the bundling of the referral request document with other relevant clinical documents of interest by referencing such documents as shared by other Capabilities such as: HITSP/CAP119 Communicate Structured Document; HITSP/CAP120 Communicate Unstructured Document; or HITSP/CAP133 Communicate Immunization Summary
122	CAP122 - Retrieve Medical Knowledge	The Retrieve Medical Knowledge Capability addresses the requirements to retrieve medical knowledge that is not patient-specific based on context parameters. The actual content delivered is not constrained by this Capability; this Capability focuses on providing the mechanism to ask for (query) and receive the medical knowledge
123	CAP123 - Retrieve Existing Data	The Retrieve Existing Data Capability supports queries for clinical data (e.g., common observations, vital signs, problems, medications, allergies, immunizations, diagnostic results, professional services, procedures and visit history)

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126	CAP126 - Communicate Lab Results Message	The Communicate Lab Results Message Capability addresses interoperability requirements that support the sending of a set of laboratory test results. Ordering Providers of Care receive results as a laboratory results message. The communication of the order is out of scope for this Capability. The content of these test results may be either or both: General Laboratory Test Results; Microbiology Test Results. This Capability may use content anonymization.
127	CAP127 - Communicate Lab Results	The Communicate Lab Results Capability addresses interoperability requirements that support the communication of a set of structured laboratory results related to a patient in a context set by the source of the document who is attesting to its content. Non-ordering Providers of Care access historical laboratory results as documents and "copy-to" Providers of Care may receive document availability notifications to retrieve such lab report documents. Lab Report content creators shall support HITSP specified coded terminologies as defined by specific content subsets specified in this Capability for: General Laboratory Test Results; Microbiology Test Results. This Capability may use content anonymization.
128	CAP128 - Communicate Imaging Information	The Communicate Imaging Information Capability addresses interoperability requirements that support the communication of a set of imaging results (i.e., reports, image series from imaging studies) related to a patient in a context set. This is done by an Imaging System acting as the information source attesting to its content. This Capability may use content anonymization.
129	CAP129 - Communicate Quality Measure Data	This Capability addresses interoperability to support hospital and clinician collection and communication of patient encounter data to support the analysis needed to identify a clinician or hospital's results relative to an EHR-compatible, standards-based quality measure. Quality measures may include: <ul style="list-style-type: none"> <li>• Patient-level clinical detail from which to compute quality measures. Patient level clinical data is compiled from both the local systems and from longitudinal data available through other sources such as a Health Information Exchange (HIE)</li> <li>• Patient-level quality data based upon clinical detail. The "patient-level quality data reports" are exported from EHRs or quality-monitoring applications at the point of care This Capability may use content anonymization. Pseudonymization, if needed, is supported by the HITSP/CAP138 - Retrieve Pseudonym. This Capability may use Value Set Sharing</li> </ul>
130	CAP130 - Communicate Quality Measure Specification	This Capability addresses interoperability requirements for an EHR-compatible, standards-based quality measure. In the measure specification, needed patient encounter data elements are identified so they can be extracted from local systems and from longitudinal data available through other sources such as a Health Information Exchange (HIE). The measure specification also includes various sets of exclusion/inclusion criteria to identify which patients to include in calculation of the measure. This Capability may use Value Set Sharing.
135	CAP135 - Retrieve and Populate Form	The Retrieve and Populate Form Capability addresses interoperability requirements to support the upload of specific captured data (e.g. public health surveillance reportable conditions, healthcare associated infection reporting) to Public Health Monitoring Systems and Quality Organizations Systems. The forms presented may be pre-populated by information provided by the clinical or laboratory information systems to avoid manual re-entry. A number of supplemental information variables may be captured from within the user's clinical information system to improve the workflow and timeliness of required reporting. One or more types of form content may be supported: <ul style="list-style-type: none"> <li>• Pre-population for Public Health Case Reports from Structured Documents using CDA</li> <li>• Pre-population for Quality Data from Structured Documents using CDA</li> <li>• No pre-population content</li> </ul> Systems may optionally support the means to retrieve request for clarifications.
136	CAP136 - Communicate Emergency Alert	The Communicate Emergency Alert Capability addresses interoperability requirements to support multicast of non-patient specific notification messages about emergencies events, alerts concerning incidence of communicable diseases, alerts concerning population needs for vaccines and other generic alerts sent to an identified channel. The intended recipients are populations such as "all emergency departments in XXX county", "within a geographic area", etc. Note that this Capability is not used to communicate patient-specific or identifiable data.
138	CAP138 - Retrieve Pseudonym	The Capability addresses interoperability requirements to support a particular type of anonymization that both removes the association with a data subject, and adds an association between a particular set of characteristics relating to the data subject and one or more pseudonyms. This enables a process of supplying an alternative identifier, which permits a patient to be referred to by a key that suppresses his/her actual identification information. The purpose of this Capability is to offer a pseudonymization framework for situations that require the use of specific data without disclosing the specific identity of patients or providers. Pseudo-identifiers are intended to allow accessibility to clinical information, while safeguarding any information that may compromise the privacy of the individual patient or provider. However, unlike anonymization, the alternative identifier key can be used to re-identify the individuals whose data was used.
140	CAP140 - Communicate Benefits and Eligibility	This Capability addresses interoperability requirements that support electronic inquiry and response about a patient's eligibility for health insurance benefits. The information exchanged includes the following: <ul style="list-style-type: none"> <li>• A patient's identification (e.g., name, date of birth, and the health plan's member identification number)</li> <li>• Communication of a member's status of coverage and benefit information and financial liability</li> <li>• Access to information about types of services, benefits and coverage for various medical care and medications</li> </ul> This Capability provides clinicians and healthcare providers with information about their patient's health insurance coverage and benefits.

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141	CAP141 - Communicate Referral Authorization	This Capability addresses interoperability requirements that support electronic inquiry and response to authorizing a patient (health plan member) to be referred for service by another provider or to receive a type of service or medication under the patient's health insurance benefits. The Capability supports the transmittal of a patient's name and insurance identification number with the request for the type of service. It also includes the following optional requirements: <ul style="list-style-type: none"> <li>• Identification of the type of service or medication requested for benefit coverage (does not guarantee payment by insurance provider)</li> <li>• Communication of a referral notification number or authorization number from the Payer System to the Provider System It provides clinicians and pharmacists with information about each patient's medical insurance coverage and benefits. It may include information on referral or authorization permission.</li> </ul>
142	CAP142 - Retrieve Communications Recipient	This Capability addresses interoperability requirements that support access to a directory to identify one or more communication recipients in order to deliver alerts and bi-directional communications (e.g., public health agencies notifying a specific group of service providers about an event). The method and criteria by which individuals are added to a directory is a policy decision, which is out of scope for this construct.
143	CAP143 - Manage Consumer Preference and Consents	The Capability addresses management of consumer preferences and consents as an acknowledgement of a privacy policy . This Capability is used to capture a patient or consumer agreement to one or more privacy policies; where examples of a privacy policy may represent a consent, dissent, authorization for data use, authorization for organizational access, or authorization for a specific clinical trial. This Capability also supports the recording of changes to previously agreed to privacy policies such as when a patient changes their level of participation or requests that data no-longer be made available because they have left the region.
148	C148 - EMS Transfer of Care	The EMS Transfer of Care Component defines a clinical document that enables the exchange of key clinical information between pre-hospital providers and emergency department personnel. It meets the needs for reporting information generated by emergency responders occurring during pre-hospital care. It is based upon the Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC) Technical Framework Supplement EMS Transfers of Care, Trial Implementation.
151	C151 - Clinical Research Document	The Clinical Research Document (CRD) Component profile describes the content and format to be used for pre-population data within the Retrieve Form transaction described within the IHE Retrieve Form for Data-Capture (RFD) Integration Profile. The purpose of the CRD profile is to support a standard set of data in the HL7 Continuity of Care Document (CCD) format which the Form Filler provides for use in Clinical Research.
152	C152 - Labor and Delivery Report	The Labor and Delivery Record Component contains information of the course of labor and delivery of a mother and her fetus(es). It can include such information as the relevant maternal history and physical exams, evaluations, laboratory studies and plans of care. This Component supports this information via delivery record documents and a Labor and Delivery Summary document. The Labor and Delivery Record (LDR) is a continuation of the Antepartum Record (APR).
154	C154 - Data Dictionary	The HITSP Data Dictionary defines the library of Data Elements that may be used by HITSP constructs in standards based exchanges. The Data Elements are organized into modules to simplify navigation, such as Medications, Advance Directives, Immunizations, etc.
156	C156 - Clinical Research Workflow	The Clinical Research Workflow Component describes the data elements that allow the RFD system roles Form Filler and Form Manager to identify what needs to be done. Clinical Research Workflow defines the content and format of the workflow data to be used within the Retrieve Form transaction described within the RFD Integration Profile. The purpose of Clinical Research Workflow is to support a standard set of data specific to research usage, as found in CDISC CDASH standard.
161	C161 - Antepartum Record	The Antepartum Record Component contains information of the antepartum care of a mother and fetus(es). It can include such information as the patient history and physical examinations, evaluations, laboratory studies and plans of care. This Component supports this information via antepartum record documents and an Antepartum Summary document. The Antepartum Summary represents a summary of the most critical information to an antepartum care provider regarding the status of a patient's pregnancy. The APS document is a medical summary and inherits all header constraints from Medical Summaries.
162	C162 - Plan of Care	The Plan of Care Component defines a clinical document that enables the exchange of the ongoing plan of care for a patient. The plan includes problem issues (nursing diagnoses), expected healthcare outcomes, implementable interventions, and evaluation of progress toward outcomes based on follow-up assessments. It is based upon the Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC) Technical Framework Supplement Patient Plan of Care, Trial Implementation.
163	C163 - Laboratory Order Message	The Laboratory Order Message Component describes the specification for a lab order message and a general laboratory response message. This Lab Order Message Component is the result of a considered assessment of the current practices in electronic laboratory order management and the requirements of the Use Case. In order to encourage rapid and widespread adoption of this Component, HITSP placed emphasis on the message content in current implementations and the ease with which current implementations can become compliant.
164	C164 - Anonymize Newborn Screening Results	The Anonymize Newborn Screening Results Component provides specific instruction for anonymizing data that are prepared for repurposing data created as part of routine clinical care delivery. This construct defines the Component specification that provides the ability to anonymize individually identifiable health information for Newborn Screening reporting data.
165	C165 - Anonymize Long Term and Post Acute Care Data	The Anonymize Long Term and Post Acute Care Data Component provides specific instruction for anonymizing data that are prepared for repurposing data created as part of routine clinical care delivery. This construct defines the Component specification that provides the ability to anonymize patient identifiable information for Long Term Care reporting data.

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166	C166 - Operative Note Document	The Operative Note Document Component defines a clinical document that enables the exchange of information related to a surgical procedure. It is created following a surgical or other high-risk procedure and records the pre- and post-surgical diagnosis, pertinent events of the procedure, as well as the condition of the patient following the procedure. It is based upon the HL7 Implementation Guide for CDA Release 2: Operative Notes Draft Standard for Trial Use.
168	C168 - Long Term and Post Acute Care Assessments	The Long Term and Post Acute Care Assessments Component describes how information contained in common long term and post acute care assessment tools are exchanged. It describes standardized question/answer type assessment or assessment tool using the appropriate universal LOINC ® codes and also supports the local exchange of question/answer type assessments. It is based upon the Implementation Guide for CDA Release 2: CDA Framework for Questionnaire Assessments (Universal Realm) and CDA Representation of the Minimum Data Set Questionnaire Assessment (U.S. Realm) Based on HL7 CDA Release 2.0 Draft Standard for Trial Use.
170	C170 - Vital Records Pre-Populate	The Vital Records Pre-Populate Component specifies data content and data standards for use in the electronic collection and reporting of birth, death, and fetal death information.
900	TN900 - Security and Privacy	<p>The Security and Privacy Technical Note was developed as a reference document to provide the overall context for use of the HITSP Security and Privacy constructs. It includes the following:</p> <ul style="list-style-type: none"> <li>• The scope, reference policy background, and Security and Privacy principles used in the development of the constructs</li> <li>• A detailed description and schematics of the conceptual relationship between the Security and Privacy constructs</li> <li>• A mapping of existing standards and constructs to be used in meeting the stated requirements of the AHIC Use Cases</li> <li>• A list of identified gaps and the recommended approaches to resolving those gaps</li> <li>• A roadmap for how the Security and Privacy constructs will evolve and eventually align with other HITSP Interoperability Specifications</li> <li>• A conceptual framework for Security</li> </ul>
901	TN901 - Technical Note for Clinical Documents	The Technical Note for Clinical Documents serves as the top-level reference for the HITSP constructs using the HL7 Clinical Document Architecture (CDA) Release 2.0. It includes a design map of existing standards and specifications that are used to meet the stated requirements of the AHIC Use Cases. As additional Use Cases are provided to HITSP, the Technical Note will be updated to address consequent updates to the design and relationship of the associated HITSP constructs.
903	TN903 - Data Architecture Technical Note	The HITSP Technical Note describes the HITSP Data Architecture and the related processes and tools that HITSP uses to identify the data elements, templates and value sets used in Information Exchanges. It explains how within HITSP Specifications: base and composite standards are related to the data architecture; data elements are harmonized across various standards; constraints are applied within HITSP Specifications; and metadata registries support development and implementation.
904	TN904 - Harmonization Framework and Exchange Architecture Technical Note	The Harmonization Framework and Exchange Architecture (HF&EA) Technical Note (TN) defines the terms, concepts, relationships, and associations that are realized in the artifacts that comprise the primary work product of the Panel, e.g., an Interoperability Specification (IS), Capability (CAP), Component (C), Transaction (T), Transaction Package (TP) and Service Collaboration (SC). Further, it organizes the terms and concepts into a HITSP model based on information exchanges specific to data, context, business process, and workflow. The Exchange Architecture defines the fundamental topologies that can be used in implementing the HITSP Interoperability Specifications in configurations such as EHR systems directly connected or connected to Health Information Exchanges (HIEs).
905	TN905 - Device Connectivity	This Technical Note is intended to act as a framing document to provide a high-level perspective on device connectivity requirements, to propose a roadmap for how HITSP might address these requirements, and to indicate how it might work with other external organizations to resolve standardization gaps. The specific requirements to be addressed in the roadmap are only those arising from the Harmonization Requests assigned to HITSP that include device connectivity elements, especially the Common Device Connectivity (CDC) AHIC Extension/Gap December, 2008. This includes the generic types of devices that shall be considered (e.g., ventilators or infusion pumps).
906	TN906 - Quality Measures	This document provides several examples of quality measures specified based on information available within electronic data sources as specified using the HITSP IS06 Quality Interoperability Specification. The examples include measures in the Stroke, Venous Thromboembolism and Emergency Department sets of quality measures provided to HITSP by CMS. These examples includes a description of the measures, the sets of data elements needed to address each measure (including any derived data elements), the associated value sets, the eMeasure representation, and the QRDA representation required to report performance based on these measures. Note that QRDA is the HL7 Quality Reporting Document Architecture that enables providers to use the same data constructs developed for information exchange to report on quality measures directly out of the EHR. This document also provides an example of the XML eMeasure populated with sample data from the examples. This document is intended to exemplify the use of the HITSP specifications in specifying and reporting on a quality measure. This document is also intended to serve as guidance for the implementation of the example measures using the HITSP standards.
907	TN907 - Common Data Transport	The Common Data Transport Technical Note provides guidance on how HITSP does and/or will provide support for the requirements identified in the Common Data Transport Office of the National Coordinator (ONC) Gap/Extension document.