



**HIT Standards Committee
Architecture Services & APIs Workgroup
Final Transcript
April 9, 2015**

Presentation

Operator

All lines are now bridged.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you, good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Architecture, Services and APIs Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Arien Malec?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Arien. David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, David. Oh, no, Albert Bonnema, I totally forgot, sorry?

Colonel Albert Bonnema, MD, MPH – Chief, Information Delivery Division – Defense Health Agency

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Is it Bonnema?

Colonel Albert Bonnema, MD, MPH – Chief, Information Delivery Division – Defense Health Agency

Bonnema, you got it.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. David Waltman? Gajen Sunthara?

Gajen Sunthara, MS – Presidential Innovation Fellow – Department of Health & Human Services

I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Gajen.

Gajen Sunthara, MS – Presidential Innovation Fellow – Department of Health & Human Services

Hi.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

George Cole? Janet Campbell?

Janet Campbell – Software Developer – EPIC Systems

Hi.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Janet. Jeff Gunther?

Jeff Gunther – Vice President – Foundations at Premier, Inc.

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Jeff.

Jeff Gunther – Vice President – Foundations at Premier, Inc.

Hello.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

And Josh Mandel?

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Josh. And so before I turn it back to Arien and David I hope you all noticed we have two new members so welcome to them both. And thank you Arien for joining us on your vacation. So, I'll turn it to you David and Arien.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Excellent I'm going to take a Co-Chair light role today because I've got dual duty as Co-Chair and childcare.

Janet Campbell – Software Developer – EPIC Systems

That's pretty much the same, right?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

That means you're on the hook David.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I didn't know there was any difference between childcare and committee chair.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This may be true sometimes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Sorry, about that, yeah. So, we should start first by welcoming our two new members and maybe get them to...each of you to introduce yourselves a little bit to us because I don't know that we've all seen your details and if we have we probably have forgotten them. So, Jeff will you start and just give us a little bit of your background...

Jeff Gunther – Vice President – Foundations at Premier, Inc.

Sure.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And then Albert after that.

Jeff Gunther – Vice President – Foundations at Premier, Inc.

Sure, hi, this is Jeff Gunther I'm the Vice President for Foundations here at Premier, Inc. Premier is a healthcare alliance about 3400 hospitals in the US. The reason why I have an interest in this work is a big part of what Premier is doing in the marketplace is the ability to acquire data source and leverage that for all of our members. And I both come from a Health IT background but also have very much of an interest in APIs as well and I appreciate being a part of this team.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Great, if you like healthcare and APIs you're in the right place.

Jeff Gunther – Vice President – Foundations at Premier, Inc.

That's great, thank you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Albert?

Colonel Albert Bonnema, MD, MPH – Chief, Information Delivery Division – Defense Health Agency

Yeah, my name is Al Bonnema I'm the...I just finished up a tour as the Air Force Medical Service CMIO, I finished that up by leading the EHR requirements for the Army, Navy and Air Force. I've now moved over to be Mr. Dave Bowen's Deputy CIO for information delivery so I have the analytics secondary data use, HIE registry activity all in my activity and so I've been in the service for 18 years, I'm a family physician in preventive medicine and clinical informatics. And so I'm honored to have been asked to participate.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Great, well, welcome to you both. We have such a small group and I don't think we have such a tight agenda that I will suggest that we all introduce ourselves to you just briefly so you get to know who we are and I'll start.

I'm David McCallie and along with Arien I'm a Co-Chair of the Workgroup. I'm a Senior Vice President at Cerner where I've been for most of my career. I originally trained as a neurologist and practiced for a while at Boston Children's but went to the industry 20 some odd years ago and have been doing IT ever since. I'm also on the HIT Standards Committee but I'll be rotating off, this will be the last few months left, although the Workgroup activity will still continue. Arien, do you want to do yours?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Hey, Arien Malec, I'm Vice President for data platform solutions at RelayHealth, also a member of the HIT Standards Committee and I've been in a mix of life sciences and healthcare for a little more than 20 years and it feels like it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Janet?

Janet Campbell – Software Developer – EPIC Systems

Hey, there my name is Janet Campbell I'm in research and development here at EPIC, which we do software, which you probably already knew that, I also focus on, besides things like APIs, things like usability and patient engagement.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Who've we got, Josh?

George Cole – Principal Scientist, Community Solutions – Allscripts

George is here, if you don't mind, I joined really late because operators were not actually standing by.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, George you've earned your turn.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah, to stay in order with the slide here, so I'm George Cole from Allscripts, I have the Title of Principal Scientist of Community Solutions at Allscripts. I've been involved in Health IT for more than...longer than Arien has and I've actually been at Allscripts for 30 years.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh, wow.

George Cole – Principal Scientist, Community Solutions – Allscripts

I work on many different standards committees, I've written many different IHE profiles and I'm writing now my first FHIR profile. So, I tend to have a lot of irons in the fire.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And the kid...Josh?

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Hey, this is Josh Mandel; I'm on the Research Faculty at Boston Children's Hospital, Harvard Medical School. I've been at this for I think almost 5 years, very close and really been doing a deep dive during that time into healthcare content standards, security, transport and trying to define through a research project APIs that let Apps plug into various kinds of Health IT systems.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Josh wins the value add per year of service award.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, absolutely.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Unfortunately it's a depreciating metric that first year when you're coming off of a zero denominator is a real win.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Gajen and Debbie do you guys want to just give a brief bit of your background as well? We might as well do everyone.

Gajen Sunthara, MS – Presidential Innovation Fellow – Department of Health & Human Services

Sure, Gajen Sunthara, Presidential Innovation Fellow at HHS/ONC. I've been tasked to deal with FHIR integration. So we are building the FHIR server in ONC on the site environment and I've been doing API at Boston Children's Hospital integrating through Cerner and EPIC systems and pretty much doing the same thing as a standardized API in the public sector. So, I'm happy to collaborate on this work.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And Gajen you're a Presidential Innovation Fellow, right?

Gajen Sunthara, MS – Presidential Innovation Fellow – Department of Health & Human Services

That's right, yeah, thank you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And Debbie?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And, hi, I'm Debbie Bucci, can you hear me...I'm Debbie Bucci I'm the admin staff on this group. At ONC I focus on the privacy and security stuff but my background is I spent 15-20 years at NIH running the authentication authorization infrastructure for NIH. So, I have some...background.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Good, so this is a great group really appreciate all the time commitment of everybody to be here. Jeff and Al we finished up in our previous four or five meetings a...what you'll hear us call a framework for sort of a future looking extensibility framework that centers around this notion that we've called the core composables where a core composable is a building block modeled after some of the core building blocks that make the Internet a success and we have attempted to map that to a healthcare model.

And you'll hear us refer to it during this conversation today rather than take a lot of time to walk through that I'd be happy to, and I'm sure Arien would as well, to spend time off line if you want to just catch up with how we got to where we got. I think it's pretty self-explanatory but do not be perplexed if we talk about core composables and frameworks because that's kind of our backdrop.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, I think we're overdue in writing our transmittal and may be one of the things we could do is write the actual transmittal and then spend a session explaining the transmittal off line.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah, be happy to catch you up in whatever way is useful.

Jeff Gunther – Vice President – Foundations at Premier, Inc.

Great, thank you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So for today's agenda I think Debbie you had put some thoughts together about some stuff we need to finish up that we missed on our last call hopefully not a big amount of work.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Not a lot.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

You're going to guide us into our assignments for the NPRM review.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, why don't you take over here for a second?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, so I'll take over, okay, thank you. So, this is the last minute I kind of pulled some things together going through this since this is all our comments I realized we missed like three or four questions. So, if we go to the next slide, I don't know where I'm at...yeah; go to the next slide, please, and...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

We can start right here. So, these are the few questions that were missed. It says...and for those just joining we had a series of questions from the roadmap even though our transmittal letter is going to be entirely driven from this we still need to respond to these. So, SDOs should pilot, assess and refine standards for RESTful web services. This should be an easy one.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, this is Arien, I believe we discussed this and I believe we agreed to point back to the framework on this.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah, I think all of it...okay, that's fine.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And I have a scanned text for that and then Health IT developers should widely implement national standards for query. Did we discuss this, I don't remember that? I didn't find it in the transcript.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't remember if we discussed it or not.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah, it wasn't in the transcript so, anyway.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean, this is David, I think, you know, it's one of those questions, you know, of course query is important. So, I'm not sure what comment we need other than that we've laid out...I would suggest that we, again, refer to the framework that we've laid out a pathway, particularly a transition pathway forward that allows a crossover from the current approaches to query to the more flexible API-style composable approach to query, but we're certainly not suggesting anything would go away. We'd just make it...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, I can...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

More powerful and more flexible.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, yeah, I think we should point back to the framework and then I'm just trying to figure out the cognitive difference between national standards and should widely implement. I would think if there are national standards they'd be widely implemented.

Janet Campbell – Software Developer – EPIC Systems

I don't know I would think we'd just pick them.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah we certainly have standards that aren't implemented.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

It's just hard for me to figure what a national standard that is not widely implemented is, but maybe I've been...maybe I'm one of those crazy people who thinks the standards are standards by being in use.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Janet Campbell – Software Developer – EPIC Systems

I like it.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes that's a constant theme for everything.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, so I think we should just go to the next slide then. This is the Health IT developers should widely implement, and here we go again, national standards for pub/sub, you know, I did see some...we did kind of talk about this before that I could probably pull those comments now that I'm reading this unless you don't have any...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I remember...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Additional comments? Yeah?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I remember briefly discussing it.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And I think we have some examples in some of your recommendations that I can pull from. And then the last one, Health IT developers should implement, here we go, national standards for RESTful web services as they are available, national standards for pub/sub, it's the same thing, national standards for RESTful web services. I think we've kind of talked about this.

What I will do is synthesize what we have, because it's going to be similar refer back to the narrow waste, and then send it out by hopefully, early next week.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, just early next week we'll all...many of us will be at HIMSS, maybe all of us.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Well, many of us will also be at HIMSS, so maybe later, right, exactly.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

How about late next week.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Late, yes, I agree, Friday. So, next slide I think we can go ahead and skip and then we'll go onto the federal...now we're at the overview of the NPRM. And Michelle is this something that you wanted to go over or wanted to?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Sure, I can.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Well, I just...okay.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Well, this is really, you know, background for those folks who haven't participated in a comment process for an NPRM in the past. I think most folks on the phone have, but in case you didn't know the NPRM was released and there is a 60 day comment period it closes on May 29th. I think we can go to the next slide. I think most folks on the phone know the process.

And so what we have done with all of the different Workgroups across the Standards Committee and a few Workgroups on the Policy side, we've divvied up the work of the certification rule, there is a lot of work, there are a lot of features as you all know, so we tried our best to assign out different parts of the rule to not overburden anyone although there is a lot of work here.

So, I think we need to figure out the best process for getting through all this material in the very short timeframe that we have just reminding everyone at the April 22nd meeting Arien and David will report out on the interoperability roadmap comments. Those will hopefully get finalized at that meeting and we'll put together a transmittal on the behalf of the Standards Committee as a whole.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And I think we'd like to at that point also have the transmittal for the framework...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Framework.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, which got rave reviews but needs to be much more formalized so we're hopefully going to have some off line work for you all because we have to write the transmittal letter.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And that's the 22nd right?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Correct.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh, great.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

And HIMSS is in between there. So, it's a short turnaround. And then we have all of this work to do on the NPRM hoping to finalize at the May Standards Committee meeting, I think the date is the 20th. So, there is a lot of work over the next month or so. So, apologies in advance. We have two new members that will hopefully help us get through this and just thank you all for the time that you've committed because I know it's a lot of work and there is a little bit more work ahead of us. So thank you.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Thank you, Michelle. Let's go to the next slide. Okay. So, well Michelle kind of spoke to this about how we...because we are a small group I assumed we were kind of going to work it within the next couple of weeks and do some things off line. And I guess we'll talk about tasking later but this is the process that Michelle talked to. And then the next slide, please. And then, again the timing, next slide.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I'm sorry, Debbie can we go back real quick, I'm sorry?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah, sure.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I just want to reiterate, so we only have really two meetings to talk about the NPRM before it has to be finalized at the May 20th meeting, so we might...we'll have to think about maybe doing things off line as well, but we have to make sure it comes back to the Workgroup and we have a public discussion about it.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

We may want to consider adding a meeting in between as painful as that is because in my experience we're going to task people to do some off line commenting and it is going to take some work to go through everything and pull it all together into the form of something that can be reasonably incorporated at the Standards Committee into the Standards Committee's transmittal letter. So, it might be wise to plan in advance for another meeting to go through this.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Friday next week?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

That's the first thing that comes to my mind, this is Debbie, okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

What about in that gap between the 7th and the 20th would that be a time to...

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I think that really is the only option.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Oh the 7th...yeah that is, 7th...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Between May 7th and May 20th.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

You're right there is a week in between there, that's right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah, okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I'm certainly willing to try to find a spot because I agree that this is a lot of ground to cover with just two meetings. And I'm sure we're all going to be of one mind on everything so it should go fast.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So the next...so let's go to the next slide, this is Debbie. So, what I did is for all our tasking I...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Debbie?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Before you jump into the specifics is there a template or a format that we need to put our answers in? Sometimes in the past years there have been some sort of very specific templates that they want to...you know, had specific questions and specific spaces for answers, is this that way or this just open free, we should just put a...

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

No, it's not free...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

It's a template.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

There are templates.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

More templates for you, sorry.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

But we're going to wait and send them out afterwards, correct?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We have them so...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But do we look at what something like this, will there be specific questions that we are expected to answer or is it more, you know, here's a blank piece of paper for this particular proposal capture what we think and put it on the page?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I think a little bit of both, you know, within the rule there are specific questions being asked.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

But, you know, you can also comment on things if you feel them to be appropriate or inappropriate.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, so we're not limited to the questions in other words?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

No.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The ones in the preamble are not...okay.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No especially around the API there is a lot of room for comment as I was reading through them last night. Okay, so what I tried to do was to read through each of the tasking and try to condense it down to something that we could kind of speak to today, but as we get to some of the other ones they were pretty large, we'll attempt. So the first one was the XDM package processing and basically that the current Health IT module for certification needs to support one of the Edge protocols.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And sorry...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And would...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Debbie, just so I understand, we're not going to comment here we're just seeking to understand the areas for comment and make sure that we ask any clarifying questions relative to the scope of what we're commenting on then we're going to go solicit opinions from the group off line and then come back and synthesize and discuss them. I just want to make sure that I've got the understanding of what we're doing right now pretty firm because I want to make sure that we're not...if we're commenting that we're jumping into commenting and if we're not commenting then we're making sure our questions are relative to understanding the scope of our charter.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, yes, I assume that's what you...now what we could do is...each of these, the slides as we go through, I just tried to condense it down to give a sense of what the work is for each one of them.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And that's...I thought that's all we would get through today.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Perfect that's my understanding as well.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Just realize that some of these slides are dense even when I tried to cut them down as you see going forward. So, for the XDM package there is a new requirement to demonstrate the ability to accept and process an XDM package as it's received and be able to extract relevant metadata.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And Debbie just...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And of course...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Sorry. Sorry to interrupt again just so I understand this particular charge, this fits within a framework of two certification criteria where a base EHR must conform to one of the two, that is there is a “or.” The “or” in this case relates to the applicability statement for secure directed exchange or one of the Edge protocols that are listed.

And then with respect to the XDR Edge protocol this XDM packaging certification criterion is relative to that particular sort of sub-criterion. Do I have the understanding right?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes and so if you read some of the background it was about the different vendors were automatically sent the XDM and others couldn't receive it. So, I'm sure this is coming back from some of the pain points from before that is my sense also from reading it.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Oh, yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Another point...

Janet Campbell – Software Developer – EPIC Systems

But if I'm understanding what Arien just said correctly, this is only sort of a clarification or addition to one means of certifying on an Edge protocol of which there is more than one that you can certify to, am I remembering that correctly or did I say it wrong?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think, this is David, I thought this...everyone regardless of what Edge protocol you use you need to be able to...this proposes that you need to be able to process an XDM message right?

Janet Campbell – Software Developer – EPIC Systems

Good point.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Correct.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It's not the Edge...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Correct that's exactly what it is.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It's not Edge specific.

Janet Campbell – Software Developer – EPIC Systems

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, okay, so you could be pure SMTP all the way through you still need to be able to extract an XDM and process it properly is the proposal here, as I understand it, is that right Arien? This is your space.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think it would be useful to get ONC to clarify that because we're going to be...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

It...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, it is. I read through the rule last night it is a new requirement that everyone must be able to...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

It pertains to everybody regardless of whether...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Pertains to everybody regardless of whether they certify through one of the two sub-paths, okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

They should be...they need to be able to pass...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That's how I interpreted it and that's how I think it ought to be applied even if that's not what they asked. I know we're not lobbying for answers yet, but, okay, so we...okay, good that helps.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Great.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, let's go to the next slide. This is small this is really hard to read. So, let me go find my...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is the Farzad criterion.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, okay, hold on. This is the data portability with...it's actually so big there is a good attempt in the NPRM to clarify what exactly is meant by data portability. And I know David you had brought up this before yourself. And they're essentially without, into the details...it's to be user focused and user friendly and that is the user must be able to execute with the capability of any software it chooses without developer assistance to operate and requires that the user be able to configure the Health IT module to export a summary for a given patient or a given summary for any time they want essentially.

It would also require that these export summaries be able to be created according to any of the document template types included in the C-CDA.

And it proposes that the minimum data that the Health IT module must be capable of including in an export summary are the data represented by the common clinical dataset.

A user would need to be able to configure the technology to set the time period within the data and would be used to create the export summary or summaries must include the ability to enter a start and end date range.

A user would need to be able to configure the technology to create an export summary or summaries based on significant events date or time, definitely around date, when a user signs a note or an order and then a user would need to be able to configure and set the storage location to which the export summary or export summaries are intended.

So, this is the attempt to clarify what data portability should be. And there is some comment that what was meant by vendors and the usability of it by providers there was a mismatch there. So, this is how they've tried to clarify it. So, with the silence...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, I can understand most of what I can imagine drives this except when you get to that next to the last bullet and a trigger point is when a user signs a note or an order is that...I don't remember reading that. Is that in there? And what are they...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I would...yes, I'll have to go back...is when a user...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't understand that at all.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

It's a date stamp or timestamp event.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, I think the intent...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, I believe the intent here is similar to the intent of for example triggering an XDS send on an appropriate trigger that indicates when relevant new data have been received, that's how I'm interpreting the spirit of the comment is to be able to send...to dump the new summary to the directory on some appropriate trigger that indicates that there is relevant new data relative to portability. But...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, go ahead?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, that's a very...

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah, it's George, so they do definitely list those specific bullet points, it's even bulleted out.

Janet Campbell – Software Developer – EPIC Systems

Hey, George. George are those actually listed as exemplars or as at these points?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is...

George Cole – Principal Scientist, Community Solutions – Allscripts

Based on the following user selected events not...

Janet Campbell – Software Developer – EPIC Systems

Okay.

George Cole – Principal Scientist, Community Solutions – Allscripts

There is no "by example." There is a colon and then the three bullet items.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

What is the sense, without lobbying about the actual interpretation of how we respond, what problem are they trying to solve here?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Hey, David, I can provide a little context here.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

As Debbie said, this is relative to the comments of folks in the field who have attempted to use the data portability certification criteria to accomplish a number of activities relative to data portability and have found that the data portability was implemented for certification and then appeared to have been very carefully hidden.

And so the intent of this is to respond to some of those concerns by specifying that the intent of data portability is for it to be a...not just a certification criterion but a user-facing criterion and you might imply in the...you might read in the specificity in the certification criteria maybe some frustration with the way that portability was previously implemented.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

So, this is Josh...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, so I get the...go ahead Josh.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

I was just going to comment, not to be too much of a one trick pony here, but it would be nice if there was something like an API that would let clinicians and users of these systems access data portability through whatever kind of logic they wanted rather than asking vendors to implement, you know, 3 or 5, or 17 different kinds of triggering and scripting logic, you know, if there was just an API that said “export current clinical summary for patient X” and then people could run applications to call that API on the first of the month or when there was a full moon or whatever they wanted.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That sounds like a good...that sounds like a good comment for maybe some of us to provide relative to this criterion.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I like that. One other clarifying thing, you experts on C-CDA, what is the implication of, should be able to be created according to any of the document template types included in a C-CDA, is that a finite set?

George Cole – Principal Scientist, Community Solutions – Allscripts

It's a finite set David but it's a fairly onerous requirement if you interpret any to mean that during the certification period they might ask you to do a certification of one of the different document types and you can well imagine that many different environments would have no reason to support...certainly they would have no reason to necessarily support all of those different document types.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

As an example...

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

If you're an acute care EHR and you're required to certify a referral that might actually be relatively reasonable...if you're an ambulatory care EHR and you're required to implement a discharge summary you may have no reason otherwise to implement a discharge summary template.

George Cole – Principal Scientist, Community Solutions – Allscripts

Right.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

There is also a strange casting problem, you're often casting a set of data that actually has no relevance for the document you're trying to produce, but I'm doing the bad thing and wandering into the actual comments as opposed to the...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

George Cole – Principal Scientist, Community Solutions – Allscripts

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

George Cole – Principal Scientist, Community Solutions – Allscripts

But I think...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That helps.

George Cole – Principal Scientist, Community Solutions – Allscripts

Just one more on this topic, I think Josh raised this issue too in his comment about it and David you certainly were questioning this which is back to I think the original purpose for data portability and here it seems to me now it's being confused, not clarified, in terms of when we start to list triggering events that talk about signing of notes and relative dates it begins to sound more like summary and not what I thought was that original purpose of data portability which was to move content in total from one system to another.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, I think the intent here with respect to this is actually semi-consistent. I was on the Information Exchange Policy Workgroup when data portability was discussed relative to Stage 2...

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And the intent was that data portability should accomplish both the move from system one to system two as well as for other needs for which it's important to get data out of an EHR and move it to some other system for example for purposes of population and health management or others.

George Cole – Principal Scientist, Community Solutions – Allscripts

Okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And so you can...again, you can read into the certification criteria some implied purpose that a user wants the set of data relative to portability to be current and up-to-date.

George Cole – Principal Scientist, Community Solutions – Allscripts

That part is...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So...

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah, okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It does run the risk of being neither good enough to move a patient to a new system because it doesn't have a lot of critical data about a patient that's not captured in the C-CDA nor is it as flexible as the API requirement which is in parallel to it that would give you much more control over what you do and presumably solve more use cases.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

You it's one of these that's got a...it's a lot of work to go right down the middle and maybe not make very many people happy, but I guess that's something we can visit when we get back together.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

David, just again for context, the policy side of that first criterion or that first limitation was extensively discussed and I think folks agreed that it was useful, it may not be actually sufficient to enable a high fidelity transfer from one EHR to another but there was a feeling that it was useful at least to get the core clinical data portable.

But maybe I'd suggest we understand this certification criterion and we should move onto the next one unless there is more clarifying questions.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

This is Josh, I would just ask one more, which I think we would add to our list of likely issues here, this criterion seems to be focused on a file system export-based paradigm, which is fine there's nothing wrong with that, but I don't understand why you want to explicitly make that your only paradigm for data portability.

Janet Campbell – Software Developer – EPIC Systems

I think that's extending from what it already was.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's right.

Janet Campbell – Software Developer – EPIC Systems

I agree, but, yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, are we ready for the next slide?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well we don't want to make it any more complicated.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

No my suggestion would have been to make it, you know, less complicated and not specify that you're going to get a file out, you know, in a directory.

Janet Campbell – Software Developer – EPIC Systems

But one thing I think...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, although I think...

Janet Campbell – Software Developer – EPIC Systems

That's a little bit hard about this from the certification point-of-view is that the more open it is the more that can be interpreted as the EHR has to choose all of those options that are open for whatever and it's tougher for them to also test and make sure that they do all of that. So, I think we can kind of balance both of those things.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's the "or" equals "and" that we've noted many times in the Standards Committee.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah. Yeah this is one where the spirit is clear and seems very well meaning but boy it could be tricky to figure out how to do it and test it. Okay, but enough of that, next one.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, next slide, and the next three or four slides is all around what I think we're interested...this group is interested in.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah the APIs.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, I tried to divide it out, common clinical dataset is the first on page 205, so this is a new certification criterion that's proposed for APIs that responds to data requests for any one or more of the data references in the common clinical dataset including requests for all of the data and it's also been proposed to require that the certification criterion be part of the set of criterion necessary to satisfy the 2015 edition base EHR which would ensure that all EPs, eligible hospitals and, I don't know...would need to adopt a Health IT module.

And the intent behind this certification criterion is to allow for, but not require, Health IT developers to implement FHIR, REST API and accompanying FHIR standards. Should I just keep going to then next slide?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Sure.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay. So, the proposed...next slide, please. The proposed certification criterion includes three technical outcomes, security, patient selection and data requests. And the scope around for the data requests for data category requests the API would need to respond to requests for each of the data categories specified in the common clinical dataset and return the full set of data for that data category as return format either XML or JSON would need to be produced and for all requests the API would need to respond to requests for all of the data categories specified in the common clinical dataset.

And the C-CDA version would need to be used to produce a patient summary record populated with the data included in the common clinical dataset.

And if we go to the next slide, I think this is where they've asked for some comment in this section, actually, some public comment.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Actually, sorry, Debbie, before we go there...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Go back?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Can we just go back up one.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Sure.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And make sure that the group understands the certification...the proposed certification criteria as written.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, we're going back to page 12?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Back to page 12.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Slide 12?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, 13, right here, this is probably fine.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, 13's a good starting point. So, this is David, I'll start, it doesn't specify that the three, well let's say the second, well...I may not try to specify which. It doesn't specify that all of these requirements have to be met by a consistent standard or a consistent approach it's just that the net effect be present, correct? Is that how others are reading it? So, you could use one API...

George Cole – Principal Scientist, Community Solutions – Allscripts

That's what I...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

For patient selection and then a different API for category access...

Janet Campbell – Software Developer – EPIC Systems

That's how I interpreted it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Conceivably...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, this is actually a problematic area and I'd ask maybe Debbie or somebody else at ONC to clarify. In the past when there are certification criteria that are multi-part, so the Direct example where receive and incorporate was a single requirement, it was impossible to modularize from a certification perspective, modularize those.

So, I think it would be useful with respect to that question to also ask is the intent here that this is one certification criterion that must be met together as a bundle or is the intent here that the certification criteria themselves maybe modularized and certified separately.

So, for example you could have one system that operates as your query node for patients and another system that operates as your query node for discrete data and a third system that operates as your query node for documents, would that be a reasonable and logical separation or would the structure of certification prohibit that kind of arrangement.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, just...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This maybe a policy question.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, just to be...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So it's just...I just want to make sure I heard the question right. So, you're asking whether for the EHR certification all...need to be certified on the same system or whether you could...system?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's right, so in the Meaningful Use Stage 2 rule...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

The receive and incorporate were listed as a single certification criterion which meant that Direct and the functionality for incorporating a Consolidated CDA had to be implemented by the same system, it led to really bizarre things where you'd have to dummy out portions of it even if you had no intent to implement the full cycle, that was clarified or changed in the revisions, the v2 of that rule that was published earlier this year and then it's been clarified, but that at least should be a warning sign that any time you've got criteria that are together there is the danger that this may be interpreted as a single criterion with three sub-parts.

And then with respect to those...I think that also leads to the same question that David was asking, which is that with respect to those three sub-parts is the intent that it's the same API or different APIs, so for example, could you implement XCPD as your patient selection API and FHIR as your data category API, and XDS plus Consolidated CDA version 2 as your all request API or would that not meet the spirit of the rule.

Janet Campbell – Software Developer – EPIC Systems

There are also...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Or the spirit of the proposed rule.

Janet Campbell – Software Developer – EPIC Systems

And maybe one more on top of that is whether you could within the data category do FHIR for some and some custom stuff for something else.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, it's pretty...it's pretty clear that it's not...it is a functional requirement not a specific named standard even though they declare their intent that eventually it would be FHIR, so, I think Janet I would interpret the answer as "yes you could to that" under the functional...

Janet Campbell – Software Developer – EPIC Systems

That's how I interpreted this.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The way it's specified.

Janet Campbell – Software Developer – EPIC Systems

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah but that would be useful to get clarity on just to make sure we're hearing that right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay I'll ask that.

George Cole – Principal Scientist, Community Solutions – Allscripts

Well and it's fascinating too that...it's George, number one you would think that should be applied regardless of the answer to the questions that we've been imposing.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, although, George you'd imagine, this is Arien, you'd imagine that the way that you would meet number one might well be different...

George Cole – Principal Scientist, Community Solutions – Allscripts

Would vary.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Exactly.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Depending on whether you're doing...

George Cole – Principal Scientist, Community Solutions – Allscripts

Yes, absolutely.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

CommonWell for number two and XDS for number, for all for example.

George Cole – Principal Scientist, Community Solutions – Allscripts

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

So, this is Josh, I just want to make a quick comment on the difference between the data categories and the all, it's really not clear to me why we'd want to separate out the kinds of technologies that were used in each of these.

So, if I were exposing every piece of discrete data with FHIR why would I not be able to expose also all the data with FHIR? I would have to then switch to a CDA paradigm, but it doesn't seem that logical to me.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think...Josh are you saying could you fetch...

George Cole – Principal Scientist, Community Solutions – Allscripts

No.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The CDA with FHIR and that seems okay, that would be okay or you are you just saying...

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

No, I'm saying...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That you just want to do away with...you want to do away with the CDA?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think Josh is going into comment mode as opposed to clarify mode.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

Yes, I’m sorry, you know, it’s hard for me to resist.

George Cole – Principal Scientist, Community Solutions – Allscripts

So, I think it’s a good question to ask though in the all bullet because it does...as the return format, singular, did they really mean that?

Janet Campbell – Software Developer – EPIC Systems

It sounds like it, yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, yeah, I read that to be very specific about CDA. A CDA document not something else.

Janet Campbell – Software Developer – EPIC Systems

But my understanding was like part of the reason why this...the motivation behind this criterion was that it would satisfy view, download, transmit, right, which is both CDA-based, that that’s why...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes.

Janet Campbell – Software Developer – EPIC Systems

They were doing it that way.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That’s actually a separate section, so there is a separate area that we’ll be asked to comment on relative to patient access and API access for patients. This would be a new requirement that effectively would be the reciprocal of the transition of care requirement.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

But if I understood...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah and...

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

Correctly, and this maybe a clarification question on my behalf, my understanding was the same set of API requirements, basically the same text we see on the screen here would be used for, you know, VDT-like APIs and also for transitions of care-like APIs.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, this is Debbie...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That's on the query side.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And that is...it is clarified, there is a slide and they repeat it both for both VDT and transitions of care to be consistent.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

So, Debbie, can we get clarification from the actual, you know, sort of the intent of Reg-text questions that we had, can we get a quick turn on that clarification back out to this group and, you know, I think the clarification that's needed number one is, is the intent that this is a single...it does say actually single criterion and not criteria, so do we understand this right that it's intending to be a single criterion. Do we understand appropriately that, as has been the case in the Meaningful Use Stage 2 Certification Rule, that use of a single criterion would preclude modularizing this capability...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, basically, Arien, let me interrupt, you mean would preclude spreading it across different modules?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I mean modularize...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right, right, I'll ask that.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

In the sense that you could certify separately and combine modules. So in the Stage 2 rule you could not separately certify for incorporate and receive which made it hard for, as we know, it made it hard for a HISP to be modularly certified they often had to mock up a...incorporate criterion just for the sake of getting through the certification criteria.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

As it's written, as a single criterion, you would have to certify, my understanding is, and again this is what I'm seeking clarification on, you would have to certify the entire bundle including security, patient selection, data request category and data request all.

And the proposal that I made that, for example, I could get my patient selection via eHealth Exchange XDS or XCPD, or through CommonWell. I could do my data category request through my FHIR-based API and my all request through my XDS-based API or my XCA-based API...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That this kind of modularization would actually be precluded by the way that this is written.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah that's what...okay, I think that's a really important question I agree.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And I have confirmation that this is truly a functional requirement that's something also that...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Correct, that's right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Needs clarification on.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah. So, they're pretty straight up about that and I think we all have to figure out what the heck that means but that's exactly what we recommended and they listened, so that's good.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's right, good.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I can't complain.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

It's functional except...it's functional except for the particular...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Certification criterion relating to Consolidated CDA v2.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah and I mean I think I understand where the Consolidated CDA thing comes from Josh but let's take that to our discussion section when we get...when we do the deeper view.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And then again, relative to...even if you certified as a bundle relative to the functional nature of this there is Janet's question of in the data category request would it be admissible or applicable to have multiple types of APIs one FHIR-based, one proprietary for different categories of the what Josh likes to call the "CCDS."

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

I sure do not.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That was a reference to a humorous Tweet from him about the common clinical dataset.

George Cole – Principal Scientist, Community Solutions – Allscripts

We're going to four letter acronyms again.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, we have to it's the rule.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Four letter acronyms that are distinguished only by the position or presence of a hyphen.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Correct.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, I guess we can go to the next slide.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Are we ready to go to the next slide? This is Debbie.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think we've got enough here I'm just asking, Debbie, about the...and Michelle, about when we can reasonably expect clarification on this because this is going to be I think very material to the kinds of comments that we make.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Well, I'm going to ask as soon as we hang up from the call today.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Cool, awesome, thank you.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, okay and let's go to the next slide there for public comment on the next slide. There is just some general what additional requirements might be needed to ensure fostering of an open ecosystem around the APIs so patients can share their information with tools, applications and platforms of their own choosing.

And then also requested public comment regarding the feasibility of additional API capabilities that could be made available to certification including secure message read/write capabilities, schedule read/write capabilities, ordering, ePrescribe, etcetera.

Janet Campbell – Software Developer – EPIC Systems

So, maybe this was where I got confused, because it talks about patient's access here.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Janet Campbell – Software Developer – EPIC Systems

Maybe it was just a copy/paste thing or...but Arien you said this was specifically for provider to provider transitions of care didn't you?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, this may be a copy and paste issue.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I think the API is...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

That might be on purpose.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah I think the API is not limited to what you would do with it but the fact that the API is also repeated in the view, download and transmit requirement, which is coming up in a minute, is what's confusing.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It ought to apply to all of them right?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Per Janet's comment...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean it's...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

The comment in this section should refer to providers and the word "patient" should be used with respect to these exact same certification criteria but in the view, download and transmit section.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah, yeah I agree. But one would assume that it could be the same API and could satisfy both those needs or since it's functional it could be different.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

They're not narrowing it down at this point.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

If you did it the right way it should be pretty...it should be easy to do.

Janet Campbell – Software Developer – EPIC Systems

Right, I mean I think the...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, these are...

Janet Campbell – Software Developer – EPIC Systems

Things that you share with patients have a different sort of security model around them or at least that's the way most organizations implement it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, but it could be the same API...

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

But it's two different...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Or it could be different, yeah, it just returns different sub-sets the data or something. Do we need any clarity on the second one regarding feasibility of additional API capabilities, feasibility of...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Well, this is Debbie, there we're asking for public comment, so...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

See what...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I assume they're looking for something like, you know, don't do all this all at once or, you know, we'll never support the right capability from an API, or whatever, right? I mean, it's...they define that kind of starting point of read only, simple, core data elements...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And they're sort of saying, tell us about what you think of these more difficult capabilities.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, there are actually existence proofs for each of the read and write for each of these categories but again that gets into our commenting as opposed to our understanding.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right but that's what the spirit of this is, this is a commentary on how far to go when and how fast and stuff like that.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, it's not...I don't think there is an interpretation issue here.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, so...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

We can argue about the words though.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

This is Debbie...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Next one.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No clarification is needed then we can go to the next slide.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, and let's see is this the VDT, yes, this is the VDT, essentially, it apologizes for being repetitive but the...to complement the API capabilities in the proposed common clinical dataset, it proposed to require the same capabilities be met as part of the 2015 edition VDT certification.

So health IT developers could provide the information necessary to satisfy the documentation and the term of use requirements only once so long as the information addresses any potential technical differences in the application access capabilities provided for example REST versus SOAP.

And proposed for this criterion require the ACBs to submit a hyperlink as part of the product certification submission that would allow any interested party to access the API's documentation and terms of use.

And additionally have coordinated with CMS to have the proposed Meaningful Use measures for VDT revised to allow for response to data requests executed by the API functionality to count in the measure's numerator.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Well...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The third bullet point is they're telling us that they have done that or are they asking...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, they have.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Whether we want them to do that? Okay.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No, they have coordinated it's in the text.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah that's...okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And just because I haven't re-read all of the text, is the...are the first two criteria...so the first one is you only need to do it once and you can have it cover for both patient and provider.

For the second one proposed for this criteria to require ACBs to submit a hyperlink, is that repeated for the provider's side version...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No, I don't...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Criterion?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No, I don't recall seeing that at all, no.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's interesting, okay.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

But I think this...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah but...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I'm not making...that's my personal opinion.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, okay and then so everything is good, we can go onto the next slide? I guess we'll go to the next slide.

Janet Campbell – Software Developer – EPIC Systems

Hey, sorry...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, go back.

Janet Campbell – Software Developer – EPIC Systems

I think I remember do they talk at all about this about having like a cost model associated with this either prohibiting it or allowing it explicitly?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I didn't read any of that.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Yes, this is Josh, there is a comment that says that they imagine it wouldn't be appropriate to charge, but it's not a strict prohibition.

Janet Campbell – Software Developer – EPIC Systems

Okay, I'm just thinking in terms of any accessing party that pretty much says that, right, and I didn't know if like they'd put a paywall in front of it. Okay, got it.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

So, sorry, just so we understand, Debbie, our charge, the previous commentary relative to the actual API itself would be...would apply for both and then we're being asked in that previous section for the additional text relating purely to the VDT portion and now we're moving onto something that's non-VDT/API access.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right, you mean, the next...yes. Okay, so next slide, which is slide 16, if it's already up, create and patient match data quality, a proposal to include a limited set of standardized data as a part of the create portion of the transitions of care criteria in the voluntary edition to improve the quality of the data and the proposed standardizations include first name, last name, middle name, suffix, date of birth, place of birth, maiden name, phone number and sex.

And it's saying that the certification is specifically standardized at the point where the data is exchanged and proposes constraints to minimize data conflicts. Not how data is stored but definitely where data is exchanged and it's stressed in this section.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I don't believe it says this but...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, what...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, would it imply that the data had actually been entered in the way that allows you to standardize it.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I think that's right.

Janet Campbell – Software Developer – EPIC Systems

Did they say for place of birth the granularity on that?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, it is...I didn't cut and paste everything that was in there...

Janet Campbell – Software Developer – EPIC Systems

That's fine.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

But they do specify for each of these specifically what the format should be.

Janet Campbell – Software Developer – EPIC Systems

Great, thank you, it's been too long since I've read this.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay it's like a canonical that everybody needs to comply with essentially.

Janet Campbell – Software Developer – EPIC Systems

And sex is not defined as either identified gender or birth sex?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I don't know, I don't remember...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

It's actually identified...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I can look.

Janet Campbell – Software Developer – EPIC Systems

I mean, that's okay, actually it doesn't probably matter, so never mind for the purposes of this call anyway, we can keep it...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

But it could be variable.

Janet Campbell – Software Developer – EPIC Systems

Yeah, I mean, I think it's actually something that they should figure out, but...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes.

Janet Campbell – Software Developer – EPIC Systems

That's more commenting than I guess clarification.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, so we...17. This should be a good section, healthcare provider directories both of them with query and response on the next few slides. And the new certification criterion that would require the Health IT module to be capable of querying a directory using the IHE HPD Profile.

The capabilities that would need to be supported by the module would be querying for an individual provider, for an organizational provider, querying for both individual and organizational provider in a single query and querying for relationships.

Janet Campbell – Software Developer – EPIC Systems

Okay, I actually am lost on this one even though I think it's a good one.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Janet Campbell – Software Developer – EPIC Systems

In the second sentence it says that federation is optional but then in the third it says the optional capability...oh, it says if you are going to do it you have to follow the HPD...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes.

Janet Campbell – Software Developer – EPIC Systems

Option for it, okay.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right, I kind of skipped through that, yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah so that's a good incentive not to do it. Just to be really clear, the previous criteria that we have read, if you look at the stuff that I Tweeted out and that Halamka posted to his Blog that's a helpful one page explanatory text of what's required for sort of included in certification criteria relative to Meaningful Use Stage 3, the way we used to think of certification criteria, this criterion is outside of that set and in terms of process we're going to review more or less in order, and I believe, Debbie, that the subsequent work that we're doing here is going to be on that universe that maybe outside.

And then we got some quasi exemption, some grudging exemption to have an interim Standards Committee meeting to address the non-required for Meaningful Use 3 certification criteria. So, if we don't get through all of these, although it would be good if we did, if we don't get through all of these we actually have one more shot at making it up relative to the Standards Committee meeting where we're going to be reviewing criteria. Hopefully, all of that made sense.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

If I could translate, we'll make sure we prioritize the ones that are required for the base EHR and save these that are not for if we don't get to them.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, although it's way more complicated than just the base EHR, it's the base EHR and associated with certification criterion and associated with criteria that have to be met in all cases...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Regardless, but yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right it's the ones that matter for the Meaningful Use Incentive Program.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Correct.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

We'll do those first and then the ones that are not included currently in the incentive program we would save those to the last under the assumption that this might get pushed out to a second HIT Standards Committee, a new meeting to be scheduled. Right, Arien, is that how I'm remembering?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's exactly right and hopefully that doesn't confuse everybody.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And hopefully it's clarified more than confused.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So this is Debbie, I was.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We're looking at a date in June to follow-up on what Arien is saying.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, so back to the...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Clarify later, thank you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Back to this one, the provider directory query just for clarification so I understand, this is...essentially you would certify that your system is capable of using the HPD rubric to query an external directory that's the one that's in front of us right now, right?

So it's not about implementing the directory or responding to a query from outside it's about actually the ability to go and to generate and presumably process a response to a query. So, essentially it's an API specification for directory, it's a required API specification for directory query, right? Am I reading that right?

Janet Campbell – Software Developer – EPIC Systems

That's how I read it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And if so, could somebody tell me what an organizational provider is in this context? Is that an organization or is that a provider at an organization?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, so you have two questions, David, this is Debbie, the first one you're asking is if this is an API requirement, right?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

No, I think we're seeking to clarify whether it's an EHR query side requirement and not intending to certify the provider directory side of this.

Janet Campbell – Software Developer – EPIC Systems

Right...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, in effect...I think that's what Debbie said is it's an API requirement for the EHR to generate a query.

George Cole – Principal Scientist, Community Solutions – Allscripts

This is George that's how I read it, yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah and then...

George Cole – Principal Scientist, Community Solutions – Allscripts

And David to the second question...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah what is that...

George Cole – Principal Scientist, Community Solutions – Allscripts

In HPD...yeah, so HPD is written in terms of provider and then they subclass those as individual or organization that's what I remember.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, George what does that mean, an organizational provider is like find me Dr. Smith at Mayo Clinic or is it...

George Cole – Principal Scientist, Community Solutions – Allscripts

No.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Find me Mayo Clinic?

George Cole – Principal Scientist, Community Solutions – Allscripts

It's find me Mayo Clinic. But Dr. Smith at Mayo Clinic would be find me Dr. Smith and then find Dr. Smith's relationships and see if Dr. Smith is an individual provider, has a relationship with Mayo, which is an organizational provider.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's actually criterion three or capability three I believe querying for both individual and organizational provider in a single query at least that's the way I interpreted that one, is Dr. Smith at general hospital...

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah, they left Dr. Smith out.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, number two is find general hospital, find Sunny Family Practice.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right and so what comes back when you find...what is the...does HPD specify exactly what is to be returned for an individual provider and what is to be returned for an organizational provider?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

That's the response.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

What are you querying for?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

That's the next question.

George Cole – Principal Scientist, Community Solutions – Allscripts

I believe it does but it's been a long time since I've looked, but I'm...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

George Cole – Principal Scientist, Community Solutions – Allscripts

Reasonably certain that it subsets the content that's to be returned, yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

So, sorry, just so we understand, this particular page is the call side and then our...

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Our next page is the response.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Next page is the response side, okay.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, let's go look at the next page then and maybe we can get some of these things clarified.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, next page then, 18, certification criterion that would focus on the query response and include the corresponding set of capabilities to respond to a provider directory query which is what we were asking.

Provides the flexibility to test and certify for provider directory query independent of the provider directory response.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Debbie, was there more text relating to what's included in the query response and...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No, it was...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Required in that inclusion? Okay.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No, these are very short sections on both of them.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I see.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And actually they point back to the HPD specification.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

That's useful and the HPD specification, just for...is written in the way that most IHE profiles are written, they're inherently international specifications that have, by intent, a lot of optionality.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Because you're presumed to specialize them in particular locals or for particular usage.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But didn't S&I do something to go beyond that or am I...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

No S&I essentially partnered with IHE to create HPD+.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yes, correct.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And does plus narrow...does plus have an implementation guide that narrows down the optionality or is it just...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

No plus...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

No it's more federation...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, so plus...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, plus also defined a common data schema that doesn't implement the full LDAP dataset and the like, so that's part of what plus is. Plus is kind of constraining and as Debbie said also including some level of federation.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And in this note there is nothing really about the response it's just reflects query here again, query for individuals, query for...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But this...this is David, this one here is basically the other side, this is a certification of a service's ability to respond to...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Respond.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

These queries.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, so you could certify to be able to query but not certify to be able to respond or you might be a HISP and certify to be able to respond but not certify to be able to query. And so these are independent criteria.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And as we were saying that's generally a good thing...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah a good thing.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

With respect to the certification criteria, yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yes, because I understand how you're looking at the other one and now this helps clarify the distinction between the API one where it's all bundled together versus this one where they're teased apart. But it's not clear to me...I mean, maybe the HPD+ specification answers all these questions, but what...you know, again what problem are you trying to solve with this thing, what's coming back that's going to be useful to you and when and where would you use it? It sure would be nice to have that as a preamble.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

For example, if the predominant use case is to query for a Direct address or to query for a web services address for subsequent queries it would be useful to define that set, again, that's getting into our comment period as opposed to our understanding period.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think we understand that it's either unconstrained or it's everything.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Actually that would be...Debbie that would be a useful question is, as written would the certification criteria imply that any response to a query be parsable that is conformant to the IHE profile or would it require that I can parse at least one thing?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I don't know.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, so if we could just...if we can understand maybe from Steve or others, if we can understand whether this criterion, as written, requires the superset or any subset.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Because it kind of differs.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, so we've actually wrapped up...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah and this is...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay, keep going.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No this is David...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

You were saying something else, David?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I was going to wander into commentary and so I stopped in midsentence.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And Arien, may I ask you...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, I guess what...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Sorry.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I was going to say...go ahead and ask your question Debbie and then I'll ask mine...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Sorry.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Or Michelle.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, Arien, I just wanted you to clarify one more time that the important difference...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, so I'm asking just as a statement of certification...just as a statement for how the certification criteria are written right now if for example on query or on retrieve as the certification criteria are written right now would I have to, in order to qualify for the certification criterion, would I have to implement every possible query option or would it be permissible for me to implement some subset of my choosing and the same for the response would I have to be able to interpret any possible response that conforms to the specification or could I get away with implementing some subset of my choosing?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Which is similar to your question earlier...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes that's right.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

About how you evaluate, okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Sorry, David, thank you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, so my question was going to be given we've got what 10 minutes left, do we want to divvy these up or just say our next meeting will address numbers 1, 2 and 3 and the following meeting numbers 4, 5 and 6...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And we all do, all do all?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think we're small enough...David, this is Arien, I think we're small enough that's it's probably best for all to do all and to set some homework to get through by batches, I think that's a really good suggestion.

Janet Campbell – Software Developer – EPIC Systems

I concur.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, I just wanted to hear it from the group, because that was what Arien and I had pre-decided but I wanted to make sure the group was comfortable.

Janet Campbell – Software Developer – EPIC Systems

I guess I spoke for the rest of the group, sorry about that.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah, no that's...if anybody objects...I mean, I think we're going to all have opinions on all of them, so...all right so how do we do homework Arien since you have the answers today?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

But I'm your part-time, your part-time Co-Chair.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I don't hear any screaming children so I'm not impressed.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

You missed maybe some of the screaming that was going on in the background. I would propose that we seek to get through...maybe one way to do this is to take the API section as a chunk and then take the non-API sections as a chunk, and then take the HPD section as a chunk and that might be a reasonable way of chunking this work.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Three sections in two meetings is that what I'm...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Three sections in two meetings although we seek to maybe add another meeting.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We're working on a third, we'll have something.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

And the third should be finalize and wrap up.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Finalize and wrap up, yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think like that.

George Cole – Principal Scientist, Community Solutions – Allscripts

And clearly...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Of course.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah and clearly we're looking for people to do, you know, more chunks in one go but at least it provides a relatively efficient way of chunking some of the work out.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

APIs is a big chunk.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And what we would expect of each of us for a particular chunk is, I'll just make it up here, you know, we will have read all the text carefully for that chunk, we'll have prepared our own thoughts about what our comments are and for those that have specific questions we will have, you know, gotten some notes on how we think we should respond to those specific questions, it's only one of you that had the two questions as I recall, but...

Janet Campbell – Software Developer – EPIC Systems

I know its...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Does that sound right?

Janet Campbell – Software Developer – EPIC Systems

It's going to be a big request, but I'm wondering if it might be something where we can actually plan to get our comments to Michelle or whomever for consolidation...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

That's me.

Janet Campbell – Software Developer – EPIC Systems

Like a couple of days, oh, sorry...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes, please.

Janet Campbell – Software Developer – EPIC Systems

A couple of days before but then sent back out so that...because I learn better or I can comprehend better by reading and so reading what everybody else has said is easier for me than listening to it. And I suspect that others are the same.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

So, this is Debbie, so you would send them to me and as kind of some of your comments before would I synthesize or would you want to see the comments as they were by others or do you just want to collate them, which do you prefer?

Janet Campbell – Software Developer – EPIC Systems

No preference on my end, it sounds like it would be easier to just put them together.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, I find, Debbie, in the Information Exchange Workgroup that or Interoperability Workgroup, whatever you call it these days, that the finding themes tends to be very useful and then to the extent that there are comments that are more pointed that don't fall in those themes then we can include them into the...

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

So, as homework it sounds like we should do a follow-up e-mail just saying, hopefully we'll get that third meeting, identify what's going to be discussed in each of the three meetings. We have the templates that go along with the comment template that was posted and we'll arrange those by the meeting topics and you can fill those out and return them to Debbie a few days before each meeting. So, we'll outline all of that for you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Awesome.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Thank you, Michelle.

George Cole – Principal Scientist, Community Solutions – Allscripts

Sounds good.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Are we ready to open for public comment?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

And...

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Sorry, Debbie.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah, my only other worry is the questions, the interoperability roadmap, we do need to go through those one more time. So, and on the one that still synthesizing these last few questions that's my only worry, somehow in the homework you need to include that.

Public Comment

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Okay, I'm going to open up for public comment and then we can come back and see if there is anything else. Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the telephone and would like to make a public comment, please press *1 at this time.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We have no public comment. So, thank you everyone we appreciate all of your time.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Thank you.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Thank you.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Thank you.

George Cole – Principal Scientist, Community Solutions – Allscripts

Thank you very much.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Enjoy the rest of your vacation, thank you, bye.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Thank you.

George Cole – Principal Scientist, Community Solutions – Allscripts

Bye.

Janet Campbell – Software Developer – EPIC Systems

Bye.