



HIT Standards Committee Content Standards Workgroup Final Transcript October 22, 2014

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio, MPH – FACA Lead/Policy Analyst – Office of the National Coordinator for Health Information Technology

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the HIT Standards Committee's Content Standards Workgroup. This is the first meeting of this 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. Also as a reminder, if you aren't the one speaking, if you could please mute your line, it would be greatly appreciated. I will now take roll. Andy Wiesenthal?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Here.

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

Hi, Andy. Rich Elmore?

Richard Elmore – President, Strategic Initiatives – Allscripts

Here.

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

Hi, Rich. Calvin Beebe?

Calvin Beebe – Technical Specialist - Mayo Clinic

Here.

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

And I should say, if I say your name wrong, could you please correct me because this is my first time through, so, thank you.

Calvin Beebe – Technical Specialist – Mayo Clinic

You got it right.

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

Hi, Calvin. Okay, good. Charles Jaffe?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Here.

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

Hi, Charles. Clem McDonald?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Here.

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

Hi, Clem. David Dinhofer? Dianne Reeves? Floyd Eisenberg? Grahame Grieve? John Klimek? Joyce Sensmeier?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN - Vice President, Informatics - Healthcare Information Management Systems Society

Here.

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

Hi, Joyce.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Hi.

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

Kelly Aldrich?

Kelly Aldrich, DNP, RN-BC, CCRN-A – Informatics Nurse Specialist - HCA Healthcare

Here.

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

Hi, Kelly. Kevin Kirr? Kim Nolen?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Hey Michelle, I'm here.

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

Hi, Kim. Kin Wah Fung?

Kin Wah Fung, MD, MS, MA – Staff Scientist, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Here.

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

Hello. Marjorie Rallins? And Susan Hull?

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Here.

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

Hi, Susan. And from ONC do we have Matt Rahn?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Here.

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

Hi, Matt. And with that, I'll turn it over to you Andy and Rich.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Great, well thank you very much. I won't take very much time and I'm just pleased to be here and to be chairing the initial meeting, along with Rich, of this committee. There are a lot of very bright people and very devoted people to the area of content standards in health care information technology, far brighter and far more devoted perhaps than I. So, I am looking forward to the work that we that we have to do; we have some very specific foci that we've laid out as part of our work plan for the coming year which you'll see in a few moments. And that's really all I have to say right now. I'm nowhere near as articulate as either John Halamka or Jon Perlin, maybe because my name is not John. So I'll turn it over to Rich and ask if he has any introductory remarks as well and then we can move into the agenda itself.

Richard Elmore – President, Strategic Initiatives – Allscripts

Thanks Andy and I'm very appreciative that you knew that the plural was foci, I would never have been able to come up with that. Thanks everyone for joining. We've got just an amazing group here and really folks that can help us with a couple different...through a couple of different lenses. One is, what can and should we be doing to improve interoperability as it exists today? And the other is, what should we be doing going forward, just at the broadest level?

And I think the group that we have assembled here really are the folks that really get it, understand it, live it, breath it and I think collectively we have an opportunity to be able to make some fairly significant impact on an area that for ONC interoperability is clearly getting very, very high priority. So, very appreciative of the staff support we're getting from Michelle, Matt and many others, and I'm sure you'll

hear from them in this call and beyond and look forward to working with you as we progress. I turn it over to Michelle.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So Michelle, I think we should review the agenda next.

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

Okay. Do you want to...well, do you want to go ahead and do that or do you want me to just take it?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, you can take it.

Richard Elmore – President, Strategic Initiatives – Allscripts

Go for it.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

You said we...

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

So I just want to echo what Andy and Rich had said, we greatly appreciate all of you volunteering your time. ONC greatly values our federal advisory committees and we really appreciate all of the work that you will be doing for us. And at times it can be very busy and hectic, but we really appreciate it. If you could go to the next slide, please.

So this actually is the first meeting of this workgroup, as we mentioned. ONC just reorganized all of the workgroups under both the Policy Committee and the Standards Committee to better align with ONC priorities and strategic direction. So as you can see here, these are our new workgroups. We have a steering committee on the standards side to help us make sure there's continuity across workgroups and we're not stepping on each other's toes, and that will be chaired by the Chairs of the Standards Committee, Jacob and John.

We have a Semantic Standards Workgroup, this workgroup, Transport & Security Standards, Architecture, Services and APIs and the Implementation, Certification & Testing Workgroup. So these workgroups will get kicked off based upon need. Not all of them are kicked off yet, there is still some work to be done on some of the charges for those groups. We haven't quite finalized all of the membership of all of the groups, but we are getting close. Next slide.

So just again, I do want to echo my appreciation for you volunteering to be a part of this group and as such, we ask for a few responsibilities on your part and our part, to make sure that this group is as efficient and effective as it can be. With the materials for today's meeting, standard operating procedures were sent out. All members of our FACAs are asked to comply with those, just to make sure that everyone is engaged in the same way. To make these groups as effective as possible, it's important that people attend the meetings and provide active participation.

In order to do that, though, we need to get materials out to you in time, so that you have time to review them and come prepared to meetings with any questions that you might have or the ability to really speak to what we're presenting. So, the onus is on us in some ways to make sure that we get you materials, but

we do hope that you come prepared. We also have started to ask for members to make sure that they try not to miss more than 5 meetings in a calendar year. After each meeting we will actually send out a summary which will also have the attendance from the meeting in it, so you will be able to see who's attending and who's not.

We're hoping that everyone will actively participate. We completely understand though that things arise and not everyone is able to attend every meeting, but we do hope that you can do your best to attend whenever possible. Next slide.

So when we kicked off all of the new workgroups for the Standards Committee, or I should say when we spoke about the new workgroups, we put together draft charges for all of the groups. I don't know Andy and Rich if you want to speak to this slide, if you want me to walk through it. So this is the draft charge for this group.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, I think it's fine if you walk through it. Rich and you and I have discussed it and I think we'll lay it out for the members of the committee and then we can return to it to have some discussion for clarification purposes as needed.

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

Okay. And so what...to that point, what we've done in some of the groups is I'll walk through this and if others have any comments, we can make changes real-time and then we'll probably ask for any additional changes offline and we'll bring a finalized charge to our next meeting.

So, we discussed that this group will evaluate current content standards and propose incremental improvements that achieve greater interoperability. Recommend an appropriate balance between optionality and constraints in content standards. Make recommendations on key standards initiatives. Evaluate systems and standards that are resilient to big data approaches. And develop a strategy that can accommodate the movement from document-centric standards to document-centric standards. Promote consistent linking of semantic content standards to semantic standards through collaboration with the Semantic Standards Workgroup.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And Michelle, just on that next to last one, it's actually the move towards data-centric standards, right?

Richard Elmore – President, Strategic Initiatives – Allscripts

Yup.

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

Yes. When I read it I said, something's wrong with this. Yes. I read it wrong.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

No, it reads correctly, it's just ha...it's a mouthful.

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

Yes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So, we're going from PDFs to parsable data.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Also called structured data often, huh? No.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Often.

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

So, are there any comments from the group? Any suggested changes? Any concerns?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Hi, this is Joyce Sensmeier, just a question on the last item. How, Michelle, could you just give us an example of how we would collaborate with the other workgroup? How has that worked in the past?

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

So I think this last item, and we've actually had some discussion about removing this and maybe that is where we should go, but, with the Steering Committee, I think this role will probably fall on them more so, to make sure that there's work specifically designated between the two groups, because there could be quite a bit of overlap between Content Standards and the Semantic Standards group. But just making sure that we're aware of the work that they're working on and likewise. But, I think just making sure there's continuity there is the intent of that.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

They sound very overlapped.

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

Yes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

They are, we think, but some distinctions and so there's enough, I think, for both groups of people to work on, but we don't want to trip over each other or be at cross-purposes. And so as Michelle points out, that's the raison d'être of the Steering Committee, so they'll keep us honest.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

There's also the Implementation Workgroup with the constraining C-CDA and there are some overlaps there, too. Are there any opportunities to send notes across committees? I mean...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well we, I don't think there's any reason not to, Clem.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So, this is Matt. This workgroup is taking on what the Implementation Workgroup was doing, is that correct, Michelle?

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

Yes and we'll actually speak to that later on in today's meeting. But, to Clem's point for example we've also designated members from different workgroups to serve and provide that continuity between groups. So, actually Becky and Jamie Ferguson, who are the Chairs of the Semantic Standards Workgroup were invited to listen in and receive all the materials from this group, to make sure that they're aware of what's happening. And we'll do the same for Andy and Rich for their group.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well just to clarify, is the Implementation Workgroup folded into this group or...

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

No. So the Implementation Workgroup over the summer did some...they did some work around the C-CDA. The work that they did is going to get picked up, because they brought final recommendations to the Standards Committee, I believe it was in August, so the recommendations from that group are going to be taken up by this group and we'll be doing some work with HL7, which we'll talk to...

Any other question about the charge? Sorry.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Yes. Michelle, this is Susie Hull. Thank you for the overview. There was a phrase in the original invitation that you sent out that I was kind of excited about and I don't see it in this particular slide. And that was that the group will be providing recommendations on key standard initiatives. Some examples may include recommending the Fast Healthcare Interoperability Resources, FHIR, in future HIT standards and then goes on to say looking at things around approaches...promoting structured approaches for patient interventions, genomic data and consumer activity. Are those still, particularly around the genomic data and consumer activity and patient interventions, is that still part of our charge?

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

Those were just examples of things that they could be working on. I'll have to...I hope I sent you the correct charge. Joyce, maybe you can forward that...was that Joyce who was speaking, I'm sorry.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

It was Susan.

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

It was Susan, I'm sorry.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Yeah, Susan Hull.

Richard Elmore – President, Strategic Initiatives – Allscripts

So this is Rich, I think I can speak to it. Certainly we want to work collaboratively with ONC in terms of what's important to them in terms of priority setting. We know that some of the early areas that we want to address are recommendations out of the Implementation Workgroup, constraints on Consolidated CDA, kind of how can things work better today in today's world? Secondly, how can we make the move from document-centric to data-centric; that kind of includes FHIR potentially and that's...we have some experts that are part of this group that will be able to help us with that as well.

And then we have some other ideas that you'll see in the Gantt chart of topics. And we'll also be taking feedback from this group on priorities and how we choose to address them as we move forward. So, that will evolve over the next several months. We think that we have right...to the feedback we get from the team, the first couple of items and then we'll keep an eye on and a lens on what those next priorities will be.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Any other comments or questions from the group?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

This is Floyd Eisenberg just with a comment. First, I'm sorry I joined a little late. I just wanted to echo the comments Clem made about coordinating with Implementation, especially around C-CDA where we see things like value sets there and those and some of the measures not necessarily aligning well. So, it'll be good to coordinate.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Thank you.

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

Okay, why don't we move on to the next slide. Yeah, so we're hoping that everyone can just take a few minutes and introduce themselves. It's good that this is a little bit further on in the deck because it sounds like a few more people have joined since the beginning of the call. So maybe just one or two quick sentences to introduce yourselves, help everyone get to know each other and understand your backgrounds. Maybe we'll start with Andy and Rich and go from there.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Sure, thank you Michelle. I'm Andy Wiesenthal, I'm a pediatric infectious disease doctor by background. I had a 30 some year career at Kaiser Permanente and got very interested in standards, particularly SNOMED CT when I was leading implementation of an electronic health record there nationally. I retired

for a full weekend in 2010 and became a Director at Deloitte and have been working with clients on health IT issues and so on ever since. I'm glad to be here. Rich?

Richard Elmore – President, Strategic Initiatives – Allscripts

Thanks Andy. So Rich Elmore, I'm with Allscripts. I'm involved in corporate strategy and corporate development. Prior to Allscripts I worked with IDX Systems and have been around the health IT world for quite a while, spent a year leave of absence from Allscripts to work on Stage 2 standards, leading some of those efforts for ONC and so you can partly blame me for some of what we're dealing with now and look forward to your help in making those better. So thanks and do we just want to go down the list here? Kelly, are you on?

Kelly Aldrich, DNP, RN-BC, CCRN-A – Informatics Nurse Specialist – HCA Healthcare

Hi everyone, thanks for having me. I'm the Chief Nursing Informatics Officer for HCA and I guess my clinical background is open heart recovery, bedside nurse 15 years or so and another 10 in leadership positions around the ED and being a CNO. And so my challenges always have been around patient-centered data sharing and how we can communicate that amongst our care teams. Got into informatics quite a few years ago, focused a lot in the mobility space but also clearly on standards for content as we, with 165 hospitals, try to share data and then broader amongst healthcare systems team is really my interest and being able to share that data. So thanks for having me.

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

Thanks Kelly.

Richard Elmore – President, Strategic Initiatives – Allscripts

Thank you.

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

Calvin?

Calvin Beebe – Technical Specialist – Mayo Clinic

Sure. My name is Calvin Beebe, I work at the Mayo Clinic in the IT shop. I'm a computer person by trade. I've been at it for about 34 years here at Mayo. The last 14 years I've been very active at HL7 and I'm one of the Co-Chairs of the Structured Documents Committee that created the CDA, so I have some background in that topic.

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

Thanks Calvin. I don't think David is on so we'll go to Floyd.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I'm an adult infectious disease doctor by training and practice and I left that practice. I also...work overnight and go to the next one. I've worked for an EHR vendor, I've also done a lot of activities in the quality measure space and working toward electronic clinical quality measures. Currently an independent consultant doing a lot of work on decision support measures, immunization activities within EHRs and I'm also a Co-Chair of the HL7 Clinical Quality Information Workgroup.

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

Thanks Floyd. Kin Wah?

Kin Wah Fung, MD, MS, MA – Staff Scientist, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Hi everyone, my name is Kin Wah Fung. I'm a physician by training and I worked actually as a surgeon for over 15 years before moving into the field of medical informatics. For the past 10 years I've been working at the National Library of Medicine as a research scientist and the focus of my work is on controlled medical terminologies like SNOMED, RxNorm and ICD code and so on and their use in the electronic health record.

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

Thanks Kin Wah. I don't think Grahame is on so we'll go to Susan.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Good morning everyone, Susan Hull. I'm calling from Northern California. I am a nurse, a nurse executive informaticist with about 35 years of experience in diverse roles both within a health system, starting a healthy community partnership and trying to build a...in the early 90's, which really launched my, I think, deep interest in informatics. So the ability to connect and share information at many scales has been a long torch I've carried. I also have been involved in the Consumer Technology Standards Workgroup in the 2013 year, focusing on patient-generated health data and I co-lead an effort nationally with nurses to get them excited about data sharing and exchange, particularly around consumer engagement and Blue Button effort. And I currently work as a consultant.

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

Thanks Susan. Charles?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Yeah, this is Chuck Jaffe, I'm the CEO of HL7. I've done medical informatics for more than 40 years. I trained as an oncologist and took care of patients for nearly 30 of them. Prior to my role at HL7, I was the VP of Medical Informatics at Astra Zeneca and the global head of strategy at Intel Digital Health Group. Thanks.

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

Thanks Chuck. Kevin or John Klimek? Clem?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I'm Clem McDonald. I've been involved in medical records since I was born, I think. In 1972 we built electronic record and it's expanded to an HIE that's probably the largest in the US. And now I'm at NLM, well, we got into HL7 so that we could make medical records work and probably I was a founder of that, one of the founders. And developed LOINC to help data flow well, because HL7 stumbled in terms of standard codes and then I moved to NLM 8 years ago and now work on research. I'm a Director of Lister Hill Center and they have a number of research projects. I'm still very interested in standards and electronic records.

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

Thanks Clem. Kim?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Hey, I'm Kim Nolen, I work in Medical Affairs at Pfizer. I'm a pharmacist by training and I also specialized in infectious diseases in my early days. I sort of wear two hats right now, one is a focus on ePrescribing and the different functionalities that go along with that and I think later on in the presentation, the Real Time Benefit Check is one thing that I'm actively involved in. And the second hat is around data and population health management and being able to get the data out of the EHR to do good analytics and regional like real world data. So that is my background.

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

Thanks Kim. Marjorie wasn't able to join today. Did Dianne Reeves call in?

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

I did, I'm on the line. Can you hear me?

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

Go ahead Dianne if you want to introduce yourself. Yes, we can hear you.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Good, good. Thank you. I'm an oncology nurse. I have more than 35 years' experience with NCI always with oncology patients who are participating in clinical trials. I've been in the informatics area in NCI for about 12 years. I have oversight and actual curation experience in our very large metadata registry, which is about 14 years old and that we're mining now as a source of big data. And I'm also a Co-Chair in the Clinical Interoperability Council in HL7. And I'm delighted to hear so many nurses on this call, that's wonderful.

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

Thanks Dianne. Joyce?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Yeah, I'll pick that up. My background is nursing informatics and when I was working in a hospital I was implementing IDX, so Richard, perhaps our paths crossed in the past. I came to HIMSS, I am now the VP of Informatics and came to HIMSS in the year 2000. And I'm focused on both nursing informatics, clinical informatics and our standards and interoperability efforts. And then the other hat I wear as President of IHE USA and that is a deployment committee of IHE International focused on implementation in the United States. Thank you.

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

Thanks Joyce. I think David may have called in?

David Dinhofer, MD, MS – Chief Medical Information Officer – Infotek Solutions and Services

Hello, my name is David Dinhofer. I'm a radiologist, actually recently retired after 25 years. I'm afraid I don't have as much background as you. I just finished my Masters in Medical Informatics last year so my...I'm working with a company that does development and information parsing. So that's my background.

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

Thanks David. And finally, your ONC staff lead, Matt Rahn.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Oh man, I should have gone first. This is Matthew Rahn with ONC. I am in the Office of Science and...or Standards & Technology, our names have changed a few times, and I work in the Implementation and Testing Division with Avinash Shanbhag. I've been kind of put to task to help improve the testing for C-CDA, so that's what I'm really focusing on now and I'm hoping that this workgroup can help me...help guide that sort of project. Previously I, and still am, I've been working on the update to the Healthcare Provider Directory Standard with IHE and adding a federated option to it, but just leave it at that and I look forward to working with all of you. Thank you.

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

Thanks Matt and thank you everyone. Why don't we go on to the next slide? So first just to give you a little bit of background, these are some of the major milestones that all of our federal advisory committees will be working on. We're trying to evenly distribute the work across workgroups, although there will be some workgroups that will be assigned the lead for some of these items, but just last week we had a joint Health IT Policy and Standards Committee meeting where the draft Interoperability Roadmap was presented and now one of the groups on the policy side will be taking up the work to provide feedback into the Interoperability Roadmap. But we are planning, come January, to publish a version, a draft version of the roadmap that many other groups will be providing input into.

Another milestone for the FACAs is the Federal Health IT Strategic Plan. We're hoping to have that published in the Federal Register by early December. There's a Strategy & Innovation Workgroup on the policy side that will be the lead workgroup providing input, but there will be some work distributed out to other groups as well.

And then finally, we're looking at possibly the first quarter of next year for the MU3 NPRM to be published, as well as the Certification Rule. And there will be lots of work there for many different workgroups to respond to the NPRMs. For those of you who aren't...haven't been involved in the FACAs in the past, my apologies. An NPRM is a Notice of Proposed Rulemaking. It provides an opportunity for the public to weigh in on and provide feedback into draft rules that will then CMS and ONC will take the advice given during the Notice and the public comment period and interweave those comments into their final version, which will then get posted for execution and implementation. Any questions about the major upcoming milestones for the FACA? Okay, next slide.

So I'm going to ask for Matt's help to walk through this. But just so that you all understand, so these are some of the major milestones for the FACAs and then this is really just a draft work plan that we've put

together for this workgroup; things likely could change. We are still going to be working with the Steering Committee of the standards group to confirm that all of these things make sense and that timelines work for everyone. But this is just really a draft of what we're proposing for this group.

So today is our first meeting, so our kick off call. We then are going to be working on the C-CDA recommendations that came out of the Implementation Workgroup. As we discussed, over the summer the Implementation Workgroup provided recommendations to the Health IT Standards Committee that were approved. I believe in the materials for today's meeting, the recommendations from that group were sent around, just as background. And we'll certainly get into those in more detail as we move forward.

But our goal in this group is to take up those recommendations and as part of those recommendations we will be working with HL7. We have a meeting in early November, I believe it is, to start discussions with them to figure out how we can best collaborate and improve the C-CDA going forward. And a couple of those members are actually part of our group, so there will be lots of continuity there. So any work that will happen, we're hoping Chuck and others can bring to this group and as we continue to collaborate with them, any work that needs to be done, we can share with this group and work together moving forward.

Any other comments Matt, did I cover that pretty well?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

No, that was good. Just to note the NCPDP use case to inform the NCPDP Real Time Benefit Check pilot, I'm talking with Steve and we're trying to figure out whether that goes right there or moves down a little bit and we discuss FHIR first. But that's why it says tentative hopefully we can figure that out in the next week or two. We're having internal discussions on that, but we should know that soon. But yeah, other than that, you did a good job. Thank you.

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

So just to kind of quickly walk through some of the other items. NCPDP at the last Standards Committee did provide a presentation. I think we sent out those materials as background as well, if we haven't, we will. We will share those as background also some other items that we are potentially proposing for the work plan of this group is to discuss the challenges with FHIR and propose some potential solutions. The NCPDP work that Matt just mentioned and then as we look out into the future, some work related to quality measurement and clinical decision support.

Also, which I skipped over was there will definitely be some time in which we need to have this group comment on the Certification NPRM. It just really depends upon when that is published and there will be lots of work to do once it is published. So this is very draft, but...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Could you give us sort of a sense or a flavor of what's in the NCPDP discussion? Are there some new standards coming out or do they have...I mean I know what they do and they do good work, but I don't have a sense of what's cooking.

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

I'm going to defer to Matt.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So they had made a recommendation to...NCPDP made a recommendation to ONC, so we're trying to figure out how that works with the committee providing taking up that recommendation and submitting to ONC or how that circle kind of goes. There is a pilot currently going on, so there is some interest from within ONC to have this committee be able to inform...the expertise on this committee to help inform that pilot, before it completes.

So as you see, in April, that's when we're originally going to be discussing this and that still might be the beginning, but at that point the pilot may have already kind of been completed. So right now we're kind of in wait and see mode, we're trying to figure that out internally whether we take that up in the next few months or we wait until later, or the beginning of 2015 or to middle. So really, NCPDP just made recommendations to ONC and we're trying to figure out how we can get the Content Standards Workgroup to take up those. So hopefully that answers your question.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Hey Matt, this is Kim.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yes, hey Kim.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Just to give a little bit of background, because I'm on the task group at NCPDP. They have created a new task group under workgroup 11 which is under the Script Standard, so provider-to-pharmacy, the transaction. And it is on real time benefit verification for the prescription benefit information and there are a couple of entities that are doing pilots that Matt mentioned, but what they're doing right now is a survey should come out this week that should go out to anybody, anybody could fill it out, to kind of prioritize what are the things that are important in this transaction for real time benefit verification, prescription information. And then they have to do an evaluation, okay, there are 3 or 4 standards or transactions right now that could play a role in fulfilling what is needed for this. What does that look like? Can we incorporate some of those in there? Do we need some new transactions to go with it?

And so that is the process. The group just started the end of June, so it's a fairly new group and it has a pretty...in volume it has pretty good attendance. I can say it...the attendance could have more diversity and so that's where we are right now with it. Does that help?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

It helps a lot. That was something that's been discussed on previous committees and it relates, I think, a little bit to formularies and things like that, too.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Right.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, so I think there's...thanks.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thank you, Kim.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

You're welcome.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So Michelle, this is Andy and the other thing I would mention is that certainly for me at the combined Standards and Policy Committee meeting last week, there was a fairly direct and vibrant plea from one of the Policy Committee members, Chris Lehmann, who's a pediatrician at Vanderbilt, who is still practicing and said, you know, what I'd like to have at the end of the day is movement of information to me from somewhere else that helps me take care of the patient when I'm seeing the patient.

And right now we're not there and I think the...for the nurses on our committee and for the physicians on our committee, that's actually the holy grail, isn't it, it's a very trivial statement in a way, but it's what we want. So when you're facing a patient whether at the bedside or in an exam room or on the phone, you know what you need to know to help that person and so it's our job bit by bit to move the standards on the delivery of content and the structure of content in the direction of enabling clinicians to actually do that.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I'd just like to comment, I mean I think the base rule was kind of handicapped because it couldn't, the legal basis couldn't get producers of test results and the like to...couldn't force them to do certain things. And so there really is not a lot in the standard...in the current rules that deliver clinical data that's produced outside an office to a provider or a different provider. There's a little bit and it's a good direction, but it was kind of handicapped, I think, by what was available and the legal things that they could manage.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, no, there are many barriers, Clem and to some extent, we'll at least identify what they are if not try to actually address them.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, but I think...I'm 100% on what was just said though about we want to get...that's coming from someplace else.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So any comments on the work plan? There's a little bit of uncertainty here, but the first thing we're going to tackle is C-CDA, so I hope there's not a lot of concern that that's an inappropriate priority. Good, Michelle, we can move on then.

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

Okay. So we were going to just discuss the work around the C-CDA collaboration during the next few minutes of our call. I'm going to turn it over to Matt to lead this discussion and really this is just to kind

of kick off that work, introduce that work and get people to start thinking about it and then we'll dive a little bit deeper as we move forward.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so this discussion is kind of, I think, for...well, this slide pertains almost to a lot of the work we're going to be doing in this workgroup, so I'll just kind of go through the bullets here. So this workgroup, we'll need to identify any additional interoperability problems with existing content standards and potential approaches to address the issues. So, that's what we'll be doing when we review the Implementation Workgroup recommendations so we can promote continuity of efforts around what they have recommended. So, why don't we just continue to go through this slide and then we can go to the next.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Sure.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

That's what we'll discuss for the remainder of today.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Just to clarify is that first bullet the August 20, 2014...is that the slide set you sent out?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yes. Yes.

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

Yes, that was the final...that's when the Implementation Workgroup presented to the Standards Committee. So this is Michelle and I haven't been doing it myself, so my apologies but because we're all new to the workgroup and also because this meeting is being transcribed and recorded, if you could state your name before you speak, it would be very helpful so we can all learn each other's voices and so the transcriptionist knows who's talking. Thank you in advance.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So for the transcriptionist, unless stated otherwise, it's been Clem.

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

Thank you.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Sorry.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, this is Matt Rahn. So how can consistency and clarity be promoted to improve MU2 implementation? I think that's a big key to this workgroup. Obviously we've been told there are issues there, so we need to make sure that we can fix those. What are the key implementation issues? And how can we create roadmaps to address them in practical application?

The next bullet is, determine emerging standards and how to best create a content roadmap for migration of standards. Should FHIR be considered? Are there additional or emerging standards that also should be considered other than FHIR? What are the main challenges we can address associate with migrating from one standard to another, kind of like C-CDA 1.1 to C-CDA to 20? Given that FHIR or others may be emerging standards, are there specific use cases or requirements for which they should be applied or avoided?

And then this next bullet we can probably be talking with the Implementation, Testing and Certification Workgroup as well, is recommend ways to test content standards. How do we use testing to improve standards and assure that they're sufficiently mature?

So I think overall that's kind of how we see the group kind of informing...helping make recommendations on those sorts of questions. Are there any questions to that before we move on to the Implementation Workgroup recommendations?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Matt, this is Joyce Sensmeier. One request that I have, I believe that the NwHIN Power Team has developed criteria for evaluating the maturity of standards and their use for these purposes. First of all, is that correct to you knowledge?

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

Yes. This is Michelle, that's correct.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Okay, great. Could those be shared with this group? I'm sure they're out there somewhere, but it would be great to have them in our inbox so that we've got that as reference.

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

Sure.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Thank you.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, and that's a good point, this is Matt, sorry. Any other questions? I mean, this might also change a little bit here or there, depending on the Steering Committee's charges that they give us. Okay, so why don't we just go into the discussion, if you can go to the next slide.

So this was what the...actually, I think that this slide is a little different than what the August 20 version is, I don't know specifically how that got in there, but from August 20, let me just read the...

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

Well, this is Michelle, maybe I can just give a little bit of background if that will be helpful Matt?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, go ahead.

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

So the Implementation Workgroup over the summer they heard from a number of different sources about some of the challenges that have arisen related to the C-CDA. They took a deep dive and looked at some of the more detailed challenges and then they also heard...they basically had a listening session where they heard from a number of different organizations about the challenges that they've encountered, but also asked for some solutions to help with those challenges.

So in the document that was distributed, there are some detailed slides summarizing the challenges identified and some of the solutions identified. And based upon those presentations from folks, they came up with these recommendations. So if you look at the last bullet point, that's essentially where we are, that we think that there should be some more work done, based upon the Implementation Workgroup's recommendations. And so the more work will happen here and we're hoping that between HL7 and this workgroup that the additional work can happen here.

So, I don't know if...I think during one of the next meetings it will make sense to possibly have the Implementation Workgroup Chairs share some of the experience they heard or we can figure out the best way to do that. But, we'll need to get this group up to speed with where they left off, but these are their final recommendations.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thanks Michelle.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Are we able to get the details of the recommendations that you've summarized here?

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

Can you provide a little more what you're looking for?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Well, the Implementation Workgroup developed a series of presentations regarding the recommendations which ultimately led to the slide that you've presented here so I would just like the content of their recommendations.

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

I see. So they actually just heard from different people's experiences, they themselves didn't put anything together, but in the slide deck that was attached, there were summaries from the people that

they had heard from. But we can certainly share a summary from that listening session with you that provides some greater detail about the experience that was provided during that session.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Well I was referring to the specific recommendations of the Implementation Workgroup regarding optimization or recommendations for Consolidated CDA.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So Chuck, are you referring to...did you look at these slides that were sent out?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

I did.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay. So are you referring to the slides that Mark Roche presented?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

And any additional ones, if any are available.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, so you want all the slides...sorry, this is Matt Rahn. So you want the slides from the vendors that also presented all their findings, right, is that what you're saying?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Well I mostly wanted the summary of the Implementation Workgroup, if one were available.

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

You have it, that's all there is.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Oh, okay.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

That's all there is for the C-CDA recommendations.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

All right, thanks.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So we're just going take up from...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

It's the August 20 document is the one you're referring to, right Matt?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yes, August 20.

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

Yes.

Calvin Beebe – Technical Specialist – Mayo Clinic

This is Calvin Beebe, I did have a question on this slide, the first item, need more detailed and constrained specifications. Is the intent or focus of that to look at the potential generation of a new citable implementation guide that would have those constraints? Is that what's desired or is it informative content that's just available to the industry? What's the direction that's being sought?

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

I think that the workgroup was intentionally vague in some ways because I think we need to learn from previous experience to identify what the best next steps are and hopefully we can work together to identify that. But what is known is that more detail is needed and more constrained specifications.

Calvin Beebe – Technical Specialist – Mayo Clinic

All right, thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So actually Calvin, this is Andy. I think we're in a position to actually decide between those two alternatives.

W

Right.

Calvin Beebe – Technical Specialist – Mayo Clinic

Okay. All right, that helps; I was just curious.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, so this is Matt Rahn again. So if you see these slides or this specific...these four bullets, even though I thi...if you look at the August 20, they look a little different and we can make sure that everyone sees those. From what you see, are there any sort of...I think what we want to get out of this is try to see if there are more recommendations or does there ne...some of these recommendations need to be changed? Do we need to add any? How do we move forward with them or bless them from your end? And maybe not today, but maybe if we set up some sort of in a sense homework assignment to where maybe by next Friday or something, you guys can all think through this and kind of send your recommendations to maybe how to change this or do we push forward, so that we can kind of help with the next month's discussion, if we're able to get the workgroup Chairs in or others to present on constrained C-CDA.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I went through the slides pretty well...this is Clem McDonald, or pretty thoroughly and it's kind of a...in the slides, I mean some of this stuff's very vague and it's hard to know what they really meant, but it would be important if one could figure out what they really were looking for. And I think some were mistargeted and some were right on and I was planning on sort of going through and commenting on a lot of the specifics and see when you roll it up. I think just saying it's not good enough isn't going to get us to the next stage right and I think some of them are too broad, some of the goals are too broad. But there were some very specific problems that we might want to nail.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, so yeah, this is Matt. It might be good to get the workgroup Chairs from Cris Ross and Liz Johnson to maybe present and give us a more clear picture on what they were looking for.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

But would it be, would you guys, would anybody look at it if I did a sort of just went through a bunch of these and just...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

That's fine with me as long...

Andrew M. Wiesenhal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Clem, this is Andy. You're talking about going through their report and kind of doing an interlinear where you have questions about what they were saying or where you have comments about what they were saying?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah.

Andrew M. Wiesenhal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Is that what you're, okay. So I would broaden that, I would certain value...this is Andy, I would value that. And for anybody, I don't think I would make it mandatory, but for anybody on today to do the same would be welcome, as long as we do it relatively quickly. Because I think if we do that, then we can inform Cris and Liz and ask them to come and address the comments, not just talk about their report again. Do you see what I'm saying?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

One of the guys says that we're...too much, but what do they mean by that? And the...

Andrew M. Wiesenhal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...is limited and I just couldn't guess what he really meant.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right. So if we're going to...

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

So this is Michelle, can I just provide a little bit of context. So I will say that the Implementation Workgroup we decided that it was best for them to bring their recommendations up a level because they didn't necessarily have the level of expertise on their workgroup to get into some of the details. That's why they really thought they needed to bring this to another workgroup, so some of their recommendations are broad and high level because they didn't have that expertise.

But I certainly think it makes sense to have Cris and Liz share what they knew and how they came up with their recommendations. But I think some of those more detailed questions are perfect for us to bring to this group because we do have the right expertise on this group. So maybe those questions that you come up with we can discuss here. And just to set expectations, they may not have the answer for you.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay. Thanks, any other comments from...this is Andy, from any of the other members of the committee? Concerns, questions about what the next steps might be?

Calvin Beebe – Technical Specialist – Mayo Clinic

This is Calvin again. A slight concern about trying to understand are we wanting to take the general concerns that were raised and our...one of our work products would be a very discrete set of recommendations of change to the standard or are we wanting to set a process in place where those concerns can be addressed by the standards group?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

So tell me what's the difference between the two things you just said, I'm not sure...I think it sounds to me like we try to make a set of recommendations if we can...

Calvin Beebe – Technical Specialist – Mayo Clinic

Right.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

...about how the standards should evolve and we're not...

Calvin Beebe – Technical Specialist – Mayo Clinic

I think...

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

...and we're not the standards setting body, so we can't make the standards.

Calvin Beebe – Technical Specialist – Mayo Clinic

So this is Calvin again, I think the question was really how deep in the weeds do we want this group to get into the specific specification stack about things needing to be constrained, I mean, that's looking at each tree. Are we more focused on indicating where we want to do the work or are we wanting to identify specific areas of opportunity that need to be taken, which could be very, very specific?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I would be opportunistic if there are some easy hits and specific then bring them up and then other...the problem with the high level stuff is when you hand it off to the next group with no details, it just all shmushed around again a second time.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Yeah, yeah, I hear you Clem.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

On the other hand, you can't...

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Clem, that's the reason that I was trying to define the specific recommendation, not the high level ones such as improve Consolidated CDA.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So that's Chuck Jaffe speaking.

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

Yes, thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, so, what I...this is Andy. So for me and Rich, please comment, it seems to me that Clem's hit the right thing. There's plenty to do here and we're probably going to be most efficient and effective if we're opportunistic, if we find specific areas that are easily identified that we can make specific recommendations on and whatever information we need to gather in order to be able to do that reasonably quickly. Because we can talk forever, we can get Cris and Liz to come back and end up without anything that moves the needle a little bit and we need to move the needle a little bit, more than a little bit.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

So even, my sense of what happened at that workgroup is that the vendors were almost asking for clarity and direction and we have to find a way to provide that so that the market can be guided rather than just sort of flounder around.

Richard Elmore – President, Strategic Initiatives – Allscripts

This is Rich Elmore, if I can just add to what you said Andy. First of all, here, here, I think that's right. I mean, I think we know there are some real challenges out there and quite frankly, we're working our way up the food chain of issues which is great news and I think we have an opportunity to be pretty impactful in the here and now on how content standards are understood and implemented.

And so I think the first place to start is just with the fundamental assessment by this group, who really understands this very well, what are our challenges and what should we be doing about them? I think the manner in which we do it, I think to Clem's point, there's clearly an HL7 linkage that we'll be able to I'm sure get guidance on through members of this workgroup and their connections back to the appropriate groups within HL7. There are frequently asked questions, which are a means for providing guidance for ONC that may be appropriate in some circumstances, a way for us to do this.

There may be rulemaking opportunities on a going forward basis. I mean ONC couldn't comment right now because they're in the middle of Stage 3 rulemaking, but there will be comment periods, there will be opportunities for ONC to be able understand and get informed about the recommendations and guidance that come out of this workgroup. So I think that the practical implementation methods are available to us and I think that where we start is making sure that we understand what target we're trying to hit, what problem we're trying to solve. How do we have real impact on interoperability through practical improvements in Consolidated CDA?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thanks Rich. This is Matt.

Richard Elmore – President, Strategic Initiatives – Allscripts

Thank you.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

That's good. It makes total sense, I mean, I think these recommendations are pretty high level and if they...maybe they didn't go super specific, but maybe...that's probably our, this workgroup's job to maybe get more detailed. But hopefully we'll be able to do that. So...

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

Yeah, so this is Michelle. So prior to our next meeting in November, we will work on refining the charge and making sure that we are able to provide a little bit better direction for this group as we go forward. We are planning an offline meeting with HL7, some of the folks on the phone, so hopefully as part of that conversation we can also answer some of these questions and further refine the direction of this group as we move forward.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Great. So Matt, I think we...or Michelle, let's move on.

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

I think that is actually our last slide.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Oh good. So for the group...

Richard Elmore – President, Strategic Initiatives – Allscripts

Andy...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...we had anticipated this would be a relatively briefer meeting, yes, I'm sorry, go ahead.

Richard Elmore – President, Strategic Initiatives – Allscripts

No, I just wanted to ask a question on this maybe before you wrap up, I'm sorry to interrupt. But, Matt, you had asked for some feedback and I just wanted to make sure that there...it wasn't clear to me what you wanted us all to do and I think it's pretty important that we get that feedback and we understand what you think would be helpful here.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So this is Matt. I was just...I was seeing if there was...I think that we will...the next call will help with that. I was just thinking, we had discussed the other day you thought that maybe some sort of mini-homework assignment might be good, so that keeping the workgroup engaged. So I was just thinking that if there were specifics to maybe update this slide or build upon the Implementation Workgroup's recommendations, that maybe we could set some sort of date and kind of put those all together in one slide and that we can go over those at the next meeting. That's just what I was kind of thinking that could help us start that discussion.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I've already volunteered to send something, I don't know that it's something everyone would want to do, though.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I think we can just make that at people's discretion. If they feel like they have a comment, then great and we'd love to see it.

Calvin Beebe – Technical Specialist – Mayo Clinic

And where should we send those comments if we get them done before the next meeting?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I think Michelle's email is available to everybody because she's been sending things out, so that's a reasonable point of contact.

Calvin Beebe – Technical Specialist – Mayo Clinic

Very good...that was Calvin. Thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

You're welcome.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

This is Floyd Eisenberg just with a quick comment. Perhaps my memory is not correct here but I thought when Implementation Workgroup presented to the Standards Committee, there was a list of findings that led to these recommendations and it's probably somewhere in one of the slide sets that went to Standards Committee. If that's available that would be very helpful, I think, for this group to look at. So, it's not their recommendations, but the findings that led to them consolidated.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I agree.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, well, I don't remem...Floyd, your memory is perhaps better than mine, I don't actually remember that. I remember this high level stuff, but...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well, I might have made it up in my head because it was something else, so...

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

I mean, this is Michelle, there's just a very high level, I believe, the appendix that was included in the slides that is the user experience presentation that has some more detail. But I believe those were included in the slides that were sent out today.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I'm probably just recalling the discussion then, okay.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

But you said...I only got slides, or at least that's all I got printed out. So you say we should have had something else in the package today?

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

So in the August 20 presentation, there is an appendix that has some details of the user experience presentation that they heard about.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay.

Richard Elmore – President, Strategic Initiatives – Allscripts

There's also, if you're on the WebEx, over on the left-hand side, there's a little block that has some downloads. And the very bottom download, you might have to scroll down to find it, it says HITSC IWG PDF and if you click on that, you can then download that file.

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

Yup. So that's the same file, thank you for pointing that out, because that's a great resource as well. But we will also share with the group, we do a summary of the listening session, so we have a summary that you can look at as well, so we'll send that out.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, if you send that out, then I get it. That helps, thanks.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right. Any other remarks, any questions or comments from any committee members? Well, I certainly appreciate your participation. I'm sensitive to the idea that we've had this at a time when Grahame Grieve with...if he's in Australia, it would have been mighty devoted if he actually participated since I think it's about 2 o'clock in the morning right now in Australia.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

This is Chuck, I talked to Grahame about this and he is able to be on selected calls, but it is the middle of the night and he wasn't certain that he could possibly make this on a routine basis. Certainly when he's in North America he will and when there are specific issues that he can address and go back to bed, he will. So we need to define those needs, okay?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah. And I think I'm sensitive to that. I've been on other committees with Australians, they tend to be...to have a relatively good sense of humor about getting up as early as 5 o'clock in the morning. And so we might think about if it wouldn't be inconvenient for our East Coast members, to have this later in the day. We might do that, just so that you understand if we're moving the times around for the meeting that may be the reason for it, because otherwise I think it's really unfair to insist that he do something at 1 or 2 a.m. as bright and dedicated to the process as he may be.

Anyway, Rich, any final comments?

Richard Elmore – President, Strategic Initiatives – Allscripts

No thanks. Thank you to the ONC team for helping to get this all organized and really looking forward to working with just such a great group of folks in achieving some, I think, important objectives for our industry.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Likewise, well said. So Michelle and Matt, anything...do we need to open this...do we have an obligation to open this to the...

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

Yes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...for public comment?

Public Comment

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

Yes, please. 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 phone 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

It looks like we have no public comment. So thank you all for joining and we will be in touch with additional information, some of the follow up items that we discussed today and our next meeting is on November 24. So thank you all.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Thank you everybody, appreciate it.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thank you everybody.

Public Comment Received During the Meeting:

1. Can you please make the difference between this workgroup and the Semantic Standards Workgroup clearer?
2. Several weeks ago, I had sent John Halamka some info relevant to the CCDA improvement task, to forward to this Content WG as appropriate. Did they receive it? If not, is there a way I can send it to the WG co-chairs or staff leads?
3. Thanks. I can always just send it to a staff member, who can decide. I didn't intend to send it directly to the whole WG, but rather to the staff and co-chairs. Also, re Chuck Jeffe's question just now, there ARE more detailed analysis and recommendations that were presented by Marc Roche TO the IWG, though his presentation was not an output FROM the IWG. I have a version of that presentation, which I could also send for your consideration.