



HIT Standards Committee Content Standards Workgroup Final Transcript June 4, 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 Content Standards 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. 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, MA – President, Strategic Initiatives – Allscripts

Hi, Michelle.

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

Hi, Rich. Calvin Beebe? Chuck Jaffe? I know Chuck was there. Clem McDonald?

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

Yeah, I'm here.

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

Hi, Chuck. David Dinhofer?

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

Here.

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

Hi, David.

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

I don't think you gave Clem a chance to respond.

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

I don't think Clem is on.

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

Okay.

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

Dianne Reeves or Larry Wright? Floyd Eisenberg?

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

I'm present.

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

Hi, Floyd. Grahame Grieve? Jamie Ferguson? John Klimek? Joyce Sensmeier? Kelly Aldrich? Kevin Kirr? Kim Nolen? Kin Wah Fung?

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

I'm here.

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

Hi Kin Wah.

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

Hi.

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

Marjorie Rallins?

Marjorie Rallins, DPM – Director of Measures, Standards and Informatics for the Performance Improvement Division – American Medical Association

I'm here.

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

Hi, Marjorie. And Susy Hull? Do we have Matt Rahn from ONC?

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

I'm here.

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

Hi, Matt. Anyone else from ONC on the line?

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi, Mazen Yacoub.

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

Hi, Mazen. Okay with that I'll turn it to you, did we decide on Andy?

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

Sure, I've got...Rich gave me a just in time an update. So, just to begin by saying that Rich and I were able to present at the last full HIT Standards Committee meeting and I know Joyce at least and perhaps others of you read John Halamka's Blog description of that meeting and that came out within hours of the meeting itself.

And I want to assure you that we...that the description of the part that Rich and I where we presented the work of this workgroup to date was, shall we say, parsimonious. There wasn't a lot of detail and it actually, from my perspective, didn't really reflect that nature of the comments that we did make. I don't want to belabor it but I wanted the workgroup members to know we spoke at greater length than that and we also tried to hit a series of high-level themes that we had all worked on at the workgroup and John really didn't describe any of that. And his is of course not an official document but it has wide readership and so I just wanted to make that observation. Rich, anything to add to that?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That's a good summary.

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

Yes, so where we've left it is that, you know, one of the things he did comment on was that we noted that there were some standards that were not yet ready for prime time and we also did of course note that there were standards that were ready for prime time and then some that might be ready.

So, we wanted to focus the discussion amongst the small group that we have today on that list and I don't know exactly how we should...you want to do this Michelle or Rich, but it seems to me that we can enumerate the ones that are ready and see if there's any disagreement with the general assessment that they are ready and then enumerate the ones that we decided aren't ready to see if there is any disagreement with that and reserve most of the time for the ones in the gray zone to see if they should be promoted to ready or maintained in a not yet ready status. Does that seem reasonable?

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

Sounds perfect.

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

All right. So, what I'm going to do, and I think we only have about six or seven people altogether from the workgroup itself, is to start with the ones that are ready and what the workgroup has felt, up until now, is that there is a set of standards related to clinical quality measures, a common clinical dataset, the updated SNOMED quality reporting and API requirements all of those we would recommend using the latest versions, it's not that they're immature but we want the latest versions to be part of the recommendation of what's ready for prime time. So, those are the ones we thought were ready and I'll just relist them briefly. Quality measures, common clinical dataset, SNOMED quality reporting and API requirement.

Is there any disagreement from anybody on the committee, particularly, Floyd I know your area of greatest interest would be the quality measures set, Kin Wah vocabularies, any disagreement that those standards are ready for use today?

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

So, this is Floyd, I would agree, I guess this is a summary slide.

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

Right.

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

So, if we are thinking it would go in a transmittal letter we'd probably want to say what version say of QRDA and HQMF we want to refer to, but I would agree.

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

Okay, thank you. Any other comments?

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

Andy, this is Kin Wah, so, I noticed that SNOMED is listed here and of course it's mature but I was wondering how about other vocabulary standards like LOINC or RxNorm that are pretty mature as well, should they be listed also or not?

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

I think if...you know, for the purposes of the transmittal letter you're probably right. Rich what do you think?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I think we may have missed another one which was Consolidated CDA which should be here.

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

Right.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think its fine to have LOINC. I'm not sure that LOINC made it onto our homework assignments, but for the sake of completeness, sure.

Now, I did get on Consolidated CDA some pushback from EHR developers after our presentation that basically said, on release 2 that there were some fairly significant disconnects from the release that's currently out in the field that suggested that maybe the latest version really needed to be rethought in terms of its maturity level, readiness for prime time.

That if...and I really wish that we had some of the other HL7 experts, but maybe Charles can help us on this, there is an effort that was worked in Paris I believe at HL7 to see if there could be a 2.1 that was more easily upgraded from and compatible with the current release of that, the release 1 that's out there, and so I think that we probably need to get some feedback on that point as to what recommendation we want to make as a workgroup.

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

I can comment on that. This is Chuck. Release 2.1 is being finalized...cycle ballot. In addition, there is funding that will be put into place to accelerate development of not only 2.1 but of Consolidated CDA implementation guides. So, the issue will be how ready for prime time is ready and by what date is prime time.

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

Well, so that's a good question. What date are you imaging for those two tasks to be completed?

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

Ah, 2.1...

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

Or are you still imaging?

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

2.1 this year. The Consolidated CDA update, we already have an RFP out, we have two communities of vendors who have put in their responses and we have a timeline of about four months.

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

So, by the end of the year perhaps?

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

Yes.

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

And, I think, you know, I would open it up to the rest of the committee members, by the time this entire process that we're involved in works its way through those completion dates might be relatively coincident and so I wouldn't have a lot of heartburn about the pushback from the vendors. Rich what do you think?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

How...well let me just ask this question, Chuck. I mean, how close do you think the team was to being able to solve a problem of a smoother migration path, because, I mean, I think that the idea was maturity is less of an issue if it's really truly, you know, refinement rather than, you know, more of a replacement of vocabularies or concepts, or whatever and I think what they were trying to do with 2.1 was to get that smoother path of refinement.

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

I think that...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Did they solve that problem?

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

They are two separate issues. One is elements like vocabulary binding, but I think another important aspect of it is the tools that are included in the RFP of both respondents to enable that transition. So, I think that for the implementation community, largely the vendors, that will be critical if the tooling is as effective as described.

The tooling not only will ease the transition but also provide some iterative testing so it's not a connect-a-thon model of once and done but a schema whereby tests against the profile get conformance information, adjust the code, come back and test again and it can be done asynchronously 7/24 on line. So, that sort of capability really accelerates the development process for the vendors.

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

Okay.

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

Andy, this is Matt.

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

So...

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

Sorry. This is Matt Rahn with ONC.

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

Go ahead?

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

Just to add a little more on what Chuck was saying, HL7 has put together a group called the Relevant and Pertinent Workgroup to discuss the updating of C-CDA r2.0 to 2.1 to make it...to make 2.1 backwards and forwards compatible with 1.1 so you could send a 2.1 message to someone who has the 1.1 system and the 1.1 would be able to receive that. So, that's what they're working on and I think that they're trying to wrap that up by the end of July early August timeframe.

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

All right, so if that's true and if it turns out to work then my sense is that...because I heard some of the same concerns, Rich, that those concerns might be allayed because if they actually ramp the product up to produce the 2.1 it didn't mean that they would have to do all kinds of unnatural acts to older products that would be very disruptive and that they would continue to be able to use C-CDA even if they were using a newer version to essentially a code set that only would reproduce the older versions.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah...

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

Because I thought that was a big piece of the problem.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And I think the key element there is will it work?

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

Yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I mean, do we have a sense at this stage on feasibility? Do they have line of sight on how to solve the problems so it's not just a matter of working through it or is there still a risk that it may or may not work?

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

I think the risk is more on...this is Matt; the risk is more on timeline. I feel like they think they can get it done it's just whether they get it done in time to be named in the NPRM basically. If that is...

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

I think that's fair and so the issue is what degree of completeness is needed to define this as sufficiently mature? There are people who will struggle with any component of SNOMED regardless of how pure you define it, but if the tooling is in place that would satisfy my definition.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Look, I mean, I think if it's forwards and backwards compatible then I think it meets at least the level of maturity that we have in 1.1 which already is a standard.

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

Right...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So...go ahead.

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

Maybe we create a, you know, pending, you know, satisfactory conclusion of that work we think that the standard is robust enough for a recommendation something like that.

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

I think that's fair.

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

Yeah, I wrote that down Andy.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yes.

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And I would go a little further and say that we still stand by our recommendation that there only be one version that's part of certification.

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

Right.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And this...

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

...yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so the forwards and backward compatibility doesn't introduce confusion that we're now saying, okay, now we have the option of kind of keeping both in play.

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

Yeah, I mean...

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

We understand there is a migration path to the one version over time and that that's been addressed. Okay, is anybody on the committee uncomfortable with...and we'll work the phrasing, but is anyone uncomfortable with that as a concept?

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

Not me.

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

All right. So, let's move onto those things we decided were not ready for prime time they included standards for CDS, data segmentation for privacy, one of my favorites...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hey, Andy, before you go there...

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

Sure?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Did we talk about the second sub-bullet under the standards ready for prime time?

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

I was going to get...yeah, we can, I was going to get back to that in the might be ready category.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Oh, okay, all right.

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

Okay. So, because I was hoping these would be relatively straightforward maybe they're not. So, again, not ready, CDS standards, data segmentation for privacy, electronic sending of medical document requests, a virtual medical record, QI and clinical knowledge data model and electronic delivery of service standards. Now is there anybody who feels that standards in any of those categories are in fact robust enough and well proven enough to be recommended at this point?

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

So, this is Floyd, I would just...I don't know if it's worth clarifying to say they're not ready versus vMR is out there it's just not used much and with the standards moving toward the abbreviation or acronym is QUICK, the Quality Information Clinical Knowledge, that it makes sense to wait until there is harmonized or parsimonious data model for quality and decision support. So, it's the term readiness of vMR, it is there and it's just not used much.

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

So, I mean, I think the concern has been, right that it hasn't been beaten on enough to know if it will scale is that...

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

Right, plus if it were adopted in a rule that would potentially be problematic if all CDS and quality is moving to a new model.

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

Right.

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

So, that was the other issue. It was just the term that "it's not ready" it's there, it's just not, as you said, used enough to show it.

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

Okay, all right. So, I mean, I think the expression "not ready for prime time" is the shorthand for us. I don't know that we would use that expression in a formal recommendation in a transmittal letter. I think we would recommend against adoption at this time. I think we have a variety of reasons for that.

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

No that's fine; I was just concerned there might be some pushback if not ready for prime time was applied to it in those words.

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

Yeah.

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

But, so with different words it's fine.

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

Okay. Other concerns? All right so with that additional refinement then let's move onto, Rich using the word refinement, I think that applies to the second bullet that were concerned with and that is that there are some areas that we thought, the workgroup thought, there was a need and there were emerging standards but that they needed further work and that included the vocabulary for food and substance so that they could...so that reactions or intolerances could be recorded and for lab and medication order entry. Is that fair to the...first of all, Rich is that a fair statement and then I would ask if people feel that this is a fair summary of the status of those standards?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so, I think the question around these for the team is...well, here's what I understood from the three groups was that these were in a category of important for the health system, important for healthcare, important for patients and maybe fixable in the timeline of the rule. And so...and maybe not a big maturity issue in some of the cases. So, I think the question is, is it that category or is it not mature enough?

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

Yeah.

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

So, this is Chuck, I would go with...I would be surprised if it were mature enough in the timelines that we're addressing.

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

Yeah, I...

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

I have been part of that effort personally.

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

Yeah, I'm pretty aware of the substance stuff and, you know, at least at the level of the IHTSDO Workgroups that are working on it and it's been...it's sort of a forever process. I'm not sure what...we've tried to expedite it in any one of a number of ways and it just seems to be a very methodical slow process and it's nowhere near conclusion. It's not that what's available is bad it just isn't done.

So, I think within the framework of the timeline we have it would be wrong to recommend it, at least that one, the one that I know about.

All right, I'm not hearing a lot of objection to noting that those standards are useful, going in the right direction but not ready.

And then there is another group that we thought might be ready which included the NCPDP formulary and benefits standard. Kim is not on the call is she?

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

She is not on.

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

Yeah, and the care plan template, the C-CDA care plan template. Those...is there anybody who feels like they can comment on that? That maybe you again Chuck.

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

Well, I've been following the LISTSERV traffic on that it's not something that I participate in and so I don't have firsthand knowledge all I have is the information that I gather from the LISTSERV. So, before I would personally advocate one side of this or another I would need to talk to the folks who are...

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

Yeah.

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

Responsible for driving it.

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

So, unless we have any specialized, you know, specific, more intimate knowledge of either of these on the call, does anybody feel strongly that they should be moved into a recommended category that they are ready?

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

So, Andy, this is Matt.

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

Yeah, yeah?

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

I spoke with one of the structure doc's co-chairs and the editors of C-CDA r2 were discussing with the editors of the coordinator of care services functional model the whole time that they were both going on. So, I know there is like alignment there, so, Chuck can probably get more information on that but it seemed like there was alignment with the care plan and that functional model as they were being created.

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

So, that's a fair summary I think.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so...

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

So, let's leave them as they are not recommended but hopeful I guess would be one way of putting it. Going once...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, to give a little bit of color on the second one, which was in the group that Calvin was chairing, and basically the thought was that the care plan template was more mature than the rest of r2 and that there were sections that were, you know, basically content buckets.

What it didn't really support was more dynamic care planning and it looked as though there was an alternative through the HL7 coordination of care services functional model and as a result of that the thought was something more static go towards something that actually can support, you know, dynamic care planning and that's the reason for the recommendation of looking at an alternative.

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

Yeah, I actually, just from a personal clinical stand-point, although I probably shouldn't say this, I feel pretty strongly that dynamism is a key feature here is that you create a static care plan, you know, it becomes out of date, something happens and it requires revision and you've transmitted it and it's already wrong and, you know, that's very true in one of the more dangerous areas where care planning is very important and that's oncology.

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

So, as an oncologist let me comment that, I believe they're accelerating this aspect of the dynamic care plan with greater effort than almost anything else. I just don't know the timeline.

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

Yeah, yeah. All right, so we have...I think we have to leave it where it is unless somebody feels strongly otherwise for both of those? All right, not a lot of dynamism this morning but that's okay, you should have been at the big committee meeting, at least you aren't whining and that's my one editorial comment about that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I would like to just comment the FHIR API, which we put in, look, so FHIR is not mature we all know that and so I think we need a slightly different context in terms of what we're communicating there than to just say, it's in the list of mature...the feeling I think of the group in the earlier conversations have been the absence of specifically calling out a standard introduce greater risk of fragmentation and low value of the API goal than to be more specific about FHIR despite its relative immaturity and so I think we want to note the context and still...because I think that would have been the recommendation of the workgroup had been to still make a specific recommendation.

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

Yeah.

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

Yeah.

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

I think there are a number of elements that need attention in terms of the maturity, one is, that the FHIR Workgroup hasn't identified a maturity model that the last stage of the maturity model is implementation of the draft standard by multiple vendors at multiple sites. And there are some release 1 solutions that already have achieved that. So, maybe we need to redefine the maturity model.

The other side of the coin is that there has been significant effort on the part of the Argonaut Project to fund the accelerated development of these artifacts not only that but there is an effort for a FHIR.org site which houses a repository not only of artifacts and solutions but of successful implementations and products, balance that with a test platform to test conformance not only of the draft standard but of solutions and we're really accelerating the timeline for maturity.

So, the time to a normative standard probably isn't going to change, if anything it may get pushed back, but interestingly enough the draft standard release 2 or even 2.1 which incorporates authorization and security is probably going to make it by late summer.

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

Okay, well good.

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

I just thought I'd tell you what I think...

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

Well...

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

...for days.

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

Yeah, but it still...it won't, you know, if you listen to...I mean listening to Floyd's comment earlier on vMR it won't have yet had broad application, right? And if we're going to really depend on it, you know, somebody has to be on it, but anyway that's neither here nor there.

I think we are saying that as it is we want to reduce the likelihood of confusion and multiple development threads here so we're going to push for that adoption and recommend it. And maybe that will, like you said, encourage the funding and support for faster work.

All right, Michelle, again I'm sort of hamstrung because I don't have the agenda in front of me. What other things did we need to go over today, I know that this was a catchup to make sure we handled that, but I want to be certain we don't have anything else we have to do?

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

No, this is it, so the plan is to review this prioritization at the June 24th meeting.

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

Right.

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

That's it.

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

Okay. Any other business from any members of the Workgroup? All right let's see if there's public comment then.

Public Comment

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

Okay, Lonnie or Caitlin, 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

And we have no public comment.

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

All right, well thank you very much everybody who was diligent enough to participate and appreciate it. Have a great month of June and we appreciate all the work that you've done. Take care.

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

Floyd, this is Chuck, Floyd, can you give me a call?

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

Sure.

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

Okay, thanks.

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

All right, bye, everybody.

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

Thank you everyone.

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

Take care everybody, bye.

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

Safe travels in Ireland Andy.

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

All right bye, thanks.

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

Bye.

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

Bye.