



**HIT Standards Committee
Content Standards Workgroup
Final Transcript
February 11, 2015**

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 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? Calvin Beebe? Charles Jaffe? Clem McDonald? I believe Clem is on. David Dinhofer?

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

I am on.

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

Hi, David.

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

Hi.

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

Dianne Reeves? Floyd Eisenberg?

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

Present.

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

Hi, Floyd. Grahame Grieve? Jamie Ferguson?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

I'm here.

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

Hi, Jamie. John Klimek?

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

Good afternoon.

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

Hi, John. Joyce Sensmeier? Kelly Aldrich? Kevin Kirr? Kim Nolen? Kin Wah Fung? Marjorie Rallins?

Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association

Here.

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

Hi, Marjorie. Becky Kush? And Susan Hull?

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

Susan Hull, good morning, I'm 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

Yeah, I'm here.

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

Hi, Matt. And Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi, Matt...I'm sorry, Mazen. And with that, I will turn it over to Andy.

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

Clem McDonald's on, too.

Richard Elmore – President, Strategic Initiatives – Allscripts

(Indiscernible)

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

Hey, Clem. Rich, is that you?

Richard Elmore – President, Strategic Initiatives – Allscripts

Yes.

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

Oh good. So this is Andy and I have a very brief statement to make. I attended the meeting yesterday of the Health IT Standards Committee in Washington at which the Interoperability Roadmap was presented. And there was a tremendous amount of discussion, very free and interesting discussion. It was a combined...actually a combined meeting of the Standards Committee and the Policy Committee; so it was a big group. Jamie Ferguson, who is on this call, was also present. I think of the people who were there, it's just the two of us who were also on the call today.

And so my comment on the Interoperability Roadmap is that it is a large document, an interesting read. It's got a lot of moving parts and complex aspects to it and the decision that's been made by the combined committees is that, and at the recommendation of staff, is that we divide and conquer, that we take sections of it, each of the contributing workgroups, and the workgroups work on a specific section. And in further discussion with the staff yesterday, I think I've decided that a micro-version of the divide and conquer is going to be in order.

So for those of you who have attended, are in attendance today and have managed...what you're going to have the privilege of is picking the piece of it that you're most interested in. Everybody else who isn't on the call is going to get the dregs and we'll go from there. So, I don't want to spend a lot of time on opening comments, Rich, anything that you would like to add?

Richard Elmore – President, Strategic Initiatives – Allscripts

No, I think that's a good summary, thanks Andy.

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

Thank you. Okay, so we are responsible for Section J and there is some overlap, of course. Jamie Ferguson is on the call and Jamie's on the Semantic Standards working group so there's going to be overlap with what they're interested in working on and what we are working on, but, he and I will coordinate that and of course, we'll make every effort to avoid duplication of effort, where possible. Jamie, any comments about that? I know Marjorie, you were concerned about that.

Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association

Yeah and I'm...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, I mean...

Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association

...glad hear that as well.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

What I as just in fact chatting to Michelle about, before this call was that maybe after the two workgroups develop their first drafts of comments, maybe we should have a joint meeting of the two workgroups together, to understand and potentially coordinate on those areas. But I would say that I think that if you think of the content as being primarily the structure, the structured elements and what the elements are and the semantics being primarily the semantic model, the terminology and code sets that are used within those structures, I think it's not too difficult to parse out the different aspects.

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

Jamie, they're completely intertwined, depending on your structure, you'll have...you can define the structure with codes; I think they don't live apart.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Well, I understand that, Clem, you know, everything in the world, in the universe is connected to everything else, but I do think that it is possible to divide up the...

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

Well let me rephrase it, if you have defined and locked down a structure, then you can specify the semantics. But if they're both moving, so I mean if we assume some of the current structures, then I think it's safe, but if we're going to be making new structures, then your codes will be different. So if you have like a spreadsheet and you say, hemoglobin is a field name in the top of the spreadsheet or you have another segment where you actually put test names or measurements as the field name, you've got a different structure than if you use a general structure like of OBXs where you need a code to identify what the content is; so, just make sure we're talking the same...

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

No, I think we unders...I mean, we agree. And so it's not that they don't interact, it's that where they do, we want to sort of establish the ground rules for the interaction so that they can proceed with defining the semantics that would work within the structure that the roadmap specifies. So what we're doing is commenting on already not established, but the suggestions in the roadmap and expanding on those.

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

And is that doc...

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

(Indiscernible)

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

Has that document been sent out? I mean, can we...

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

It's available to everybody; I don't know if it was specifically distributed to the members of this workgroup, but certainly we can provide everybody with the link, because it was published just a couple of days ago.

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

Yeah, well I'd appreciate...

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

It was shared with the workgroup.

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

Question...sent to us or is it just on some website?

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

No, it was sent to you last week.

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

Okay.

Richard Elmore – President, Strategic Initiatives – Allscripts

And what you want to look for is pages 78 through 85, that's the section, 78 through 85 is the section that we're going to...

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

That's Section J, that's what we're going to work on. Okay, so Michelle, I'm not sure...we...you and I didn't really go through exactly how we wanted to handle this but do you...

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

So...

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

We were going to parse through the sections of Section J and sort of give out work.

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

Yeah, so it's up to you, Andy. We were...so we had sent an email last week sharing the roadmap and inviting members of the workgroup to listen in to the committee meeting so that they could hear the background context from Erica.

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

So we weren't planning to go into too much detail of the overview of the roadmap, there are slides...

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

No, and I don't want to do that...

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

...that we have but, we can skip over those if you don't want to walk through them. And then we had put together a few slides for Section J itself for us to walk through on the call and then we are planning to talk about a process for commenting. We can just go to the process for commenting or we can walk through the slides; totally up to you.

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

What I want to do is...I don't think it's worth it to go through a whole overview, I think we'll let everybody be adults and go through the larger document on their own, make whatever comments and notes they want to make on the whole of the document. Let's just have a look at J and the summary material we have about J.

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

Okay. Can I just give a little more context in the sense that...

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

Sure.

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

...so the workgroups, as Andy said earlier, each have been assigned a section, this one's been assigned Section J. And we are working towards having the Chairs present comments from the workgroup back in April, at the April committee meeting, which is on April 22. So we'll figure out a process on how we cover all those items in our future meetings and then synthesize, aggregate feedback and prepare for the Chairs to comment in April.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Umm, yes...

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

I'm sorry; I was flipping through the slides quickly. Go ahead Jamie.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

And this is...yeah, this is Jamie. I wanted to add for this group a little additional perspective from a call that we just had earlier today of the Semantics Standards Workgroup. So, maybe Andy if I could do that now, it'll take just a minute.

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

Sure, go right ahead.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay, we were reflecting on some of the discussion in the joint committee meeting yesterday where there were a lot of different points about the overall objective, actually which I think Andy stated very clearly, the objective of interoperability is to make sure that both patients and clinicians have the right information to make the best decision possible and have availability of information.

And so sometimes in thinking about that, it has come down to sort of a provider centric versus patient centric models of information and so there was a lot of discussion, I think, in the joint committee meeting about how to create a patient or individual centric data set. Of particular relevance, I think, for our semantic workgroup discussion, there are different ways to do that; of course the way that is dominant today is transactionally shipping data, you know, physically moving data from entity to entity to create multiple duplicate sets that aggregate in different places.

One of the things that we also talked about a little bit in the committee meeting yesterday was the alternative model of providing access to authoritative data sources so that the aggregation of a patient centered queue therefore could occur in either one of two different ways; either that the access to the authoritative sources could merge...provide the aggregation function with data reconciliation as needed as one option. But I think there's also a recognition of an emerging model where essentially a patient centered, shared system or shared data resource is shared by multiple providers who collect, share and use data from a single shared platform.

And so we wanted to make sure when we go through the semantic standards that we're having the perspective and comments that could respect both the move the data or transactional approach as opposed to the shared access approach to interoperability. And so then that brought up some questions on our workgroup call this morning of, well, are the semantic standards the right ones for original data capture at the source if that source...authoritative source is going to be shared, for example, through a published API. Then is that the same as...is it the same standard that is needed when you're going to extract data, potentially map it to some other standard and then ship it.

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

It's a rhetorical question because the answer is probably no and we're going to have to accommodate both methods, because there will be different usefulness in different circumstances.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, exactly; so that was part of our conversation this morning is, so how we can we make sure in our comments that we don't inhibit either one where it's needed or where it's...

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

Jamie, could you clarify a couple of things? Is that third thing, health information exchange or like a health information exchange?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

The health information exchange would be essentially the transactional model, I think, of physically moving data between typically...you know, moving data between different entities...

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

Well...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

...as opposed to the shared platform.

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

Well, that's not how we built them in Indiana, it's a shared one place that has all the data in it.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay, so that's a...right, so that could be the shared resource model as well.

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

Individual doc...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

I think most HIE entities operate essentially more of transactional exchange, though.

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

Well there's a transaction from the producer to the central resource and then from there everybody shares it.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So, yeah, so that's one model of the shared resource...

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

Well the other question I had is the specifics about the patient oriented semantics. So, when you look at diagnoses, there is a lot of discussion in that space. But it turns out that people with weird diseases know what the darned disease is and there are not common names for them. So, is that what you're talking about about different semantics, you'd like to call low blood for anemia maybe would be a colloquial name for it, but when you get to multiple myeloma, there's not a colloquial name and the patient...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, so I think that is one of the items that we've been asked to comment on that's in I think Section J as Table 10, I think, in the document is essentially consumer-facing terminologies...

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

Uh huh.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

...so that is certainly on the list.

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

Okay.

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

So, I mean, the job today is for us to...so the job at hand, rather, is for us to look at the larger document and create those...just those kinds of questions and comments, Clem.

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

Okay.

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

So, you're already, you're on to the work basically and that's great. I don't think we can get the work done in meetings like this, that's the problem and I think what it means is each of us is going to have a little bit of a job to do to get into the details, make those kind of detailed observations and then we can roll that, Rich and I and the staff, with your help, roll that up into a coherent set of comments for the larger committee to incorporate in refining the roadmap. So, they've provided us with a start really and that's a great place to be, and then now we have to make it better.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

And Andy, this is Jamie, so just one more thing then I'll shut up and that is, something you may want to consider, what we did in the Semantics Standards Workgroup was instead of parsing up sections of the Table and assigning them to individuals, we asked for everyone in the workgroup to have at least one comment on every section, even if their comment is, looks fine. But so we wanted to try to generate more comments to bring back to the calls that way.

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

I'm happy with either way and I'm going to leave it to the judgment of the people on the call as to how they'd like to proceed. I think Michelle is anxious, or somebody was anxious to sort of do this little summary bit and then we can get into the nuts and bolts of Section J.

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

Thanks, Andy. I'm actually going to turn it over to Matt Rahn who's going to walk through this today. And also we're getting a lot of feedback so if you aren't speaking, if you could mute your line that would be wonderful. Just to give a little bit of context, so Matt is going to walk through this; he is not a member of the Interoperability Roadmap team; unfortunately we couldn't get Julie or Erica to be available during today's call so he's going to do his best to walk through it fairly quickly, at a high level with the group. If there are questions that come up, we can certainly bring those back and make sure that we have answers going forward. So with that, let me turn it over to Matt.

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

Thanks Michelle. Yeah, this is Matt Rahn with ONC. So I did want to...should I go to slide 6 real quick, Michelle? Can you do that? Or whoever is...

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

We sure can.

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

...whoever's controlling the...

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

Altarum, can you go to slide 6?

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

This slide just kind of does an overview of who the lead is for ONC and then the SME as well, so Avinash Shanbhag is the other SME and then obviously Andy and Richard are the Chair and Co-Chair. But as you'll see, we're...we have some general questions that we need to answer per the specific sections in the roadmap that are in Section J. So, just wanted to go over that real quickly and then I can go into specific questions when we get to those sections. I mean, they're general questions about those sections but...okay, if you can go to slide 11; Michelle, did you want to talk about that one or no?

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

So I just wanted to note that these are the guiding principles that were used for the roadmap. Karen also highlighted the...some key points yesterday during the meeting and so when we share the template with all of you that we...however we decide to have you aggregate your comments, we will include those guiding principles so that you keep those in mind as we move forward. Basically that this is an iteration; we are still working, this is just Version 1; we're planning that there will be changes going forward and the goal is to create a floor, not a ceiling. And wherever possible the team tried to be parsimonious for a learning health system but if we could keep that in mind; that would be great.

And then the final point that I think Karen made was, this is an opportunity to let the private sector be in the forefront in some areas and if there are areas that they should, the private sector should go forward, we should highlight those because as the federal government, we want to partner with others and step back where needed. So we'll make sure that we...you summarize Karen's talking points as well and highlight those when we share the template.

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

Thanks, Michelle. If you could go to slide 17, please. So I'll go through this fairly quickly and then we can go through the kind of the process for how we're going to respond and let Andy and Rich kind of discuss that, how we're going to go through that. So as you can see, we're doing Interoperability Roadmap Section J, which is consistent data formats and semantics.

So, on this slide it's talking about the learning health system requirement and what that requirement is and what the Federal Health IT Strategic Plan objectives are supported. So, we want to find common formats...or common formats are the bedrock of interoperability and this part allows us to identify, prioritize and advance technical standards that support secure and interoperable health information. The learning health system requirement, systems that send and receive can generate the common formats, you know, the systems may rely on translational services at various points along the way. And from a Federal Health IT Strategic Plan objectives that are supported, you know, it's increasing access to use...to and usability of this health information and services.

Go to the next slide, please. So these are the specific sections that we are...categories that we are going to be responding to. As you see at the top, the questions for the workgroup discussion, are the actions the right actions to improve interoperability nationwide in the near term while working toward a

learning health system in the long term? So as you can see, J1, the common list of interoperability standards, from 2015 to 2017, we think it's important that should be able to send, receive, find and use a common clinical data set. So we have...ONC will annually publish a list of the best available standards and implementation specifications and that's from 2015 to 2017 plus the implementers and decision makers should use ONCs list of the best available standards and to enable specific use cases. And we named a few, specifically C-CDA 2.0 and some vocabulary standards and code sets supporting the common clinical data set.

And then from 2018 to 2020, we think that we should be able to expand interoperable health IT and its users so we'll continue to publish an updated list of the best available standards and implementation specifications. And then by 2021-2024, we should be achieving our learning health sys...nationwide learning health system and continue to publish. I think the theme here is that ONC will continue to publish a best available standards and implementation spec guide continuing throughout these timeframes. Next slide, please.

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

So Matt, if I could just orient the committee. As Matt's going through this again, there are the common questions at the top of each of these slides, are these the right actions? What gaps are there? Are they timed right? And are the right people associated with the actions? And so each of the J1, J2, there are a set of activities and again, where are the problems with these activities? So we're going to give you a template that will help you organize your comments, you don't have to just scribble them on these pieces of paper or create a Word document so, don't despair.

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

Yeah, thanks Andy. As you go through these, we kept the questions at the top and just kind of had the sections below, just to kind of keep in your mind what you need to respond to; so, J2, which is architecture and support of the standards activities. So from 2015 to 2017, through coordinated governance, public and private stakeholders will establish and maintain a prioritized set of use cases and functional requirements for delivery system reform and learning health system.

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

Could I ask, the previous slide, it...was it cut off? It just listed C-CDA 2.0; does that imply...these are just examples, is that what it is, because Version 2 is required by all the meaningful uses for a number of things.

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

So it's just a...it's a paraphrase from the best available standards list that came out. So, in the roadmap it actually just says, provider and patient facing technologies developers will update their systems aligned with a list of the best available standards, in particular C-CDA and associated vocabulary standards and code sets that support a common clinical data set. So I think that was just an example; C-CDA is one example. Was that Clem...did that...

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

That's clear, okay, go ahead. I'm sorry to back you up.

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

No you're fine, you're fine. Next one. So, and as you can see, 2015 through 2017 we have these three activities that were either being...ONCs either doing or having others do and in this case, develop a nationwide technical architecture for interoperable learning health system and then the define a set of standards activities to support use cases, functional requirements, agreed upon architecture. So I think we have what we need for right now and if...this is what we think we are at now and obviously comment on that. But from 2018 through 2020 and 2021 to 2024, that's where we also need your input where your comments will directly reflect the activities that are put in those categories. So, could you go to the next slide please?

So, develop and pilot new standards for priorities. As you can see, 2015 to 2017, near term we have some activities that we'd like you to comment on, but 2018 to 2020 and 2021 to 2024, we need you all's input. So just one on top, SDOs will advance and accelerate semantic standards for lab orders, other orders and other learning health system requirements. Can you go to the next slide, please?

Similar set up, near term we have some activities that we are planning to do and then we need some input for 2018 through 2024. This is specific section J4, the vocabulary approach. Can you go to the next slide, please? Okay. Maintain and improve standards, section J5. SDOs will maintain and improve existing standards based on implementation feedback. So this is on the SDOs to maintain and improve their standards as they get industry feedback. Next slide, please. New standards that support new and evolving requirements and priorities, you know, through coordinated governance, public and private stakeholders will advance items to support learning health system use cases. So that's near term and then we need more input for 2018 through 2024. Next slide, please.

So, Michelle, do you want to...so that's the end of mine, I just kind of want to go through real quickly what the sections are that we'll be specifically commenting on and we'll discuss next how to...like the process and then where we're...how we're going to get the comments from you all. So Michelle, do you want...

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

So...go ahead Michelle.

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

Thanks Matt. I'm sorry, Andy. So we wanted to work with you all to decide what the best process for responding is; as Jamie mentioned, rather than assigning out different parts of the Table that Matt just reviewed to different people on the workgroup to come back and share their feedback, during this amazing standards call we decided that everyone in the workgroup would respond using a template that we're going to put together and then ONC staff would work to synthesize and bring back at the next meeting on February 25. But we can also group it in sections and assign...to take things on; however you think is most appropriate and I will defer to Andy and Rich.

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

Yeah, I...having said one thing at the outset, in listening first of all to Jamie but also to the comments that Clem has made, I have a feeling that it would be wrong to constrain people. So wherever you have a...I think wherever people have a comment as they read through the document in detail, they should make their comments and I would hope that we can then aggregate comments across the whole spectrum of the section. Rich, I don't know how you feel about that.

Richard Elmore – President, Strategic Initiatives – Allscripts

Yeah, I agree, I think that makes a lot of sense.

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

All right, so we'll do it the same way that the Semantics Standards Workgroup is doing it, maybe that will make it easier for staff.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So Andy, this is Jamie; if I could make one more comment. We noted that the commit...the joint committee meeting yesterday made it clear that essentially commenting on this Section J is a floor and not a ceiling. In other words, so we have to comment on this section and this table, but we may also find other things and essentially once we're done with this, if we want to comment on more things, that's all good. And on the Semantics Standards call, we identified provenance as...data provenance as an area that was directly relevant to the use of the semantic standards that we also would want to comment on.

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

Yeah, and there may be others. I would encourage those people who are on the call to get right into the larger document as soon as they can. We're not going to do this on normal bureaucratic time, so we have a week to do whatever comments we're going to do and that gives the staff a week to aggregate and make some sense out of all of it so that we can come to the next committee meeting with it. So, it's...to the extent that you can expand your detailed comments beyond the scope of Section J, where appropriate I think that's grand, but absolutely to Section J, please.

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

This is Susie Hull, I have a question. I listened in on some of the meeting yesterday and I appreciate a couple of the transition comments from yesterday's meeting. But the question I have is, I think the comments that Jamie made at the beginning of the call about the transactional and the more shared resource model, do you think that that...or shared platform, that that's already articulated in the roadmap or that that would be helpful to articulate a little bit more in our comments? I haven't...

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

Yeah, I would say that it's the latter. It's...I don't think that anyone is trying to presume the technical solution...

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

Um hmm.

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

...and in fact, there was a lot of discussion, and you may not have heard that part of the conversation at the meeting yesterday, about not creating a situation in which we standardize essentially too soon and preclude a path that would actually be quite fruitful.

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

Yes.

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

So, if you have a comment that would suggest one path or the other or a third or a hybrid approach, please make it.

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

All right, sounds good...a little bit of time there and will commit to doing that in addition to taking a look at the principles. I think it's both and or a hybrid, given where the market is, but I'd like to think about that. I've been particularly interested in Karen's comments from last week that just sort of have been singing in my head over and over again, how do we move to a digital health platform around the person, around the individual rather than one that's institutional centric.

And I think that we're living...we're going to be living in both worlds for a while. But as we think of the learning health system and the many circles that the person centric platform is going to touch, I think there's worthy...worthiness to make some comments about that. And thinking about the other circles that we're not...that may not even be mentioned in this document. So, I'm eager to take a deep dive and I'll commit to doing that before next week.

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

Excellent, thank you. Other questions or comments?

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

This is Joyce Sensmeier; I joined a little bit late and I'm not sure if we had direction on the interoperability standards advisory document. I know that's a separate companion piece, but is there anything specific to our responsibility right now for that or do we just review it in parallel.

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

I think you'd review it in parallel; we're not specifically being asked about that, but the same comment applies, if you have...if you feel something in the advisory is directly germane, then obviously comment on it, please.

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

Got it. Okay. And then one other quick question; on slide 22 in the middle section, 2015-2017 it says, SDOs will maintain and improve existing standards based on implementation feedback. Knowing that

most of the SDOs are international in scope, is there a way to reconcile that specifically to US priorities or should we just keep it in context of the international?

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

Well, I mean, I'll speak specifically to the IHTSDO which produces SNOMED CT; it's definitely an international organization, I'm on the management board of it. The US has influence and typically what happens is that if a member nation wants to...the direction, there are several different avenues that it can take. So I think we are to articulate what the United States needs and the SDOs will respond in whatever way they can and the US will pursue its interests in those SDOs with the channels that are available to it.

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

Could I add to that? NLM is actually the fund...the US funder of IHTSDO...

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

Right.

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

And I's probably half the funding, but more importantly, there is a branch and I think in fact, its encouraged that that be the exclusive one that's used for the standards in the US and Jim Case runs that and so we can get terms in quickly into that.

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

Well, so there's a national extension is what you're talking about...

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

Right, right.

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

...so that every country is allowed to add things to their national extension without having to go the route of making it part of the international release.

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

Yeah, and I think the recommendation has been that only the US extension should be adopted in standards here.

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

Right. Right. But we can get things into the international release and they may be very useful for all the...

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

No, I don't dispute that, it's just there is a pathway from the US extension into the national release that...the total international might sometimes be confusing is what I understood the plan was.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, this is Jamie if I could comment. We also talked about this point on the Semantics Standards Workgroup call and we noted that the...just noted that the NLM publishes the US extension of SNOMED. Other government agencies, CDC and CMS, for example, actually publish the US ICD-10 and so from a content perspective then, you might think about how the...what is the relationship of ONC to essentially the equivalent US standards component of the content specifications.

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

Okay. Joyce, did that help a little bit at least?

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

I think it does, yeah. In summary I would say, certainly the national extensions that any of the SDOs do for US work would be relevant and then we influence, where we can, the international...

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

Right.

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

That would be my takeaway.

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

Just to be absolutely clear that the NLM, at least the US bodies control the national extensions, not the international standards organizations, the US bodies control that. So, we have a little bit more say about what the US bodies...

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

Yup. Thank you.

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

Yeah, so those are good comments to bring back to us in your form of actual commenting, when you...

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

...Susie; I have one comment...

W

Susie, you're breaking up.

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

I'm sorry, we can't hear you. You're breaking up.

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

I'm sorry. Can you hear me now?

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

Yeah, that's much better.

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

Sorry...

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

I'm sorry, we're missing most of what you have to say, so maybe...

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

Oh, I'll write it...

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

...send an email.

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

Sorry. I'll...

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

Can't even hear that. All right, so next steps; Michelle, you were going to get to the format, I think.

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

Yeah, so it sounds like we agreed that each of the workgroup members will provide feedback. We'll try and find a way to also leave space for other areas of comment, as were suggested earlier. So we'll try to get that template out to the workgroup today and then we'll...we're making it due next Wednesday, February 18. ONC staff will synthesize comments and bring it back for the workgroup call on February 25, I believe it is, and we'll see how long it takes to get through comments.

One thing I just wanted to note that we didn't touch upon is at some point the Certification Rule will be released, we're not quite sure where that will fall. And we know for sure that there is a great deal of work for this group to take on, so, in your planning, just keep in mind that that will be next on...next for this group to review on their agenda. So, we'll see what the other comments are, other areas of interest for the workgroup and how that aligns with the Certification Rule release to see how much this group

can actually take on. But again, the Chairs are working to provide comment on April 22 at the Standards Committee meeting. Jamie pointed out earlier that there will be a conflict for a few folks, so we'll see if there's anything that we can do about that.

And with that, I think we should open up to public comment, Andy.

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

I agree. Let's...are there any members of the public that have anything to say?

Public Comment

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

Operator, can you please open the lines?

Caitlin Collins – Junior Project Manager – 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

While we wait for public comment, just a reminder to folks, if you weren't able to attend yesterday's meeting and you are interested in listening, the materials are posted on healthit.gov and we also shared a link in our email from last week, if you just want to take the time to have that brief overview of the roadmap in its entirety, we welcome you to do that. And if you did not receive that email, this is Michelle, so please follow up with me.

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

Operator, do we have any comments?

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

Nope, it looks like we have no public comments, so thank you very much everyone and we'll be in touch soon.

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

Thank you. Appreciate your attention, we've got our work cut out for us. Thanks everybody.

Richard Elmore – President, Strategic Initiatives – Allscripts

Thanks everybody.

Public Comment Received During the Meeting

1. I plan to comment on the Principles as well, thank you
2. Sorry, small town broad band. My question to follow-on Joyce's about US and international relationships -- does this logic hold for advancing the Learning Health System? Exchange of research data for the person, may be moving faster internationally