



HIT Standards Committee Interoperability Standards Advisory Task Force Final Transcript June 29, 2015

Presentation

Operator

All lines 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 Interoperability Standards Advisory Task Force. 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. Kim Nolen?

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

Hi, Michelle, I'm here.

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

Hi, Kim. Robert Cothren or Rim?

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Yes, I'm here.

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

Hi, Rim. Anne LeMaistre? Arien Malec?

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

I'm here.

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

Hi, Arien. Calvin Beebe? He had told me he would be running a little late. Chris Hills?

Christopher J. Hills – DoD/VA Interagency Program Office

Here.

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

Is it Christopher or Chris what do you prefer?

Christopher J. Hills – DoD/VA Interagency Program Office

Chris is good, thank you.

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

Okay, thank you. Eric Heflin?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I'm here.

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

Hi, Eric.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Good morning.

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

Janet Campbell?

Janet Campbell – Software Developer – EPIC Systems

I'm here.

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

Hi, Janet. Lee Jones?

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Here.

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

Hi, Lee.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Hello.

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

Lisa Gallagher. Paul Merrywell? Steve Palmer? And from ONC do we have Brett Andriesen?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Brett. And Chris Muir?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Chris and Rose-Marie?

Rose-Marie Nsahlai – Office of the Chief Privacy Officer – Office of the 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

Anyone else from ONC on the line?

Nona Hall – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

It's Nona Hall.

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

Oh, sorry, Nona.

Nona Hall – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

No problem.

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

And with that I'll turn it back to you Rim and Kim.

Anne LeMaistre, MD – Senior Director Clinical Information Systems & Chief Medical Information Officer – Ascension Health

And Anne LeMaistre is with you.

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

Hi, Anne, thank you.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well, hi, this is Rim Cothren and I wanted to at least extend a quick thank you and welcome to everybody on the Task Force and our kickoff meeting today. I think we wanted to start things off with a quick round of introductions. I can start by at least introducing myself. I'm Rim Cothren, please call me Rim, you'll see Robert as my first name on some of the materials, but Rim is what I go by.

I've been engaged with interoperability and data sharing, and healthcare since 2004 in the first round of the Nationwide Health Information Network Projects. I've done a fair amount of work with the federal agencies but most recently have concentrated on statewide interoperability and health information exchange being engaged with California's Project over the last four years. I'm currently the Executive Director for the California Association of Health Information Exchanges. Kim?

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

Thanks, Rim. I'm Kim Nolen, I'm a Pharmacist by training and I've been working in Health IT probably a shorter time than Rim five or so years and really my focus on health information technology is how to use the information more effectively and efficiently for patient care whether that it through secondary data use. And also I have a background in ePrescribing and the standards and technologies around that. Any other introductions, Chris?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, well, my name is Chris Muir, is that who you are asking for or are you asking for Chris Hills?

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

You. You.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Okay. Well, my name is Chris Muir, I'm the Director for a Division within ONC on HIT infrastructure and innovation, and I'm responsible for the overall developing and maintaining of the ISA, the Interoperability Standards Advisory, and just wanted to tell everyone and also following what Robert and Kim said, just want to thank everyone for participating on this Task Force.

It is really important work. We believe it will be very instrumental in helping us achieve the roadmap for interoperability across the United States for the...working towards the learning health system.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Maybe someone from ONC can take us through the roll call for the rest of the Task Force members here and just let everybody say a few words to introduce themselves if not everyone knows them yet.

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

Yes, so this is Michelle, I just lost my connection but hopefully there is a slide with all of the member's names on it, we can just go through. Is one showing? I'm sorry...

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Yes, yes there is.

Lonnie Moore – Meetings Coordinator – Altarum Institute

It is showing yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Calvin do you want to...

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

Calvin is running late today so let's start with Janet.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Ah, that's right, sorry. Is Janet on?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh, sorry, I am, but not on the WebEx. My name is Janet Campbell, I'm a Vice President of Patient Engagement here at EPIC and my background is in software development and software engineering. I got involved in the standards world focusing primarily on patient directed interoperability that was standards-based and my work with that has taken me throughout a number of the different standards and governmental initiatives here at EPIC.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Thanks, Janet. Lisa? Is Lisa Gallagher on?

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

Lisa is not on.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

She...when you did roll call.

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

Eric Heflin is here though.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Okay, Eric?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Hi, thank you, Rim. So, well good afternoon, looking forward to working with all of you and actually pretty excited. I think this is one of the...I think most important deliverables that the ONC has been working on from my perspective so I'm really delighted to be involved in curating this.

Background, I actually have been involved with HIE for many, many years, about 15 years, software engineer, software architect, entrepreneur and a small business owner previously. Now I work for the State of Texas as their CTO for all healthcare interchanges within the state created by legislature.

And then also have a second role as a CTO of the Sequoia Project which up until last Thursday was known as HealtheWay Incorporated and Sequoia essentially manages the eHealth Exchange in coordination with the coordinating committee, the care quality initiative and other initiatives coming out in the future as well too. So, very excited to be here and looking forward to working with everybody.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thanks, Eric. Lee?

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

My name is Lee Jones I'm the CEO of GSI Health and we're a population health management software vendor, software as a service and we sort of service these various value-based pay models with ACOs and health homes, etcetera.

In terms of background I've been involved in Healthcare IT since 1996 and I think came up through similar ranks with a number of you when all of this stuff started around 2003/2004 and have supported ONC directly under Dave Brailer and Rand Health Information Technology Standards Panel on behalf of ANSI as their Program Manager and did a number of things with state architectures and most notably in New York co-architected the Statewide Health Information Network for New York and continue to do various things like this to promote interoperability and standards.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thank you, Anne are you on?

Anne LeMaistre, MD – Senior Director Clinical Information Systems & Chief Medical Information Officer – Ascension Health

I am. I am Anne LeMaistre, I am a Senior Director and CMIO for Ascension. We have over 1700 facilities in 23 states and the District of Columbia, 123 hospitals. I oversee all of our clinical information systems and as you can imagine it is quite challenging to interconnect and interoperate with the variety of systems we have, but certainly we work very closely with the communities we serve to try to make that happen.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thanks, Anne. Arien?

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

Hey, I follow Anne alphabetically both by first name and by last name and probably in many other ways as well. I've been doing Health IT and clinical informatics for more than a couple of decades now with a focus in patient engagement and health information exchange, and data use for about 11 years.

I've been doing a lot of ditch digging kind of trench work using standards and any other means necessary to acquire and aggregate data. So, I have a fair experience in what works and what's aspirational, and I'm also a member of the Health IT Standards Committee and did a stint at ONC for good or for evil depending on how you look at it.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thanks. Paul? I didn't recall whether Paul was on the line? Perhaps not. How about Pete?

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

He is not on either.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay and Chris, Chris Hills?

Christopher J. Hills – DoD/VA Interagency Program Office

Yes, Sir, hi, I'm Chris Hills I'm with the DoD/VA IPO. I lead the standards engagement team here. I joined the IPO in January. Before that I was in the enterprise, I was actually doing health information exchanges all from a corporate perspective since about 2004/2006. I joined the government actually in 2010 just for 180 degree change and I was doing the VA benefits working with all of those applications, and as I mentioned I joined the IPO in January. So, really looking forward to this. I think this is a great way for the nation to go and looking forward to helping make a difference.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thank you. Brett do you want to introduce yourself and anybody else from ONC that you think we should give a little bit of time to?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Sure, hi, everyone, this is Brett Andriesen, I have been with the Office of the National Coordinator for just about four years now, initially starting off supporting the Direct Project Workgroups and the launch of the S&I Framework. Most recently I was working on the State Health Information Exchange Program and also was the staff lead for the Implementation Certification and Testing Workgroup and now am transitioning over to support this Task Force and I'm excited to carry this work forward with all of you for the next few months. Nona, did you want to introduce yourself as well?

Nona Hall – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

I appreciate that. Folks I come from the ONC and the reflection...I'm sorry from the IPO and as a reflection of the IPO's commitment to interoperability I'm currently a DoD/VA IPO Liaison here and so I'm helping out the ISA. Previous to that I've been in mainly federal DoD and/or VA IT systems. I'm a Retired Air Force Nurse and just have been with the data sharing initiative since 1997 and more recently with DoD/VA. So, happy to be here.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Is there anyone else from ONC that we've missed?

Rose-Marie Nsahlai – Office of the Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Yes, this is Rose-Marie. My name is Rose-Marie Nsahlai I'm very delighted to be supporting this Task Force. I work with the Office of the Chief Privacy Officer. I'm new to ONC. I've been around for almost four months, came from industry so I can understand a lot of the HIE world. I did implementation for over 11 years working with diverse vendors, physician practices as well as hospitals and a lot of HIE work and background.

My big background is really in interfacing EMPI, NPI management, you know, health informatics, exchanges and participating actively with AHIMA and HIMSS as active members of some of their Workgroups. Some of the healthcare systems I've worked for as big as Ascension, CHS, HCA, CHI so I'm very, very pleased to work with a diverse group with so much experience. Thank you.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Excellent. Does that take care of all the introductions? Is there anyone we missed? Anybody that joined late? So do want to take us on what is our next item on the agenda? For the ISA overview, who is going to be presenting that material?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Well, Brett did you want to do it or did you want me to do it?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Chris, why don't you go ahead and at least us take us through these initial few slides.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Okay, great.

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Thanks, Chris.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, no problem. So, as this slide indicates this is really the first deliverable that was identified in the National Interoperability Roadmap or the first deliverable that ONC has produced I should say, you know, as we work towards the learning health system. And as we were developing the roadmap we heard from a lot of our stakeholders that one of the things that they really thought was needed was one place in which all the national standards would be listed and also the implementation guides, but really one place out there that would be listed that everyone knows where to go to look and find them.

We have, you know, some of our standards that have been identified in support of our Certification Program and Meaningful Use, and regulation, but people thought that, you know, it was kind of an awkward place to go to look and also it was kind of limited in what it listed and so we came up with the idea of publishing the ISA and a process in which to develop it really to engage our stakeholders certainly through the Standards Committee and also through means such as the Task Force.

And we really hope through this process that it will be engaging to those who are interested, our industry stakeholders and we'll be able to eventually come to a consensus on what goes into the implementation guide. I mean, I'm sorry into the ISA, you know, the standards and implementation guides ultimately end up in the ISA.

Going to the next slide, so while the ISA is non-binding we really anticipate that it will provide some, you might say, information direction towards where different governments and non-government programs will go in order to meet their interoperability objectives.

We understand that the ISA is not yet developed and all of the different standards and implementation specifications aren't yet spelled out that will help us to ultimately get to the learning health system but we believe, over time, that we will be able to get there.

But we certainly hope that this will...the ISA will provide clarity, consistency and predictability for the public as we work and all of us work together to get to a fully interoperable health system. Next slide, please.

So, the process in which we'll follow to get to the 2016 ISA, we published...I'm going to take a step back beyond what's in this slide, but you'll remember when we launched the roadmap for public comment we also released the 2015 ISA at the same time and it was a 2015 ISA but it was really a...I'm trying to remember what we called it, but it was a draft, it was...we wanted it to generate public comment and kick off the discussions with the Standards Committee, with the Task Force and others as we worked towards developing the 2016.

And so in May, May 1st actually, we received, you know, the comment period concluded in May and June. We did a lot of analysis of the feedback. We of course have established this Task Force and kicking it off. I provided a summary of the public comments to the Standards Committee last week.

In a moment we'll talk about the charge, but certainly this Task Force will provide its recommendations to the Standards Committee at the August 26th meeting, you know, the next Standards Committee meeting on the 26th and as the Standards Committee receives the recommendations of this Task Force they will process it and then they will forward their thoughts about the recommendations and any changes that they may want to have to the National Coordinator.

Based on those recommendations ONC will update the ISA, prepare a 2016 draft of the ISA and we will release it for a 60 day public comment period. That public comment period will, depending on how soon we can get it out and jump through all the hoops internally within the federal government, sometime likely in the November timeframe that public comment period will end. ONC will review the public comments, do our analysis on what the public said against the ISA and then we will publish the 2016 ISA before January 1st, the final draft of that document. So, can we go to the next slide?

So, the charge to the Task Force, by, and I've already kind of said this already, but by the August 2015 Standards Committee meeting the Task Force will submit final recommendations to the Standards Committee regarding revisions ONC should consider as it creates the 2016 Interoperability Standards Advisory, that was the draft I was talking about that will soon after that get released for public comment. So, at this point I probably should stop and see if there are any questions or comments?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Hey, Chris?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yes?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet. I was wondering how do you see the intersection between what this Task Force produces and what was already submitted as public comments. Is this Task Force's job to kind of answer the public comments or will they also go into the overall reprocessing process?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Excellent question. So, yeah, so what we are going to ask of the Task Force is to provide your expertise and knowledge on this Interoperability Standards Advisory. We will break it out into sections and every meeting you'll address one of the sections.

We will provide you what the public said in those areas, but your job is not to answer the public. We provide that information to you as feedback or input, but your job isn't to answer or, you know, have to justify, if you don't use their feedback or anything like that. It's really to be...the public feedback is really to be just an input into your process.

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

Hey, Chris, this is...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Wasn't...input to your process as well?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yes.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Okay.

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

Hey, Chris, this is Arien, so just to follow-up on that, is the expectation for this Task Force just to comment on the standards or the proposed standards in the ISA itself or to focus on the process by which the ISA is constructed and the utility of the ISA relative to the roadmap?

So, I'm just trying to figure out whether we're...what the ISA does is all set and we're just going to comment on whether a standards should or shouldn't be in the ISA or whether we're also being asked to focus on, you know, whether there should be an ISA, what the ISA should look like and what the goals and objectives of the ISA itself are.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, it's a really good question. So, in a couple of slides we'll actually get to some specific questions that we also want the Task Force to address some of it gets to some of the things that you were talking about Arien. As a matter of fact, I guess we could move to that slide now, it's like two slides away, I don't know who's controlling the slides but if you go...yeah.

So, some of the specific questions that we're going to ask you to address, the first one just talks about what additional information about the standards and implementation specifications would be helpful. Some of the public feedback, you know, was that, you know, we should give an indication of the level of maturity of the standards, maybe we should list the test tools or other kinds of tools that might be available for people as they're implementing standards. Maybe an indication of the amount of pilot testing that had been completed or the level of adoption, you know, those kinds of information.

On the second one, this might get a little bit to what you were asking about Arien, are there suggestions for additional characteristics about what gets included as a best available and, you know, also feedback on the process that we use that is laid out in the ISA. That process was a lot of what I was just talking about a minute ago.

Some additional...we have some...a couple of detailed ones, what are recommendations to better address immunizations, code sets, terminology standards with the ISA, specifically we had two purposes which were historical immunization and administered immunization, and that one in particular the feedback was very confusing and, you know, we really would like to get some additional expertise on helping us on that one in particular, what we should do with immunizations.

Also talk about adding security standards in the ISA that was a lot of feedback that we received. How does ONC ensure that ISA is relevant for intended stakeholders? What are the top priorities for the ISA in 2016, but as important, you know, as we're thinking forward, you know, what are the top priorities for ISA in the future, for future releases? So maybe kind of help us to start developing, you know, a rollout plan for future years on what areas...this process should be thinking about as the ISA rolls out.

So, Arien, does that help answer your question?

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

Super helpful, thank you and I guess just as an editorial comment or an unsolicited feedback, you know, if we're spending 80% of our time debating whether a standard should be in the ISA and 20% debating on the criteria and process we probably got the wrong balance.

My suggestion would be let's spend 80% of our time thinking about what the ISA is for, what the experience is of provider organizations and developers. Using the ISA should be, you know, how it's maintained and updated over time and if you've done a good job there then, you know, debating and adjudicating individual standards should be relatively easy.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And Arien, this is Rim, I would second that, you know, that's kind of the take I get both on what Chris just said and some of the pre-meeting meetings that we've had is that our primary task should make sure that we're producing a decent process and a structure that's useful to people and then we can turn to content. So, thanks for that.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

And thanks, I also want to echo that and it's a great question Arien and that really kind of helps set the stage of the dialogue. So, that was good. Are there any other questions? If not, if we go one slide back now, sorry to kind of jump around guys, this is really the work plan.

I think you all have access to the slide, I'm not going to go into detail, it really was very similar to what I just said. You can see on, like the July 9, 16, 30th, August 6th and August 10th meetings we have broken up the ISA to address different sections of the ISA not to take away anything from what Arien just said and what Rim just said, but we also were just thinking about the timeframe that we have to get through the ISA itself and so this is kind of how we've broken it out.

We anticipate some of the sections will take less time than others and as we move forward we can certainly make adjustments to the schedule and what sections do we address when, you know, if we need to we can also, you know, schedule additional meetings or whatever just to make sure that we address everything that we need to. Any questions on this slide?

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

Chris, this is Kim, just from hearing the feedback with what people are saying I'm wondering if our first call should be more on the topic holistically of ISA versus breaking down the sections going one by one or adding that in somehow.

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

This is Brett, I think we could certainly shift kind of some of the general process and content components and thinking through the structure of the ISA kind of what the second part of that August 10th meeting is set to be, we could move that up for July 9th for discussion and then kind of push everything back a week if that makes the most sense to everyone else.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

This is Rim, I think it does.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Great. So, I think now we will go ahead and talk a little bit about the summary of the public comments unless there are any other questions or comments at this point.

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

I'll ask my question, I know I sent it in beforehand, and this is just a clarification for me too, I was at the Standards Committee last week and some of the feedback that we got discussed that the ISA was a sub-regulatory document. So, I wanted to understand that and understand if the ISA document is a sub-regulatory document and maybe this feeds into our first discussion about what it is and isn't but it would be nice to have somewhere either now or later to address that piece of it, because if people have concerns about that we need to figure out how to address it.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Well, I'm certainly happy to give you the answer to that right now and then we can decide whether or not...you know, if it does create some debate whether or not to have that discussion at the July 9th meeting because that would kind of be...as we newly establish...we'll address...that maybe the right time to kind of dive into that, but just to give you the answer...well let's see how it goes.

So, I guess the answer to that is, I don't know of an official definition of sub-regulatory, but I think the context in which...and I believe it was Karen who used that term and I think the context of what she meant, you know, ONC has statutory authority and within our regulations we can and do at times identify specific standards and publish them in regulation.

However, in this case we're not using that authority we are really doing something a little bit different with this document. So, it doesn't have the same kind of binding or enforcement as, you know, maybe another way we could have done it, you know, we're not using this document directly in the certification process or, you know, in any of our regulatory authorities.

This is something that we're doing as more of, you might say, a service. Now, having said that, it may be, as do future regulations...and you probably understand, you know, ONC not that we're huge but we have separate teams working on, you know, the different areas we communicate a lot, but we are different teams and as people...and as other agencies like CMS and others as they develop regulation we would hope that they would look to the ISA if they were, you know, needing to...if they felt the need to define interoperability in ways in which they would also want to identify any specific standards or implementation guides, that they would look towards the ISA.

And the same would be true when federal partners do procurements or when non-governmental entities would also...they want to do things consistent with other people in order for us to get to that interoperability goal that they would look towards the ISA, but again, the ISA is non-binding. It's not being published in any of our regulations and so that's kind of why I think she referred to it as sub-regulatory. Does that answer your question?

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

That's very helpful, thank you.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Okay, if nothing else we can go ahead and move on and I'll talk a little bit for a little while about...and we can skip past this slide I already covered it, and just talk about the summary of the public comments and first I'll talk about who, you know, gave us public comments, you know, just kind of a breakdown of the types of organizations that did and then I'll transition onto what some...I'm not going to go over every single public comment or anything like that, but go over the major questions that we asked within the ISA and, you know, what some of the comments were like just to give you a flavor and also to kind of point out some of the areas in which...well you'll be able to see which areas may need your expertise in helping us to come to some kind of conclusion about them.

But, first of all, you know, who provided public feedback. We received feedback from 59 entities and it represented a diverse set of stakeholders. Nineteen of those entities were from those who provide Health IT capabilities. Those are entities such as EHR publishers, HISPs, HIEs, organizations such as those.

Seventeen of the entities were from those who deliver healthcare and that would include entities...I'll just give you a couple of examples and show you kind of the breadth of it. We received comments from Kaiser and Mayo, but we also received comments from what looked like individual providers as well.

So, eight of the entities were from organizations that do research and are quality improvement organizations. We have seven entities that provided comments from organizations that govern, certify or otherwise have some kind of an oversight authority. A couple of examples of those is we received comments from EHNAC, from Healthway and from the State of Minnesota. So, those are some examples.

We had six entities that either developed standards or implementation specifications, entities such as IHE and also HL7 were a couple of examples.

We had one entity, not-for-profit entity that we couldn't fit neatly into any of the other categories, and we had one entity that we felt like was basically strictly a payer and then interesting enough we didn't have any people or entities who, you know, directly received care, so what I mean by that is, like we didn't receive like a consumer group or a patient advocate, you know, comment. So, we didn't have any of that. So, moving onto the next slide.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Hey, Chris?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Oh, yes, go ahead, please?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

First of all is it okay to comment or ask questions in the middle?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

That's fine.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

My second question, this is Janet, I was just wondering is this higher than you expected or lower than you expected in terms of the turnout of comments?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Well, it's a little bit lower than what expected, but having said that we also knew that we had a bit of competition, so, you know, we were asking people to comment on a lot of stuff around this time, right, so we had the roadmap, which of course generated a lot of comments and I think between the two documents people were focused more on the roadmap for some of the reasons Arien stated earlier, you know, I mean, they wanted to comment on the overall goal of interoperability and the direction that ONC was proposing and those kinds of things.

So, that is kind of...in a sense, you know, in the context of things, kind of a higher-level maybe more important thing to give ONC comment on. We had just included public comments, I believe it was on the HIT strategic plan and then of course we were going through some of our regulatory things at the same time and so there is just a lot of things going on.

And so, you know, we knew that there was a lot of competition for people's time and attention. So, we weren't too terribly disappointed or anything, we thought we might receive a little bit more than this, but, you know, we're pretty happy with the feedback that we got.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Cool.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

So, going to the next slide, just kind of a little bit of a breakdown, we did this thing where we analyzed the comments and we tried to put them in a few different buckets, one bucket being, you know, among those who were supportive, another not supportive and one neutral.

So, 32 of the institutes were, we feel like, based on their comments were supportive. Eight we felt like it was pretty clear that they were not supportive and then we had 19 comments which we termed neutral.

And really neutral really meant kind of one of two things either the comments really were worded in a such a way that...the comments were very measured, they didn't kind of tip their hand one way or the other whether or not they thought this was a good idea, you know, that the ISA was a good idea or not, or they actually, some people actually commented on something else, they commented on the HIT strategic plan, they commented on the roadmap or they commented on, you know, maybe the certification program or Meaningful Use, but they didn't comment on the advisory.

But, you know, since it came through the mechanism in order to provide, you know...to get their comments on the advisory we put them in that neutral bucket, you know, just so that...it's just kind of an easy way to categorize them in the three different buckets.

So, talking just for a second about those who were not supportive, the eight who were not supportive, four of those came from organizations or people that deliver care. And kind of a theme among those were that, you know, at least the smaller...there were a couple of individuals that were, you know, from, you know, either a single doctor practice or a small doctor practice that they just felt completely overwhelmed by all the federal requirements and they were kind of fearful of what the ISA might mean, you know, what kind of responsibilities that they would inherit, you know, from the ISA and so, you know, they just expressed a lot of concern, you know, about all the federal mandates.

Moving on, three of the eight actually came from those who provide HIT such as EHR publishers, HISPs, HIEs, etcetera. And the common theme among those was that the ISA might stifle innovation and, you know, they just...they didn't want...they were fearful that, you know, publishing the ISA would create a situation in which people wouldn't feel comfortable on innovating and of course we all agree that innovation is really important that's how we get better technologies and standards over time. And that is kind of a theme if you looked across the public comments that's a theme that came up over and over again.

People understood the importance of the ISA but they also understood the importance of innovation and there is this tension that we all recognize and we all, you know, understand the importance of both, you know, and so that's evident in the comments.

So, moving along to the next slide. Just kind of an overall summary about the comments, there is a lot of interest to expand the scope of the ISA understanding that we want the ISA to eventually cover the whole learning health system.

We didn't receive a lot of consistency on which areas that we should focus on first with the exception of the security standards, I mean, everyone, not everyone, but we received a lot of feedback not only through the public comments but just in meetings like the Standards Committee meeting and other meetings like that. I mean, there has just been a lot of comments about, you know, people really think the security standards probably should be included within the ISA. So, that is one area of course where even within the public comments that was a common theme.

There were also several comments about administrative data and people pointed out, you know, how important administrative data is for like health reform and other efforts, quality programs and stuff like that. And that, you know, we certainly agree about the importance of the administrative standards.

It causes us just a little bit of a, I don't want to say an issue, but it causes us a little bit of a pause only in that CMS actually has both statutory and regulatory authority over the administrative standards. And so for us to publish something that over time might conflict or you'll somehow be out of sync with them is something that we're concerned about.

We would like to try to find a way in which we, you know, we would point towards CMS and, you know, what they produce, but, you know, we're really...the other thing obviously we're both part of the same organization, we're both part of HHS and so, you know, it's really important for us not to do anything to undermine them especially since we are part of the same organization. So, you know, we just need to kind of find out how we address administrative standards going forward.

But moving on, so we received several comments about, you know, providing definitions to some of the terms that we have used within the ISA. I gave a few examples here. But a lot of the terms that people identified within the ISA as needing definitions we actually do have definitions, a lot of them were in the regulation or other documents that ONC has produced. We didn't, you know, think to provide those definitions within the ISA, but that is something that we certainly could do, you know, or certainly consider doing and if you all have feedback on that, you know, it is certainly something we would consider.

One of the questions that we asked is, are there additional kinds of information that we should provide about the standards. A lot of the times in the public comments it was manifest or it was expressed in ways in which we should make changes to the tables.

If you remember within the ISA, in each of the standard categories we had tables, we had a purpose, we had the standards, then we had an implementation specification and some of the comments were something like "oh, you should add a column, you know, for the standards version" or "you should add a column so that people know what testing tools are available for the standard" or you know something along that line.

There is a lot of interest of, you know, people gave us a lot of feedback in public comments about the process and about the certification, I mean, I'm sorry, not the certification criteria, but the best available criteria. It was interesting...I'll touch on this later in another slide, but it was interesting that there was a lot of consistency even though we received so much feedback about it. We received a...oh, I'm sorry, was there a question? Okay, I thought I heard a question.

Anyway, moving on, there was a lot of interest in the ISA providing some kind of guidance on the maturity of the standards, people really wanted to understand, you know, something about the maturity of the standard whether, you know, it was an old standard or something, you know, really new, you know, how many people have adopted it over time. But they really thought it was important to, you know, provide that kind of guidance within the ISA, you know, I mean, there was a lot of interest in that. I wouldn't say it was across the board or anything, but certainly that was something...a theme that we heard over and over.

And the last one is something kind of similar and somewhat related, but because of the annual nature of the ISA people...some people provided feedback that they...they didn't want any big surprises from year to year, they thought that might be disruptive to the market. One of the things that they hoped the ISA would do is provide some stability and one way that we could do that was to kind of telegraph when future changes were coming.

So, for example, if there are some standards that are being considered but we decided this year they were not ready for prime time that we would still list those somehow, you know, just give them an indication of the standards that will be coming out in the next 1, 2 or 3 years so that from year to year there weren't any big surprises.

And likewise if there were any standards that were going to be retired that maybe we should also indicate that, we would somehow indicate within each of the standards, you know, if one of them were about to be retired some indication about that. So, that was some of the kind of summary comments, you know, looking just across the ISA, some trends that we saw with the comments. Moving onto the next slide.

This just gives you a flavor for one of the questions within the ISA, the first several...first like four or five questions were general questions that were kind of overarching related to the ISA in general. One of them was, you know, what characteristics should be considered or best available. And 17 entities provided comments about it. I listed some of them here as just examples. But it was interesting, you know, there are different thoughts kind of across the board but very little overlap, you know, just kind of give you a flavor for what the public comments were. Let's go onto the next slide.

So, on question 5-2 were there any standard categories, so a standard category, you know, were there any missing and of course I mentioned earlier we received 12 people provided comments about this and the most common thing that we heard was the privacy and security standards.

We also of course received other kinds of feedback as well. We heard from some membership organizations. They were advocating for nursing, nutrition and research to be added, but, you know, there wasn't very much besides those organizations there weren't much overlap on, you know, other things that should be added at least in the short-term.

Administrative data of course was something that was mentioned over and over but really no feeling from it of any urgency or timing of when they should be added. And of course I mentioned some of our challenges with adding them. Yeah, so, let's move onto the next slide.

As you can see I'm skipping some of the questions here. Some of the questions really weren't that controversial or, you know, give us, you know, very much of something we can dig our teeth into. Most of the rest now we've included because you'll see that there is some kind of tension between, you know, the feedback that we heard.

So, on the question about the detailed value sets for race and ethnicity we received comments from 11 entities or I'm sorry 11 entities suggested that we needed more detailed value sets and this was kind of an example of the kind of feedback we got. This is a direct quote, but, you know, they really felt like, for clinical reasons, well not only for clinical reasons, but also for things like precision medicine and for public health and other things that we really should try to get to a more granular level of the value sets. And then four entities suggested leaving the five categories alone. So, moving onto the next slide.

Administrative data, this was actually a specific question we asked within the ISA. We had some standards like ICD-10 listed even though they are for clinical purposes. We had them listed in the ISA. And 14 of the entities specifically wanted to keep ICD-10, you know, within the ISA. We had some people that used that as a kind of a launching board into the overall discussion whether or not administrative data in general should be included in the ISA because of its value to things like the health reform efforts.

So, moving on, 5-8 was a question specifically about food allergies but also we asked...part of that question was, you know, should food allergies be included or should we think of a broader approach for it. We received 16 entities that responded to the question, only two of them suggested leaving food allergies exactly the way it was. Eleven entities suggested that we go beyond just food allergies.

Four entities suggested that allergies could be combined so we expand the definition but we could still include them under a single purpose called allergies or a similar way of clustering and, you know, they suggested there are different ways to handle that with, you know, like using a common standard that would accommodate for that but then also we had lots of suggestions about a variety of standards that could be used, you know, overall to help us identify allergies.

So, you can tell we received a lot of feedback that didn't give us a lot of direction. I mean, by the preponderance of the responses there wasn't a mandate to do it a certain way and so this is one of those areas in which the feedback was kind of all over the map.

So, going to the next one, I already kind of mentioned this. We had a couple of questions about immunizations and particularly about the purposes for historical and administered.

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

Yes.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

And we received just a variety of different feedback on that. So, this is also an area that we definitely could use some indication from you all on how we might want to think about handling it. Next slide, please.

Question 5-12, a question about the best available standard to represent industry and occupation. We received feedback from 11 entities and among those 11 entities three suggested the standard occupation codes, three suggested the National Institute for Occupational Safety and Health code, and three suggested the US Census Occupation codes. And so, again...and we received other suggestions as well, but you can see there though there wasn't a clear mandate on how we should handle that based on the public comments.

Next slide, please, 5-13, there is a question about whether or not value sets should be included and if so should it be listed as a separate column. We received 20 comments on this as well. A common theme was most thought that the value sets should be included, 13 entities suggested adding a new column, seven didn't think a new column was needed. Interesting enough some suggested that the value sets could be added into the implementation specification column so somehow adding a...listing it there along with the other implementation specifications.

And then there were some others suggested that the specific value sets should be defined within the implementation specification and didn't need to be called out in the tables. So that was kind of a...I probably should have had that indicated differently on the slide now that I'm looking at it. But, anyway it was another piece of feedback that we received.

So, going onto the next slide, 5-14, once finalized should the laboratory standards currently being developed by HL7 be included in the ISA. Seventeen entities responded to this question, six said that they should be included once finalized, three said that some of them should be included and they had some ideas and they were consistent about, you know, which portion of those should be included. Three said that they should not be included and another said that more testing or more industry...feedback should be received specifically on those and so kind of again, the feedback was kind of all over the map on that.

Moving onto the next slide, please. Are there best available standards for the purpose of patient preference and consent? Fifteen entities responded to the question, five thought that both reference standards should be included, you know, we referenced two standards in there. Four entities thought the IHE BPPC should be referenced exclusively. One thought the NHIN access consent specification should be referenced exclusively. And then we received a variety of other comments as well. So, again, not a lot of consistency on the feedback but something that we're very interested in and trying to resolve. So, your feedback to this would be very helpful. Next slide, please.

For exchanging behavioral information should the DS4P standard be used or is there an alternative standard? We had 10 entities that responded to this question. Four of them wanted to include only a portion of the DS4P standard. All four referenced a specific...I don't know what you want to call it a document or a standard as specified here. And so that was the only consistent thing that we received from the 10, the rest gave us a variety of other comments. Next slide, please.

Should both the Consolidated CDA 1.1 and 2.0 be included for the summary of care purpose or should it be just 2.0 as part of the question. We received comments from 15 entities, six said both should be included. Three said only use 1.1. And five said to use only 2.0. Among those that said we should only use 2.0 the most common reason for that was they felt like, you know, it would be too difficult trying to support both of those standards.

Several respondents thought that, you know, so on the other side of the coin, several respondents thought the 2.0 wasn't ready and so...but they gave a couple of different ways to deal with it, one was to say "hey, only use 1.1" and another said "hey, list both of them." So, again, some conflicting feedback based on public comments.

Moving along, we're almost done I promise on these slides, these kinds of slides. So, should the specific HL7 message types be listed in ISA? And 13 entities responded to this question, seven recommended not listing them and the most common argument was that they will be listed in the implementation specifications.

Two suggested that we include them and then kind of as a side note or a side thing, we had to this question specifically we had two people who suggested that we actually reconfigure the ISA to list use cases instead of purposes and then we would, you know, list the standards and implementation specifications in which the HL7 messages would be, you know, part of that. I think three entities overall made that general recommendation of organizing the ISA by use case just for your information.

And I'm going to the next slide. I provided just a couple of hyperlinks here one is to the 2015 ISA in which we used to get the public comments and then also a hyperlink to the public comments. So, we have made those public comments publically available for people to go and look at and they're very interesting. You can go down and you can see who submitted the public comments and then if it is an entity or an organization you're interested in you could click on it and you could see the feedback that they gave to us.

Next slide, I think maybe Brett was going to cover the next steps?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Yes.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Is that correct Brett?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Yes, can you hear me?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yes.

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Okay, good. So, given our discussion earlier I think we will probably regroup internally a bit and send out a new assignment for what to focus on for our next meeting, likely sending around comments that provide more detailed answers from the public about what they wanted to see on a lot of those questions but likely will be looking to discuss with this group further on this July 9th meeting more about the ISA in general, more about the scope, but certainly do think we have some additional time now to start those conversations, we have another hour or so before this meeting ends where we could start to have those conversations and then we can finalize those a bit further on the 9th when folks have had a little bit more time to think things through, read some of the public comments in this area and process some of their thoughts as well.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, thanks Chris and Brett. So, is there anything more for now? Is your suggestion is that we go ahead and open it up to the Task Force to talk a little bit about some of the larger issues for the remainder of this meeting today?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Yes, that would be my recommendation.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

In that case why don't we open it up to the floor. Are there any thoughts, any interesting things that you saw in Chris's presentation of the comments here or any thoughts about the process, the larger concerns about the ISA in general?

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

Hey, this is Arien, so one thing that I heard, I think I heard, as a consistent theme, is an expectation or a question that folks have on what the ISA...what the expectation should be for the ISA and what I mean by that is that if I am a provider organization who deals with multiple interfaces and multiple standards I think there is a general question about, and we saw this in some of the questions about maturity, some of the questions in terms of test conformance, in implementation guides, in value sets, in those kinds of things, in do I have an expectation that if something is listed in the ISA that it is both ready for rapid prime time production use and that my experience with respect to that item will be pleasant and, I hate to use the word, with respect to interoperability, but, you know, easy or well understandable.

If I look at the expectations that we have for standards use and implementation in consumer electronics my expectation with respect, for example, to USB or to WiFi or to any of the other standards that we use on a daily basis is that I get something that's stickered and I use it and it works and I would not think that that's the expectation that provider organizations have with standards.

So, I would raise a question, sort of a meta-question about what it means for something to be listed on the ISA. I would expect or suggest that provider organizations and health information developers would generally expect if something is listed on the ISA that it works and that the experience is pleasant and I know how to implement it and that if I implement it in the way that I'm supposed to I'll have the same experience that we have in consumer electronics and WiFi and the like.

And I would suggest, right now, that we...that's an unfair and invalid expectation with respect to something being on the ISA. So, that's a long winded rambling question, but the suggestion that I have is let's define what it means for something to be on the ISA, what the expectation that folks should have with an item that's listed on the ISA and if they're not going to get the experience that they are expecting to get that we have clear signals to that effect.

And if they are going to get that experience that we list all of the preconditions that are necessary for them to get that experience. Hopefully that made sense.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Are you asking, Arien, this is Lee Jones, about what the current ISA contains or what our principle going forward should be?

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

Yeah, I'm suggesting that people who look to ONC and look to the ISA and particularly when it's a best available standards expect that if something is listed that it works and maybe not works at the same level of consumer standards but that it works in the sense that I can use it, know how to use it, know how to implement it and have an expectation that it will deliver the goal that I'm expecting to.

So, that's number one, is I'm suggesting that's the experience that people expect.

And number two, suggesting that if we can't deliver that experience we clearly signal the market.

And number three is that if we can deliver that experience it's really important to list all of the preconditions, so not just the standard but the implementation guidance, the associated value sets, source, dataset and conformance statement that are sufficient, necessary and sufficient to generate that experience.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Yeah, I would say, I mean just as one example they list as a best available standard the C-CDA r2 for care plan and that's sort of a draft standard for trial use in HL7 and so by definition I don't think there is lots of experience with it, you know, etcetera. However, it is useful, at least in circles that I'm in, to at least signal people to stop coming up with their own proprietary, you know, ways to represent care plans and it even spawns some groups who were committed to piloting and to giving feedback to HL7 about it and, you know, that sort of thing. So, I guess I wouldn't want to go so far as to omit things that I think have some utility even if they aren't necessarily, you know, fully baked in the way that you're saying.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

May I try to paraphrase Arien and you can tell me if I quoted you correctly? It sounded like what you were saying and also Lee what you're saying is...and for that matter what I'm saying, which is why I'm saying it, that the standards advisory should still continue to list best available standards but there should also be a measurement around when best available doesn't necessarily equal really good.

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

That's exactly correct and then the other flip side of that is that if it is, you know, really good that we list all of the preconditions that are required for you to get the experience of really good. In many cases you can't go to the standard and implement the standard and get the experience that you're hoping for. So, yes on both sides of that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

This is Rim, I think, Arien that's a really important thing to be including. When I have been going around and talking to folks about the standards advisory I find that most of the provider organizations don't care about it at all and that might change their perception here that it is something that might be closer to impacting their practice and their workflows and therefore when they should start thinking about some of these.

I think a lot of people look at this and this is my question, look at this as an indication that vendors should start putting some of these standards on their roadmaps for implementation prior to them becoming part of certification, perhaps they never get there, but again, kind of gets to Lee's suggestion is quit coming up with new standards and be starting to pay attention to this.

I guess my real question is, who is the targeted audience is it vendors that they should be thinking about their roadmaps, is it providers so that they understand what they should be expecting to come down the pike. I think we're already getting away from it is what you see necessarily in your current or your next product.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Is that like an ONC question about the target audience or...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I don't know that it's an ONC question as opposed to a question for this group. If we're supposed to be giving guidance on how we can improve this document. I think that identifying the intended audience is going to be an important thing for us to do. But maybe, Chris, maybe you have some thoughts about when this was first drafted what the intended audience was...what those thoughts were.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, it is a really good question. So, you know, and it definitely was in support of the interoperability roadmap. So, I guess, you know, it's kind of in a couple of different ways, we anticipated that some of people who were the intended audience were like, you know, programs in the federal government or outside the federal government as they're developing their requirements for their programs or for their procurements, or for other things like that, but also a signal to vendors on the kinds of things that they should be billing into their products or, you know, looking towards, you know, doing so.

And also, for those larger providers, I mean, we didn't expect, you know, individual providers to, you know, focus on this, but those who have the wherewith all, you know, the Mayo's and, you know, Kaiser and others, you know, that, you know, to put pressure on their vendors to, you know, start implementing these standards, you know, as appropriate.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I have a question and/or recommendation or suggestion that I think actually kind of speaks to both of these points. This is Janet. And it goes back to this standards advisory being a non-regulatory document or sub-regulatory document. Actually I support that approach and I agree with it but one thing that I'm a little bit worried about is that further regulatory documents will point to the standards advisory as if it's something that actually has gone through not just a public comment process but a robust one and all of the things that a regulatory document kind of implies.

And so maybe one of the things we can do also with this is set the expectation that, you know, for the most part it's not necessarily in vendor's interest to completely respond to the public comment as we've pointed out when there are other things that are taking precedence but while this is the best available, you know, that there may still...it is worthwhile to have a discussion about whether it's appropriate I guess. And by discussion I don't know what I mean by that, public comments I guess.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So, this is Eric Heflin, I don't disagree that I think it would be valuable but I keep coming back to the thought that we already have a lot of work in our mandate and creating these value judgements of, you know, against very, you know, various criteria I think actually might be, you know, significantly increasing our workload. And I keep coming back to the thought that even though I think it would be a valuable exercise I'm just not sure we have time to include, you know, some type of a value assessment or maturity assessment within at least the initial scope of our work.

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

Eric, what do you mean by that and that statement?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Well, I was kind of really reacting to kind of your original comment Arien about, you know, it be useful for us to include some type of a discussion or assessment, or ranking of, you know, or a threshold, you know, getting criteria, of, you know, how friendly or how easy, or how, you know, complete or mature the experience would be of implementing given standards or specification, or value set and so on. And...which I...I think is valuable but I'm not sure we have time.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Not that we have to do it, maybe others.

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

Yeah, that's exactly right.

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

Yes, Chris could you clarify that please? Because I was under the impression we came up with the guidance of what should be in the ISA but then somebody else would fill in all the details with it. Is that correct or...

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, so, yeah, so I'm hearing a couple of different comments that are kind of pointing at the same thing. So, I mean, your recommendation could be that ONC includes some kind of a...hopefully you would help us figure out what the criteria would be, but ONC would evaluate different standards based on the criteria and then give some kind of indication at the level of...and I guess I kind of come back to maturity, some of what Arien is talking about was expressed with public comments is kind of like levels of maturity or, you know, use, you know, but to reflect what you guys are talking about.

So, yes, it would be helpful if you help...if that's something that you wanted to pursue that you at least help us come up with what the criteria might be.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Okay, great, I understand that. So, Arien, your suggestion wasn't so much that we within the scope of this task group create that and apply it. Your suggestion was essentially identify the criteria that maybe useful for future applications. Is that right?

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

That's exactly right and then just to follow on...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Okay it makes sense.

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

Also make sure that we have the expectations for what is in the ISA and that we clearly mark to Lee's point for example that we clearly mark if the expectation is don't make something up but also don't expect this thing to go really well versus the expectation that, you know, go bang on your vendor to go implement this and as long as they implementation it and they have these three things checked you should have a good experience. Understanding the difference between those two statements is really important in setting expectations, in industry broadly.

Eric Heflin – Chief Technology Officer – HealthWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Okay. Oh, great, thanks for that clarification. I would support that as well.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet, I'm not sure I like what level of detail we're wanting to get into with this but I think one of the things I was thinking was that sort of the what makes a standard good is sort of like, you know, well it depends on good for whom and what do you consider to be good.

And as we consider the purpose of the ISA and the future of it, it's more work so I'm not necessarily suggesting it, but it's more work that needs to be done by somebody else, so in that sense I am suggesting it, but to have particularly not just kind of an overall composite of this standard is good, but actually kind of breaks down, you know, are there publically available testing tools, has this been proven in a large scale pilot and a small scale pilot, whatever.

Again, I don't think that we have that full knowledge and so we'll probably never get to my ideal which is kind of a consumer reports or class, you know, green, red, yellow for each of the criteria that we would consider to be a success. But maybe that's kind of an ideal that we can then decide is too hard to do.

I will say that I think that an approach like that even if it is only a couple of criteria is probably better and more informative than an overall the standard is ready or good, or whatever else without sort of the supporting detail about what went into that decision.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, there's a theme emerging here that I want to make sure that I understand. The way the advisory is constructed is identifying the best available and it sounds to me like we are shifting perhaps a little away from that to some good standards with some, at least, qualitative idea of what good means, what their maturity is, whether testing tools, etcetera. Is that fair? Is that where we're headed? Or am I reading too much into the comments?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

That wasn't my intent. My intent was to say that no matter what the standards advisory should list the best available but we should also, if possible, give an objective measure of how good that actually is.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, thanks. Are there other thoughts or comments? Well, if there aren't, Brett do you have suggestions in where we go from here? Do you want to maybe review what our homework is before our next meeting again? And then should we open up for public comment?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Sure, it might make sense for us to touch base off line and then circulate homework to the group to make sure we're all on the same page, but I think the discussion today can get us on a good trajectory to start thinking about what we go through at our next meeting here.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay and I certainly don't want to close out today's meeting, we've got a fair amount of time that's still on our schedule here, I don't want to close this out if there is more discussion that the Task Force wants to have or are there more comments? Do people want to talk about something else in the comments in more detail before we close out with public comment today?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

This is Eric, I do have a quick question. For the next meeting will the comments that have been received be disseminated to the Workgroup? So, do you know if that will be coming fairly quickly?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

So, we do have all, as Chris mentioned, we do have all the public comments available on healthit.gov. We are going through the process now of trying to break them up by topic to give you kind of more helpful tidbits rather than reading kind of pages and pages of all the ones generally.

So, we're trying to break up the sections that people commented on and separate those out to make it a little bit more easily digestible as we're thinking about, you know, a particular section rather than everything all at once.

So, yes you can read them all now if you so desire or, yes, we will also be having the more structured comments by topic also coming very soon.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Great, thank you.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And Brett, I don't want to put you on the spot here but it may help people decide what path they want to follow. Do you think that will be out by the end of this week because our next meeting is scheduled for next week?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Yes, that's my goal.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, thank you.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Rim?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

...again after that. Yes?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, so because I don't think the public comments will be too terribly instructive another thing you can discuss right now if there are additional criteria for best available, a little bit different than what we've just been talking about, and if there are any suggestions about the process.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay. So, are there thoughts on that? So, Chris, perhaps you can...does ONC have a thought for the process that...you know, I know what process we went through to come up with this draft. Do you have thoughts for the process moving forward?

What I heard was that there would be recommendations coming from this Task Force that you take that and the public comment, come up with another draft for next year, open that up for public comment.

So, is this a document that would be drafted by ONC and staff or perhaps consultants and move forward from there? Or did you envision a different process for that? Maybe that's a place where we can start our conversation.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Right, no, no that's a good question. So, actually, so when you were talking about the current process which we're following, so we started with the 2015, we received public comments on it, we analyzed the public comments, we engaged with the Standards Committee and the Task Force to review the public comments, from that we would create a draft for the following year and send it back out for public comment, get the public comments on the draft from the...based on the Standards Committee and the Task Force recommendations, analyze the comments from that and then republish, you know, at the beginning of the new year and just kind of go over that same process again.

Now that's the current process that we're following and, you know, we're just looking to see if there are other...if there are other suggestions in which we might improve the process or, you know, other things that we might do to improve upon them or something like that.

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

This is Kim...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, Chris, can you clarify for me, when you say that "we would take those comments" who is the "we" there?

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Oh, well, so ultimately the recommendations that this Task Force comes up with will go to the Standards Committee, assuming the Standards Committee likes them then those recommendations will go to ONC. So, I guess what I'm saying is that, you know, we, as ONC, are looking for the Task Force and the Standards Committee to give us some suggestions or recommendations about that.

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

Hey, this is Kim, and Kim please jump in since we're really in this together, but, so I'm just trying to collect all the thoughts that have been spoken today and keep us on track with our calls. So, what I've heard is we really want to come up with the criteria or the key principles that kind of outline the ISA because until we do that I don't feel like we can fully go through Section 1 through 5 or, you know, however many sections there are in the ISA.

So, would it be possible like we could side bar and come up with a draft with what was discussed today and get that out to the group so that when we meet on July 9th we could kind of get that as close to good as possible so that when we go to all the sections we have all those key principles to guide us with what we're doing. Kim is that what you were saying earlier?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunnig Plan, California Association of Health Information Exchanges

I don't know that that's what I was saying earlier but I'll take credit for it, sure. No, I think that's a good idea, I do. It's one of the things that we talked about before is that a framework that we have each of our meetings in, I think those make some sense and if that is a set of principles in how we discuss each one of these, this section and how we conduct our discussion of each one of the meetings I think that this makes a great deal of sense.

And I think...I would agree with you Kim I think we've had some really good discussion here about what some of those things should be. Chris or Brett do you think that that's something that we can put together prior to our next meeting based on the notes that you guys have today too?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Yeah, I think we can definitely do that.

Nona Hall – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

Brett, this is Nona, I'll be here this week so I can help us reach that goal.

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Fantastic, thank you.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Going back to just sort of the process and of the publication, creation and publication of the ISA, I'm assuming that there is some reason whether it be financial or regulatory, or otherwise why we couldn't do what I'm about to suggest that we do, but I'm going to suggest it anyway and then let someone tell me why it's the wrong idea.

I think it would be hugely useful to, if we at all could, create an anonymous survey of CEHRT providers, so vendors about the standards that they currently support, the standards that they intend to support, where intend means like, I don't know within the next couple of years or something, making it anonymous would make it more likely to be correct and we could take that and then cross reference it against the MU database to see which CEHRT is in most use for the support of these standards and that would actually be one way of giving a very good measure of relative strength of the standards.

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

Was that Janet?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yes, sorry.

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

Yes, thank you, Janet.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Janet, did you want ONC to respond to that?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Or anybody I don't know maybe it's a dumb idea but it seems like, you know, if one of the things we're talking about is how widespread support of a standard is it might be useful to know how widespread the support of a standard is.

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

Well, I...

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Yeah, I mean, I would like to refrain from commenting on it just to hear, other people react to it.

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

I will add onto the comment, this is Kim. And when I was at the Standards Committee and we were getting the feedback from the members of the Standards Committee that was something that... I don't remember how it was said, but I remember thinking if there was a way that we could rank the standards somehow by the users that would be good whether it's on line and they could kind of star rate it or do an anonymous survey.

So, I think that would be very beneficial and I think part of it came from maybe David's comments about there has to be a business use case for the standards that are listed and that would kind of I think help give us a little bit of direction of how well the standards meet certain business use cases.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Kim, is the star rating you're thinking of rating a vendor's implementation of the standard by vendor or not by vendor, or just which standards are most useful to people.

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

Which standards are most useful for their business purposes.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh, but the developers would be the ones responding?

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

It could be, yes.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I mean, the reason why I'm splitting that hair is just to go back to what Arien said, that sometimes a user's perception of whether a standard is difficult has nothing to do with the support of the standard necessarily.

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

Okay. But, I like your comment. So, how it's done and who does it I don't know if I have an answer to that right at the moment but I think it is a way for us to understand better how it's being utilized in the industry.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Janet, I like that suggestion too, this is Rim, I've got some...my question to you is would you be trying to limit that to standards that are implemented and supported today or would you try to get some insight into the plans for implementing them in the future and do you think that we could get any feedback on that?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

That's a good question. I was thinking that partially the future thing makes sense. If it was anonymous I think you are more likely to get better feedback and also if we put time bounds on it. So, for example, you know, within the next three years how likely do you think it is that you will have a production ready version of this standard, you know, zero percent, maybe, probably, you know, something like that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

It seems to me that if we could get feedback on that this is something that the members on this Task Force are probably...and a lot of people in general will have little insight in whereas we might have some insight into how well things are supported today. The future is something that we can only guess at and I think that such a pull would be really useful. Other thoughts?

Eric Heflin – Chief Technology Officer – HealthWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Well, this is Eric, I think it's a great suggestion because, you know, the more facts we can have in terms of data points to help inform the usefulness and the adoption of various standards or the future potential adoption of the standards the better.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Are there any other thoughts from anybody on the phone about what we can do to increase the likelihood that people would respond to such a survey especially with what their plans are in the future? I think making it anonymous is a good thought maybe that's sufficient.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Part of the things that we'd need to make sure we did is you want it to be anonymized but not anonymous, so, I guess, you know, you still want to know who's responding to what but that shouldn't be used in any sort of pejorative way.

I know that as part of EHRA we've sent out those surveys before and this could be something that might make sense to be coordinated by EHRA except for the fact that this is not the totality of CEHRT although it definitely is a big majority of it in terms of use.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

That's a good comment.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And this is Eric, the other thing I would offer is that this is a great opportunity for us to leverage that ONC's, if you will, role in this process as a national coordinator/convenor because I know many organizations have sent our surveys like this previously but unfortunately received very limited feedback and the fact that if ONC agrees to help, you know, with a survey like this that could lead a lot more credence to...and a lot more importance to it and result in a lot more valuable feedback from the community that they would be able to receive otherwise.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

And we're talking about vendors answering these questions is that correct? Vendors and/or technology organizations I should say.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So, I think vendors would be not the only target. I think it's a valuable target as Janet said and I think her reasoning of vendors having perhaps certain criteria is also valid reasoning, but I think also that it would be good to receive general experiences as well and open it up to the public to respond as well as just vendors.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Yeah, I mean, I guess, this is Lee Jones, I guess I'm generally supportive of anything that gives us more insight and information so, you know, I think this is great and fine, I agree with the national coordinator having a, you know, perch that's unique that may make this more likely. I do wonder though about the response and how representative it would be of all the different stakeholders who might really have a view, meaning...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Well, and I mean, I think what I was suggesting specifically that this wouldn't be the only factor by which we would determine that the standard was, you know, the best available and how good of a best it was, but specifically if we're looking to anyone who could possibly implement the standards whether they have implemented the standards I think that one very important measure is how widely it's been implemented not the only measure, but having sort of a very focus on that I think would be useful.

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

So, Janet, with standards that are already mentioned like through the certification criteria and stuff like that do you feel like it would need to go beyond those standards because we already kind of know that through the certification criteria or would you do it with those standards also?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

That's a very good point, I think it would make sense to skip the ones in the certification criteria, I mean, we could put them in there, but really what we're looking for is the stuff in the ISA that's not required by regulatory yet.

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

Okay, thanks.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Other thoughts or comments? Kim you had brought up trying to get us to define a set of principles. Is there something else that we should do along that path today before we close as a group as opposed to as a side bar with the staff at ONC? I don't know that there is, I just was asking.

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

Yeah, I've been taking notes so I'm happy to kind of take a stab and pass it around and let people add it in or if we...I don't know if we need to have the group go back and, you know, repeat and then they can see it if we missed something they can always add it in from our notes would be my thought.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

That sounds like a good one to me. I just didn't know if there were any other questions along those lines you had for today.

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

Okay, no, thanks. So, is there anything else for today's meeting then other than public comment? Again, I don't want to cut us off but I don't want to waste people's time if people are thought out and need to meld things over themselves.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Nothing more from me, this is Lee Jones.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Not here.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well, Brett maybe you can review for us how we deal with public comment.

Public Comment

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Yeah, sure, Lonnie, I think Michelle had to jump off early, can you kick us off on the public comment process.

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes, I may. Operator may you please open the lines? 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.

Okay, it appears that we do not have any public comments at this moment. So, we really appreciate everyone and this will adjourn our meeting today. Thank you.

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

Thank you, everybody.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thank you.

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Thank you, everyone.

W

Thank you.

Christopher Muir, MPA – Senior Advisor – Office of the National Coordinator for Health Information Technology

Thanks, all.

Public Comment Received During the Meeting

1. I would offer that at least 2 or 3 axes are relevant for a given standard - "Regulatory", "Maturity" and "Adoption". Regulatory could include options such as "Required by Federal Regulation" (with reference), "Inferred as a standard through Federal Regulation" (e.g. a value set designated within C-CDA), "None" (not designated directly or indirectly by a federal regulation); Maturity - "Draft Standard", "Newly Approved Standard"; Adoption - "Mature Standard", "Limited adoption", "moderate adoption", "widespread adoption"
2. Obviously, "Mature Standard" would go with the Maturity factor. Thank you

3. I agree that Janet's suggestion is a good idea. I would caution that questions about future plans could be heavily skewed by factors such as whether respondents expect a standard to be required for Meaningful Use Stage 3 or other incentive programs, and even the contents of the ISA. I suggest that the question be framed in a context such as "Please answer the FUTURE PLANS questions based on the assumption that the standard is NOT required by regulations or certification."