



**HIT Standards Committee
Interoperability Standards Advisory Task Force
Final Transcript
August 13, 2015**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 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. Robert Cothren?

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

Here.

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

Hi, Rim. 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. Anne LeMaistre?

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

Present.

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

Arien Malec? Oh, hi, Anne.

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

Hi.

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

Arien Malec? Calvin Beebe?

Calvin Beebe – Technical Specialist – Mayo Clinic

Here.

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

Hi, Calvin.

Calvin Beebe – Technical Specialist – Mayo Clinic

Hello.

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

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

Hi, Chris. Clem McDonald? Eric Heflin? Janet Campbell?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Here.

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

Hi, Janet. Lee Jones? Lisa Gallagher? Paul Merrywell? Pete Palmer?

Peter Palmer, CISSP, CPHIMS – Chief Security Officer - MedAllies

Here.

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

Hi, Pete.

Peter Palmer, CISSP, CPHIMS – Chief Security Officer - MedAllies

Hi.

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

And from ONC do we have Brett Andriesen?

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

Brett's here.

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

Hi, Brett. And Nona Hall?

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

I'm here.

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

Hi, Nona. And Rose-Marie?

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

I'm here, thanks, Michelle.

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

Anyone else from ONC on the line? Okay, with that I'll turn it back to you Kim and Rim.

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

Thank you and welcome to today's meeting of the Interoperability Standards Advisory Task Force. We're going to be taking a shift today and moving onto Sections III and IV in our discussion. So, that will be a good shift for us a little bit difference in topic. Let's go onto the next slide, please.

We've been through roll already, onto the next slide. Just a quick review of our schedule, what we're hoping to do today is make good headway or finish Sections III and IV. We have our next meeting next week to cover Section V and later next week to work on recommendations before our meeting before the HITSC.

So, we have quite bit of work in front of us, just a quick note for the Task Force members, we met yesterday and began working on putting together the recommendations based on some of our notes early on and our hope is to have a strawman before the Task Force to review in advance of our meeting on the 20th. So, you should expect that so that the 20th we're talking about real content rather than trying to construct something. Let's move onto the next slide, please.

We always start off all of our meetings with talking about reviewing our guiding principles. I'll pause here for just a second to see if there are any other additions or discussion that people want to have about the guiding principles. Hearing none, let's move onto the next slide.

Just a quick review of the purpose of the ISA, I think it's good to touch on this just very briefly today given that we've spent so much time on Section II just to reground us in what we're doing here. Onto the next slide, go. Are there any general comments or questions, or remarks from the Task Force before we get started on Section III?

Hearing none, I believe Section III starts on slide number 61, actually I guess on slide 62 is where the meat of this really starts. One of the things that I would like to discuss a little bit today is the organization of the ISA separated transport from services. When I read through the comments there was at least some questions that the readers seemed to have about calling out transport mechanisms that were gathered together later for what we called services and vice versa.

I think that at least one of the things we might discuss today is that organization, whether that makes sense, whether there is a better way to organize that or identify the transport mechanisms that make up services or whether it would make sense to call services something else to make that all clearer.

We start off here with a group of what are identified as transport mechanisms that make up mechanisms for pushing health information around. Are there any comments on this slide?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet, I'm not necessarily sure that RESTful services are that, used throughout the healthcare industry especially when Direct is actually required at least for EHRs. I worry a little bit about some of these comments because it's like...well we should add all of these other standards but the whole point is that we're trying to sort of reduce down what's coming up, you know, or the field.

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

I agree with that and I think that we'll find throughout the comments in Sections III and IV a lot of push towards introducing additional standards some of which that I think are falling out of favor and some of which are still emerging standards and I would agree if we're really going to identify best available I think that we need to be more restrictive and we ought to always be considering so where are we in the maturity for some of these, you know, transport, a lot of these transport standards are very mature, but are they best available for reaching certain purposes.

So, I think that even...especially when we get to transport it's going to be more difficult for us to identify best available through some means other than just maturity. Other thoughts?

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

Rim, this is Eric Heflin, just to let you know I've actually been on but you couldn't hear me so I had to dial back in.

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

Thanks, Eric. Let's move onto the next slide that's a continuation to the comments on this same section, this drew a lot of comments. We have a quiet crowd today.

M

Still reading.

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

So, this is Eric, just one comment is, I think a lot of this is accurate including the fact that, you know, IHE's SOAP-based profiles do have overhead but the thing I want to point out as well too is that, you know, there should be I think a use case on top of this, because for example, part of the SOAP profile includes, you know, technical capabilities which are designed to satisfy business and clinical requirements.

And so if those business and clinical requirements persist then that implies, you know, certain and technical requirements must also be in place. You know for example, if the disclosing party or the receiving party, for instance, we're talking about push in this context, wishes to know the full information about the origin of a message then some of the information in the SOAP message contains that, specifically, typically it would contain the organization, it could contain the person, identifier or system, the purpose of the request such as treatment or claims, or other, etcetera. And without that information then certain, you know, business requirements cannot be met.

But on the other hand, if indeed we have use cases that do not require those technical requirements to satisfy business requirements then I think it's legitimate to make a statement that a simpler approach, you know, is appropriate, but I think, again, in the absence of a really, in this case, a pretty precisely defined use case or use cases in terms of what has to be conveyed with the push message in order to satisfy that use case is very difficult to tell.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yeah, this is Janet, that's a really good point and I was realizing even as I said, you know, the limiting of standards is good here, I was like, yeah, but I also really hate the lack of metadata with the Direct, you know, SMTP-based standards.

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

Right.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

And the other thing that I was thinking about that though is that if there are use cases in which you do need to provide that additional information, that additional metadata if you know it by that point you've already done the technical lift, right, and so maybe it just makes sense that if one needs it then...well, I guess not everybody would implement every use case, okay, I take back the second comment.

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

Well, I think that Eric raises a really good point here too and one of the things that I've seen happen is a movement to take some of the simple mechanisms and add complexity to them to meet use cases that perhaps they weren't designed for. An example of that is that there is a lot of push right now to add patient demographic information to the base of Direct messages when the content doesn't necessarily carry that for use cases that require patient matching where there are other transport mechanisms already in place that carry those payloads and maybe a shift to a different transport as opposed to encumbering an existing simple mechanism would make sense in those cases.

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

Yeah, I think it's headed in the right direction. The other thing I would add onto that is that it doesn't necessarily have to be either/or, for example one technical approach that would allow something like a FHIR, you know, HTTPS push or a Direct, you know, secure e-mail push to support both classes of use cases would be for there to be some type of a flag or a defined difference in the structure of the message so that a receiver would know based on the presence or absence of that flag or a status code whether or not this is a, you know, limited say metadata or, you know, no metadata versus full metadata, or similarly for other capabilities, again, towards your point of keeping the option open to have both simple as well as more advanced use cases conveyed perhaps on the same transport. And so for example...

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

Yeah.

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

If I'm sending a referral and, this is Eric again, and I know that my intended recipient is going to be manually looking at the document and incorporating it into their system and I know that I don't have to convey any additional information I can just send a simple push message without any other metadata such as the patient demographics whereas if I know this is going to go to say the Social Security Administration for claims disability or the Department of Veterans Health Affairs for veteran treatment for a complex condition there we know that they have the ability to handle complex metadata in that case we could still send the same type of technical transport message but also include a flag and the additional metadata that way they can receive it, understand it before they process the whole inbound message which type it is and then accept or reject it as appropriate.

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

Thank you, Eric.

Peter Palmer, CISSP, CPHIMS – Chief Security Officer - MedAllies

Yeah, so Rim, this is Pete, as far as that first bullet goes there is that...I'm not quite sure what's been discussed on this before, but, you know, Direct does...it's not secure e-mail it's just a transport and we do support the step up where you can do XDR right now and the question is while that is supported as part of the Direct protocol, so I...and as far as, you know, it has been commented that it's not the simplest transport from point-to-point, when we were first working on Direct that's exactly what we wanted to find what is the simplest and most ubiquitous transport, you know, everybody can do SMTP and then of course the support of security protocol would be with the S/MIME.

But we did realize that we had to be able to support some of the metadata and so on, so that's why the step up with going to edge systems supporting XDR was included in the specification. So, I just wanted to kind of make that clear here when we're looking at this, but, you know, look at it more as a transport not as secure e-mail.

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

Thanks, Pete. Other comments? There are a couple of comments here about including XDR. I would see XDR as an implementation or a service the way the document is organized right now. Do you think that there is confusion about separating transport and services that we should have recommendations around?

As I said before there seems to be a lot of confusion in the comments about separating these two areas, calling out SMTP separately from Direct, calling out XDR, calling out SOAP messaging separately from XDR or document submission.

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

Well, Rim this is Eric, and I actually had the same thought originally when the ISA came out. The thing I struggle with though is that there's, you know, so many layers of standards. For example, you know, what's at the highest level is it a for example an eHealth exchange profile which profiles below that, an IHE profile, which profiles below that, OASIS and W3C standards, which below that profile HTTP and HTTPS and so, you know, and, you know, bless TCP, so where do we actually, you know, kind of draw the line is one thing I struggle with, with respect that thought which I originally also had, which is, that, you know, it might be useful to break these into transport versus non-transport or, you know, various layers of the architecture but there can be quite a few layers.

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

I have to say Eric I was almost headed the other direction and I wondered whether there was any utility in calling out transport, calling out SMTP as an example separate from Direct or calling out HTTP separate from SOAP messaging or RESTful web services and I'm wondering if just working at the higher level meets our goals better. I'm simply not sure.

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

Maybe, maybe...

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

I think that's something we need to consider a bit. Any other thoughts on these two slides, the comments associated with the transport for push?

Calvin Beebe – Technical Specialist – Mayo Clinic

This is Calvin, the comment I would have is to try to understand as I read through this there are so many parts and pieces that are exposed here and of course it's public comment so we're seeing a lot of different topics.

I think the recommendation needs to be as singular as possible on a particular transport so that we eliminate as much optionality within it and I'm not trying to drive it to one particular implementation or another just recognizing that I think the issues we're facing is that the transports can impose challenges just because there is so much optionality that can be expressed within it.

So, I'm just wondering if this is a particular issue in the way that we've structured enumerations of standards as opposed to some kind of constraining implementation specifications of some sort.

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

Is there a specific recommendation you think that we should be considering?

Calvin Beebe – Technical Specialist – Mayo Clinic

Well...

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

I don't disagree with what you said I'm trying to figure out how we put it in words to improve the document.

Calvin Beebe – Technical Specialist – Mayo Clinic

Yeah the recommendation I would throw out as a possibility is that, as was noted earlier, there's a lot of standards that underlie current implementation patterns for pushing. The recommendation would be to really standardize on just one pattern if possible and maybe I'm being overly optimistic.

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

So, this is Eric, just to offer perhaps a complimentary thought. One other way of representing this would be potentially to simply list this in terms of constraints and say, this is known to be or thought to be the most constrained version of that which is below it and that could be a hierarchy for, you know, one or two levels or three levels I'm not sure there's utility in having that hierarchy extend beyond two or three levels though.

And so for example, let's say IHE profile is FHIR for XCA, which I believe it actually did last year, and what it could do is list that as the most known constrained version of FHIR for document-based exchange or, you know, similarly other initiatives could have or other constraint specifications could be listed perhaps on the right most column indicating this is the most known constraint of that which is immediately to the left and then, you know, perhaps one more level to the left of that.

So, essentially I'm proposing that we organize this portion of the ISA based on the most constrained standard to the least constrained standard or underlying standards below it. And I think that would be a useful way for implementers to be able to be aware of the standards and the relationship to other standards.

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

All right, thanks, Eric. Other thoughts? Let's move onto the next slide. The next slide is titled data sharing through SOA and calls out HTTP, SOAP, TLS. There were a number of comments here as well. Thoughts on this?

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

This is Eric, one challenge we face when doing something like this for the CAQH CORE 2 security section which has the weight of regulation is that calling out a specific version of a specific transport is a little dangerous because that area is so dynamic that which is acceptable today may not be acceptable tomorrow due to for example a compromise or a vulnerability that's been detected which has happened I believe two or three times this year already with I think at least four times this year already with respect to TLS including last week for various deployments of that technology.

And so I think it would be wise for us to be slightly less prescriptive and more open ended such as saying for transport layer security protocol version 1.2 or above as recognized by, in this case there is a federal agency that's really responsible for and tracks that in near real time which is the NIST for the cryptographic module validation program where they list approved transport modules, protocols, products and so on.

So rather than us trying to regulate something that's not going to be tracked or specifying something that's not going to be actively necessarily tracked on more than an annual basis I think that perhaps we set a floor and then point to another entity that already is in the business, if you will, of tracking this more in real-time.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I agree with that. And this is Janet, you know, the more I look at this and I don't think it was my thought originally, but I was looking at this one in particular and, you know, immediately my thing was, well, like SOA for what, you know, and I really do...I really am starting now to side with the commenters who said that we need to put the entire thing around use cases and if we're talking about you know...when you're going to send data at this point use this content and this transport and a lot of times that's basically like use this implementation guide.

But, I think I'm starting to side with the commenters that say that it should be organized this way because this one is just not as helpful to me and the fact that everything else is getting brought into it I think sort of signifies that as well.

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

Thanks, any other thoughts, comments?

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

This seems to kind of go down into some of the details without really necessarily being complete as well. For example, you know, SOAP is considered to be, I think, fairly widely as one way to have a data contract to implement a services oriented architecture, but RESTful web services are also a services oriented architecture or can be deployed...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Exactly.

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

In that pattern and so, you know, one thing I'd offer is that, you know, I think that REST also belongs in the category of services oriented architecture it is just a different type of web service.

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

Thoughts about SFTP? It was called out in one of the comments here. It was explicitly left off of ISA and I know that it was being used quite explicitly in public health in the past but there seems to be some move to move away from it. Is it something that we should carry along? Is there a way for us in the maturity model to identify standards that are still in use but there seems to be a move away from?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Well, actually this came up in another context but...and actually RIM it was one of our conversations, but when it comes to the batch sharing of really large documents SFTP actually does seem to be the appropriate way of getting that information across versus, you know, having something that's more synchronous...so I'm kind of coming back around to that which I hadn't thought about when I read the original standards advisory but it almost just seems like, you know, it's going to be use case specific but that there are use cases that maybe still are the best choice for it.

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

Good point.

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

This is Eric, I do agree with the comments here also about the additional standards being added on the last bullet there since those also are, you know, SOA-based standards.

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

Any other comments on this slide? Any other comments for this section? This is the last item in Section III on transport.

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

So, I also, this is Eric, agree with bullet four but I am associated with eHealth Exchange so just want to disclose that. But just recommending adding the specification based on those used by the eHealth Exchange limitation guides.

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

Thanks, Eric. If there aren't any other comments let's move onto Section IV. Section IV is titled for services and I think that at least the intent of this section was to gather together some of the transport specifications to identify specific services associated with them. It calls out more implementation guides and I know that there are some of the comments through this section about moving between...moving some of the identified standards to implementation guides which I think is correct and vice versa.

The first one here, are there any comments or any thoughts on any of the comments here?

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

I actually, generally agree with the public comments made on slide 66.

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

Any other thoughts or comments?

Peter Palmer, CISSP, CPHIMS – Chief Security Officer - MedAllies

Yeah, Rim, this is Pete, I probably spoke too soon with my comments before because that supports the theory but...

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

Shall we move onto the next slide? Services for query.

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

So, one, this is Eric, one challenge I have with this is the structure here. So, the title is query for documents but the proposed standards are actually partially related to patient identity as well. Ultimately though that is logical because most workflows would, you know, first establish a mutual identity and then query for the documents, but I wonder if maybe we should perhaps re-categorize this as, you know, query for document, query for patients and associated documents...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I like that.

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

Health information exchange.

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

Was that Janet that I heard who liked this as well?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh, yes. Yes, agree, this is Janet.

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

And I also...this is Eric, agree with the public comment, especially the last one where it talks about the mobile health documents which is basically a RESTful way of doing the same thing that the IHE XDS and XCA due to an extent. And then I agree with the second bullet from the bottom as well.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

One thing...

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

...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet, one thing though that I think is interesting is with the FHIR-based MHD or FHIR query for document or whatever it is when that came up in the Argonauts there was a lot of resistance to supporting it from many of us just because we already kind of have a way of getting documents that we're used to and, you know, if we're going to be talking about something that's more suited toward a mobile platform anyway is the document the right way to do it or is bundled FHIR resources the right way to do it. So, just as a counterpoint, I'm not...I don't disagree but I thought that was interesting.

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

That is and I'll kind of add onto that a little tiny bit. One thing it's also interesting about the MHD IHE profile it's actually essentially just really base FHIR, it actually works against the reference servers even to that extent as far as compatibility. So, it's really just a subset of the FHIR services and definitions in a way.

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

How would you characterize the maturity of those standards? Is that something that we add in here as emerging standards to watch?

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

Definitely it falls in that category from my opinion, this is Eric, because MHD was based on FHIR DSTU-1 very deliberately waiting for DSTU-2 with an expected adoption of DSTU-2 so it was never expected that the current version of MHD would persist beyond as is until DSTU-2 or later comes out in which case it was expected all along that MHD would be updated to incorporate the latest thinking.

For the XCPD and XCA those are actually...I would rate them as highly mature and they're both now in final tech status as well.

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

Great. Eric I want to come back to one of your comments before...

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

Uh-oh.

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

And you had suggested...we might want to retitle this section to identify that it is dealing with patient matching or patient identification as well as documentation.

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

Right.

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

Should we instead consider calling out patient identification as a separate group and that there may be standards associated with that which may not always be associated with document retrieval although today they often are?

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

I think that's a great idea and I would support that.

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

I'm sorry I don't mean to be picking on you.

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

Oh, that's fine I'm used to it.

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

Any other thoughts on this slide? Shall we move onto the next one? This is again associated with query. Although it isn't listed here in the standards I think that some of the comments...excuse me on this slide, I think that there are some of the comments that have been on the earlier slides that probably apply here as well. The messaging framework, some of the other underlying specifications that didn't get carried along here with the XCPD or XCA and their implementation guides. Any other comments?

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

So, this is Eric, I agree with the public comments on slide 68. One tweak I think I would make though is HL7 is both a content standard in v3 as well as a services standard and it might be helpful to distinguish in this case I believe we're talking about the services standard as the query mechanism and then the content standard as potentially the payload.

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

Thanks, Eric. Shall we move onto the next slide? So, to discuss...

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

Yeah, actually, if you would go back to 68 for a second. One of the thoughts that just occurred to me, I apologize for going backwards, is that one additional thing that's really I think needed for at least most of the use cases for projects I'm involved with is the ability to have audit logging and access control.

And so I want to specifically call out that I think one missing element here is IHE XUA or "zoo-ah", Cross Enterprise User Authorization, because that carries attributes in these types of messages that allow for highly resolution out-logging as well as the responder to make an access control decision informed by things like patient privacy concerns or consent, authorization as well as the purpose of the request and so on.

And then I think also MHD here also applies its equivalent to XDA in many ways and should be added. And then the final thing I think also should be added is IHE IUA, Internet User Access, which basically is a profile on top of REST to convey those security attributes which are also important for RESTful transactions in some cases.

And one key point I'd like to make is that those two standards are compatible which means that if you have say a bridge that speaks REST on one side and IHE SOAP on the other side it actually can convey without losing information the security attributes back and forth so the access control still works a lot, a lot of login still works.

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

Thanks, Eric.

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

Thank you.

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

Any other thoughts? Well, let's move forward to FHIR again. Any thoughts on the comments here? I think that we've talked in the past a little already about the maturity of FHIR and where we want to put that in the ISA. Is there anything in particular to the comments here?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think I just want to restate the last bullet there because I definitely agree with it that we have an opportunity now to definitely restrict the number of profiles that are out there and wide adoption which is going to be more difficult in the future and so attempts to do that should be favorable. I should not say “restrict” I should say “limit” but that goes back to our principles of, you know, constrain early and then spread widely after that.

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

This is Eric, I agree with Janet and also I think some of my prior comments on the prior slide also apply here, specifically that there be an optional use of IUA, IHE IUA, Internet User Authorization, which would allow the request for data element basic queries to also convey security information in context.

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

Any other thoughts? Let’s move onto the next slide then which is DICOM. We talked a little bit about some of the items here last time when we talked about imaging. Are there any other thoughts, any comments to the public comments here?

Calvin Beebe – Technical Specialist – Mayo Clinic

This is Calvin, I think I tend to agree with the fact that we need more than DICOM though to support image exchange in a general way so I think their comments are useful, especially the cross community access for images.

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

Thank you.

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

This is Eric...

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

Calvin, this is Anne, could you just explain a little bit more why?

Calvin Beebe – Technical Specialist – Mayo Clinic

Well, the DICOM standard is a standard we use day in and day out at Mayo currently.

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

Right.

Calvin Beebe – Technical Specialist – Mayo Clinic

But it really isn’t premised I think in being on the Internet and having, you know, access just open to the world. You have to have other layers to have safe, secure transport and discovery and things of that sort. So, I think...

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

So, should...

Calvin Beebe – Technical Specialist – Mayo Clinic

Oh, go ahead.

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

I'm sorry, shouldn't it be added and shouldn't we break out the layers similar to the discussion we just had a little bit ago?

Calvin Beebe – Technical Specialist – Mayo Clinic

It's a similar problem.

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

Yeah.

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

So, this is Eric, I like that prior discussion between the two and I agree that's maybe helpful to break out the layers and again I'm thinking that, you know, let's list the requirements for those layers and then that will, you know, automatically I think drive the selection of the standards. So, if requirements include the ability to exchange across organizations potentially with or without common policy then that's probably one of the key drivers for, you know, extending this beyond just straight DICOM I believe.

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

Any other comments on this? If not let's go onto the next slide.

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

Hey, Rim, this is Kim, sorry I took me a second to get off mute. On slide 70...because what I'm hearing when I was listening to everything is that maybe we need to look at the layers and the restrictions, and we can definitely make a general comment about that but I know Eric in the past you've said maybe have a group convene to determine what those are. Do you think that would be helpful or...

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

In this case I'm not sure it necessarily would be really necessary since those standards are already out there and I think fairly widely deployed.

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

Okay.

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

For example many of the image exchanges at state levels across different organizations already are using XDSi and I believe XCAi as well. So, I believe the industry has to a large extent already, you know, kind of rallied around those standards as well as DICOM when appropriate, but that's just my opinion I'm not sure if others have a different opinion.

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

So, I guess I'm trying to figure out, you know, we can make the general statement but who resolves it, that's why I'm unclear, like who would resolve it?

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

Oh, okay, with respect to layers not in respect to the standards. Okay, certainly, I agree that it would be a recommendation for the ONC to convene industry and perhaps a short-lived Task Force to focus on, you know, use cases and requirements around image exchange, especially across organizational boundaries.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I can support that.

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

Thanks, Kim. Thanks, Eric. Any other thoughts? Okay, let's move onto slide 71 it's on care services discovery.

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

So, this is Eric, I struggled when this first came out, the ISA is something I'm still struggling with which is what does serve our resource. With care services discovery, you know, the resource was intended to be somewhat broad including things like, you know, availability of power say for a third world country which was one of the key drivers for the initial profiles creation but in the United States of course, you know, our resource for us often is facility or a specialist, or a provider, you know, human as well as providing organization.

So, if we define a resource as a little more broadly than CSD does then I think also HPD falls in the same category as far as being able to locate resources such as a physician within a geography, you know, speaking a certain language with a certain specialty, which is the intended purpose of the MHD profile. So, I'd recommend adding it to this.

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

All right, thanks, Eric. Other thoughts? So, I know that CSD is in trial implementation where is it in the process in the maturity process right now with IHE?

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

I can check and see I think it actually might have gone beyond trial because I believe it's being used for several entire country-wide deployments already but I'll check here in the background and let you know in a few moments if that's okay?

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

All right, thank you. Any other thoughts on CDS? Well, let's move on...

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

I guess one...

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

Go ahead Eric.

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

I guess one final thought is there is...if a resource is defined as staff within an organization, another applicable standards also is probably LDAP or IHE Personal White Pages, PWP. Again, I keep having the same struggle which is what's the definition of the what we're trying to satisfy.

So, for the use cases finding something within an organization, perhaps IHE PWP is appropriate, if it's finding non-human resources across organizational boundaries then I imagine CSD is the correct target, its finding organizations or people across organizational boundaries then I think the HPD Profile is the right standard.

So, perhaps we could list three and maybe recommend that they be broken down into a subcategory, you know, such as ones I just used.

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

That also suggests that maybe ONC needs to add a little bit more definition around what is intended for resource location. I think in some respect this is less well defined in people's minds than a lot of the other things that we've talked about when we're really talking about mechanisms to exchange PHI, here we're talking about mechanisms to discover resources which is perhaps not well defined enough to have a good discussion about standards.

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

I would agree with that Rim.

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

Other thoughts? Let's move onto the next slide, this is on provider directory and identifies HPD. Thoughts on this?

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

So, this is Eric, we're engaged in several active projects where Direct is our central and one thing that seems to be a reoccurring theme is that although HPD, to my knowledge, is the only standard available today that's both service oriented based on SOAP or web services in general, and is focused on healthcare, there still does not seem to be wide acceptance, I think there's about 20 implementations I'm aware of right now and so...and it seems like there's a prevailing interest especially for the technology teams to focus on RESTful and originally Argonaut I believe was going to take on RESTful versions of a directory and in the next 12 sprints they apparently are not. And so that leaves us hanging where there is no, you know, RESTful approach for a provider directory solution at least to my knowledge.

And so, my recommendation would be to ask the ONC to do the same thing it did for HPD and actually act as a convener, work really broadly with IHE, HIMSS, all the interoperability groups and stakeholders that are interested and just open up to the public as well as vendors and convene work around a RESTful version of a provider directory service patterned after the work they did already for HPD. So you have a RESTful version of a directory service available to us as well as a SOAP-based version.

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

Thanks, Eric.

Peter Palmer, CISSP, CPHIMS – Chief Security Officer - MedAllies

Yeah, this is Pete I second that, you know, given the work that would need with HPD I think you're spot on there Eric that would be great to see.

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

Oh, thanks, Pete.

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

Thanks, Pete. Other thoughts? Eric I share your concerns that, you know, despite the fact that HPD has gotten a lot of attention and a lot of people have been talking about it for some time now that there isn't wide implementation and I think that this needs to be a concern here and that there needs to be more positive actions. I think your suggestion is a good one.

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

Right, thank you and just to amend my suggestion slightly, the other recommendation I would have would be that any work that the ONC chooses to convene related to this also be mandated to try to maintain compatibility with existing HPD specifications as well too if acceptable to the community that way potentially we have one underlying standard or really a data model of directories and people and organizations, and relationships between those that can be essentially accessed depending on an organization's preference either – using SOAP or using FHIR.

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

All right, thanks, any other thoughts before we move away? There is...and Eric, I'm specifically interested in your opinion on this, I've heard a lot of people voice what we see here in the third bullet that CSD should be considered as an alternative to HPD rather than continuing to promote HPD. Do you have thoughts associated with that just because I know that you've been involved with both of those standards some?

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

They have intended...different intended use cases from my perspective. CSD is intended to largely solve the issue of physical asset availability and services availability such as...and again largely this is driven by third world country use cases such as does the given hospital have electricity between these hours and these hours of the day. And there is some overlap with HPD but they actually do have different use cases and different data attributes, and a different set of both requirements as well as implementation details that I would assert are complimentary.

And, so I think that indeed I would not support CSD as being an alternative to HPD fully because they have different intended purposes that they satisfy.

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

Thanks, Eric, appreciate you letting me put you on the spot there.

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

Of course. Well, I guess one final thought too is that, it may not be well known, but CSD is actually based on HPD it's a further really constrained refinement of HPD.

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

Thank you. Any other thoughts? Well, let's move onto the next slide then which is on health information event messaging. Are comments here?

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

So, this is Eric, this actually one of the specifications that the exchange, which I'm affiliated with, curates and there is indeed I think a real use case out there for some type of publish and subscribe message exchange pattern to be implemented and I do think it would be really helpful to the industry if we all worked on a single approach or perhaps a SOAP and a RESTful approach that satisfied the current uses cases known to exist. This was originally driven by the CDC provider surveillance and then they did not move forward after HIE was originally published in a document.

The DSUB profile mentioned at the end is actually specifically designed for a more robust messaging than the HIE eHealth Exchange specification and so I definitely would advocate at least listing DESUB as an approach, an alternate approach, to the HIE specification and then also to see whether or not other use cases have been identified or can be identified through the ONC convening process and then let's look at those critically and analyze them and see the appropriate path forward.

At this point I'm actually leaning towards the DESUB based approach since it has more robust capabilities such as the ability to manage prescriptions of which HIE does not include. For example, HIE assumes that you have a private business arrangement between the two parties wishing to "subscribe" with each other whereas DESUB actually allows the subscriptions to be managed programmatically which is a valuable feature.

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

All right, thanks, Eric. Other thoughts?

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

So, I guess the final thought, I paused there to let others chime in so I wasn't the only one talking, is that I also think that as we've I think previously discussed that it would be useful to convene an optional, an alternate FHIR version of DESUB as well too and hopefully a compatible one, implementation.

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

Thanks, Eric. Any other thoughts? Well that brings us to the end of Section IV and therefore the end of the public comments for us to consider today. Are there any final thoughts either on Section III, Section IV or the organization to the ISA now that we've gone through these comments? Hearing none I think that we're ready to turn to public comment then. Whether there's anything on the phone or anything that's been submitted through chat?

Public Comment

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

Lonnie or Caitlin, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the telephone and would like to make a public comment, please press *1 at this time. Thank you.

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

While we wait for those on the phone there was a comment left in the public chat from Thompson Boyd from Hahnemann University Hospital in Philadelphia in reference to slide 67. He says, he agrees with calling out patient identity matching separately as it would be of value.

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

Thank you.

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

And it looks like we have no public comment via the phone. So, thank you.

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

All right, well I think our next meeting then is scheduled for Monday morning, well Monday morning my time, Monday at our normal time noon eastern and the agenda for that meeting will be on Section V, so hopefully you should see the public comments for Section V coming out in advance of that meeting and I encourage people to take a look.

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

Hey, Rim, this is Eric, I hope it's not a break of protocol I have one additional comment if I could? I was doing a little research in the background if I could...

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

Oh, absolutely.

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

Okay, thank you. Related to the publish subscribe category one additional comment is the new data access framework which is a collaboration between the ONC and IHE and in many other organizations as well too, actually does have a publish/subscribe capability defined and I also would suggest that this be added since this is incented really to satisfy a lot of the needs in North America or the United States.

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

Thanks, Eric. And I was going to call for any final comments before we close the lines. Does anybody else on the Task Force have any last comments? Okay, well if not then thank you all for attending and participating today and we'll talk again on Monday.

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

Thanks Rim.

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

Thanks, everyone.

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

Thank you.

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

Thank you.

Calvin Beebe – Technical Specialist – Mayo Clinic

You bet.

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

Bye, everybody.

Public Comment Received During the Meeting

1. Slide 67: I agree calling out Patient Identity Matching separately would be of value.