



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

July 26, 2016

Presentation

Operator

All lines are now bridged.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 2017 Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of today's 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 – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Hey Michelle, I'm here.

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

Hi, Kim. Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hi Michelle.

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

Hi Rich, welcome back. Christina Caraballo?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Hi, Michelle, I'm here.

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

Hi, Christina. Christopher Hills? Clem McDonald?

W

Oh, here.

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

Hi Clem, well not Clem, but hi.

W

...I got it.

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

Dale Nordenberg? Dan Vreeman? David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Here.

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

Hi, David. Eric Heflin? Kin Wah Fung?

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

Hi Michelle, I'm here.

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

Hi, Kin Wah. Mark Roche?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Here; hi Michelle.

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

Hi, Mark. Michael Buck?

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

Here.

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

Hi, Michael. And Michael Ibara?

Michael A. Ibara, PharmD – Private Consultant – Michael Ibara, LLC

Here.

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

Hi. Robert Irwin? Russ Leftwich?

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

Here.

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

Hi, Russ. Susan Matney?

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

Hi.

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

Tone Southerland? And from ONC we have Nona Hall and Brett Andriesen. Do we have anyone else from ONC on the line? Okay, has anyone else joined the call? All right, with that I'm going to turn it over to you, Kim and Rich.

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

Thanks Michelle; this is Kim. I want to thank everybody for joining. It's our final call before we present to the HIT Standards Committee, Policy Committee tomorrow. So what we would like to do is to go quickly through the slides and the summary; some of them we'll go a little more quickly because they're ones that were presented at the June meeting, so we'll probably go through those a little bit quicker, unless somebody has something that they want to point out that maybe we missed.

And then Brett and I spent a good amount of time on Friday night putting together summaries for a lot of the sections in Section 1, with a vocabulary. So we'll kind of pause on those; if there are things that we did not capture correctly, be sure to point that out so that we can get it corrected. And if we have time, we will try to finish off Section 1 and then after that we will work on a plan to finish out the rest of the document, after the Standards meeting on Wednesday. Does that sound right Brett and Rich?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

(Indiscernible)

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

Yeah...think so.

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That sounds great and just a compliment to you and to Brett for the work you did, and for everybody that provided the input to it when you step back and look at kind of the strength of the recommend...and depth of some of the recommendations here. I think it's going to be very positive for the ISA going forward. So, really appreciate all the good work to get us to this stage.

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

Thanks, Rich. Okay, so why don't we just jump to slide eight, if that's okay and we'll start there. This is the ISA scope recommendations; this was presented at the June meeting. So I will pause for a few seconds, see if there are any comments. If there are not, then we'll go to slide nine. Any comments on this one? Okay, let's go to slide nine.

Best available; this was one I believe that we did, yes, that we did in the June meeting; any comments? Anything we missed on the first round with best available? Okay, slide 10. This also was one from the June meeting. Slide 11 is one that came from Dan's deck, with his structures and the vocabularies that we added it in here.

I may want to move this to after slide 12; after looking at it a little bit more today, but this was the one where he talked about the base standard and the profiles and on the next slide, which is slide 12, is one that we presented at the June meeting and we had information in there linked to known profile; it's a one, two, third arrow bullet linked to known profiling entities which coordinate standards listed in the ISA to address specific clinical needs and use cases. So Dan's would actually be an example of that, I believe if we captured that correctly. I don't know if he's able to join yet. Any comments on 11, because that one is new outside of from the June meeting?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Hi Kim, this is Dan. I am here; I was on the muted line first and they switched me over to this one.

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

Okay. Are you good with how we're doing that slide that you had put together for us?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah, and I think flipping 12 and 11 would be fine; I think this...I think 12 is one of the...this one is one of the bigger kind of overarching things that we'd like to see in the ISA and I think logically it could go after the...the previous one could go after this.

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

Okay, perfect. So slide 12 again is one that was from the June meeting, so I'm going to move on unless I need to pause; just jump in if we need...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Let me just ask on that one Dan, in the...on the general pattern of base standards and profiles with additional constraints, which was chart number 11 I believe, right now it just says no specific recommendation was formed; I'm not sure that's what was the intent. Could you possibly help us with some refinement here to the recommendation?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

So we...it is sort of true meaning we discussed how these pattern appears, but we didn't specifically say and here is how we'll, you know the format of the ISA should reflect this. So our subgroup kind of you know met once and we had some discussion around it, but didn't formulate a specific, actionable recommendation. So that's why that bullet is hanging there.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

How would...

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

But Dan, do you have ideas about how it could be more specific? I think that's what they were kind of asking.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And how does it differ from what's being done already; I thought this was kind of the form they were using already.

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

They don't link to the profiling entities today, do they?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

This is Mark. I think what's being asked here is that the audience...Mark Roche...the audience that's reading this...the...documents may have varying levels of understanding of information technology so it's helpful to understand and make a distinction between what is core standard and what is the adaptation of that standard for a specific use case. And I think that's what we're trying to communicate, to make that distinction clear. Saying FHIR DSTU2 for example is a very...FHIR is a very base standard, it's like CDA. Using FHIR profile is similar to HL7 implementation guides for immunization registry, so a very specific cut out part of a particular standard. Clem and Dan, do you agree with that?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Correct, yeah.

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

But I don't know the exact context of this set of slides that I'm...because I'm just listening to people who've dealt with it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And if...this is David; if the particular use case is profiled elsewhere in the ISA, would you list it under the base standard and refer to the later section where there's more details about it or try to list all of the known profiles or just the major profiles? I think for something like FHIR there could be hundreds of them at some point.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah, well I think the idea is still to keep the overall top level organizing principle as the interoperability needs, but then sort of within that, you could have this more granular layer. So you might first recognize a base standard, which is still useful to have, I mean so you don't have to go back to our kind of radiology reporting initiative like even if they didn't have a specific implementation guide, you could still say HL7 Version 2 point whatever is a reasonable standard to use for that.

And over time, or, and/or CDA, but then with a more specific implementation guide sometimes, for some use cases, there are those things and that would be like a tailored standard kind of for that thing. And I think that could apply across many different interoperability needs. And so you would see FHIR maybe in a couple of places throughout the guide, but you wouldn't just sort of say FHIR overall, right?

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

It makes sense to me.

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

Any other comments or suggestions for this one, or words for clarity?

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

So what's our target number of slides today, Kim?

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

I don't know how many there are, I didn't look.

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

Should we shoot for 10?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

They're very nonlinear.

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

I know.

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

We're already on 12, so we're doing good.

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

All right.

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

If we can...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

...Rich to go back to your question, I would actually be fine if we wanted to delete that third bullet because we can leave the main part in the recommendation is just consider it as an organizing principle and just sort of leave it at that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That makes sense.

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

Okay. All right, number 12; and this one is one from June, so I will pause for a few seconds and then we'll move to 13.

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

Well and my only question on this is, is this feasible to do all...it's a lot of upcoming work and I think it would be good, but should we be asking them to fund it or to get...is it going to...

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

Where...yeah, that's for them to decide; I don't think we have to decide that.

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

Right, I mean it might not be feasible.

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

It may not, but they'll have to decide.

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

That's fair enough.

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

Slide 13; I believe this is a new slide and this came from Dan's group recommendation; and this is about the observation and the observation values. Dan, do you feel like this is a nice summary or would you like to look at this and tweak it some?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Looks pretty good; the text is smaller but I think all the content is there.

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

Okay. Any other comments on slide 13? Okay, and then slide 14 kind of it gives an example between the observation and the observation value so people can visually see what we're talking about and 15 gives suggestions with, you know, how to have links so that you can go back and forth between the document with the breadcrumbs and the labels.

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

Well, I think it also provides you know, geographic orientation where you are, you know which you couldn't always tell in the previous version and that's very helpful.

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

Yeah.

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

Do you have any sense whether ONC can redo it that way?

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

I do not.

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

Because that would be very nice.

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

I'm just here to deliver all the wonderful ideas that the group had.

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

All right.

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

Slide 16; this is one that we presented in June so it is not new; we can move on to 17. This one is new and this is where we wanted to change applicable value sets to include applicable value set and starter set and we felt like, you know we needed a definition for the difference between the value set and the starter set.

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

Kim, this is Kin Wah; do you need me to provide some write up about starter sets and value sets or do we just say that it is necessary to distinguish the two, just like that.

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

I think they're asking for a definition, Kin Wah, so that would...

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

...so I can write up something.

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

...is that an offer?

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

Yeah.

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

Okay, that would be great Kin Wah, thank you.

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

Normally I was...and I shouldn't because...be commenting this way about VSAC but I've always had trouble with the idea you got these stand to load answer lists and they lose their way you know without any connection to the questions. It makes sense in some context, but I don't know if anyone else has that concern.

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

Do you have an example?

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

Well, historically in the world you know, you have a question like...you have a question, you know survey instrument question and it's locked to a set of answers and then...several answers could be used elsewhere, but sometimes they are pretty unique. The problem really is that there's no tie-in and I don't know...if no one else worries about it, I won't worry because these have use the way they are. I do know that some of the answer lists in the value...in the VSAC have different groups that made up different answers and...for the same thing and they don't or things that don't make sense and no one knows how to val...figure out what it should have meant because there's no sort of owner question anywhere, not even an example owner.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Clem, I think...this is David; I think you're highlighting the lack of a good standard for kind of nested models; survey instruments are one simple example of that, but as we try to structure things like physical exam or structured aspects of a history, we really need a new standard, maybe something that comes out of CIMI or something like that where you tie it all together. But I just think that's missing, we don't...it doesn't exist yet.

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

Yeah. Okay.

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

This is Kin Wah; so I think that depends also on the nature of the value set. A lot of the things that are there are actually quality measure value sets and so they are...I think there are some...but whenever you can find a...dig out somewhere that you can be interpreted independent of the question that is asked; and sometimes you don't know where...I mean, you...you know some assumption where it comes from but you don't necessarily have the exact question asking for that code. So...

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

Well I know it's genesis and I think that was what's distorted everything, that whole quality stuff I think is not something that we can be proud of. I don't know what you feel about it, Dave.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I'm not quite sure what you're referring to.

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

Well the genesis of...was just lists of findings to manage somewhat dist...complicated, overly complicated quality metrics...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation ‘
Yeah.

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

...which I think were not a gift to the country; but that’s not VSAC’s fault, you know, it’s just they stepped in to try to help...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well I think again it’s the lack of an agreed upon way to represent that kind of information so the best you could do is to just bag them up and put an OID on them, which is hardly satisfying.

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

Yeah, no so I think VSAC did what it had to do and maybe....grateful, but I just think that whole process of the quality measures turned out to be...if I was...I wouldn’t put my name on it in a million years.

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

In our overarching recommendations for Section 1, do we want to mention linking to VSAC or do we?

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

Well what are we linking?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

So Clem, this is my comment, so whenever we reference a value set that is being maintained in VSAC, VSAC currently doesn’t have permalink which means that if you want access to specific value sets, you actually have to get to VSAC website, you have to type in the OID, click the search button and then you have access to the actual value set. Permalinks are nice because you can assign a permanent hyperlink in the address bar of your browser to the particular value set so that you can reference that value set very specifically anywhere throughout the Internet and people would be able to directly access it. And that’s more of a question whether technologically VSAC can do that.

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

Oh, is that a URI really?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yes, yes, URI link, yes.

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

Well maybe...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Similar to, if you go to PHIN VADS and if you browse any of their value sets, they all have permalinks, so they all have permanent...each value set has its own permanent, unique identifier that if you type it into the...as a URI link, you will directly navigate to that value set.

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

Well maybe the two should get together.

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

So this is Kin Wah, I think we have to ask the VSAC team whether...how feasible the permalinks are and to answer Kim's question, I think right now VSAC doesn't have all the value sets listed in ISA, but when they are listed, I think it's a useful resource to refer to, to VSAC and I anticipate more will be available on VSAC, so just an additional resource, it is not going to solve the ultimate question of where we can find all the value sets, but it's a step towards that, I think.

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

Well should we just mention that the value sets can be found in VSAC and PHIN VADS, some of them? Or is it only VSAC that they can be found?

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

Yeah and a lot of the case, I mean it's not mentioned how we can be found in the ISA now, so I think when we are sure that it can be found somewhere, we should list the link, whether that be PHIN VADS or VSAC.

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

Okay. All right, that's...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

I guess that that makes sense, yeah. What I would add is that let's list the link that we know is the most...where the value sets are most up-to-date and when there's no confusion, whether its VSAC or PHIN VADS doesn't matter really.

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

Is there someone to do that work? That would be a useful...I think a useful function.

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

So we just need to make our statement sound more like what Mark just said, because that wouldn't be our job to figure out where each of them are, we would...

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

I take that back. I take that back.

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

Yeah. Okay. All right, so we can add...we can change this statement a little more to suggest the utility of VSAC and linking it to the ISA document was how Mark just stated it.

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

Mark, can you draft that up, what you said?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Sure. Yes. I can do that.

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

All right, let's go to the next slide. Okay so these are new because we're getting into Section 1; so if everybody could review the allergy slide and make sure we don't have any gross errors in there.

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

So Kim, the first...this is Kin Wah; so the first bullet point is already done, I think it's already listed at different interoperability needs, so if there's no confusion between allergens and allergic reactions right now.

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

Okay.

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

And for the third bullet point, yes I think it's true to say that it...we need a value set or a starter set and...but VSAC will not be a curator for the value set, VSAC will be a channel for distributing or publishing the value set. But I think we should be also add that the...if there's an existing value set on VSAC that is developed by FHIMA and which could be a potential starter set and that FHIM should liaise with SDOs, blah, blah, blah to validate a value set.

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

I thought there already...there is a list, that's what you're saying, isn't it Kin Wah? There is a potent...proposed list for allergic reactions?

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

Yes, on VSAC there is a list of about 600, SNOMED concepts that can represent adverse reactions or allergic reactions, but in previous discussion, I think somebody suggested that it should be first validated before it will be listed.

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

Okay.

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

But at least that should be a candidate to be considered.

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

Okay, we'll correct that one. All right, thank you, Kin Wah.

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

Sure.

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

Any other comments on the allergies? Okay, let's go to 19; this is the care team members. Any comments about the summary?

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

I know what this kind of means because we talked about it, but I'm not sure it's clear...it would be clear to people who weren't in on the conversation. This is really for roles, I mean there's two pieces to this; one is that you need IDs for members who are not already billable...billing people and you want to know the roles, right?

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

Yeah, well the credentials and the role, with a care team member it would be more the role, right?

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

Well they're different...help me with this Dave; you had...you weighed in. Is it...are we trying to differentiate that we want people to be able to register to get ID with the credentials or they want to have a set of variables or terms for roles?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean I think it looks...we need both. I don't know what the value set for credentials is, probably just the initials. But the role isn't that what we thought might come from the NUCC?

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

Yeah, I thought so.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And it looks like here, oh yeah, okay, so that's what you say here, okay. I don't remember if NUCC was more role or credential.

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

It seems like the middle button...the middle bullet maybe is confusing, it might not be needed. I don't think one vocabulary is going to...does that, I think the credentials are usually tied to licensing and that sort of thing, for which there are our IDs and there's things by state. The role is the part that I think is what we're really asking for here.

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

So...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

This is Christina; we had a bunch of comments that we haven't had a chance to discuss on our calls around the NPI on this one as well.

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

Well there was a long discussion on NPI and I think much of it was confused in the sense that they're confusing whether people actually got them or whether they could get them. And any person in the care team can get one and...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, but...

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

...they won't be bounced.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...but I think we also discussed that there may be people that you want to track as being, you know involved in the patient's care for whom an NPPES number would be completely inappropriate, you know family members that are either living with the patient or transporting the patient. I mean I guess some of the question is how broad is the care team and I think we're probably discovering that its broader than we used to think of it.

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

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It's certainly more than just people with clinical credentials, although...

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

Well the NPI, a family member could get an NPI...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah but no...

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

...and taxi drivers can get them...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...no one ever would. I mean I can guarantee you it just wouldn't...it wouldn't happen.

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

...well, most of the care team members don't either.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right. Right, because it doesn't...

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

So how else do you...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It doesn't.

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

How else do you get an ID on them?

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

Like an example, I'm a pharmacist, would I get an NPI as a pharmacist or as the daughter of my father who I'm taking care of or, you know as an example?

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

Well tell me how you do get an I...how you do anything with a person who doesn't...a place that gets IDs, I mean what are we talking about for the ID; social security?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean I don't think we, I mean we don't have a standard way of identifying Americans...

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

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...or non-Americans for that matter, you know it's the third rail, nobody's going to touch it so we use demographics. But you could use a phone number, you could use a...you wouldn't use social security, I think that would create conflicts.

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

Well Christine, what were you...what's your question about the NPI? Is that still an open question?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

No, I just wanted to bring it up; I know we had quite a discussion in our comments, just in our Google doc review and it was brought up that the level of adoption was marked as low and the question was brought up if that's really low and where's the gap of providers that aren't being identified? I think it was kind of an unknown.

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

Oh no, actually I think that was just a big mistake. It is not low usage.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Right, so we need to make sure that that's pointed out as well.

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

Yeah.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

...as one star on there.

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

But is NPI what we want to identify the care team member or were we leaning toward the NUCC?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I think they're two different conversations.

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

...yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, completely different; I mean I think...

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

But...about care team members, so...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean the way you would do it in FHIR, which is probably the only place where people are going to newly do interesting things with care team, is when you put the identifier in, you put in the name space of the identifier. So if you're using NPI, there's a URL or a URI that identifies that it's the NPI. If you're using a social security number, there's a URL for that. So you would, you know for the sake of identifying the person, you'd use some name space and some unique identifier within that name space, if available.

For roles, that's not about an individual, that's about a function; then you'd use a value set and maybe that NUCC has a decent value set for care team roles; I don't...I can't...I don't know. But likewise you would use...you would specify what's the value set that I'm pulling this from and then what's the actual value so that you could have a data model that accommodates multiple options if there's no single value set that spans all the necessary choices. So NPI would work for those providers that have an NPI, but you might have to use something else for the other providers...

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

But I'd really like to emphasize that, and maybe we should publicize it, is that any care team member, and let's leave out the family members just because it gets harder, but any care team member get an NPI. In fact, you have to get it if you bill; so taxi drivers have them if they bill and so, people may not know that, at least it seems like they didn't know that from some of the comments. If people really want to identify individual care team members they could with the NPI. And it sounds like we also need a separate dimension, we need something like the NUCC; I agree 100% with what Dave was saying. So Kim, what do you need?

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

Okay, I'm typing the...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I think we should also consider recommending putting the NPI as a required field in the CDA document.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't think so.

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

Well, it depends on which...I think they end up having to record it if they're billing, somewhere, somehow...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

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

...but maybe not...but I don't remember what's where in the CDA document and which document.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Dave, why wouldn't you...why would you not want to do that?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I just think that the word required as a barrier to something that we're trying to increase the usage of, which is to say interchange of clinical data. It just creates more friction and barriers and frustration and anger. We can certainly...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Okay, fair enough, I thought I'd throw it in there.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...yeah. No, I get the spirit...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

It would be helpful for us, I mean it would be helpful for some of the modulars; I know we recommend adding it and it's not been a problem, but if it's going to be an issue...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I think it's a good idea, it should be strongly encouraged or something like that; I just all if all of a sudden started flunking CDAs because they didn't have an NPI in a field, you would create just even more pain than we have today.

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

None of them would get through, right?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right, none of them would, so.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Well that's a problem.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yeah; the medicine is worse than the cure or the cure is worse than the disease or whatever it is. I think it's a good idea to move in that direction, and if we ever get a national provider directory look up, that's widely used for purposes of Direct address and things like that, then it'll be a lot easier for providers to find their NPI or the NPI of other people on their team. Today it's cumbersome at best, I mean to navigate the NPPES site, it's really cumbersome.

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

Okay. Any other comments on the care team member? Let's move to 20, the encounter diagnosis.

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

So this is Kin Wah; so Kim, for the first bullet point, the axes are correct just add...we can add that we can create a separate value set to encompass all these axes and make it available so we have a way to...we have a handle to find all those codes. This is actually mentioned in one of the following slides about the problem list and I think we can repeat the same here.

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

Okay.

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

And another comment is for dental diagnosis, I think SNODENT is not itself a standard, but is a subset of SNOMED that is specifically used in dentistry. So I think maybe the way it's written now in ISA is correct so listing SNOMED as the standard, but the SNODENT as a value set. And the last bullet point I think is CDT-2 is more for procedures I think, it's not so much related to diagnosis.

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

Okay, I'm sorry, say that one again, I was typing.

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

So CDT is the counterpart of CPT for procedure...dental procedures.

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

Yes, uh huh.

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

Yeah, so it should not be listed in this section.

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

Okay, we had a comment in our notes about mapping from CDT-2 to SNODENT; do you think that should stay or...

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

I thought we discussed that already, didn't we? No we came to a...

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

Yeah, we did...we...well, when Brett and I were going through all of the notes, someone suggested we should have a mapping for it.

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

Yeah. I...I'm not aware there is mapping, but maybe there is, maybe there's not, but I think it's just something that is like on the wish list rather than is actually...it actually existed.

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

No, yeah, that's what we were saying that there should be, there's not now but there should be.

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

Oh, okay, but then that begs the question of who is going to do the map and it's not trivial to do a map from CDT to SNODENT.

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

Right, these are recommendations; do we think it's important to have a map I guess is the question?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

This is Mark, I think it's very important to have a map and just seems...just facilitates information flow if one system is documenting everything in CDT-2 and the other system is documenting dental procedures using SNODENT. So, it's valuable to have both...

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

Yeah, I'm not disagreeing with that Mark, just that I'm saying that there are many other cases in which we use more than one coding system for the same purpose and in those cases, too, we also can see the value of a map, just that why do we single it out here for dental diagnosis and procedures and not mention the other places?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Well, I would suggest we list it in all the places where it's applicable and do prioritization. If you see something where its missing, then just point it out and we'll add it to...we'll put it on a list, to do list.

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

Yeah, just another example would be like in medical procedures we have CPT, we have SNOMED, we have ICD-10 PCS and theoretically it should be all three should be mapped to each other so you have kind of like an over...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Right, and actually, NLM does provide, Clement you probably know that better than I do but NLM does provide transcoding between SNOMED-CT and ICD-9, and transcoding from ICD-9 and ICD-10 can be obtained from CMS; so these already are available in a wa...to the public.

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

Yes, so that's why we have the third bullet point that if such a map is available, we can point to it, but when it is not, I'm not sure what...I mean, I'm for more maps, but then it's just asking for it in ISA probably is not going to make it happen.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Well, I would say we're putting it into the spotlight for somebody else to consider. The worse thing that people can do is they can say no, we won't do the trans-mapping; that's the worst thing that can happen.

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

I think if there's a gap then...and this group agrees that it's important, then we should mention it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So would somebody...this is David, clarify what the gap is exactly? I got...I lost the thread. What are we suggesting should be created a mapping from...

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

The CDD...CDT-2 to SNODENT.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean is it the pl...is it the role of ISA to, I'm trying to put...I mean, if it doesn't exist, there must not be very many use cases that demand it. I don't know who needs it or...

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

I think it's hard to say with the dental grouping...

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

We don't have any dental people.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

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

Yeah.

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

But SNODENT...but one of them is what's used all the time, was like right, the CPT-dent thing and now we also can do it to SNOMED or have to do it through SNOMED, one or the other?

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

I think part of it is one of them is proprietary, one of them is not so if you have a mapping and then you can start exchanging using the SNODENT, then that improves interoperability...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Uh huh.

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

...because more people have access to SNODENT than maybe the proprietary codes that cost money.

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

Oh, okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I gotcha. That raises the IP issues of what you're allowed...

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

I thought...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
...yeah, what you're allowed to do in the mapping, but I get...I see the use case now.

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

So do we want to leave that sentence or bullet or take it off?

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

I thought we decided to do something like that already, but I don't remember; I'm sorry.

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

I'm okay if we all agree to leave it there, it's...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I don't mind leaving it there; it's a consider, right; yes, consider is a polite request.

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

Yup. Okay, let's move on to 21; for race and ethnicity, outside of what's already in the ISA document, we did not see any new information to add; is that correct?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

We sure talked about it for a long time.

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

We did, but when we went through the notes it seemed like we had everything in there. The biggest controversy I remember is do we have a narrow value set; but we already had value sets in there.

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

There...I think it's well defined already in Meaningful Use; there's a skinny one and a fat one.

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

Okay.

M

Yeah.

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

It may not be per...I mean I'm just not sure if the fat one is explained well, that's my worry that...because if you go to the web, you'll find different parts of the fat one listed as what you need. I think the Agriculture Department has the top level big five and then has every American Indian tribe, but no breakdown of any other race, so it would seem kind of weird, but I guess...

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

But we have a value set; so the question is, do we want to get super-granular and directive about how big or fat the value set is was the biggest discussion point. And so when Brett and I looked through it, we just decided, based on the comment, we have everything in there unless somebody wants to speak up now and make it different.

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

Well, I don't have a dog in this fight.

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

I think right now it's just reflecting what is specified in Meaningful Use, so it is...

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

Yeah, yeah.

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

...already decided, I think.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah. And the rest of the world considers it illegal to even talk about it, so I think we should say the least possible.

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

Okay.

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

Yeah.

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

Slide 22, family health history; here we mentioned to add the CORE value set starter set, is that worded correctly? That may be worded wrong. And then we also said we needed the observation/observation value pairing. Any other comments on this one?

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

Well this is a complicated space. I think, and somebody will have to help me, and I don't disagree with what you're saying but I think basically there's terms like family history of breast cancer in SNOMED, and then the other thing that's been propos...is described or proposed in Meaningful Use is the pedigree. And there's nothing...it's a very big spa...it's a very big jump from one to the other, I think. So maybe the less said the better, I don't know.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And I think it's still quite a bit in evolution, at least in the FHIR space...

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

Yeah, yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...quite actively being developed.

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

Well, they're pushing very hard on the full pedigree and as a clinical person taking care of patients, I wouldn't want to have to do that on most patients.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But I think it can degrade, isn't that the assumption that you just don't fill out the parts that you don't need?

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

Ehh, I'm on the Genetics Task Force and they're pretty compulsive about getting it all, so I don't know. I think I'd leave it as it is. I think I like the idea of being able to do SNOMED because you can do a simpler thing when you need it.

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

Kin Wah, I thought I worded it right, is it a CORE...is it the CORE is a starter set, right, not a value set or...

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

It's a starter set.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

The CORE is the top five most frequent...top 5000 most frequently used SNOMED –CT codes to describe problems, illnesses and disorders. The problem value set contains 120,000 different SNOMED-CT codes; so the CORE value set is a subset of the problem value set that's like most frequently used.

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

But this subject is about the family health issues, is there a CORE value set for family health?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Right, right. Well that's what concer...that's what throws me off, I mean, should we first state use problem value sets first and then add the CORE value set on top of it? I'm not sure what the...

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

Well isn't it a different axis though where you have family history of...combined as pre-coordinated? Kin Wah, can you help on that?

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

Yeah, I think...well here the CORE problem list will probably contain things that are not suitable to use in family history because it means other things. So probably is not...we should take this out and should not recommend it as a starter set. And the proper value set for this usage is a value set that contains all the clinical finding concepts in SNOMED. So...and as mentioned in one of the previous slides for the, in I think for allergies, I think it's referring to the same subset that we need all the clinical findings that encompasses disease diagnosis, disorders and all that in SNOMED. I think we should refer to that as a value set for this field.

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

But Kin Wah, is that...are we assuming there's a field called family history of, or I thought SNOMED had codes that were pre-coordinated, family history...and disease.

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

Oh, okay. So...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

They do, they have some, random; it's totally random.

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

...probably not enough for this purpose.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right.

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

Well then we need, then we need the structure...

(Indiscernible)

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well I think the context would determine, right? You're in the family health structure and if you say a disease, then you just have an ordinary disease, you don't have to have the have the disease, say family history of.

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

Yeah, yeah. Well I don't think we can decide on a good solution on the fly, but take out the CORE value and...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

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

...and then maybe the rest of it is, we need, you know the second bullet makes sense then maybe.

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

Yeah and then we can add to the second bullet, say like what will refer to a condition that can be coded in SNOMED.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

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

Yeah.

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

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But there are other fields in family history like coded values for the family member relation, did we review those and decide they were okay? Or...

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

There's a ton of them, we have the Surgeon General's family history in LOINC actually and it's stuff like are you a twin? You know, are your parents consanguineous? You know goes on and on. But then...that's not the typical thing a clinician does you know they'll say any relatives with breast cancer? How close were they and then they'll assert something in text.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I know what they typically do, but that isn't very powerful, you know, if you don't know the genetics, why capture it? I mean the only point of a family history is genetics, right?

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

No, not there's...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean otherwise it's just social.

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

No, no, they add...there's three or four diseases they describe as being predictive knowing the close family relatives with it and then after that, nothing's really known, we're still de...I mean yeah, the genetics helps...if you have the genetics, you almost don't need the history.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, but I meant it's if you don't know that the family member had the genetic relation, you've lost a ton of power...

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

Oh right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...in capturing it in the first place. But if it's an adopted sibling, you know...

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

Yeah, yeah, it doesn't mean anything.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...there's no power whatsoever.

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

Right.

M

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So that's why the codes are picky, because it matters you know.

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

Well in any case, I think the second bullet is all that applies, right?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I was just, I mean, just saying if we're going to specify...

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

Oh no, I agree, I agree. Yeah.

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

So I...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean I think that this space is under a lot of revision with precision medicine focus, so I...

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

Yeah, we're not going to add much, right?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think...we're not going to add very much, exactly. Let's just say, stay tuned.

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

So Clem, based on something you said maybe you and Dan can help me out with the family member, whether it's mother, father, sister, adopted sibling, twin; would that be represented by LOINC? But...

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

Well it is now, it is now but like Dave said, things are pretty dynamic and if you look at the...there's actually a Version 3 CDA-based very complicated pedigree thing. And...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well and even that one isn't comprehensive enough to stand all of the things that can be captured in an actual formal pedigree, as specified by the American Association of Genetics Counselors.

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

Are you sure?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, well the last time I checked, the relationship code in CDA was immense, but it had...it didn't have things like in vitro fertilization, you know a bunch of things that are relevant to genetics.

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

Oh, okay; well, there's always more work to do.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah. I mean the logic to me was, anything that you could capture in a formal pedigree should be capturable as the family relationship. And the people who know that space are the genetics counselors and they've published and updated a paper every couple of years that has this comprehensive list of all those relationships.

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

Yeah, the average time at IU that it took them to complete a history was two hours.

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

So Dan and Clem, right now the family health history only lists SNOMED, so if you all feel like LOINC needs to be listed for that...

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

Well it doesn't...it needs some observations.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Right.

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

Yeah, so we need to add a statement there; do you want to be volunteered again, Dan?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

(Indiscernible)

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

What's specified now, I mean do we need to change something or...

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

It just has SNOMED in there and it's more for the clinical findings, like Kin Wah talked about, but it...with the pairings like with identifying which family member it is, we don't have the LOINC values in there; so that's missing.

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

There are LOINC values for a lot of that stuff and they could be extended as the world decides to...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

So there is a LOINC code for family history, it's 10157-6, that's a specific code; I'm looking at Consolidated CDA.

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

What kind of...

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

Look up, Mark, look up the Surgeon General's, if I know where you're looking.

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

It's not in the current ISA document; that's why I was saying we probably should add...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah, so...this is Dan; I think there are two points. One is you know this...the general observation/observation value thing applies to this one and then in that context, SNOMED is still named, but LOINC is also allowed if you are going to be capturing family history using a question answer pairing

model or name value pair model, such as if you were doing the Surgeon General's family health portrait, you have to do that. And some of the other HL7 ones use that same kind of structure, too.

But it also reflects then that certain uses of SNOMED, right, rely on structural elements for example, and that's what we're trying to sort of assert in the e.g. portion there, and some parts of that are pre-coordinated so there's variability and we're not necessarily saying there's one exactly right way that everyone must do it, but I think it's worth recognizing that both of the structures apply and that in some cases, more than one vocabulary applies.

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

Okay. Is everybody good with that? We're going to remove the first bullet, leave the second bullet and then add something in around LOINC being used with the family pairings. Okay, let's go to slide 23, functional status and disability. So this one we had quite a bit of discussion and it was...part of it was around, there's a lot of survey instruments used and it would be nice if that was narrowed down. But the bottom line is the vocabulary that is preferred would still be LOINC and SNOMED, regardless of the survey instrument that is chosen, that shouldn't change. The vocabulary shouldn't change based on the survey instrument.

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

I would agree with that.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

This is Dan; I would agree in general with everything that's on the slide. I might tweak...I might replace survey with assessment instrument meaning that there are some kinds of assessments or standardized instruments that are not survey based, meaning handed to the patient and filled out; that's sort of what survey kind of implies versus those that are sort of completed or observed by the healthcare provider.

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

Okay, we can do that.

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

Well maybe we should use both because I think the words are somewhat mixed up in the world...minds of the world...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah.

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

...both of them could...because they sometimes send it to the patient and they bring it ba...you know. But maybe just, I think if you said a number of survey/assessment instruments.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah.

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

Okay. Any other comments on this one? So 24 is on gender identity, sex and sexual orientation.

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

Well that one, Mark sent me some stuff and I got some stuff to return to him but I didn't. So I think there are, well Dan, you could maybe say it better. There are some of these things already in Meaningful Use, right?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Correct.

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

And they requested LOINC codes for sexual orientation and gender identity, I believe.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Correct.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Right, but this is different from these recommendations, I mean this is only about how do you determine from physical perspective, from human anatomy perspective, gender.

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

No, no, I was just dealing with the first bullet.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Uh huh, oh okay, I'm sorry.

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

And I think that...so I think that's a done deal. And this other space is a very large, open space and I think, yeah I think it's, you know there's something called ISCN, are you familiar with that Mark? ISCN is a...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

I don't think so.

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

...it's a syntax for describing cytogenetics and it starts with the X's and it goes on down as far as you want to go you know, in terms of copy numbers and replacements and breaks and all the rest. And so a lot of this stuff, and there are all the tests that are used for prenatal screening based on mother's plasma report or can report gender or sex, unless the parent's don't want to. But they aren't called karyotypes, they're called prenatal screening, blah, blah, sub, you know so the space is...there's a lot of ways to do it, and these are some of them. And I think it's okay to just say all of them. I mean almost all

the genetic testing will give you sex out of it, whether it's cytogenetics or it's, you know sequencing or any of that stuff. So it's even bigger than this is what I'm saying.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yup.

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

All right, so the second bullet was really just to kind of introduce different concepts than what we had in the ISA document today.

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

Well I'd add, you know and there's a world of genetic tests would also indicate the biologic sex, which is not binary I mean in lots of ways, you know it's also blended...blurry.

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

All right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well and that...this is David; that raises the question of is it worth listing these four specific, knowing that there's other characteristics that we're not listing? I mean are we implying this is a closed space by suggesting the addition of these four when...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

No, you know that's not...that wasn't the point; the point was not to say that this is what it must be, and I think the recommendation was to reach out to the public and simply solicit feedback from others and say, hey, these are the other ways on how you can classify the anatomical...from anatomical perspective the sex of a person; what do you think about it? So, you know I consider this just a started and I'm looking at it from a surgical perspective, like if I were a surgeon, I need to know about these four different categories to you know, know what am I supposed to expect during surgery, I guess...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, so I think these are valuable terms and it's important to medicine, but I'm...does it belong in the ISA? Are these recognized standards? And does listing them imply that they have a space that maybe is not justified may...because it's not complete? I mean, or...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

So these are...this is not a standard, these are the categories that are taken from the medical books that physicians have to...these are the categories that physicians have to know in order to pass the medical licensing exams in the United States. So this is something that physicians would be very familiar with.

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

Well, I have to confess...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

I guess the question is the extent to which its actually utilized in the field; that's the question.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And whether it belongs in the ISA; I mean it belongs in the textbooks for sure, but is it a standard that we can use for interoperability? I mean it's not coded, it doesn't have a...we aren't listing an owner or maintainer of it, like the other things that we've been listing. It just seems like this isn't the place to put this.

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

I think David what I'm hearing is we want to open up the dialogue with different ways to identify gender, but not...but what you're saying is not necessarily list these four because it seems limiting, because there's more than these four, is that...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah and again, this is the ISA; people come here to figure out what standards to use and so I'm comfortable with putting maybe a statement that says this is a much more complicated space that is captured by traditional approaches, you know refer to the literature as this evolves or something like that. I mean I have no obje...these are correct, you know definitions but they're not a standard.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, and nowhere did I imply that they were the standards, nowhere did I imply...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

...and the recommendation was, solicit feedback, maybe that's on the next slide, maybe not; solicit feedback from the user community.

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

Well I think, you know I think I'm kind of between both you guys. I think one it made a comment saying, there's lots of dimensions or grades or dimensions to identifying sex or gender, whatever we're calling it, including let's say karyo...I wouldn't, I mean I'd say laboratory testing, which karyotyping is one...genetic laboratory testing, and there's a host of them, and then phenotype and then open it up that way. But certainly you want to express the very broad spectrum of ways you can detect it. And it's not a yes or no, or one or two.

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

I think...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

...based statement.

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

Yeah. I mean when you get into the genetics of this and you see the copy number, the deletions duplications that happen all over, man it's wild, and we don't even know what it means now.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think David's summary was a good one, you know which is basically that you know, there's...that there's some options here that need further consideration, but we're not yet to the stage of standards, so if this goes in as a recommendation, the recommendation is along the lines of that ONC should consider this as part of its inspection of standards in this area.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, that's all I'm getting at, I mean I'm just saying we don't want to imply that this is a more closed space than it is and if we list four things, but not anything else, we might inadvertently do that. So it's much more complex than the current standards are capable of capturing.

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

Okay. We can correct this. Let's move on to slide 25, which is immunizations...

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

Well let's keep going, this...we've never hit this many slides in all of life I don't think.

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

Okay. Then 26 is industry and occupation.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Uh oh, now we're back into...

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

Oh, is this the new stuff Brett?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Looks like it.

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

No, so this one Kim you and I couldn't pull through our notes kind of what the ultimate goal was and we decided that we probably didn't have any recommendations based on all the conversation, but wanted to give the group one last chance to see if there was anything.

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

Okay.

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

Well I mean, this is...depending on the context, you really need a ton of data if you're doing epidemiology of exposures; but in clinical practice, this kind of detail is not usually given you know routinely and so the...I would steer clear of it until there was better clarity on what could be accomplished and should be accomplished in routine practice.

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

But I think down at the bottom, Brett are those the value sets that are in ISA now? I'm looking to see if I can find them.

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

No, so currently there's not a single standard listed in ISA, there was just kind of too much variability in what we'd seen from public comments and it sounds like a lot of that is still there.

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

Well I mean if you look at what, you know the kind of extreme ideal is for someone who wants to detect any possible environmental problems, they want to know the time when you started, when you stopped, by occupation there's, some of these things have 2000 or so codes in them of 5000 codes. And then not only by occupation, but by industry and the occupation and sub-pieces of it; so it's really a worthy thing for research, but you know with people having 10 minutes to see a patient, I don't know how you can ever get that detail in as a routine part of practice. Only when something comes up you track it, you know but not still at the detail, you know okay he's got asbestosis, you figure out where it came from or if the guy's got lung disease, you start exploring about the various exposures.

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

Okay...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I just...this is David; there was a recent notice that got...in the Federal Register that got some attention in the people that watch this health IT Washington activity about updates to the Standard Occupational Classification system used by the Federal Statistical Agency to classify workers into occupational categories, something called SOC. If that's what the feds use to classify people, should that be listed here?

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

That's a good point.

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

Well, I take that problem of listing it here it's going to become required for daily clinical care and I think that...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

No.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, most of the stuff we're listing here should hopefully never be required. I mean we're just saying these are recognized standards, it doesn't mean anything except that they're recognized standards. It might be useful to you, it might not. I mean I guess the question is, what should be requi...if you're going to document occupation, what's the difference between the SOC and this thing referred to from the CDC? I have no idea; I don't know. Maybe there's...

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

Remember Dave how you like free text, I think that's the perfect thing for this.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah. Well...

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

Well...David, what was the one that you mentioned because in the current ISA under the limitations they have the NIOCCS and the NUCC and the NIOSH. So they have those three listed; is that what you mentioned or is that different than one of these three?

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

It's new...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It's different; it's called the Standard Occupational Classification, SOC.

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

Yeah, and we do have that one listed as well, it's...SOC is not pulled in quotes, but it's a US Department of Labor BLS1, listed right below the NIOCCS.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, so it is already listed.

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

It's listed in a group of several standards that we had heard the most support from...it's not listed in ISA, it's kind of in the table those other things are though.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay. Well I was just going to say, if we're going to list one, from one federal agency, you know why wouldn't we list the other ones from the different federal agency?

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

Well I thought...are we listing them already? Is that what you're saying or are you deciding whether we list anything?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well I'm a little bit about should we list anything, but I guess if it's in the mode of if you start implying...when you list something and you don't say, others exist or some other kind of commentary, you might imply that it's a closed space and then people think this is the right choice.

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

No, no, no, I agree. But I thought the beginning discussion that ONC had decided not to list anything. Is that what I heard or I mis-heard that?

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

They don't have a standard listed; they just have some that are under consideration. And they don't have any value sets listed in the 2015 ISA.

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

I think we should leave it that way.

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

Okay, so then we would just leave this as no recommendation in this area.

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

That would be what I would suggest just as a busy clinician. I guess I...

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

Is everybody in agreement with that?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

We had in the comment section that we heard strong support unless the number...I'm just...oh, never mind, the...it at that. I'm just catching up; I'm good. Never mind; move on.

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

Okay. All right. So for the next slide, lab tests, and these are new ones, so these are open for discussion. And Brett, I'll let you take over.

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

No the lab tests, there's a couple more that we have that we had previously discussed.

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

Oh there are, okay, sorry.

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

Yeah.

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

Well this first one, you have to be careful that everything is not a coded answer, so we ought to make sure it's clear that numbers and text are often also answers. And we discussed this, I think. Oh, I guess you're saying that.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah.

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

I mean numbers aren't...numbers are the predominant value that's reported in lab tests, you know I think like 12% of all tests are complete blood counts.

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

Okay, now my memory's coming back to me; this is the one where we had the categorical and the numerical...

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

Yes. And Dave McCallie was arguing passionately for just...for at least some free text I think Dave, did I hear that, or was that somewhere else? That might have been the problem list.

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

Well, it was...text...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, I was.

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

It was with the text streams with the plus, plus; plus, plus, plus.

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

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean even, I don't know descriptive terms like the color sometimes is in a coded space; maybe it shouldn't be, but...

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

Right.

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

So...

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

So I think the general observation, and maybe the exceptions you know, but for tests that are naturally numeric, there are going to numbers or quantities; there are going to be numbers. There are...the second exception is there are some, at least some specialized answer categories, you know like some of

the genetic test codes that aren't represented and will never be represented in SNOMED like SNPS, of which there's 150 million IDs, which can be answers. And then, you know, some places there'll be short text streams that might be allowed. At least...we've got to at least carve out the specialized genetic test codes, not the names of the genetic diseases, but the funny ways, reference sequence IDs and SNP IDs and cosmic IDs; those are some of the IDs they use to identify mutations.

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

So Clem, with what you just said, is it captured in our statement or do we need...

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

Well not here but I think it's been said elsewhere; Dan I think described that in another context, but I don't know what slide it would be on. Dan, do you remember?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Not in the context of these slides, but yeah, I mean I remember the discussion last time.

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

So I think the first...the paragraph is all good, and I think one...then the next thing you should say, remem...just say recall that most test values are numeric. And so this rule, you know they won't be...just are numeric and some will be free text and there are code systems that are specialized for genetics. They're not really code systems, they're identification systems that are used to identify genetic patterns and they're...that's all that's used by the genetic world in testing.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Well in this, I think Brett understands because he's listened in on this, but the other implication here is sort of merging where there are currently two different interoperability needs into sort of one overall interoperability need with the general pattern of name/value pair or observation/observation value is sort of applied underneath it. And that sort of ices some of the confusion around having these separate needs for numeric and non-numeric.

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

Well just...but as you read it, there are exceptions for amb...when there are short text strings and nothing about numeric. It could be fixed the other way, let's say for categorical...codes. Kim, is that enough? I mean, do you need...

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

I may be sending you all an e-mail to get clarity, because I'm not sure I captured all...

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

Well I mean, there still may be another slide that touches this, and I just don't...I don't remember all the slides. This is call...but maybe it's in J or something or maybe it's the next slide. I mean I guess I want to make sure no one disagrees that there aren't some exceptions that we should at least call attention to so...

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

Are there any objections from anybody or that we should call attention to? Okay, so Clem and Dan, we may shoot you all a message tonight...

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

Okay.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah.

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

...to get some clarity, just in case we don't capture it right.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

That's good. I think one of...I think...no, that's fine. I think the categorical might have been in a projected edition and not in the main one, which is perhaps why we're not seeing any of that in this particular slide. But we can address that offline.

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

Well I, and ya'all forgive me if I'm wrong because I'm going off memory, but I thought we said that categorical wouldn't be...wouldn't fall under the lab tests, it would fall under like surveys and things like that.

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

Well everything can have...anything can have categorical answers, but I don't think we have to wrestle with that right now. Just shoot the mail off and if we see these other ones, we may have a clarity on where it needs to go.

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

Okay. All right. And we have eight minutes; 28 is medications and this...

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

This is almost, I just want to comment, this is almost a miracle the number of slides we've covered. I mean, we ought to go for 20 minutes and we'll finish the whole...everything in the whole world.

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

We're getting more efficient, Clem. Any comments on medications? We acknowledge that RxNorm is the code; we wanted to recognize that it's not always surfaceable or externalizable for end users.

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

So this is Kin Wah, so I'm just wondering whether we should make it even stronger to say that okay, we recomm...I mean we're recommend implementers to make RxNorm codes surfaceable for exchange rather than just list it as a limitation.

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

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But it is surfaceable for exchange, I mean I think that...

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

Well I think what...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...the notion of surfaceable means that you should be able to look at any medication anywhere in your system on any screen and find out what it's RxNorm code is and I don't see that there's any value in demanding that.

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

Well I think where this complaint comes from...

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

I would disagree with that.

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

Well let me find a middle ground, I actually think the issue really regards using it for secondary use and pulling it out for res...pulling out database stuff. So I think if one stated that it should be available in queries that might be okay for all parties; I don't know.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well again, we're meddling...I mean, for what use case and what kind of query in what setting?

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

Well, maybe I need to be more specific; secondary use query or query for cross-patient queries, there's...where users want to relate it to whatever. I mean, all the epidemiology stuff is what we heard complaints about, I thought. Whereas you...

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

Only second...

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

Yeah.

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

Or even for things like clinical decision support or even...value, yeah.

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

Well I...Dave might not want that, but I was trying to limit it just to get agreement.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean I think you know when you are communicating pharmacy, you know medication information to an external system for whatever purpose, RxNorm is the interoperability standard that should be used. And that would be for research, that would be for you know clinical care, transition of care, CDA, you know FHIR API-to-API; all of those already specify RxNorm. But to say that all the internal exposures of the name of a medication should be transparently and in situ...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

No, no.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...mapped to an RxNorm code is a burden that has very little benefit.

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

Yeah, yeah I agree with that.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, yup.

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

But just that if then that...if that's the case then this is not a limitation.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I'm not sure what the limitation is...

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

Well...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean RxNorm code is used for the exchange of information. How about if you say for export and exchange of information?

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

Export...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Export, import and exchange, something like that.

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

Export covers the thing that I was going after, Dave. Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, that works for me and then drop the limitation part.

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

And then I think the...I don't think...we should say it should be available, not talk about limitations then.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, just say it should be available for exchange and export/import of data. Because I think everybody's prepared to do that, you know, mostly does it, maybe not 100%, but mostly does it for Meaningful Use.

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

Yeah.

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

Okay, we will modify that one; 29? And we have three minutes left.

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

That's your alarm going off, I can hear it.

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

That was my three minute warning. Any comments on this one? It was about UCUM as the syntax.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah I think...I like the capturing of this thought.

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

I don't think you need...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Are all of the exchange...are all of our exchanges that include UCUM intended to use the syntax and never to use the enumerated code and if so, should we say that; exchange should use the formal syntax and not the enumerated codes?

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

Well I don't think there is...that's confusing. I mean all there really is a syntax and I think...but saying, as adding a precondition, I think you just say it; UCUM is the syntax not available...but, you know, you can still make subsets and enumerate them, so...but there are not codes on them.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, but you don't exchange the code, you exchange the syntax. Yeah, maybe this just doesn't need to be said.

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

Well there was some...yeah, what are we responding to? We could do it better if we knew what the...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I forget what the problem we're trying to solve was.

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

So I think there...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Well the problem is people are looking for a list of UCUM codes because they think it is a code system; they're not used to thinking of units as a general syntax in which you can construct any number of enumerations. And so they often go to the UCUM site and they're like, well where's the codes, not realizing that you construct them.

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

Well the, so in the ISA document, would it be in under the vocabulary section, it's in the wrong place, right?

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

Well in the ISA document, now it just has all these, you know these criticisms that aren't really...that are misunderstandings.

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

But we have UCUM under Section I which is vocabulary...

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

Right.

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

...so should it be under Section II instead?

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

No, no, no, vocabularies can be syntactic. So I think what you want to say, UCUM is a syntax, for example show an example UCUM, not a code and for example, 1237985 or something like that, and you won't...there aren't codes for them in that sense. And then probably also should say that UCUM can be sent along with the natural local lab string for it.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, I think the code is the actual value of the UCUM unit of measure, that's where people get tricked.

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

Right.

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

Okay, we are out of time so we're going to have to go to public comment.

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

Well Kim, this probably needs a little...just a little bit of a...

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

Yeah.

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

...and if you sent a mail, maybe we can do something better and everybody would like it or not, we can...

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

Okay, that would be great.

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

But I think we ought to all congratulate ourselves today.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yay.

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

We're on slide...what slide is it...we got to 29.

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

We are harmonized; we're moving guys. We got a greasy sled or something, I don't know.

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

Are you guys ready for public comment?

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

Yes.

Public Comment:

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

Well, we're going to open up. Lonnie, can you please open the lines?

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

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

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

While we wait for public comment I just want to thank the task force, second Clem's thought that it was great to be able to get through so many slides today. And hopefully all will go smoothly with Rich and Kim tomorrow at the committee meeting. Thank you all for your contributions and getting us to this point so far. And it looks like we...

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

We've got a lot work tonight, huh?

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

We have no public comment so again, thank you everybody and there were a few comments that were left in the public chat and so we will send those around.

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

Thanks everybody.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks everybody.

Public Comments received during the meeting:

1. Ann Phillips: Ann Phillips from the American College of Cardiology - important to remember that many of the value sets cataloged in the VSAC were created by measure developers in isolation from each other. There is a high degree of overlap and inaccuracy!
2. Ann Phillips: Value sets developed for encounters could capture the efforts and various roles for care team members.
3. Tom Bizzaro: Tom Bizzaro, FDB - I cannot see any reason why a drug identifier of any type including RxNorm would need to be made visible to the end user. Certainly those codes can be used for analytics and communication, but what value would there be in exposing the code to an end user?