



Joint HIT Policy and Standards Committee

Jason Task Force

Transcript

September 2, 2014

Presentation

Operator

Lines are bridged with the public.

Kimberly Wilson – Office of the National Coordinator

Good morning everyone, this is Kimberly Wilson with the Office of the National Coordinator. This is a meeting of the Joint Health IT Policy and Standards Committee's JASON Task Force. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. Please also keep your line muted if you are not speaking. I will now take roll. David McCallie?

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

Here.

Kimberly Wilson – Office of the National Coordinator

Micky Tripathi?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Here.

Kimberly Wilson – Office of the National Coordinator

Andrew Wiesenthal? Arien Malec?

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

I'm here.

Kimberly Wilson – Office of the National Coordinator

Deven McGraw? Gayle Harrell? Josh Mandel?

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Here.

Kimberly Wilson – Office of the National Coordinator

Keith Figlioli?

Keith Figlioli, MBA – Senior Vice President, Healthcare Informatics – Premier, Inc.
Here.

Kimberly Wilson – Office of the National Coordinator
Landen Bain? Larry Wolf?

Larry Wolf – Health IT Strategist – Kindred Healthcare
Good morning.

Kimberly Wilson – Office of the National Coordinator
Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Here.

Kimberly Wilson – Office of the National Coordinator
Troy Seagondollar? Wes Rishel? Jon White? Nancy Orvis? Tracy Meyer? From ONC, do we have Kory Mertz?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology
Here.

Kimberly Wilson – Office of the National Coordinator
Debbie Bucci?

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology
Here.

Kimberly Wilson – Office of the National Coordinator
Is anyone else from ONC on the line? I'll now turn it over to you David and Micky.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay...

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

Kimberly Wilson – Office of the National Coordinator
Whoever would like to go first?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Thank you. Micky, do you want to start us off?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Uh, sure. Hi everyone and thanks for joining this meeting of the JASON Task Force. We've got a pretty heady amount of work ahead for us over the next 90 minutes, let alone the next, I hope it's not 90 days, but the next...certainly the next 45 days. So, appreciate everyone's being able to participate right after the holiday weekend. So, what we've done is we've put together a draft presentation, but as I said in my email that is a draft of what we'll present tomorrow to the Policy Committee and then we have a Standards Committee presentation next week.

And it's really pulling together the threads of a lot of different thoughts that we've gleaned from a number of different places, a number of different interaction points that we've had with...as a Task Force and with the Task Force. Both in the meetings that we've had, drawing from the listening sessions and then the comment period that we had where we got a wide variety of comments from people. And we did our best to try to string those together and I think as all of you on the phone probably appreciate, at some point...there is some point where you have to start to extrapolate from those and try to sort of lean forward as much as you can to make some sort of concrete set of statements.

So, one of the sort of important points for us to consider as a Task Force here is whether what you see here is a fair rendition of sort of the consensus process that we have. And it's our first look at this, so we appreciate that we haven't had a whole lot of time for you to sort of review it, so appreciate your being able to go through this and give comments as we move forward. We do...this is just draft recommendations to the Policy and the Standards Committee, so just to set the expectation I think this is really sort of a midstream check-in with the Policy and Standards Committee to get their directional guidance.

So, we have four Task Force meetings after this, so we have a lot of time...I mean, I'm sure it's not going to feel like a lot of time given sort of the scope of what we have to accomplish. But we do have a fair amount of time as a Task Force to be able to really dig in to the key issues and refine this further. So, on the one hand we've got the presentation just right up ahead of us here, on the other hand, I just want everyone to be clear that again this is sort of a midstream check-in, we want to get directional guidance. Nothing here is set in stone and we have the opportunity to refine and adjust for the final recommendations, which are due mid-October. So, we can dive into this, but first off, let me see if David, if you have any other introductory remarks you want to make before we dive in?

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

No, I think that captures it really well. I mean when we sat...Micky and I spent a good amount of time over the past few days trying to synthesize a lot of material down to some concrete categories and recommendations. And when you get up close to something like that, you can perhaps sometimes miss an overall impact of the words and so, your fresh eyes and your recollections of the discussions that we've had up to this point, we really need to hear you today and make sure that we're staying true to where we want to go.

So, Josh has sent out an email with some of his initial thoughts, appreciate that, Josh. Let's go through with the same spirit with what we've got. We have to turn something in to the Policy Committee obviously this afternoon, so we may not have a chance to make wholesale changes if we should stumble on that, but we can certainly note any areas where we, as a group, feel that we are not ready to put words on page.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right, and certainly if there are things that are still...that are stated in here but we don't feel that there's consensus based on this call, we can frame that up for the Policy and Standards Committee and note that there is still not consensus around certain points and we're going to further refine those. So, why don't we dive in then and as I said, this is the draft presentation for tomorrow, so there's a whole bunch of upfront stuff that we can just flip through here very quickly without even touching on. We just wanted to give you sort of a sense of the entire draft.

So the agenda on slide 1 is...we wanted to just go over a review of the charge, just talk a little bit about members, process, timeline, listening session description. I don't think that we need to cover any of that with any amount of time here, so that we can dive into the meat of this, which starts with the assumptions and caveats and then moves to the recommendation framework and preliminary recommendations. So, next slide please.

So the charge is, you're all familiar with the charge, I think, the only thing that we added to this is we did get a request from ONC to that last bullet, which is to provide a high level mapping of the PCAST 2010 report with the JASON report. So, that's not something we do in this, but we have sort of said that as part of the final deliverable, we'll do that mapping on one or two slides, just to be able to give people the...sort of for the referencing back and forth between those two.

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

Micky, did you see Kory's email questioning that we should note that this was added afterwards?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, okay. I didn't see it, but I...

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

Yeah, Kory do you want to comment on that?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

No, I think that was fine. I think Micky covered it, so thank you, David.

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

Okay, so we may want to just mention that that one was added by ONC after the initial charge.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right, okay.

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

For whatever process purposes.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup. Okay, so moving...next slide, let's see, if you can jump to slide 5. Just so everyone is aligned on what sort of the milestones are ahead of us. We've got the presentation tomorrow to the Policy Committee, both David and I are going to be there in person. Standards Committee is a call, I unfortunately won't be able to make it due to family commitment, but David assures me that he will be able to cover it with I think Arien and Wes are also on the Standards Committee, so I feel like I'm not leaving him high and dry.

And let's see, and then we have...as I said, we have four scheduled Task Force meetings and I think at the beginning of this weekend, David and I were both thinking, oh, that's plenty of time, wow, four, are we going to need all four? And then by Monday night we were thinking, wow, is four going to be enough? So, the point is, we've got sort of a good number of meetings on the schedule and hopefully we can sort of get through the issues that get identified here and from the Policy and Standards Committee to get us to that final presentation, which is on October 15 at a joint Policy Committee and Standards Committee meeting.

So, let's see, just...I won't...the next set of slides we didn't...what we decided to do in handling the listening session is rather than trying to summarize any of the listening session findings, we thought that we would basically just say that we had listening sessions. Give a sense of sort of the breadth and depth of the presentations that we got, because I think we spent a lot of time on that and we got some great feedback from a wide variety of stakeholders, put the details in the appendix. And then just note that findings that we got from the listening session are really incorporated in our thoughts that are in the recommendation framework, rather than trying to spend a whole lot of time on that one. We wanted to just drive right...dive right into the meat.

So, if we could skip ahead to slide 10 please, which is the assumptions and caveats. So, David, we didn't talk about how we were going to go back and forth in this, do you want me to do this one and maybe you can do the one slide summary and we can flip back and forth.

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

Sure.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So we thought that it was important just for us to put a slide up front, just on some of the assumptions and caveats that have come up through our process. So, I can quickly cover these; if anyone has any further thoughts, please just let us know. The first thing we wanted to note is that certainly the report is well-written and concise, but there are a lot of issues that, as we've discovered, can be interpreted in many...in different ways.

And one unique feature of the JASON process, unlike other processes, is that we don't have the opportunity to go back and talk to the authors. So, we've had to reasonably infer a whole lot of things in all of our discussions and so we just wanted to make clear that it's certainly possible that we've misinterpreted some things and we've done our best to reasonably infer from the information that we had at hand. I think Jon White has been great at trying to go back and fill in some of the gaps, but again, there are just limitations in the JASON process to what you can do there.

The second thing is that the JASON report covers more ground than is listed in its specific recommendations. So, if you go back, at a previous meeting we had where we had the grid of their findings and the recommendations, they say a lot about consumer access, for example, but if you go down the recommendations, there's not a single recommendation that's labeled a recommendation that talks about consumer access. So that's just one example of a wide variety of things that seem to be important in the report, but aren't listed in the specific recommendations. So we just wanted to note that our review actually covers some areas that are not necessarily listed in the formal recommendations.

The third point is there's been a long time lag since the JASON report was conducted. The investigation was conducted in early 2013 and as we note, a lot has changed in the industry in the last 18 months. And we come back to this point a couple of times in the recommendations, market deployment of Direct enabled functions, beginning of Meaningful Use attestation, none of that had happened when they were looking at the market at that time.

Fourth, JASON explicitly focused on high-level technical architecture considerations and just noting, as we've noted, that they...intentionally they noted that there are other challenges to interoperability but intentionally did not focus on those. Some of those like legal/policy, federation/jurisdiction, business model weren't in the scope of the report and as we'll...as we've already discussed, those are pretty important factors affecting interoperability. But be that as it may, they did explicitly say that they were not going to sort of address those, al...even though they did note that they were significant challenges.

There were two areas...technical areas, encryption of data and resolving patient identities that they noted were significant areas, but as we looked through those, on the encryption side, they didn't seem to be suggesting anything further beyond what's already relatively common practice today and weren't suggesting any new technologies, new approaches. So, we haven't really focused on that aspect of the report. We don't want that to convey that we don't think encryption and security is important, it's just that they didn't seem to be saying anything different so as we go through the recommendations, there isn't a specific recommendation related to security, per se.

Similarly, on the patient identity side, not similarly, but on the patient identity side, they did note that resolving patient identities across implementations is a key barrier to data aggregation. But again, they don't really propose anything specific regarding how we would resolve that problem. And as we've noted, ONC has had a lot of work with the patient matching work that they did, a number of other areas, it doesn't seem to present itself as any real solution to what we all know is a barrier. So we're just noting that we're not really focusing on that aspect of the report either, but we do all note that that is a barrier that's been identified multiple times in multiple places.

And then finally, due to the tight timetable, these are preliminary recommendations. They're fairly high level and we're really seeking directional guidance at this point. Let me pause here and see if all of those make sense, if anyone has any sort of questions, concerns, additions.

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

Micky, one thought...this is David that the next slide that summarizes...the summary of the report maybe that should come before this slide...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah. Okay.

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

...so that if people haven't...don't have any idea what the JASON report is about, this slide will have more context. So let's just remember to switch those two.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup. I think that's a good comment.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Hi, its Larry Wolf and I guess this is a question that maybe goes back to our charge, because it feels like specifically the piece around patient identities, as well as the things around legal, etcetera, the governance models, are huge barriers to actually moving ahead. And so, are these things that we feel are within our scope to point out as...and I guess it is in our scope, talks about identify uses...use cases and lessons learned from current experience, further recommendations for an integrated health IT plan, strategic plan. So, I guess it's within our scope to look to recommend things that are outside of what JASON talks about, recognizing that there still needs to be a primary emphasis on what's in JASON.

M

Yeah...

(Indiscernible)

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Sorry, David, do you have a comment or someone else?

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

Umm, I agree that we understand the importance of that. The issue here is the JASONS don't really give us a suggested approach to react to or to endorse. They call it out in their architecture as a crosscutting service, but they say nothing about how that would be deployed, who would deploy it. So I think some way of calling attention to the fact that 800 pound gorilla is still in the room is a good idea, but we weren't really given much to chew on in terms of saying, good idea, bad idea, we'd prefer to do it this way or that way.

So maybe, Larry, when we've gone through the full set of recommendations, if you'll make a mental note to sort of see where we should stick in additional content about this question, maybe we can do it that way. I mean, I bet you there's a slide somewhere where we could add a bullet that would address your concern without actually asking us to go beyond what they recommended.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That's fine, that may actually be a really good way to...I'm sure others will have hot topics they think are stoppers for really achieving the vision...yeah, that would work.

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

Yeah, just keep it in the back of your mind; make sure we account for it somewhere because I think we all agree that it's an issue that has to be addressed.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, thanks.

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

So let's go to the next slide and...actually the one after that, the one slide summary. So, this slide was an artifact of, I challenged Micky to give me the elevator pitch summary of the JASON report, just to make sure that he and I were reading it the same way. And he took that challenge and wrote this down, which I think actually captures the report...the essences of the report reasonably well. And I thought...to just put this in, maybe move it up a couple of slides, because there will be people on the Policy Committee for sure who have not even heard of the JASON report much less have read it.

So, this is not...this is designed to be as neutral as possible a distillation of what we think was in the report. We extract specific quotes from the report in the context of our specific recommendations, so there's plenty of opportunity to air some of the more controversial things that the JASONs said. But, we tried to capture here that stages 1 and 2 have not achieved meaningful interoperability "in any practical sense" for clinical care, research or patient access due to lack of comprehensive nationwide architecture for health information exchange.

They point to document-centric exchange as well as EHR vendor technology and business practices as structural impediments to achieving interoperability and propose a "unifying software architecture" to "migrate" data from these legacy systems to a new, centrally orchestrated architecture to better serve clinical care, research and patient use. The architecture would be based on the use of "public APIs" for access to discrete data and on increasing consumer control of how data is used.

At a high level, what have we missed that's in the JASON report? Anything jump out at you? I tried to, actually Micky wrote this and I put some of those quote marks in there to try to highlight a couple of the phrases, like "unifying software architecture" and "migration of data," which we'll come back to later. The other thing I will point out is that we've introduced the term centrally orchestrated architecture, that's sort of our language. I don't believe those exact words occur in the JASON report, but it was our way to try to capture what we felt was the spirit of their proposal, where they weren't really trying to actually architect the system, but they were trying to orchestrate around a common architecture. We can revisit that thought later to see if that captures it, but I like that phrase. Again, Micky gets credit for it.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is the other Larry. I think this is great and I think the key thing is, when you present this particular statement, that it needs to be clear that this is what they summarized, that this is before we critique their summary.

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

Yeah. Yeah, yeah, we need to title this slide unambiguously, one slide summary...how about if we sa...Micky, how about if it's one slide summary of the JASON report.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Oh yeah. Yup.

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

And we'll make it clear that we're...this is not...this is our attempt to distill the report.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So...

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

I had the same reaction Larry, when I read it, I went, wait a minute, that's not what we're proposing...well wait a minute, no, this is what they were proposing.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

David's other comment to me was that, well, if this is 20-floor building, it would be okay as an elevator speech.

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

Yeah, a skyscraper or a very slow hydraulic elevator.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, its Larry Wolf, I guess the Larry's are the commentators so far this morning. I would want to add something that came across, I thought, very strongly in the JASON report about a sense of urgency, or at least what I perceived as a sense of urgency, that they...

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

I think that's...

Larry Wolf – Health IT Strategist – Kindred Healthcare

...were talking about acting in relatively short timelines to do something and I know that we have strong opinions about that those timelines might, in fact, be part of the problem, not part of the solution. So I think that we should include that. And also, I think that actually captures a sense in which people seem to be responding to the JASON report of like finally someone has given us the silver bullet. So, those two pieces to me feel like they need to be addressed somehow in our response, and at least the first one was very clear in their materials. This is a one year activity, after a year, 95% of the work is done and you can move into implementing the architecture.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. I'm sorry Larry, what was your second point? The first was adding sense of urgency, which I agree; I think that's a great point.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The second one is less in what's in the JASON report and more about how people seem to be responding which is, a lot of people either see it as the silver bullet of success or a really horrible, dirty bomb explosion that's going to take forever to mop up.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So we'll just take the average.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, I think it's soliciting a very strong response from people.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Yup.

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

And this is David, I certainly agree with the capturing the sense of urgency, that's an oversight, we'll fix that. I think that the other tension in terms of how people have reacted to it ought to come out in our recommendations and the discussion section around them.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

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

Because I think we do capture some of that tension, but we may not have it all. Okay, so let's go to the next slide, the recommendation categories. So, we went back and forth on, this is Micky and I went back and forth on how to summarize our recommendations. And at one point we were thinking of trying to tag it to the 10-year vision, but that didn't work because those categories are so broad that it didn't really give us enough granularity. Then we were thinking of just going down the list of the JASONs actual bulleted...enumerated recommendations, but as Micky pointed out, there were many things they talked about in the report that weren't actually in their enumerated list of recommendations.

So we ended up basically inventing our own categories here, to try to capture the broad categories that we thought JASON touched on that we wanted to bring to attention. So, this is arbitrary but hopefully it's an acceptable way to organize it. So, a little bit on the current state of HIE, which is sort of a JASON critique, their notion of architecture and our reaction to that. Then we are using core clinical and financial systems, at Arien's suggestion, instead of stovepipe EHR vendors. Talk in section four about the core of their recommendation around APIs, mention consumer access and control of data in five and research and HIE in six. And then the...that sense of urgency around accelerating interoperability is the last bullet.

I don't know that we need to debate these, but that's just how we got where we are, any strong feelings that this doesn't capture the main event, the main thoughts? Okay, so let's go to slide...the next slide, which I guess is 14. I'll do this one and Micky, we can just alternate or whatever.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay.

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

So our...the way we've structured this is to have a background...for each of these recommendations, seven, we're going to have a background section, which for the most part tries to distill the JASONs findings. Then we'll list our recommendations and then the final section, the third section, which is on the next slide when we get to it, will be the discussion that underlies our recommendations.

And we kind of went back and forth on whether to do the discussion and then the recommendations, but Micky made a convincing argument, to me anyway, that if you delay the recommendations until too deep into your word salad, you'll lose attention and focus and people won't understand what you're actually recommending. So, that's the reason is our recommendations would come first and then the discussion to back them up. Now I don't know how that will play out in the committee presentation, so we'll just have to find...we'll find out tomorrow.

So on the current state of HIEs; the JASON report is quite critical, meaningful interoperability virtually non-existent, limited to their expression of "marked-up" document exchange. I think they said little more than digital faxes, no "rational access" between organizations for clinical care or research. The...our recommendation is, as you can see there, ONC should take into account the current state of interoperability as well as current trends before incorporating JASON findings in any decisions on HIE plans, policies and programs. We believe that JASON seriously underestimates the progress made in interoperability, though we agree that there is considerable room for improvement.

So, let me go to the discussion slide, which is the next slide, and this is kind of our rationale for that assumption that...if we can go to slide 15 Kory, or whoever's...thank you, was that the findings were reached as long as 18 months ago. Before any meaningful use of the Consolidated CDA and Meaningful Use Stage 2 and Direct for transitions of care and some of the other things that actually addressed some of their major concerns about digital faxes. We also point out that the demand for interoperability, the market drivers; have dramatically increased in the last 18 months, due in some measure to the proliferation and deployments of EHRs as a function of Meaningful Use. But also due to the emergence of value-based purchasing, population health services, ACOs and other payment reform drivers that are making the value of interoperable data much higher than was the case before, the business value of the drivers.

We also noted specific critiques of Direct and the CDA. We counter with the fact that the stage wise progression, starting with push and starting with CDAs that were fairly unstructured and moving to the more structured Consolidated CDA was, in fact, part of an intentional staging of interoperability. And that the JASONS didn't...I won't say they were aware of that, but they didn't seem to accept the notion that the staging was, in fact, an appropriate way to move forward.

Now the last bullet point there at the bottom of that slide, Josh, you had some critic...you had a criticism of that slide, that bullet point. Do you want to comment on that?

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Yeah, so let me raise a couple of quick points here.

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

Yes, please.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

The first, I think, is when it comes to the previous slide when we talk about the JASON assessment. I don't personally think that the JASON group seriously did underestimate the progress we've made. They might underestimate it, but I don't think it's that serious, I think their overall conclusion is right on the mark. When it comes to this last bullet on the current slide, actually let me go back to the previous slide for a moment, where it says current state of health IT or HIE background.

I think we have a little bit of a strawman here because the JASON report never talks about a marked up document exchange in the actual language of the report itself. They do say that a common mark-up language isn't enough, they say simply moving to a common mark-up language will not suffice. But when they say common mark-up language, I think they actually mean common, well agreed upon detailed data model. They're saying even moving to a common set of detailed data models isn't enough; in addition to the data models we need application programming interfaces. So I think we set up a little bit of a strawman because they don't, at least in those words, they don't talk about marked up document or marked up document exchange.

The key issue that I wanted to highlight is we can have a discussion about our data models and do we make really discrete data models for individual pieces of data like medications and allergies, or do we just have big documents that wrap up a bunch of stuff? That discussion is entirely separate from the issue of, how do we query for data and are there APIs available to retrieve those data, whether they...whether the data takes the form of documents or discrete data elements?

So there's the data modeling issue, how do we model the data? And then there's the API issue, how do we access the data? And I think the JASON architecture accounts for discrete data as well as documents, they say both of these things are fine, there are use cases where the discrete data are important, there are use cases where the documents are important, but either way, we need APIs to get at those discrete data or to get at those documents. And our characterization here we seem to be saying...to be focusing on the discrete data versus document issue.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is the other Larry...

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

This is Arien, sorry, I think there's a danger in getting too caught up on this particular slide. I think it's better to say, we think they may have under-characterized the current state and yet we also agree with them that there are limitations in the current state that are desirable to address. Because I think we could bend ourselves...bend over backwards trying to justify the current state and yet I think if you look at the evidence, there's not sufficient data sharing for research purposes outside of large institutions, there's not universal access to data for treating patients. There's not universal access to data for patients outside of patient portals. And you don't...we can wordsmith this one, but I'm not sure this is one that we still want to say, we think they might have underestimated the current state, but there's still work to be done, let's go on.

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

Yeah, this is David. Josh we do come to the API point in the later slides, I mean we have a whole called out high-level recommendation around that. But I think it might be good, maybe this would help a little bit is in the background part of this current slide, if we just put the...they called for data level API in the background. In other words, we'll queue up the fact that we're going to call for that, we're going to address it later.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

So I think that...this is Josh, I think that would be helpful. But I would also just try to avoid talking about APIs instead of C-CDAs or focus on APIs over C-CDAs, because that almost doesn't make sense to me, I don't think they do say that. They say we need data and then we need an API to get the data.

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

Right, but they...I mean, our recommendations are...this will be a subject of some discussion, I'm sure, not to drop the current way of moving documents around, but to continue doing that while we flesh out a better API that can move both data and documents. We can't switch to...we're not...I don't think we're going to be able to conclude, well, I'm putting words in people's mouths, I think the sense of what we heard and what we've discussed internally is that we were going to continue in the timeframe of the 2017 edition, anyway, with the current approach of moving documents. Albeit hopefully improved versions of those documents, while we also move to the vision of the APIs, of the improved APIs. Are you suggesting that that's the wrong conclusion and that that's what we should be discussing?

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Yeah, I think that is part of what we should be discussing. I think documents are one kind of data, they're not a very finely granular data, they're a coarsely granulated kind of data, but they're data...

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

Right.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

...and they should be...through API.

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

Just a point of process, we’re talking about a slide that is responding to the JASON characterization of the current state, not any of the future forward recommendations.

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

Right.

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

So, I...my suggestion again would be, let’s...it doesn’t matter terribly how accurate they were or weren’t relative to characterization of the current state. We could be farther along and still agree that we need more work and let’s go on to the actual recommendation.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

Yeah, I agree. I would be fine with dropping the third bullet point here and the discussion which I’ve just raised I think will come up again later, when we get into the recs.

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

Okay, good stuff. Micky, do you want to do the next one?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Ah, yeah...

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

Which one are we up to?

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is...I apologize, I was on mute and wanted to jump in with a tiny piece of...it’s hard for me to let go of this bone. So, when I read the JASON report, their comments about marked up documents made me think of they are implying or suggesting that the mark-up is around formatting and the documents we’re exchanging as XML documents actually support a lot of data structure, to Josh’s point. They’re as much data as the discrete data that’s being talked about and they certainly allow for very granular data to be embedded in the document.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. And I think...

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I sort of feel like a misstatement of...that they’re mis-rep...by the way they use mark-up, they’re suggesting that, and I think they even use the phrase, that we’re no better than fax machines...

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

...and I think that that's really misstating what the level of mark-up is that's in the XML.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right, see and that's...sorry Josh, just a second. So yeah, that's the point, Larry, exactly that I think David and I had sort of in our reading of it, it was...it seemed like they were sort of making that almost as a strawman to sort of say, mark-up language...and I think marked up language, that was an imprecise wording on my part. So, but they do say mark-up language, the reference to faxing has this suggestion that the C-CDA construct does not have structured data embedded, and that's the point that we're trying to raise. Again, it's not a big point because it's just about how they're characterizing it.

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

This is Arien. I think the quote is "little better than electronic fax of page-level information." But again, characterize it well or characterize it poorly, I still think we agree that we have more work to do.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

So this is Josh, just to really dig into this point, they characterize the state of interoperability as doing little more than replacing fax machines with page-formatted medical record. They do say that, but they don't use the phrase mark-up language to refer to that process, they use the phrase mark-up language to describe what they think of as a good thing, which is data models for healthcare data. When they talk about a mark-up language, what they mean is models for health data like meds and problems and allergies, they call that a mark-up language. So they're not saying that C-CDA is a mark-up language or not, they use mark-up language to describe any data models, whether it's document-based or granular.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Hmm.

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

Okay, so we could...maybe Micky, what we can do is reword that slide, the current state of...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

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

...HIE, background, slide number 14 that first indented bullet point to substitute is limited to whatever the digital fax pages, in other words, drop the mark-up language out of there to avoid that confusion.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right, we can talk...the language they use.

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

Yeah, yeah I mean, I'm now understanding Josh's concern, we're not trying to suggest that CDA is bad, we're in fact endorsing proceeding with CDA, but we are suggesting that they took a very narrow view of the utility of it, at least in their state of the art assessment.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Okay, I think we've got it.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
And I think Josh had the suggestion of dropping the third bullet, which I think is fine. I mean again, it's talking about how they're characterizing something rather than allowing us to move forward. So...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Which bullet is the third bullet, which one?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
It's the one that says the false dichotomy bullet.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Oh, okay. Yeah, the sub-bullet. Okay. All right.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Yeah, I think when we get to the API discussions, we can...we may need to add some more clarification there.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Right, so your turn.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay. So, yeah, great, with the order of things, I get the hard one. So...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
We can do...I mean, whatever you want.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
No, no, no, no, it's okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
We should be on slide 16 now right, I believe.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yeah.

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

Yeah, there we go. Thanks.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So this is...so, architecture is obviously a broad term, so what we put in the background here is that JASON appears to be recommending a centrally orchestrated, and again, using that term that David referred to earlier, nationwide architecture to resolve incompatibility of individual implementations that exist today. And we have a number of quotes there that we think sort of support that point. They do note that their software architecture could have heterogeneous implementation modes including a mix of centralized and federated. And they say that a couple of times. And then as just reiterating a point that we had from before, they explicitly focus on high-level technical architecture and really aren't addressing at all sort of legal, business, policy, federation issues.

So it's really just to make the point that there is sort of an architecture or an architecture pattern that is being proposed here that doesn't...that isn't explicitly top down, but does assume some type of central orchestration in order to make all the piece parts work. And that's about as far as they go.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is the other Larry. I don't...I also felt that their architecture was exclusively focused on querying and completely ignored functionality required for pushing of information. And I don't know if that...I mean that seemed like it was core to their architecture.

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

I didn't...this is David, I didn't take it that way, I took the API point to be neutral on whether it was a read or a write, but I may...maybe I just overlooked that.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Well, I mean, it felt to me, I don't know if Josh thought or saw it differently, but it felt to me that the API was a way that someone outside of the EHR could gain access to that information. But that there wasn't clearly anything about the API that would necessarily trigger pushing of information spontaneously based on...so, I'm...but that's...maybe I was biased in how I read that.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

This is Josh; I think it would be good for us to call attention to this issue. In fact, the JASON report doesn't really describe one way or the other, the only place they talk about it is when they're talking about patient privacy settings, they say one of the kinds of settings that a patient would have access to would be to control read/write access of the data elements. So at least they do envision it there, but they say nothing at all more about it.

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

Yeah, so let's take that as a to do when we get back to the recommendation about the APIs. And I think we need to go to the next slide and our architecture recommendations. Do you want to walk us through this one...?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

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

...keep going.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup, sorry, just taking notes.

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

Oh yes, please.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So, on the recommendations, and again we'll come back to this, so we'll have the discussion after, but the recommendation sort of three points. One, the industry should accelerate the current path of loosely coupled architecture based on thoughtful API design, connecting market-based implementations using standards based APIs. ONC should not try to impose detailed architectures, which is essentially sort of the prior point of market-based implementations. So ONC should not try to impose detailed architectures in the market, but rather should focus on loosely coupled market driven architectures based on standards-based APIs. So where the main points being there not try to impose top down and...but that in the loose coupling, we want standards-based APIs rather than having it be a complete free for all market, bottom up from the market.

And then finally, ONC should accelerate this process by helping to convene industry stakeholders to define the minimal components necessary to loosely couple market-based implementation and to align and leverage federal infrastructure and programs to support development and adoption of such minimal components. So the idea of loose coupling, well you've got to define what it is you're coupling, even if it's loose and not tight, so what is it, what are those key minimal components. And the second point is more about saying that there are a lots of levers that are available to the federal government and having help convene and perhaps motivate a process to define that, then trying to align all of their programs to support that. So unless anyone has any comments right now, we can dive into discussion and then circle back and see whether you think all that hangs together, so moving to slide 18 now, please.

So the first point is that JASON acknowledges the importance of governance agreements and appropriate business drivers and also that essentially that evolving a "robust health architecture" isn't simply a technological problem. But the idea or the concept of an overarching architecture does require some type of strong, centralized coordination for legal clarity and alignment, policy development, all of these things. So this is just sort of pointing out that there is that central orchestration piece is there in between the lines. And it's a very strong sort of implied sort of orchestration that is there in order to create this "virtual repository in the cloud," which is a term that they use.

They talk about how you can have multiple heterogeneous implementations that all of a sudden have to be a single implementation, but the goal is to have the virtual repository in the cloud that they later refer to on the research side as being the clinical trial of 300,000,000 people. So, that's kind of what that first point is getting at.

The second is just pointing out that there's a level of abstraction here, that the architecture is kind of more like an architecture pattern that will require a rich ecosystem of specific implementations to become useful. This idea of loose coupling of multiple compatible but distinct implementation and that the implementations should be market-based, not determined or sanctioned through regulatory processes, that's our sort of rationale behind the recommendation.

The third sort of rationale is that we think that a monolithic software architecture is unlikely to be feasible in the US market, I think that's come up a couple of times in our Task Force conversations. And it would require a top down, that's a term I took from the PCAST report, which talks about top down, bottom up, middle out kinds of governance models for what were then the PCAST recommendations. But would require a top down direction and implementation from HHS that would probably require considerably more resources and legal authority than currently exists, even with Meaningful Use Stage 3 attestation and 2017 edition certification levers that are available right now.

And then finally, the current...let me just make sure of this, yes, there's one slide, the current direction of interoperability is aligned with many if not all of the components of the JASON architecture. So when you look at the diagram I think one of the things that's interesting is, they have a part where they say, well, we understand that this is sort of an ideal and we do need to make some compromises for reality. And so they have, in figures 3-5, you may recall, they sort of go through and say well, we understand that there's glide path here.

And one of the things that they end up concluding is that it's sort of acceptable, from their perspective, in terms of a glide path to start with sort of atomic data, intrinsic encryption, semantic translation and middleware applications not being a part of the core infrastructure at the beginning from their side, and building these over time. And I think as we've gone through looking at the diagrams, that's not...if you sort of peel back all of those things, that's not so far away from what certain implementations look like now. If you kind of look at what CommonWell is thinking about doing, what Care Everywhere does, what the Mass HIway in Massachusetts in the record locator service and others, just to point out three, not so far away from their figure 5. And again, the point being that these can be points on a migration...on a glide path that JASON themselves recognize is probably just a reality that we have to face, that there is glide path.

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

Um, Micky, I think wording point. I think that that very last bullet point should say acceptable to start without...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah...

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

...atomic data, intrinsic encryption, okay, yeah.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, noted that, I just scratched over it.

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

Addison glitch.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup. So, any thoughts on that, either on the rationale, but most important, the recommendations.

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

Yeah, why don't we go back to the recommendations slide, which is 17, just to make sure that everybody can see that. One question I had, and this is really towards Josh's point and just consider in bullet point 1, market-based implementation using proven standards-based APIs, we could consider adding that include both document and discrete data access? I don't know if I'm being sensitive to Josh's reading that we are discounting the value of documents, but maybe we don't...we cover that later, I don't know.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Document...yeah, that seems like a good add to me.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

This is Josh and another issue I think that we should address here, I believe here, but somewhere anyway, is the way that the JASON report formulated recommendations. The JASON report called for a bunch of really specific things to happen, especially involving ONC. They said ONC should define an architecture and ONC should create committees to carry out the work of detailing the functionality. In other words, the JASON group envisioned ONC taking all these steps. And our recommendations here at least seem to be suggesting something else ONC shouldn't define these things and the market should do it. And then what's not clear to me is maybe at some point in the future, after the market has done it, then ONC would just refer to it? And what do we envision the timeline for that might realistically look like?

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

I don't have the words...this is David. I don't have the words in front of me, but I thought it was...the suggestion was ONC should convene blah, blah, blah. In other words, it was not that ONC should actually...I'm thinking of the 12 months in time for Meaningful Use Stage 3 thought that they...but I think regardless of what the report says, what we're saying is that it should be market-driven based on standards in a loosely coupled fashion. So, interpret that as you may, that seems to be our path through, between the impossibility of a completely top down, prescriptive model versus just chaos where the biggest vendor wins.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

For me I think the question is about the time course of events. So the P...the JASON report...

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

So we get to timing in our last point, go ahead though, I'm sorry, I cut you off Josh that was rude.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

No, no, that's okay. The PCAST report...I'm sorry, the JASON report talks very specifically about this sort of one-year timeframe and the things that should happen and we should opine about that. What I'm struggling with in our current recommendation for the market-based solution is what do we imagine would be the timing and what's the driving force that's going to cause the market to do it quickly? Is there one? And if ONC wants to see certain results, how can ONC help make them happen rather than just waiting for the market to do everything?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. So we do, on the timing...

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

Well you know...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

I was going to say on the timing thing, I'm just looking...just skipping ahead for a second and we do touch on it a little bit, but we may want to sharpen that, to your comments, Josh, or at least be more specific if we have specific thoughts about the timing. So maybe we can come to that when we come to seven. I thought you had a different point, which is that if the JASON report is explicit, and I'm trying to find the language myself, that says ONC should define this stuff. And that we're saying, no ONC shouldn't, but that actually is what....that may be the right...the right recommendation from our side, but we should be very clear that we are completely disagreeing with a very specific recommendation from JASON at that point, and we don't frame it that way.

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

Right, so...

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Another...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Recommendation 1.8, under one point their recommendations it says, within 12 months should be for ONC to define an overarching software architecture.

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

Umm.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

That doesn't mean that they can't use a consensus type of process for that, but...

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

Yeah, so if the Policy Committee says, what does the Task Force feel about that point, should ONC define this overarching architecture, what would the group's response be? I know what mine would be, but what would everybody else think? Are we capturing that here?

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

This is Arien. I mean I think I do think it would be appropriate to define an architect...the architectural pattern in the same sense that the Internet defines a set of architectural patterns that enable large-scale interoperability. But those architectural patterns aren't at the detail of defining particular system behavior or even defining the details of every standard that implements those large-scale architectural patterns.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So Arien, to that point, we here in bullet three we have, by helping to convene stakeholders to define the minimal components necessary to loosely couple market-based implementation. Is that consistent...

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

Yeah and...so that's consistent. So what I'd endorse exactly what we're saying, I'd endorse the notion that ONC can help convene an agreement on large-scale architectural pattern. I would strongly not support the notion of ONC defining a detailed architecture in the small or even in the medium scale.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

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

Yeah. So...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

How do other people feel?

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

So this is Josh. I agree that ONC is not in a position to define the architecture, but I think there probably are steps that ONC could take to shape its definition and to accelerate its definition. I think that...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

...to me makes sense. Convening itself doesn't seem like a sufficiently catalyzing acceleration function. Convening might be one necessary step, but there has to be some time pressure at least, involved in the process of convening.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Okay. So maybe...I like that thought of shaping and accelerating, so maybe we can weave that into this recommendation on the architecture side. And then when we get to seven, which is more about the timing, we can revisit this question of how do you actually make something that has a sense of urgency and that actually has a feeling that it's actually going to get something done, which I think is what you're responding to. Does that make sense to everyone?

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

This is David, it does. I just...just obviously this will be a point of considerable debate.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup. Right.

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

And be careful what you ask...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

It sounds like we've...sorry David to interrupt. It sounds as though like we have sort of unanimous consensus here on that point that ONC should not define the architecture.

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

Yes. But...I mean, Arien re-quoted the architecture pattern, which I like, that was my phrase so of course I like it, but I mean maybe that's the useful modifier to induce...introduce this notion of just the patterns, not the actual APIs themselves. So I think you say in bullet point here, minimal components necessary to loosely couple, how about architecture patterns necessary to enable loosely coupled market-based implementations or something like that.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah. Okay. We can put those words in there, I guess I just wanted to make sure...

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

Yup.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

...minimal components speaks more to the layperson, like me.

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

Yeah, okay...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

And architecture pattern doesn't.

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

Yeah, no, a good...and that's who are going to be hearing us tomorrow is not technologists, for the most part.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Okay.

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

Okay. We're going to run out of time, keep going...oh yes, go ahead.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, Larry Wolf, one of the questions I've got is, are there things ONC can do beyond convening? I know that there are great financial constraints with the playing out of the HITECH funding. So I wonder if there shouldn't be encouragement of pilots, encouragement of scouring the landscape looking for pockets of success that could be used as useful examples to be taken forward and maybe incorporated so that...convene sounds like everybody's sitting in a conference room.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I agree.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think about the things that S&I Framework has done, which is yes, it's a convening, but it also says, we're going to have to try this stuff. There's not just smart people in a room...

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

...that'll do it and we're talking about looking for the market to come forward with examples. And yes, there might in a truly free market, that might be sufficient, but we're not in a truly free market, we have lots of regulatory constraints even outside of what ONC has done with certification and it might be useful to address some of that.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah and I think we do later on, in the API recommendations, I think we do talk a little bit about experiments and piloting stuff.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

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

Yeah, I think there are a couple of places where we call for pilots and real-world iterations. But we may need to buttress that, I think it's a good point.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

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

But I'm...we're going to really run shy of time, so I want to make sure...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

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

...we touch some of the high-level things. So let's go to the next slide and then the following one. So this is the core clinical and financial systems. I think the first slide here is basically where we quote from them, so there's hopefully not a lot of controversy. You can sort of see the innovation point that they made, the stovepipe legacy system they made, the critique of the MUMPS database technology, which I think many people have called out as being kind of inappropriate or who cares what's behind the API, but anyway. So let's go to the next slide and see what we make of that.

Recommendations, and I think maybe we're going to have to do some wordsmithing here as well, when I re-read it in the light of day, but industry should accelerate parallel paths of C-CDA refinement and data-level APIs as part of an evolutionary development of these systems. ONC certification should leverage standards-based APIs, where possible, to expand opportunities for modular certification. That was a point to address a little bit around the innovation opportunities. ONC should immediately seek guidance from the Standards Committee on the maturity of development of data-level API standards and what foundational API requirements can be reasonably included in the 2017 edition certification to help launch an ecosystem for more robust API development and implementation.

So, it's basically recommending, I hope the notion that's captured here that we go forward with improving the CDA as a way to move data around today, but also data-level APIs and look at that as a natural evolution. Hopefully the standards-based APIs is part of what creates the ecosystem of innovation that they requested and then we kind of turn to the Standards Committee the thought of is there anything that could be done around data-level APIs in time for the 2017 edition; thoughts on those recommendations.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Yeah, so this is Josh, I would share two thoughts. The first is, with respect to the initial bullet point here, I think we're talking about refining document-level standards, we're talking about defining discrete data-level standards and we're talking about defining APIs for accessing all kinds of data, documents as well as granular data. So I think those...there are three activities, there's the standards activity work happening on C-CDA to really iron out the kinks in these data models for documents. There's standards development work at the level of discrete data models, and FHIR is probably where that's happening. And then there's development work around the APIs to access both those kinds of data.

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

I would...this is Arien, I would completely agree with that comment and I think it's a good educational session for the Policy Committee that may be under the impression that Consolidated CDA is sufficient for the purposes that the JASONS are defining.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Right and...

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

Yeah this is Da...go ahead.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

I was going to say I was agreeing with Arien and the key distinction I want to maintain is that C-CDA is not an API, it's open...neither are FHIR data models. Data models are not APIs and we need both.

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

Yeah, this is David...

(Indiscernible)

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

I finally understand your point and I apologize for being so slow on the distinction between APIs and data models. And then I'll explain my own...the reason that I got hung up on that is I look at FHIR profiles as part of the API design, but that's actually the data model stuff. So, I get your point now and I agree, that should be probably clarified. I'm sorry I didn't under...I didn't get you the first time through, but now I do.

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry Wolf. I concur, I think the points that Josh has been raising really emphasize that we need to think about the data piece separate from how its accessed or moved around. And if you will, the CDA is just a bundling of data.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

This is Josh. The second point I wanted to raise on this slide is, the reference to the Standards Committee recommendations for what can reasonably happen in 2017 certification. Because as a member of the NwHIN Power Team in the Standards Committee, I don’t see a set of recommendations coming out of that group to really provide the kind of data access APIs that I, and I think the JASON authors, would have expected. The kind of thing that people mean when they talk about access to data like being able to do an automated query and that get back documents for a start, or maybe even discrete data about a patient, currently those things are not coming out of the recommendations of that group.

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

And yet oddly, many of us are in both workgroups.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

Right, right, exactly. David, Arien and I at least, are there others?

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

Wes, although he’s not on this call, oh no Wes isn’t anymore, I think he was at one point. Yeah, so the tension there is the feedback from everybody but us has been, we can’t get there in this timeframe. I mean, I don’t know how to do anything other than report out we like that thought, but the feedback we got from all of the vendors and the HIEs in our session, and certainly in other sessions is that we can’t...there’s not enough time to switch to a new API model, as a part of certification. There are certainly reasons to go do pilots, but there’s...and experiments and even commercial deployment, but how can we advocate for something that we didn’t hear reflected to us is the tension I feel.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Well I guess...

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

This is Arien. There’s something that I think ONC was very clear when they talked to the Standards Committee, and I assume they had the same conversation with the Policy Committee, that made it very clear that ONC right now is in the process of writing the NPRM for Stage 3. And that ship kind of sailed, there’s maybe some fine-grained course correction for that ship, and that suggests to me that maybe we should be looking at a recommendation explicitly for a post-2017 time...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

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

...frame.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

I’m sorry Arien, what was the very last point that we should be...

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

I’m saying maybe we should be explicitly looking at recommendations that contemplate a post-2017 timeframe.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Well I...just two thoughts. One is, I don't...I guess I'm not sure that we should constrain ourselves to thinking that well, Meaningful Use Stage 3 is just about 90% written, so, let's assume that no new ideas can get incorporated in that. It seems like we're asked here to respond to a report and we should just say what we think and if they're able to incorporate it great, but otherwise we get in this box of, we need 5-year lead time to do anything.

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

Although that might be realistic.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, well, fair...well that gets to my second point, actually, which I think is building a little bit on what Josh was saying, is that...or suggesting, I shouldn't say saying. Is that is a part of the question here that we need to have an explicit conversation about what bar needs to...what's the bar on calling something a standard that is good enough to be included for certification purposes? Or when is it ready enough to say, we've got a start on the new generation. If we sort of take as a given that well, HL7, just as an example, I'm not trying to pick on them, but they do own FHIR right now, that they've got this process which requires "x" amount of months for balloting and workgroups and coding and testing and whatever. Then you've got sort of a 24-month lead on anything that...that is a given and I'll point out that that wasn't true for some of the other things that we've done, then fair enough. But is that a question that we should be asking, whether this process can accommodate or even sort of push for a more accelerated process that would allow us to consider some of these things to be even possible within the 2017 edition. Like the very beginnings of sort of a FHIR implementation just around I don't know, demographics or something that at least lays the foundation.

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

This is David. I'm certainly, any of you who know me, what I believe in my private world, would advocate moving much faster than we are currently moving. But we have some negative examples of...for example the CDA moved through too fast and came out under-constrained and we have this mess now because you could argue that that just went too fast and wasn't enough experimenting done with it. So, it's a tough...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

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

...I mean I think we'd have to advocate for a different approach, maybe it's much more iterative in the field-testing than the processes that we've done in the past.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right, taking the lessons learned that folks have had...

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

Yeah.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

...I guess, because if we see this...the JASON report is in part a call to action for APIs that allow automated query retrieve kinds of capabilities, then yeah, maybe that suggests that if that is taken seriously, that you have to think about different approaches. And I'll note that the PCAST report, when they came out, there were a whole bunch of recommendations in PCAST that some of you who were on that, I was not on that Task Force, but one of the things they say is, it's too hard to get any of this stuff done by Meaningful Use Stage 2. So a whole bunch of that stuff was sort of...a little bit ironic that we're here saying, oh, it's too hard to get any of this stuff in Meaningful Use Stage 3 when this could be our last Meaningful Use stage.

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

Yeah, so what we really, maybe the interesting recommendation would be something along those lines of saying, we need a better way than the very slow standards process that we have struggled with in the past, which doesn't actually produce all that great work anyway. So, I wonder if there's some language we can craft around a more iterative, experience-driven I don't know what the right term is, I want to say agile evolution of these standards with an eye towards a more rapid adoption than the traditional waterfall development cycle...standards development cycle. In other words, that's keeping with the spirit of the JASON, they said do this fast, they said do it by Meaningful Use, all you need is 12 months. And we're saying, okay, we need a new approach to get there, our current approaches don't let that happen.

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

That's I think a key point, right...

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

So maybe our call here is for something new.

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

I think that's the key point is we can agree that we need a faster timeframe. I think that also says it's probably not a regulatorily defined standards-based or certification-based approach because in many cases, we're...our, I think appropriate, NwHIN Power Team criteria for certification...regulatorily defined certification says, you've got to have adoption, you've got to have use, you've got to have a whole desiderata that by definition, nothing new can actually...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Now, is that a NwHIN Power Team set of conventions or is it somewhere baked into the sort of the...I don't think it's in the law around certification, is it based in some of the regulations or...

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

I believe the Standards Committee endorsed it as a standards readiness framework.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Well I wonder if part of the ask here is to say the Standards Committee needs to revisit that.

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

Well again, for me this is less around whether that's an appropriate criterion for a regulatorily defined certification process and maybe a reflection that we need additional tools and approaches for implementation and development of something prior to that...prior to the state where it's actually ready for broad scale, mandatory or quasi-mandatory certification based approaches.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

I see, so...

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

We need a different pro...what I'm suggesting is we need a different process to get the kind of innovation, the kind of rapid time scale innovation that we're talking about. Because if you try to create a certification process that's actually incorporated by reference where the implementation criteria are incorporated by reference in an NPRM or a Final Rule, you just run yourself into a corner. So we need different tools, different approaches that are probably not, in the short term, defined as regulatorily defined certification criteria.

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

Yeah and you know...so we've tried the S&I approach, we've tried fast tracking through HL7 shortened ballot cycles. What have we not tried? I mean, what's the magic bullet here?

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

Well I mean, the things that I have seen work...this is Arien. The things that I have seen work are convening a group of birds of a feather who agree not just to develop something, but also to implement and test it and get it out into production. And I say work, I mean for limited definitions of work, but at least work enough to get the idea across and...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

That makes sense.

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

...test that it works and...some of the preconditions for larger scale deployment.

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

You're thinking of the Direct experience in the early days.

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

I'm thinking Direct, I'm thinking of CommonWell, I'm thinking of DirectTrust as relatively decent success cases...

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

Yeah.

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

...or at least some definition of success.

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

So maybe...Micky, maybe we need to try to cra...this is David, craft some language that captures some of these thoughts that we need a way to go faster and be more agile with this. And we're not going to be able to specify what that way is in our recommendations, but we could queue it up for further discussion in our final report...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yup.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital

Yeah and I might...this is Josh, I might call out specifically the limitations to referring to the Standards Committee Power Team’s recommendations by reference, and specifically because that team is bound by a set of criteria that have been imposed that make it very difficult to pick anything that is new.

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

Right, right. Well that committee’s going away, we’ll have a whole new set of workgroups, but we’ll have the same problem inherited probably by the new workgroups.

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

Well again, it is...there is, I think, an appropriate set of criteria relative to saying every EHR must implement “X” as a certification criteria and I don’t think those...I don’t think the criteria for what’s good enough for every EHR must implement “X” are going to change.

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

I didn’t...

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think that’s important to acknowledge. I mean, we’re...

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

I didn’t...

Larry Wolf – Health IT Strategist – Kindred Healthcare

It’s Larry Wolf...model for innovation that we’re looking to move forward I think needs to recognize that the regulatory process becomes part of the end-cycle of its already clear what’s working and so we will formalize that to bring in the remaining 20% of the market or maybe get it from 20% to 80%. But until it gets to some significant threshold, we need other processes to encourage rapid testing and adoption.

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

Amen.

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

Yeah and again, this is David, some people would say that’s ConnectaThons and that hasn’t worked either. So I’m...I know it’s a hard problem, if there was an obviously right way to do it, we would be trying it. But I think we need to capture that thought, Micky, just reflect that the group’s tension around being uncomfortable with the slow progress of these changes with today’s processes. We need a better and faster way to do it.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

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

We’re going to...can we try to squeeze in our API recommendation before we run out of time? Don’t we stop at the half hour, right? So we have 9 minutes to go?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

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

So let's...I mean, we're not going to cover everything here, but let's just go to slide...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Twenty-one.

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

...twenty-one. So, the background here is I think we've covered in our discussion so far, move beyond C-CDAs to public APIs, data-level discrete data. They propose accelerating this development through regulatory requirements, they suggest MU Stage 3 and they are highly concerned that the industry will not move beyond Direct and C-CDAs. So I think that's just background, let's go to the next slide 22, for our recommendations.

We agree on the need for data-level APIs to complement document-level C-CDAs currently in production and refinement today. Immediate efforts should be addressed to improving current C-CDA interoperability in time for 2017, that's coming out of numerous workgroups. We also note the value of narrative text in preserving the patient's story; the narrative must not be lost during the addition of discrete data APIs.

The growing industry adoption of standards-based API work such as HL7 FHIR, focusing on high-value use cases is the most appropriate and sustainable path to accelerated use of APIs. FHIR profiles offer the promise...a promising approach to meeting the demand for semantic interoperability and thus minimizing the need for the metadata translation services. Much work to be done before FHIR can become a standard mature enough for large-scale deployment.

And then FHIR and FHIR profiling should be accelerated and targeted through ONC contracting with existing initiatives and SDOs for development of tight specifications and implementation guides focused on these high-value use case and licensed for public use. And then finally, standards development certification should leverage existing industry and HITECH structures. We'll have to clarify what we meant by that in a minute, so I'll come back to that one.

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

So Josh, you've gotten your points that we really are maybe needing to call this out as three things, documents, data model and APIs. So I think we might want to update these slides to capture that subtlety, although I was trying to do a little bit of that with the FHIR profile idea.

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

This is Arien. Should we maybe also consider that HHS and ONC partner with other federal partners such as DoD and the VA relative to...

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

Do we want that?

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

...FHIR acceleration? They have money and they're purchasing stuff so...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

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

Yeah, but...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Do they ever accelerate anything?

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

Yeah, it's the confluence of the word accelerate and VA in the same sentence...

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

This is true.

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

...I'm having trouble with.

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

Nancy Orvis is on this call, so don't be dissing on the DoD, but maybe VA's okay.

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

Yeah, I'm sorry Nancy. So the JASONS do specifically call out to test this architecture with the VA and DoD, I mean you guys all recall that. They specifically make that a bulleted point and we didn't pick it up in our recommendations, but. But I think this is the core...to me, this API...is the core value take away from the JASON report is it's time to do this.

We heard a little bit about it in the PCAST report, didn't go anywhere, we weren't ready for it. It's back, it's now much more feasible to pull it off given the advances with FHIR in particular. To me this is the big message and I want to make sure we capture it and get it across. We've probably got too many words on this slide, I know probably is not right, we definitely have too many words on this slide.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

So the first point is, we agree on the need for data-level APIs with the context of...the second point is pointing to HL7 FHIR. The third is trying to point to a way to is there some way of accelerating that through targeted...here the specific recommendation is ONC contracting.

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

That's good.

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

I'm wondering whether there's just a formatting issue here where the sub-bullets could maybe go in, if you could put this in a table, the main level bullets could go into a larger font piece and then the sub-bullets could be background.

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

Yeah.

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

There just might be some...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

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

...the words on the page, there are too many of them, but I think the high-level recommendations are probably pretty good.

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

David, this is Andy Wiesenthal. I'm agreeing with...you can do it that way or you can just do exactly what you just did two minutes ago, put another slide and say, it's time. And it's time because, boom, boom, boom and be done with that and at least the people with ADD in the room, such as myself, will understand that there are only two points to come away with and these are it. That's a very Socratic way of handling the question.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

This is Josh, I still have a problem with the disconnect here. We're saying it's time, we're saying things are ready, but we're saying not for 2017. We're still saying in 2017 is too soon, so we're saying it's time, but...

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

No I...

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

...is beyond.

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

So I think we're all...I think we agreed that we're saying we need a process for more rapid evolution that is probably extra-regulatory at first.

Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital

Yeah but...

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

Yeah, I think that is our key tension. We need a better way to move faster, we need a way to move faster.

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

And I think, and I'm sorry, this is probably inappropriate for the JASON Task Force, but I think ONC should consider making Stage 3 smaller in order to preserve capacity for stakeholders to go faster in innovation. Of course that relies on those stakeholders actually getting their act together. We're operating under a theory that EHR and other stakeholders can't get their act together so the only way to get them to move is regulatory means. That worked for a while, but it has tensions that we've discussed so you've got to relax with work that ONC is making EHR developers do, but EHR and other stakeholders actually have to get their act together to do the innovative work for that approach to work.

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

You know, this is Andy again, so I've been listening for a long time and now I have two things to say in under 60 seconds. I don't think it was regulation that got the industry to move, there's been plenty of regulation in fits and starts and ICD-10 as we have seen, regulation can be thwarted, subverted, reversed, pushed out. What got everybody to move was money...

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

Yeah.

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

...not the regulation. The regulations have followed the money, so if we're going to get the money, oh here's what you have to do to get the money. Okay, that's what you...now that you made that clear. So this is the Pollyannaish, if there were more money, then people would move fast, behind this particular set of issues. And so...

(Indiscernible)

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

...if there's money at stake, we ought to focus the money where we really want people to move, and they will.

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

This is David. Obviously we're not going to be able to call for new money; however, I think the effect of the shift in market towards post-fee-for-service payment models is the money. In other words...

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

Right.

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

...the vendor's pressure is much higher around interoperability than it used to be simply because the new business models require it. In a fee-for-service world, you didn't really need it, frankly, you did better without it in some cases. That's no longer true, so the market's money is moving in a new direction and it's going to pull us there faster than we're going to get there with a regulatory approach. I agree.

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

I agree.

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

But we're out of time, so I...is, I forgot, Michelle is not running our call today...Kimberly...

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

I'm back, though.

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

Oh, Michelle...

Public Comment

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

So Caitlin, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Okay, if you are listening via your computer speakers, you may dial 1-877-605-2976 and press *1 to be placed in the comment queue. If you are on the phone and would like to make a public comment, please press *1 at this time.

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

It looks like we do have a public comment from Denise Warzel. Just a reminder Denise that public comment is limited to 3 minutes. Please go ahead.

Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health

Thank you. So I do think this has been a very helpful and interesting discussion and a lot of progress has been made. I think I'd like to just echo some comments I made last time and just alert you that I will send some written comments. But I think the main point here, and I think it is being teased out well, is that the data-model and the APIs are actually separable. And the JASON report emphasizes the need for metadata that describes the data, which would provide the context and provenance information and if so, then decoupling the data-model from the API would be, I think, a more acceptable approach for broader community. Because then folks are not forced into a common data or information model that may not fit their either healthcare or research data purposes. So I think the FHIR approach in general is really good, the APIs, the documentation it provides us all that. So I would just vote in favor of separating the data-model from the APIs and paying close attention to how FHIR currently is designed, and which that really is not the way it's being rolled out.

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

Thank you, Denise. And thank you everyone, we have no further comment so we look forward to seeing Micky and David tomorrow.

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

Yes and we look forward to our additional sessions after tomorrow's review to keep going into the details here. So, appreciate the good start. Thanks.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thank you everyone.

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

Thank you everyone.

Public Comments Submitted

1. Policy Interoperability is exceedingly important as the foundation for technical interoperability as it builds the trust framework upon which public support to achieve the JASON Report goals.
2. This is very good on the points it covers, but misses the point about the lack of data interoperability; it's not just public APIs
3. Prior comment was on slide 12, the summary of the JASON report. See page 3, first paragraph, and section 1.5 on that page for the details/core principles at the bottom of the page)
4. Slide 13 is also missing the need for the data to be interoperable and have associated metadata.
5. APIs are not enough...they don't say a common data model. They say the data should have metadata ... to provide context and provenance. That is very different than a common data model.
6. That Josh is saying is a re-interpreting of the report and the author's intent of the JASON use of the term 'markup'. The authors of the report were very smart people, if they had meant Data Model, they would have said so.
7. Focusing on the "data model separately from how it's moved around" is an important recommendation. But I'm not sure if this committed as a whole, realize that it's not possible to do this if this group recommends FHIR. To my knowledge, the FHIR APIs and the HL7 RIM are tied together.
8. The suggestion about exchanging a particular kind of data ... "Demographics" ... makes an implicit assumption about a common data model, not just a common API. There is not agreement about the data model, about what the data elements are for "Demographics". The architecture should allow exchange of information in its atomic format/meaning, which will very likely not be conformant to HL7 RIM.
9. Is there a concern about this group recommending funding a particular group? (HL7 FHIR).