



**HIT Standards Committee
NwHIN Power Team
Transcript
August 28, 2014**

Presentation

Operator

All lines are now bridged.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's NwHIN Power Team. 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 the meeting is being transcribed and recorded. I'll now take roll. Dixie Baker?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I'm here.

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

Hi Dixie. David McCallie? Arien Malec?

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

I'm here.

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

Hi Arien. Cris Ross? Jitin Asnaani?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

I'm here, hi.

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

Hi Jitin. Josh Mandel?

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

I'm here.

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

Keith Figlioli? Keith Boone? Kevin Brady? Ollie Gray? Wes Rishel? And Debbie Bucci from ONC?

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi Debbie and with that I'll turn it to you Dixie.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Okay, thank you and thank the rest of you for dialing in as well, we really appreciate it. We're honing in on our final two tasks that were assigned to us, to this Power Team, so we have two things on the agenda today number one is to go over our final recommendations for the query for patient record task and then we want to launch into the final assignment that we've gotten which has to do with data portability. Data portability is for providers when they decide to change EHR products and for patients when they decide to change primary care providers.

There has been quite a bit of off line conversation about the query for patient record. So the recommendations have been refined considerably. So, I'll try to go through what we have here, this is basically sort of a draft of what we would present to the Standards Committee.

So, this is it, the recommendations for query for patient records and the Policy Committee sent this over to the Standards Committee with the recommendation that by 2017 we want to enable the query functions within the context of the certification authority that currently exists. So in other words they want to enable the query for patient record and receipt of a patient record without having to make separate regulations around HISPs or HIE organizations, etcetera.

And they also want us to build on the market developments in both directed and query exchange so it is not just, you know, a query as you might do in a Google search or something it can be either synchronous or asynchronous. So, next slide.

So, the two recommendations are that they...are that certified EHR technology be able to search for patient information and secondly that certified EHR technology that receives a request or a query for a patient record be able to respond to the searches by producing the patient record requested. The next one please, slide please.

We met, you'll recall its...oh, well I see the date there, April, we met with Micky Tripathi who did a really nice job of clarifying for us what was being asked for and they do want this query capability to be in place by Stage 3 of Meaningful Use which corresponds to the 2017 edition of the standards and certification criteria.

They said the EHR system could delegate the query capability to a third-party like an HIE or a HISP and that the query, as I said earlier, need not be synchronous that it can be asynchronous or synchronous. The synchronous query is where we want to go ultimately but targeting the 2017 edition it need not be synchronous. And he stressed that the 2017 requirement should really be a set of functional requirements not a specific set of transactions that need to proceed in a particular specific order. So, next slide.

Again, Micky's clarifications were that it needs to search for the record, respond to the request for a record and leverage existing standards such as the Direct protocol and the IHE XCA profile, across communities, across community query I guess that is.

The responsibilities for providing identifying information like patient matching or it could be assigned to a different organization. So, you might use another...the recommendations in other words don't need to address specifically the, you know, the requirement for being able to positively match patients which is another challenge in and of itself.

The standards for content is an open question. They didn't it to be restricted to Consolidated CDA they want to allow for a FHIR response ultimately but they also need for some minimal certification criterion for content. Next slide, please.

We considered a number of options and you'll recall that we had a presentation by someone from the Data Access Framework S&I Project, Framework Project, and so this slide in the next talk about the, you know, the considerations that this group discussed about these various options.

The DAF is...one of the biggest limitations is that it is currently in development, but its defined focus is really too broad for the 2017's timeframe anyway not only will it not be ready by the 2017 but it really needs to...the focus of it was too broad. It hasn't been used by vendors at this point and it was complex because it required support for both SOAP-based and RESTful-based query responses.

The IHE cross community access that's it, cross community access profile or XCA as we know it the document oriented...it is document oriented and it uses document metadata, it's cumbersome and we've spent quite a bit of time talking about...both this group and the Implementation Workgroup in fact has spent considerable time talking about what the current challenges are with respect to the Consolidated CDA. And it is network dependent; it's not necessarily interoperable among various implementations of XCA. Next slide, please.

And Direct is asynchronous and so there is no guarantee of a response, you send an e-mail to somebody and then you wait to get a response. And then the Consolidated CDA if it is available is returned via an attachment and text.

And then the final one considered is the FHIR standard that is in development with HL7 right now and we really...this group really wanted to push ahead and support the FHIR development, I think a lot of people are very, very excited about FHIR, but it is not yet a finalized standard let alone in wide use. So, it is really a bit premature to really recommend FHIR for the 2017 edition. Next slide, please.

We concluded that there were a number of challenges relating to options for the 2017 edition. The C-CDA itself, the specification itself needs further content, coding and constraint standardization these same limitations by the way or challenges were mentioned by the Implementation Workgroup at the last Standards Committee meeting.

The transitions of care documents are large and cumbersome, which are C-CDA documents and there is a need for a template that is a little bit more concise and limited. There is a need for more wide-spread support of other simpler kinds of human readable documents and summaries of documents rather than just a large transitions of care or transitions of care document or other complete C-CDA documents. And then there are issues relating to consistent wrapping of the C-CDA documents as attachments to Direct messages.

The other considerations are trust issues which is a huge challenge right now with respect to, you know, exchange of any sort. There is no standard for patient discovery and validation that the patient you've discovered is correct. No standard for record locator services and then we know that there are parallel efforts that it will impact query as well including the JASON Task Force, the ONC Roadmap Initiative and we could also include the recommendations that the Implementation Workgroup has made. Next slide.

So, our recommendations, this first slide is intended to show the guiding principles that we used in making these recommendations. So, we concluded that we should limit the scope of the use cases to query for a named external health organization for a document containing a specific patient's data.

You remember that the DAF S&I Framework for example addressed query across a single organization as well and we concluded that this recommendation really should be limited to query of external healthcare organizations, of a known healthcare organization and a known patient, and it should include return of the requested document in response to a query and it should address both asynchronous and synchronous queries.

By the 2017 edition, we had a lot of conversation around this you will recall, that by the 2017 edition we are recommending that the 2017 edition address high priority challenges relating to the query for structured documents but it should keep in mind the longer term objectives of enabling synchronous query for discrete data elements which the FHIR, HL7 FHIR will enable us to do, and it should also keep in mind the longer term objective of eliminating the need for EHRs to support multiple transport stacks for query and response. So, when we move to FHIR we really want to move to FHIR we don't want to really go through a phase where we require vendors to support multiple stacks. Next slide, please.

These are the functional capabilities that we're recommending and these are...you'll recall that the Policy Committee asked for recommendations for functional capabilities to be present in certified EHR technology in the 2017 edition.

So, those functional capabilities would be the capability to generate and address to a trusted and known external end-point a query requesting a document containing a summary for a named patient and to generate an identifier for a document that maybe selected from a list provided by the external provider. So, whether they be using XCA query or whether they be using Direct it is possible that the end-point may come back...may have multiple documents that seem to match, seem to be what they are asking for.

So, the functional capability needs to allow for that intermediate phase where the end entity comes back and says “okay, I have the following three documents which one do you need?” So, the response to that query needs to either return a list of available documents or return one specific document that is exactly what they ask for or to return a response indicating that the requested data are not available. Next slide.

And these last three slides are the recommendations for EHR technology certification. These three slides have undergone quite a bit of interactive, you know, off line e-mail discussion since our last meeting, so I’ll be very, very interested in hearing what you have to say.

This one also, the first one, since our last meeting we’ve had the Standards Committee meeting at which the Implementation Workgroup provided very detailed recommendations for immediate improvements to the Consolidated CDA. The Standards Committee accepted the recommendation and the recommendation was basically to do more in depth study of exactly what the near-term needs are and that was approved by the Standards Committee. So, this one, this first recommendation is in the near-term support the fast-tracking of the improvements of the Consolidated CDA Implementation Guide as recommended by that Implementation Working Group. Next slide.

These are...what we have here are three recommendations that are recommendations that would go into this study of ways to improve the C-CDA and all of these are improvements that we see needed specifically to support the query capability, we know there are other issues around Consolidated CDA but these are intended to be specific to query.

So, we recommend developing implementation guidance for three things here, standardizing the LOINC codes and document metadata for ambiguous attributes such as type-code, mime type, format code and class code which all seem to be describing the same thing.

The second is defining and associating standard LOINC codes for various types of Consolidated CDA documents for what we called at our last discussion “on demand retrieval” which are retrieval of documents that are not as large, voluminous and complete as complete CDAs such as a full history, problems, allergies, intolerances, summary of the latest encounter or a summary of active and pertinent information about the patient.

And then the third one is to create, identify and retrieve a Consolidated CDA document containing a standard header plus wrapped content of any type and this we put on there because it certainly is not a preferred alternative for exchanging documents but it is better than fax and so it was felt that it would be good to have that as an exchange option in certified EHR technology even if it wasn’t the...even if it was the very least desired, preferred way to exchange electronic documents. Next slide.

There was also a recommendation that was brought up that really wasn’t related specifically to Consolidated CDA so much as to the XCA query capability. So, this one says to seek multi-vendor inputs to clarify high priority improvements whether that be, you know, new profiling or implementation guidance that are needed to standardize the XCA query and for example defining and associating metadata parameters for typical queries.

And then, I think this is the final recommendation, is to support the efforts to accelerate the development of FHIR-based services and FHIR profiles like query response for named patient's data, define simplified subset profiles and defining FHIR profiles that are lined with the IHE mobile access to health documents and core CDA elements.

And I think that's...oh, no we have one more slide I think, right? Yeah, and these are...we wanted to...we had this slide the last time too, we wanted to still highlight that the trust and patient identity and record locator services and lack of standards around them is a significant barrier and needs to be addressed.

And finally, that adding the certifiable functional capabilities is necessary but not sufficient for wide-spread interoperability that we need worked examples and implementation guidance. So, we've been through the slides, I'm interested in your comments.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Hi, I'll go first, this is Jitin speaking. Dixie, thanks, as always for such an awesome kind of run through and summary of all the discussion, I don't know how you do it.

My first comment I guess would be...actually I think this last slide answers a question I had earlier, which was if the recommendation is that the functional capability be able to query a known electronic end-point that's something that is almost never know otherwise unless you have a record locator service or other service that pulls out that end-point for you beforehand or potentially a provider directory service, but even that would be probably very rare in 2017.

And I think this first bullet point on this slide kind of answers that. That is the thinking, right? That if there are these services out there that are beyond the scope of the EHR then the EHR once given a record located end-point should be able to do the query functionality in a standardized way. Is that right?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

That's right or else the patient might, you know, may know or that information may be gained...well that's the same thing, it may be gained through another channel, but yeah, you're right it is separate from this right.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, because I don't see many scenarios where the patient or provider would otherwise know unless this is completely running through some...running off of other electronic services like a record locator service.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Providers barely know each other's e-mail addresses or phone numbers for electronic service end-points.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, yeah. Well, you know, in today's world if the patient knows where their records are they would name the doctor and then there would be some calls and, you know, it would be pretty clumsy, yeah, you're right.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

So, my only...so my thought there is that I don't know if we should point that out earlier in the recommendation. Otherwise, I agree with the recommendation. I just don't know...because that question was on my mind for the last four slides until we hit this slide and then it was like "ah, okay that is obvious in that case." But, I don't know if it needs to be brought up front.

In a similar vein though, a different question, on the one hand at the beginning of this discussion you said that FHIR is...and we all agreed to this, so I'm saying it on sort of all our behalves, that FHIR is too young to be recommended at this stage for 2017 but at the same time we're recommending accelerated development of FHIR profiles.

I'm actually pro for both of those things, both of those two things, but at the same time I'm having a hard time kind of re-consolidating in my head why would we make this recommendation at ONC level such that it could be sort of sensibly interpreted by folks who are not...if we know that FHIR...we have to kind of lay the groundwork that FHIR can potentially be incorporated into 2017 certification it's just we can't do it at this point and at least that was not clear to me. Is that the right interpretation?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes, yes and we know that ONC has other efforts around FHIR, you know, involved and we did have some discussion about whether we should just mention those efforts, but, you know, like the roadmap effort and like the JASON Task Force we know, you know, unofficially we know that both of those are certainly, you know, encouraging ultimate migration to FHIR, we know that but the public doesn't know that and that's not on the public record at this point. So, we concluded that maybe it would be premature to, you know, put our support behind other efforts at this point that haven't been publically exposed, you know what I mean?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yes.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

But it's not like making a recommendation out of the blue to ONC either, you know, support, it's not an empty kind of support. So, if you have a suggestion for a better way to say that I would, you know, I'd really appreciate it because, you know, it's not like a brand new thing for ONC they already are supporting FHIR.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, yeah and I think that's true on all accounts. I think maybe there is a preamble sentence that goes in that says something to the effect of this, you know, this committee, you know, looked forward and has been hearing from industry that we need a better method of discrete data exchange beyond the cumbersome document level exchange that we have today. The industry is not there yet but we can't wait to start developing it so we need to start developing now that's the third place where we recommend to ONC new development.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Even though we know at this point it's too young to say for sure that it will become part of 2017.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Right that's why we eliminated it for our recommendation for 2017 because, you know, if you start counting the months and the time...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yes.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I think that's a great idea to just put a slide in there that says we are strongly supportive of this and the ongoing efforts around FHIR, I think that would be great.

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

Yeah, this is...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Do the rest of you agree with that?

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

This is Arien and, you know, I think the...we heard at the Standards Committee, last Standards Committee pretty clearly between the lines that ONC is busy writing Regs right now and so I agree with the recommendation, I just keep stepping back and going "what's going to happen?"

Let's assume we go forward with these recommendations, what's actually going to happen, in fact is if we have a functional capability, every EHR will have to demonstrate a functional capability that meets the use cases, there may be some work that gets spawned to help smooth the edges.

My biggest worry is that we'll all go off and build functional capabilities probably off the stuff that we've already built. We'll say the stuff that we already built meets the functional capability requirements and we'll essentially be locking in the current state of exchange which kind of works but it's clunky and it requires a lot of mutual EHR to EHR negotiation and it's based on XDS and XCA.

And then, you know, by the next Meaningful Use or next certification timeline let's say it's 2020, we'll say "and now FHIR" and there will be a predictable pattern as everybody is saying "well you told us to implement something functional, we implemented it based on the stuff that we already supported and now you're making us do something new."

So, I'm just trying to think through are we getting what we want when we plot out our recommendations over the 2017 and then over the next certification timeline whether that be 2018, 2019, 2020 in a yearly certification program basis or a posited 2020 Meaningful Use cycle. Are we actually creating more lock in and less flexibility than in ways that impede interoperability. That's the big question that I have and I think Jitin's question kind of helped me frame up the nagging concerns that I've been having.

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

And this is Josh, I would just say that I share those concerns and I hear even some contradictions in the way that we're talking about these proposals. So, on the one hand we're talking about implementing functional or putting in place functional requirements but on the other hand, you know, as Jitin was describing what the interaction might look like, he said once somebody identifies where to find the patient record then the EHR could do the query in a standardized way. So, I see this tension even in the way we're describing what we're trying to get here.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, I see...yeah, I see what you guys are saying, so what are you recommending? I mean, there is a possibility...I mean, we certainly could recommend that there be no query functional capability in the 2017.

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

Yeah.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

You know, until...and hold off on it, we could recommend that.

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

We could recommend low regrets activities that we know regardless of whether we're talking about FHIR or XCA, or what have you that has to get done by 2017 and some of those low regret activities I think are the ones that we've already listed, they are improving data standards for Consolidated CDA because we have to do that, they are improving the development of FHIR-based profiles, they are improving standardization of metadata for document oriented queries and then maybe strike the query-based functional capability from 2017 and make it very clear that these activities are foundational for 2018, 2019 certification period query, certification...2018 or 2019 certification criterion for query-based exchange.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Arien can I try...this is Jitin, can I try a...I don't know if it's a counter proposal or a complimentary proposal. If sort of functional capabilities does lead us to the lock in we have right now and to Josh's point I certainly have thought about it as standardized in my mind and it's exactly the opposite of what's written here so there is a tension there.

Is it possible that our recommendation is actually standardization of the query process not...and I say that from the point-of-view of certification in the EHR of course not that it be required for usage in Meaningful Use, but that from a CEHRT point-of-view there exists the capability to query and retrieve in a very specific manner or is your concern really that we'll abandon XCA and so on altogether and we use a RESTful FHIR method and so even that is a wasted effort to actually require some well constrained version of XCA be built into the EHR?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well that's ultimately what we're talking about Jitin in that, you know, striving to eliminate the need for duplicate stacks, you know, one for REST and one for SOAP. So, we're actually saying, ultimately we want to get away from XCA that's what we're saying. Ultimately we want it to be FHIR and I think we've made that pretty clear.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, in that case, in that case I think I'd agree with Arien that limiting...doing the least regret activity is probably the better way to go while we recommend to ONC that...when we say FHIR profiles it's not always what strikes me as the query response part of it, all of us think about the content first. I think we need to delineate that more that there has to be profiles for both the exchange and for what is exchanged.

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

Yeah, FHIR does have...this is Arien, FHIR does profiles or FHIR does have resource types that can be profiled for describing document oriented metadata and doing queries on documented oriented metadata as well as I think what we all think of FHIR which is the resources describing patient level data.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, so maybe we want to, we want to sort of...we want to encourage development at a few different levels of FHIR so that it's just more clear and explicit because otherwise I think FHIR...most of the industry, including myself, have only seen parts of the elephant and I think the import of that statement will kind of fly above the heads of people.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Now if we eliminated the functional...these functional requirements that we recommended here are things that most EHRs would do today. It's not really stretching functionally. So, really what we would be doing is adding testing and adding, you know, more frankly busy work for the vendors than anything else, right?

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

Yes, this is Arien, I believe that's how it would play out.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Because most vendors could do what we're saying functional...so maybe what we say is these are the functional requirements and these are the functional capabilities that are needed. We believe most vendors would be able to perform these and we don't want to impose additional, I don't know...I know you don't use busy work, but, you know, additional, you know, non-productive requirements on vendors so we want to focus on the C-CDA and the FHIR activities instead. Is that what I'm hearing?

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

This is Arien, that's what I am saying.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, I concur. I just wonder how that would be received but that's a different matter.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, I think that...I honestly think that because the...if the ONC weren't already investing a lot in FHIR and in, you know, this other direction it would be a lot more of a concern to me than it is now because I know that that's the direction they know they want to head anyway.

And they are sensitive about imposing additional work on vendors that's not really moving the needle and in truth it really wouldn't because I'm sure, you know, looking at these...now the other comment that you made Jitin, I wanted to go back to it about record locator services.

We do mention record locator services as a challenge on slide 8, so the end is not the first time we mention it, but maybe we should...I mean, that is something that's, you know, needed regardless of what you're using to actually do the query. So, do we want to put more emphasis on that somewhere?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

If we are recommending...if we are going to continue recommending the functional...the recommendation of the functional requirements, you know, maybe I just missed it the first time. I feel like it should be highlighted but I don't have a strong opinion for it, you're right it's here I must have just missed it. I probably wouldn't be the only person missing it so we should either articulate it verbally so that people are clear or...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, just to make sure, yeah, yeah, I think that's what we'll do just to...because all of those other considerations down there are huge considerations you know.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Yeah, oh, yeah, oh, yeah.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Maybe I shouldn't use the word "other" because it kind of...it kind of...it almost fuses into a dot, dot, dot and that's not what we mean at all. So, I might want to...

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

So...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Go ahead?

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

This is Josh, I want to come back to the question around functional requirements, you know, when we maybe finish this thread because I'm not...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

You want to, yeah...

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

Totally happy here yet.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes.

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

So, we don’t have to do it right now I just want to make sure we do come back to it.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

No, no I want to...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

I agree.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I just wanted...I still want to discuss that, I just didn’t want to lose Jitin’s comment about the record locator services. So, where we are...and I wanted to see whether he thought that this should be, you know, whether we think that this should be highlighted as something that vendors should, you know...where we are in the discussion is basically the possibility of really focusing on ways to improve the Consolidated CDA and possibly the XCA recommendation as well, but somehow communicating that...well, the way we communicate is in the slide, here are the functional needs for query and we believe that most vendors are able to do this but we don’t think that any further certification criteria or testing should be imposed, but rather the full effort should be going toward improvements in the C-CDA and maturation of FHIR. So, that...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

So, I have a question about this. If we went down this path of recommending it...in 2017 we will presumably have a new CEHRT edition come out, CEHRT rule edition come out, as well as Meaningful Use Stage 3. If Meaningful Use Stage 3 regulations requires any...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Sort of usage of query/retrieve then vendors who provide software but not the results necessarily, which is the state of the industry in general today could get off the hook by providing providers with software which doesn’t actually do any query/retrieve. That was my main concern about how this would be received by ONC and CMS if they feel like this will result in EHR software that won’t be able to meet what they want to include in Meaningful Use Stage 3 requirements.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, I don’t know whether Meaningful Use Stage 3 includes query, I don’t know, because that all comes out of the Policy Committee not the Standards Committee and CMS of course.

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

Well, so this is Arien, I have the unfortunate or fortunate advance of sitting on both sides of this, this came through the Information Exchange Workgroup of the Policy Committee and I believe the Information Exchange Workgroup’s recommendations were endorsed by the Policy Committee.

So, what we're dealing with on the Standards Committee side is responding to Policy Committee recommendations that functional requirements for query-based exchange be included.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, if we didn't actually have certification criteria around query and testing around query then there is a risk that certified EHR technology would not be able to support that Meaningful Use requirement, right?

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

Well, so we're responsible, the Standards Committee is responsible for the certification criteria and I believe that the Policy Committee recommended this be a certification criterion but not a Meaningful Use attestation measure.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Oh, interesting.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Oh, really?

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

...

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

Specifically there is going to be a certification criterion around a functional demonstration is that the thought?

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

I believe that's the thought.

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

So...

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

Because when you do good intentions all the way down to the end you realize "hmm how is that going to work in practice?"

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

But here's what I would say though, for vendors who already offer this kind of function a certification criterion around a functional requirement is not a kind of red tape, it's really just showing a tester here is a button you click on to do the thing and that's it.

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

You'd be surprised.

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

No, I understand, but the actual test itself is not looking at the protocols over the wire, it’s not looking at the data because it’s just functional, the test is just checking a box to say something arrived somewhere through some method that the vendor got to specify, that doesn’t seem hugely burdensome in the context of all the rest of the certification criteria that will be part of a package.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

This is Jitin, I’m not sure I agree with that...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Oh, yes.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Because it’s one thing to self-attest and say “yes, we can do this and be done with it.” It’s another thing when if you have to do a query/retrieve even in a test you have to test with something, you have to get a document or you have to be able to get a list back or you have to be able to demonstrate that you can send a list back, that does require interoperability testing with something either an entity out there or with a trading partner and either way if Meaningful Use Stage 2 certification is any indication that’s both burdensome and sometimes it’s not even capable for ONC to deliver on it, the Direct testing is a case in point there. So, I think it actually...

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

And, this is Arien...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Is a lot more work.

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

Yeah, so this is Arien, in many cases it’s both burdensome and non-productive relative to improving the state-of-the art of interoperability.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Right, non-productive that’s better than busy work.

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

So, Arien, it’s clear that it’s non-productive for vendors who actually offer this functionality but for vendors who do not it would be productive which is to say, they would have a capability if they built for that purpose. I think there are...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

But they aren’t...

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

There are some certification criteria, if I understand it correctly, that really are just a vendor attesting. So, for example there is one around user-centered design where a vendor basically just likes a document saying, we did user-centered design and signs it, you could have that kind of thing saying “we offer the following, we’ve satisfied the following functional requirements and not literally have a tester pushing through the software. I mean, I think there is a way to structure that kind of thing.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

So, Josh, I don't disagree with you in principle that was...the user-centered design was not the...was maybe not the best example because I know we spent several hundred man hours getting ready for that one alone.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

I presume there are other ones where you are absolutely spot on, but we'd have to find the right analogy because that one in particular caused me tons of angst because there are vendors who got away with checking a box without necessarily doing everything necessary and others who did it the right way and it takes a ton of time to do it the right way. So, we'd have to be really clear about what that means.

And again...and coming back to, I think it was Arien's point way at the beginning, if we're going to ask them to move from that anyway, you know, within a year to two years or three years to, you know, FHIR plus REST or whatever the right profile is then is this still non-productive work even if they can show that they can do query/retrieve with XCA?

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

So, what I was going to suggest here was the following, that there would be basically a vendor attestation where they say "yes, we support this functional requirement" and as part of the language ONC could say, you know, if you don't already have a way to query documents we recommend doing it with FHIR, you know, without saying it's required and without, you know, saying that you won't have to make some changes in the next round but if we wanted to put people on the right path and not waste their time, and still get systems to support functional requirements that would be an option.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, I would point out that they already are tested and required to show that they support either Direct or XCA. XCA, the basic profile, includes query and so I would say that from a functional perspective you can already point to the Direct testing and the XCA testing to show that they would support those functional requirements.

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

Yes...

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

Well, I think there is a slight logical gap there, because they can do Direct or XCA and if they only do Direct then it doesn't really support query.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Oh, yes it does.

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

By the way, just to be...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes it does.

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

This is Arien, just to be clear it is Direct or be a member of eHealth Exchange.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Oh.

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

Which you could be a member of eHealth Exchange and not support XCA although I assume most would, but it is actually very specific to be in eHealth Exchange, you couldn't, just to take an example that I care a lot about, you couldn't be a member of the CommonWell Health Alliance and meet your certification criteria that way even though we use XCA.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, eHealth Exchange does that require that they support the, what is it, ITI-38 I think it is query?

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

Well, there are multiple paths to on-board on eHealth Exchange, I would assume most people who do on-board on eHealth Exchange support XCPD and XCA as the main thing that they on-board to.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, well if it's XCA, XCA requires the query.

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

Yeah.

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

But if you don't do XCA then how do you support query?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

The Direct, look at our recommendations, our recommendations clearly say that you can do a request for a record and return the record using Direct.

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

Yeah, I guess...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

That's all the asynchronous and synchronous that I kept going through, it's perfectly fine to send somebody an e-mail over Direct and say "I want Arien Malec's record" and for them to return it as an attachment, well that capability...

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

So...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Would already be tested in their Direct testing.

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

When we talk about asynchronous versus synchronous I think I have a picture in my head that maybe different from the picture in your head because I am imaging an automated interface in both cases even if it’s asynchronous I’m not waiting for a human being to come in the morning and read my request and look up some papers and then, you know, maybe respond before lunch if they remember, even if it’s asynchronous for a query-response I would be imaging an automated pattern, is that what you have in mind too or are you thinking maybe it’s a human...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

No, no the Policy Committee says, you know, rely upon the existing standards for Direct and XCA, I think they said, or Direct standards such as, and no what I was envisioning would be that, you know, if you are a small practice and you used Direct you might send somebody an e-mail and say...over Direct and say “I want this patient’s record” and it be returned using Direct.

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

Yeah, so I won’t deny the fact that’s a useful workflow to have available but that doesn’t, to me at least, seem to be satisfying the core requirement here for querable EHRs.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

And our recommendations don’t address workflow or orchestration, we made that pretty clear.

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

I guess I would say that I feel...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I think it would be harder to implement some service that Direct would automatically go out and find the record and automatically return that would be burdensome.

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

I agree it would be which is why it doesn’t seem like a great direction to me, but it seems like the culmination of our recommendations, every option that we really have on the table right now doesn’t really provide for automated query and response.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Right, that’s right, that’s right.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Not a warm and fuzzy feeling is it?

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

No.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

I hear you.

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

I mean, I feel like as a consumer of the functionality that Meaningful Use has given us I have been thwarted at every turn by, you know, by reading what you would think would be available in the regulations and then encountering loophole after loophole to the point where you can’t actually get anything done, you know, against these systems automatically and now I feel like I’m part of the process that is introducing the loopholes and I find that predictably difficult.

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

Yeah, so Josh, welcome to the pain I can remember...

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

Yeah.

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

I can remember very explicitly talking about the notion of incorporate and reconcile as being key capabilities because if you’re going to exchange information you really need a way of getting that exchanged information to the chart and that’s...I don’t believe that providers are universally in Stage 2 Meaningful Use have access to an elegant workflow to receive information and reconcile it into the chart.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

But, Josh, going back to your early comment about you suggested that we use vendor attestation as a functional requirement and then you commented that you expected the Direct protocol to be automated such that they could use Direct to automatically...

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

No, let me make that clear, what I was doing was challenging the notion that Direct would be an appropriate way to do it by saying, if Direct were an appropriate way it would have to be some automated protocol built up in a happy way on top of Direct and that to me seemed like a bad direction and so Direct wouldn’t be the answer to query.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

That is...that needs to be part of our recommendation is a way to do it using Direct.

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

Or to put it another way, the Policy Committee asked us to include that...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes.

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

To evaluate that, now we can decide that from a standards and certification perspective it’s a bad idea, but the Policy Committee asked us to do it.

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

Yeah, so, I mean, I think we could sit down for an afternoon and come up with a protocol built on top of Direct that would do the kind of thing we wanted, it would be this tacky thing where you would add headers or a structured subject line to identify the patient you want information about and then an automated processor on the other end would look for the documents that match the parameters that you included in those headers or in the structured subject and then respond with an attachment, that would be a protocol that at least would accomplish your desired goal using Direct. I think it would be complicated and ugly but that at least would be a protocol that used Direct to handle automated query response.

I’m just saying you could use Direct and write people an e-mail and ask them to respond eventually doesn’t really seem like it’s addressing what the Policy Committee is looking for.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

It is addressing what they asked us to provide, yes.

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

Yeah, no it’s a question...

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Dixie...

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

Whether you’re talking about what they’re looking for or what they asked us to do and we just need to make sure that we’re consistent about the difference between those two.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Maybe our recommendation on that front is, this is how you could do it in an automated way, this is how you can do it in a non-automated way, we don’t recommend either of those methods, but, I mean, these are the ways you could do it, so it’s possible and you know, we discussed it and it is possible and it requires some work on the automated front particularly but we don’t think either way is actually a way that we should require or even designate as optional.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

And even getting them that’s like sending them off in a totally different direction from where we ultimately want them to be which is using FHIR.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

That’s it exactly, that’s exactly right.

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

Yeah and this is...sorry, this is Arien, I’d say that my experience in CommonWell, and I’m sure it’s the same experience in eHealth Exchange I’m sure that DoD and VA have the same experience, that the devil is in the detail in terms of workflow, in terms of process, in terms of a whole other level of detail that’s required to get to the user experience that Josh has been, I think rightly, complaining about and that’s why I’m so focused on let’s not ask for something and create an expectation that it exists and set ourselves up for, you know, the inevitable stories of the failure of Meaningful Use to achieve what providers are looking for.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Arien, may I paraphrase, this is Jitin, may I paraphrase that? Take a little bit more time and do it right.

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

Yes.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, yeah, I totally agree with that.

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

But...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Now how to construct that...

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

But ultimately what you’re saying is rather than identifying either a way to actually do query or even a functional requirement that query is possible we would recommend against either of those things.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Or 2017...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation
Or 2017.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Until we have more clearly defined FHIR profiles.

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

And how is that responsive to what the Policy Committee is asking for?

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

I think it’s saying to the Policy Committee we understand what you asked for, we agree on what you asked for, we also believe that given the timing considerations that it is unlikely that we are going to be able to give you the world that you’re asking to live in and we would counter recommend that we establish this process so that you can actually live in the kind of world that you want to.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Sorry to interrupt I need to run to the airport so I’m going to have to drop off.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, thank you, Jitin.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

All right, take care, thanks, take care Josh, take care Arien, bye-bye.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, you know, as Arien mentioned before at our last standards meeting ONC made it very clear that these 2017 criteria are being written even as we speak. Our recommendations here chances are will not...well, I think they even said that, at the meeting, that these recommendations won't make it into the NPRM that will be published. Now...

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

Well is that an argument for us to weaken the recommendations? I don't necessarily see it that way. If the recommendations are going to be ignored, you know, why not come out and say what we want to say?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

No you didn't let me finish my sentence. What I was going to say was I think it's highly likely that the NPRM will include some requirement for query. So, I...

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

The reality...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I'm not sure how useful it will be for us to recommend basically that there not be a requirement for query.

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

Dixie outside of OMB final clearance the Regs get edited to the last possible moment and then sometimes even beyond that. So, I do think that if there is a time for us to say, you know, at the next Standards Committee for example, this is what we believe the world looks like that definitely is a time that the principles who were actually writing the Regs can listen to it, they may, like anything else they do they may not agree with us but if we think that's the case there actually is time for them to adjust the Reg writing process.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, that being said what is your recommendation Arien?

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

So, my recommendation would be that I completely agree with the last three pages as low regret activities that we recommend ONC engage in and take on and potentially even standardize or publish certification criteria for, but that we recommend removing the functional requirement and recommend that we address stronger certification requirements in a future year certification criteria whether that be 2018, 2019 essentially to Jitin's...as Jitin described to take the time to do it right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

What do the other...

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

Or we could propose...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Josh?

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

We could propose an alternative and make it clear why we recommended this approach but also make it clear that there is an alternative that maybe more responsive to the Policy Committee but may not actually get the policy outcome that we're looking for.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

But may not get the policy outcome there is an alternative, what are you referring to?

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

So, the functional requirement that is the alternative as currently written, we have a functional requirement to demonstrate the ability to do a set of functions establishing query-based exchange that's path one.

Path one, we believe, at least based on this discussion, path one we believe will have some predictable outcomes which is it will look very much like the world we currently have where most EHRs, in this case all EHRs, will have the ability to send and receive a query but not necessarily with each other. We would...so that's path one.

Path two, which is the path we recommend, is that instead we focus on a set of low regret activities that are foundational that improve interoperability both current day and future day and we recommend that a future certification edition, whether it be 2018 or 2019, have tighter certification criteria with implementation guidance that establish true certifiable query-based exchange.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Okay, what do the rest of you think of that? Let's see who is left? I know Josh is left.

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

Well, there is me.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Josh what do you think that?

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

Well, when it comes...I don't have my thoughts well synthesized so I can share them in a bit of a raw form. When it comes to functional requirements here...if we put in functional requirements for this kind of query any vendor who already did Direct messaging could just point to their Direct functionality and say, yes, we have the functional query and response capability it's called our Direct in box and they would just demonstrate that or attest to it and be done.

So, it seems like functional requirements for just any kind of query you want would be totally trivializable. So, it's hard for me to feel that passionately that we must have them given that I don't think they would make a real difference any way.

But, just in terms of spelling out the direction where we want to be heading in it still seems to me worthwhile saying these are the capabilities you should have, you know, we expect that in, you know, in the medium term we're going to be asking for you to implement these things based on, you know, FHIR, RESTful query for documents if that's in fact true and at least signal where we're going and have a functional requirement, but that still seems better to me than doing neither.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, what you're saying is that we could...suggesting is that we could specify the functional requirements as we think they really should be in the FHIR world and say we...but we don't think that FHIR will be ready, you know, by 2017 we recommend that these functional requirements not be in the 2017 but in a later edition.

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

Yeah, well I wouldn't even say that we don't think FHIR will be ready by 2017 it's just that the set of requirements for FHIR-based services aren't ready now.

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

Yeah, they won't be ready by March of next year which is when the final rule presumably would come out.

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

Right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, but we've been asked to reply to 2017 and that's what we're talking about but let me phrase it a different way, Josh, is that these are truly the functional capabilities that are needed with query and in fact we could even include the record locator service because that's needed for query as well and so we could actually specify here's the functional requirements rather than in the worked way we've done in this document that we went over today, but truly here are the functional requirements and state that we don't think that technology to do this will be ready to do this in, you know, the ideal way...will be ready within the 2017 timeframe and so we recommend that the criterion be held back until a later edition. Is that what you're saying?

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

Maybe, yeah, the only area that doesn't quite seem right is the timeframe, it's the regulatory decision timeframe which is, you know, like the next six months so we're talking about by March of 2015 we're saying the technology won't be ready. I sincerely hope the technology will be ready by 2017 and I wouldn't want for our recommendation to suggest otherwise.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, in accordance with our, you know, our criteria for readiness to become a national standard I have no doubt FHIR won't be ready by 2017, because the criteria for becoming a national standard are broad use and I don't think that will happen by 2017.

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

Yeah, but these are the same criteria that put the Consolidated CDA into Meaningful Use Stage 2. I don't know that we have a good way to apply these criteria uniformly.

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

Or put another way, it generally...because nothing is widely adopted.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Right. Well Consolidated CDA predated the criteria, in fact was one of the inputs into them.

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

That's right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

One of the use cases that went into them.

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

Well, that's fair, but I think we could make the same claim about C-CDA 2 which presumably would be the target for the next stage of Meaningful Use even though no one has implemented it yet.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, but those are quibble comments, I mean, what about your overall recommendation is...I think what you're recommending is that we specify the functional requirements as they should be not as they are specified in the constrained manner in the document but that we recommend holding off on them, on the query criterion and focus the major energy on improving the C-CDA and further development of FHIR.

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

So, Dixie, let me try to paraphrase that. Are you saying that we would write a set of functional requirements but tell the Policy Committee we don't think you should adopt these?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Not in 2017.

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

I see, yeah and that's not quite what I was saying. I was saying that we should write a set of functional requirements, you know, for which a vendor would basically just attest to having met them and they might be fairly trivial but at least that would give us a place to spell out, you know, the why and the where in terms of the direction in which these would be expanded over time.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, basically we could use the functional requirements that are in this document as the functional requirements but we would say you can attest to having met them, that's basically what I was saying earlier, I think every vendor would be able to meet these right now. So, they would say, yeah we're able to meet that right now...but then putting the major investment, if you will, for ONC in C-CDA improvements and FHIR. So, is that what you're saying?

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

Yeah, I'm not sure why C-CDA is at odds with query, those seem like two totally orthogonal issues.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well that's what you're querying for.

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

Right, but so when you say, we're investing in and improving C-CDA that to me is like getting the data modeling down better and making it more consistent.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

No I meant ONC has a budget they want to know where they put their efforts and it requires effort to improve the things that we already know are wrong with the C-CDA so that's the thing is focus on...

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

That's the point of...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Focus on what the Implementation Workgroup recommended plus the examples that we have here and on the maturation of FHIR.

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

That's the point about low regret activities we know that we need to address Consolidated CDA.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah.

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

Regardless what world we live in.

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

Is there a recommended allocation between those two activities? Is it 90/10, is it 50/50 are we saying we don't care?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well that's part of this...oh, between the two activities, I don't think we have a recommendation. I think, Arien's, you know, word of low regret that's the kind of verbiage that ONC understands, but I don't think that it's either appropriate or it's appropriate or possible for us to say, you know, 50% of your effort in this one and 50% in the other, I don't think that that's...

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

So, we're saying some effort here, some effort there and no effort in the third category which is around these actual functional requirements?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I thought we just said that the functional requirements the vendors can already attest to that we already do this. What effort do you see going into the functional requirements?

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

Well, you had brought up the notion of what we think the functional requirements should really be, you know, looking forward what are the set of capabilities that, you know, we actually want here not necessarily what would have passed with providing in 2017 but what we can foresee being really needed.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Which is really something that the FHIR groups already are working on, but would you like to say something about, you know...I'm not sure what you want us to say there?

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

So, mostly I’m trying to figure out if there is any good way for us to describe language that would provide for synchronous query using RESTful APIs where consumers could get summary documents like C-CDAs from an EHR in MU3 or have we decided that’s just off the table?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I think...well, it’s kind of...my response will summarize everything that we’ve said here, you know, I think the comment that Arien made early on of, you know, requiring that people invest in improving their whatever including synchronous query for example for the XCA...if a vendor is using...a vendor uses XCA or Direct are you suggesting that they spend money and effort in making these...the capabilities that they current have...Arien you said, you know, that are we really suggesting that they invest more time and effort in making the bad, you know, the solutions that they currently have and that they will need to abandon in the future better, is that, you know, better for query, is that really a reasonable investment for them?

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

Yeah...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

You know if we require that those vendors that use Direct actually develop a service that would enable Direct to automated location of a document and automated return of the document, is that a worthwhile investment for a vendor with the knowledge in the back of our heads that ultimately we’re going to ask them to move onto FHIR?

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

So...

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

So, Dixie, I wasn’t suggesting Direct, I was talking about a RESTful synchronous API.

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

I have an out of...I’m sorry I apologize in two ways for what I’m about to say. Number one is that it’s disruptive late in a meeting and number two is that it may have the impression of being self-serving. So, with those two things said, I will say that the thing that I have observed that actually drives interoperability is participation in a network that enforces interoperability and I would give examples of DirectTrust that’s probably done more for Direct-based interoperability than certainly anything I’ve done and that anything that ONC or NIST has done.

And in the area of query-based exchange I’d point to a number of efforts CCC, eHealth Exchange and CommonWell as activities that enforce query-based exchange. I have yet to see a world where, and this was the example that I gave about the notion of reconcile, I’ve yet to see a world where certification criteria by themselves actually drive the interoperability that we seek.

So, one completely out-of-the box thought is that the functional requirement is to participate in a certified query-based network with some requirements for what a certified query-based network needs to provide and that, you know, that an EHR could...and this actually would be in many ways Stage 2+, because an EHR could or a provider could meet their requirement by participation in eHealth Exchange, they could meet their requirement by participation in CommonWell or in other query-based networks, they could potentially do multiples.

So, again, apologize if that's too out-of-the box or too disruptive at this state, but if you actually want to know what's going to drive interoperability it would be that.

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

Yeah, I think that's an idea that merits some discussion I don't know if we have the time for it not in this call but in the timeline, but that's an interesting one.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well, what about the little guys that are, you know, small practices, are they...I mean, they're in Direct but are they in a query-based network? I doubt it. Of course with ACOs coming on-line then that makes it more likely that they would be.

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

That's right so if you did this the right way you could achieve this by participation in a state-based HIE, you could achieve this by participation in a private or local HIE effort as long as those local HIE efforts were certified query-based networks.

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

Yeah, I mean, the goal here isn't to identify things that people have already done and give them credit for it necessarily. The goal is to give people the right incentive to push forward in a good direction and make sure they're investing in things that are worthwhile in the long run.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

And if they do ePrescribing does that count as query-based network?

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

No because we're looking at query-based network for the retrieval of summary information about a patient. Participation in ePrescribing gives you query in some cases to the medication history but not the full summary record.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Not the full. I'm just trying to think of what a small provider that maybe uses eClinicalWorks or NextGen or whatever are they likely to be in a query-based network?

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

So, this is not a requirement for providers, we're talking about requirements for EHR products here, right?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes, yeah and I don't think that they are...I mean, obviously if you use Epic you've got it made. If you use anybody in CommonWell you've got it made.

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

That's right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

But there are a lot of other small providers with that small...

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

Well, Greenway is a member of CommonWell and I don't think they found it terribly hard to do so.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, they would just step up and become...the vendors would step up and become a member.

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

They would step up and certify to eHealth Exchange, they would step up and certify to CommonWell, to Epic-based exchange if that's what they wanted to do, you know, there should be...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well...

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

There should be multiple models for them to do that.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

The examples you used were state HIE or private or local HIE.

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

State HIE or local HIE and again, I just want to make very clear that there is a little self-serving hat on because that's some of the...we here at RelayHealth are in that business so I should make it very clear that...make it very transparent that I potentially would have a business interest there.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

But becoming a member of state HIE is up to a provider not a vendor. A vendor joins CommonWell, but a vendor doesn't join an HIE typically.

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

Yeah so a vendor would have to certify to, in this proposal a vendor would have to certify to a query-based network that is authorized to certify for that function.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah but if participation...if the criterion is participation in a query-based network then the certification would be attestation that I'm part of a query-based network.

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

Or that I've certified to a query-based network that I can participate in, my providers can participate in a query-based network.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Okay so that they would have...using the functional requirements that we have.

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

Yeah.

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

Or that we would have.

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

Or that we would have that's right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Okay, why don't we...let's see I think we're coming up on the end of the...why don't we run the two ideas that we have using...why don't we just report back to the rest of the Power Team that these are the two ideas that we're considering and, you know, ask them for their thoughts on-line, but also take it up at the next meeting?

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

Yes.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Okay. Okay, does that sound good to you Josh?

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

Yeah it does although it might be helpful for us to sketch out what those...what would the requirements to join such a network look like so we would have something concrete to discuss, I don't know Arien if that is something that you would be interesting in sketching.

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

Yeah, I mean...

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Well it would...well it would look different for whatever query-based network they were going to join.

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

Well...

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

You would have requirements for the network to...

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

Exactly.

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

Establish that they can meet the functional requirements and that they can appropriately certify EHRs to their ability to do so.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah and you know that's going to be a challenge too is then we have to...do we have to certify a query-based network that they really are a query-based network.

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

Yeah, I mean, at some point if you're going to include it as part of certification criteria.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, yeah. Okay. All right we clearly have run out of time for this meeting. I thought this one would be a short discussion but this is a tough one and the next one is even tougher. The next one has to do with data migration which I think is really a can of worms.

So, we are coming up to the end of our time though. I'll make an attempt to summarize these two ideas and I'll just send them to you two guys before I send them to the rest of the group okay? And then we'll send it out just to make sure that I captured the essence of what we're talking about today and we'll take it from there.

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

Thank you.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Debbie, do you have more to say or are you still there?

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

We're still here as long as...well, Debbie is still there, but as long as we go to public comment, are we ready to do that?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I think so.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Yeah, I was on mute, sorry.

Public Comment

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

Debbie, mute again, yeah. Operator can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the 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 have no public comment so thank you everyone. Have a wonderful afternoon and a nice holiday weekend.

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

Thank you.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

And thank you guys for dialing in today we really appreciate it.

Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology

Thank you.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Okay, bye-bye.

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

Bye.