



HIT Standards Committee Standards & Interoperability Task Force Final Transcript January 30, 2015

Presentation

Operator

All lines bridged with the public.

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

There is somebody that needs to mute their computer speakers. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standard's Committee's S&I Task Force.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Hello.

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

This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I will now take roll. 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. Stan Huff?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Here.

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

Hi, Stan. David Tao?

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Here.

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

Hi, David. Holly Miller?

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Here.

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

Hi, Holly. Jamie Ferguson?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Here.

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

Hi, Jamie. Josh Mandel? Joyce Sensmeier? Ken McCaslin? Mark Segal?

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Here.

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

Hi, Mark. And from ONC Mera Choi?

Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services

Here.

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

And Jonathan Coleman is on as well and with that I'll turn it back to you Arien and Stan.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Do you want to go Arien?

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

Well, no, I mean, I think, we had a great meeting last time and we had a really, I think, very positive reception to the recommendations that we had at the Standards Committee meeting. So, now we've got some more work to do. Should we go over the agenda, yeah? Sorry, go ahead, Stan.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, let's jump to the agenda. So we answered this question. So, yeah, here we are review and discuss, explore how and starting with identified national priorities so that's sort of the discussion for today is to start the how discussion. I think maybe the very first thing maybe is to...and I think we have a slide in here to just review and have any final questions about the wording of what we agreed to as being sort of the scope or the need, or requirements for S&I and then go onto the how and I think there is a lot of discussion, you know, I think there will be a lot of discussion there. So, that's what we're about today. So, next slide.

We've already, I think, answered this question and said, yeah, there are legitimate needs and I think the next slide maybe has the summary then, the same one that...oh, well, evaluate the "what" and then the "how." So, next slide, I think we're good with that.

So, this is the written version of what we think we agreed to last time and what was reviewed at the brief S&I, not S&I standards meeting, and so I guess I would ask are there any further questions or clarifications we think we need to make to the way these were written up or for that matter I guess if we forgot something important entirely certainly now would be the time to say. So, I'll stop there for a minute and ask.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, Stan, this is Jamie, I want to take note of something that appeared in the conversations both of the Task Force and the committee but that I don't think I really see here which is the need for greater transparency and a more balanced inclusive approach to the setting of the national priorities rather than just being given things.

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

That's all about today.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Okay, well, but this says that the "what" is to support the identified national priorities and I think what we said was that part of the "what" is to set the national priorities rather than just to receive them. I think this still looks like we're just receiving.

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

Yeah, fair point in the original version of this slide I had an asterisks and a note that this presumes a coordinated process for setting it, but as I said, I think that's the intent of today is to better define what identified national priorities means and I'm hoping that we're going to get to all of the points that you're suggesting that we need to raise.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Maybe we can have that...

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

So, I think...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Maybe we can have that discussion and then if that leads to a need to modify this Jamie we can do it sort of when we've...

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

That's right.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Yeah, I just wanted to get it out that's all.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Thank you.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Hi, this is David, just one other thing, I had...I agreed with all the things we had on the slide I think they reflected last meeting, I had sent Arien and you an e-mail suggesting...I wondered did we leave off the idea of use cases, should there be any use case work done by S&I and I commented that I think that...I see it sort of works differently depending on the SDO as to where use cases sit whether they're documented in the SDO or whether they're assumed to be external or what. So, that's at least something for consideration because I think usually that's the first...one of the first steps of an S&I initiative is to do the charter and use case and then later they move onto the standards part.

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

David, this is...this point is something that I want to explicitly raise in the discussion of identified national priorities because I'm not sure that you can have an identified national priority without a clear statement of the objective and outcome that you're seeking to achieve.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Okay, fair enough we can discuss it there.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Okay, any further comments or questions about the "what"? Okay, then I think that moves us to starting to talk about the "how" then and it sounds like you've got some thoughts Arien that you'd like to put on the table first or at least framing...

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

I think we've got a framing thought.

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

Yeah. I think we've got a set of questions that we framed up relative to what identified national priorities might mean. I think it's on the next slide. So, including...so I think there was a comment in the Standards Committee meeting that identifying national priorities is a policy consideration and my perspective was that being said there is a...there are some success criteria for how an S&I Framework might be structured that presumes some things on what a definition of an identified national priority might mean and here are some of the considerations that I had at least framed up, what are the criteria for qualifying an initiative as a priority and some of the criteria considerations might well be mapping to, for example, the recently released interoperability roadmap, mapping and being identified as important by a range of stakeholders not just a federal agency as example of criteria, how many national priorities are reasonable to execute against?

In my role as national...as an S&I coordinator I would routinely tell Farzad and Doug you get two maybe three and if you try to do anything more than that you're going to go into a ditch and I think right now we have, Jonathan remind me, how many we have right now in parallel?

Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.

So, I think there are six active and a couple of those are nearing completion but, yeah...I can get you an affirmative.

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

And the question is, what does priority look like, is there...and again, this is similar to how many are reasonable to execute against, but, does priority mean...sometimes priority means to people, I think it's important. Sometimes priority means to people an absolute rank list so that I can focus mostly on priority number one and, you know, priority number ten is probably below the line.

And then two relating to the "what success looks like" and how we would know whether an initiative is being successful or not successful both relating to the scope of the initiative and the success criteria of the initiative as an example that was raised in the Standards Committee meeting if we expect that success is defined as achieving a certain outcome in reality and yet the initiative concludes at having done, and, you know, the example here was data segmentation for privacy and the initiative concludes that the ability to send a document with privacy tags attached to it but not the ability to receive and do something meaningful including have rules around re-disclosure or not, it is a success, is it not a success?

And then is concluding an S&I Framework initiative with implementation guides that nobody uses a success? And again the statement that I would routinely give in my time as coordinator is, these process oriented measures are great but success will only be when people are using the deliverable to achieve the outcome.

So, these are some suggested questions that we might want to explore in terms of the notion of an identified national priority. I'm sure everybody here has a set of additional considerations. First I want to turn it over to Stan to make sure I haven't missed anything or if there are additional considerations Stan that you've got?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well, no, I like how this is framed and I don't have anything to add in terms of questions but I certainly have opinions on possible answers for the questions.

But, I would invite others to say, you know, is this a good way...I just look at this as a way of introducing and framing sort of the question around priorities and national priorities. Are there other important framing principles before we start talking about and saying, you know, yeah, how many do we think we can support and that sort of thing.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

I think you also need to...it's maybe just a definitional thing, to help explain this slide like priorities sometimes you hear at a national level things like, you know, the five...the big buckets of the Policy Committee, you know, coordination of care, patient engagement, population health, clinical quality, you know, things like that, real high-level major goals, but I think that for S&I, first of all for S&I we're not talking about all health but we're really talking about standards and interoperability so something that doesn't have anything to do with that like for instance maybe if there was a work force shortage of nurses that's very important to deal with but I don't know that S&I would deal with that kind of priority.

So, should we narrow it down to what level of priority are we talking about, are we talking about project type priorities, you know, like is transition of care more important than Health eDecisions or than, you know, data provenance, you know, those kinds of things at that very granular level or are we talking much higher level priorities like, you know, cost of care versus, you know, patient engagement or things like that.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, this is...

David Tao, MS, DSc – Technical Advisor – ICSA Labs

I would...

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

I'm sorry, go ahead, David, you were finishing.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

I would think it would have to be on a somewhat lower level, but just throwing that out.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, this is Mark, just a couple of thoughts, one to just build off of what David said, I think we probably need to look at this explicitly at two levels which is...and I think one is sort of what I think I've seen various ONC documents do which is once we've kind of defined what it is, you know, the higher level national priority and, you know, something like care coordination might be that or that might even be lower, but then I think in the context of the identified national priorities it seems to me there probably needs to be, at least in choosing S&I projects a second level list which is sort of national S&I priorities which themselves should be kind of mapped, you know, to the higher level.

A couple of other things though I think just at a framing before we get into answering, one is, and again maybe this gets into answering on number four, but really to explicitly distinguish national from government and to kind of do that at the highest level.

In addition, and this is something we've done in some groups I'm with, in terms of priority setting we'll actually look at two dimensions, we'll look at let's say how important an issue is maybe to an organization's membership and then what's the ability of that organization to make a difference.

And so, as we're thinking about what the S&I Framework should do and what ONC should do I think we need to take into account not just the priority but both sort of the appropriateness or the suitedness of the S&I Framework to be the means to go after that priority and then in addition even if it's maybe the best suited just the ability to make a difference because, you know, it may make sense to do in some cases things that are lower priority but where you've got a 90% chance of achieving your goals, you know, to the point that was made earlier about needing to measure those. So, those are just some additional framing thoughts I have.

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

Hey, Mark, this is Arien, I think one way I would look at your suggestion on ability to achieve is bounce back up to the what question because I think we've agreed that the S&I process is good for some things such as reducing optionality. It may not be good for other things like complete de novo approaches in an area where there literally are no standards in existence and, you know, that might well be one of the framing criteria.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yes.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, this is Jamie, I have a couple of comments, one is this page that we're looking at really...obviously I hadn't seen this when I made my comments at the outset on the previous page because this answers exactly everything that I was asking for just having this discussion. So, thank you for this.

The one thing I was going to say was about the success criteria or the success measures Arien that you were talking about earlier. I think we might consider splitting apart two different classes of success criteria one that has to do with project outcomes and results and another that has to do with a project process and operations essentially. For example, are there sufficient resources, are there conflicts with other inflight projects, etcetera, so things much more about the running of the project rather than the outcome and results.

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

So, I think you're suggesting that there at least be two measures, one outcome focused, is there a state of the real world that we seek to achieve and are we on track to achieve that state of the real world.

And then the second is a set of process oriented measures that include representation and diversity that include transparency, that include not conflicting with other things that are in flight and then a concomitant check in terms of our process measures being on track.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Exactly and so that's exactly what I'm suggesting and I think that speaks also to the...so the number of things that could be managed simultaneously that you were talking about before because, you know, if things all effect, you know, physician workflow usability then, you know, maybe one or two is the right number, but if you have different projects that are working on areas that really are independent of each other you might be able to handle a larger number.

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

Can you give an example, Jamie, of what that might mean? Because, I tend to use the IEEE definition of interoperability that really implies some level of systems working together in support of a person.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Yeah, well, so for example, you know, audit trail or accounting of disclosures...

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

Sure.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Might be independent of lab results, which might be, you know, independent of some other area of standardization.

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

Fair point. And then that also rises to mind another consideration which is related to the rate at which EHR developers and provider organizations can absorb change which is another constraint on the number of priorities you can have at one time.

So, might have...you may have two things that are directly impacting physician workflow or five things that are directly impacting physician workflow that would probably be a bad idea, but you may also have a sufficient number of activities in flight that need to be absorbed by developers and absorbed by IT organizations and you may also overrun the ability of the system to absorb the changes you're looking at.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

This is Holly; Arien along those lines I think of the discussion there may be projects that actually have interdependencies that are being worked on and so at some level to acknowledge those interdependencies and process them.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, this is Jamie again, just for the sake of discussion I'm going to play devil's advocate and disagree with you Arien about taking essentially the vendor development capacity into account while working on the standards projects because I don't think it's a role of S&I to determine which standards must be implemented when and so if there are 10 things that really can run independently for which there are appropriate resources to determine which are the right standards, which is essentially the job of S&I, then I think it might be, you know, a separate role of government with input from the advisory committees and so forth to determine, well, what's the right schedule for implementation.

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

So, yeah, so this is Arien again...I would clearly disagree with that and it's just worthwhile to make sure that that's on the table. I would have a perspective as S&I coordinator that an initiative should not get spun up unless there were both vendors and users who said "this is important to us and we're willing to implement what we're doing" and the perspective that I have, at least for consideration, is that we live in a standards rich and implementation poor environment in healthcare that is there are a lot of standards to do stuff and most of them or many of them haven't impacted real world outcomes.

In a perspective where your national priority is to effect real world outcomes at least implies that at the end of the day you get it into the hands of providers which imply that you've got some working system that is implemented or a standards measure.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Yeah, well, so, you know, always the physician demand for new features and development by their EMR vendors is greater than the vendor's ability to deliver that's always the case and so it's no different in this case in that the desire to implement interoperability capabilities and standards is always going to be greater than the vendor's ability to deliver, you know, safe and secure products on a schedule.

That having been said, I do not think...I think we're going to disagree on this, because I do think that should be a criterion for whether the government run projects in S&I should examine issues of standardization and interoperability. I think that's a separate issue.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

This is Mark Segal, I guess I'll just weigh in real quickly from a developer perspective agreeing with Arien here and really tying it to the notion that we've already I think agreed that we need to focus on priorities and we need to focus on, in a sense, fewer rather than more priorities and so in that context if we're talking more like 3 than 10 it does seem to me and kind of align with what I was suggesting of we need to take into account the ability not just that it's a priority but to make a difference that we need to take into account the factors that Arien identified and so I'd say the more that we need to prioritize from my perspective the more important that is as a consideration.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

This is David, I'd sort of like to strike a middle ground between Arien and Jamie, but, I mean, I think, I can understand Jamie's point about basically like working on something that's really important now if the vendors can't implement it this year or next year maybe three years down the road, you know, it will be ready for them.

But the main concern I have with that is that if a standard sits unused for a while it may just get bypassed by, you know, it's not just in time anymore by the time the vendors are ready to have it new technologies come along and for example I think one that was sitting on the shelf for a while was a query for existing data in IHE and it was brought up recently in DAF and it had been on the, you know, defined for several years and never really had much uptake, but by the time it was...Keith Boone gave a presentation on it to DAF but by that time the train had left the station in favor of FHIR and even Keith said, well, you know, I don't think QED is really the one you want to be looking at this point.

So, in a way if it's something that's too far ahead and there is not enough momentum to adopt it it's probably going to grow stale that would be the danger I would see of having too many things.

But I do understand trying to be ahead of the game and not, you know, scrambling on a standard, you know, when you need it and then you can't use it because it doesn't have the time to get the implementations. So, something between Arien and Jamie is sort of where I'm leaning, but I think that...I still think that, you know, what we've had has been too many at one time thus far.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

So, David, I...

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

And this...

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

This is Holly; along the lines of what you're saying I think that the relevance of the work of S&I becomes less, far less relevant if we're talking about it not being adopted quickly.

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

Yeah, this is Josh Mandel, I thought I'd first just take the opportunity to say, hi, because I had a conflict for the first portion of this call, and then also just to chime in on the point of developing standards before they're being used because this is something the I got involved with through S&I a year and a half ago with the Blue Button REST API and we made a nice sort of technical product that did something interesting that no vendors were willing to implement it at the time and now it's a year and a half later and the spec is still out there on the web but it's beginning to rot and the underlying things that it refers to have changed and looking back on that experience it seems like it was simply an error for us to work on it without vendor involvement from the beginning.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah. So, this is Stan, so what I want to do is maybe try and summarize what I've heard and sort of start, you know, making something that we could form into a list or, you know, something that would say, how are we going to...what's our criteria for something being a priority.

And so what I've heard are...and some of these I'm interrelating so you're welcome to object to them, but there needs to be something that is a perceived need and there is a broad community of support that says it's a problem that needs to be solved and that there is a willingness of the community to work on it and sort of a sub-bullet would say the fact that a single government agency is willing to fund it doesn't make it a priority.

Then a second thing is sort of maybe would be labeled as a measure of utility of the thing and that would have to do with, you know, if this were successfully implemented the number of people whose health would be affected, the number that would be benefitted and then associated with that the magnitude of the benefit, you know, is it a small thing or is it really important we're going to save lives or we're going to save a lot of money as opposed to a little money.

I would add a third that, and this is coming a little bit from Intermountain, that a consideration actually was equity and that comes into play when you say even though it might not be justified by numbers we have a social interest in making sure minorities and underserved people have the benefit and so we might prioritize based on a perception that we want to provide something that creates equity even though it might not otherwise be justified by numbers or magnitude of impact...

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

Can I...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

That sort of thing.

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

Can I make an amendment to that statement which I completely agree with, I think I would describe that as there must be a real world outcome that the interoperability seeks to achieve that will make a material and meaningful difference towards the national priority and I think that level of wording, because a national priority...our list of national priorities includes reducing disparity, health disparities, achieving the Triple Aim and the like allows us to point back to the national priority and the notion of a meaningful difference.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, no, very well said, I hope somebody that's better than me captured that because I couldn't...I thought it was very well said.

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

Mera or Michelle are you...I hope that you're transcribing what Stan just said and what we just amended for this second statement?

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

Yes, transcribed and recorded so we can go back.

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

Awesome, cool.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Okay. The third thing I had is that there is then...our priorities are effected by our ability to apply resources to it so that in a sense is saying, you know, it might be a wonderful thing but if actually we don't have anybody who can work on it then, you know, we'd have to prioritize it lower.

I heard also then we should consider the likelihood of success and some of these things might be grouped, I'll say things I've heard and you might be able to figure out a nice heading that some of these would go under, but it would be the likelihood of success from a technical point-of-view it could be likelihood of success based on the ability to implement and the fact that there is a likely path to implementation which, you know, somehow is sort of associated with the fact that we need vendors involved and/or if vendors are not the only people implementing it could be, you know, maybe we're doing public health things and actually this, you know, all of the public health programs are willing to invest resources in implementing or something.

But, some idea that there is a path to implementation because even if we set a standard and then the other things that we heard basically are the...related to that again closely is industry support whether industry is vendors or the effected population and the idea that there is an opportunity to implement quickly so that what we create doesn't become stale and out of date before people have a chance to actually use it.

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

I really, really like that, the notion of a likelihood of success factor that then we can tie back to some iterations that make something more or less likely to succeed.

Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics

And this is Ken McCaslin; I think one of the issues that we're seeing is that for the first time we have been putting together implementation guides that are covering the whole industry and I think what's happening is there is a little bit of thrashing that's going on because we're trying to get all the vendors and all the providers to all do the same thing and I think there is some thrashing that's going on and that's why we're seeing some slow in the uptake.

As people start getting a better understanding and realizing that some of their business issues have created barriers to adoption I think people are adjusting things to try to align better with the implementation guides and I think that's where some of the issues are in the marketplace right now.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

That's a very interesting comment because I think it's at two levels, it's at the vendor level that are highly competitive and it's also at the provider level through interoperability they're being asked to cooperate where they've competed in the past.

Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics

Precisely.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes, yes. So, that's my quick summary of kind of what I've heard so far.

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

I strongly endorse those three, those three criteria I think they really will capture the statements that we just...the conversation that we just had.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

One question I have is...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

I like it.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

How would you measure that?

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

How would you measure...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Which ones.

Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics

Which ones, yeah.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

The adoptability, if you will, the likelihood of success.

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

I think you would look at the standards readiness criteria that the Standards Committee has already published. You would look at the declared and stated enthusiasm of a representative set of the community, stakeholders in the community to solve the problem that wants to be solved. You would look at statements of commitment in terms of ability to devote resource not just standards development resource but implementation and testing resource, you know, there is a whole set of criteria that you could put against that would make you more or less likely to contemplate or consider that this would be...this will lead to real world success. I mean, the reality is not everything does lead to real world success.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Sure and I think that's great as long as there is consideration of the final end users.

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

That's right and yeah, so providers who...providers and patients who seek to actually solve the problem and go through the painful workflow changes that are often required.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

And Arien I think that's a really important question. This is Mark and I think one of the ways I've seen this done is almost in a sort of Delfy or modified Delfy, or just group process where, you know, I think there are both sort of objective data that you can use to bring to bear and then there is a level of judgment and so at some level at the end of the day it's also going to depend on sort of what's the body, you know, what's the committee, what's the agency or whatever that's going to be making this cut and do they have kind of the right people organized in the right group dynamic, you know, whether it's the HIT Standards Committee or whether it's some process at ONC but part of it at the end of the day will be making sure that you've got the right spread of folks who represent a diversity of perspectives and also can kind of bring to bear some of the considerations we've talked about.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

And of course, this is David now, I know that some efforts along this line have been made by like the Policy Committee specifically I think the Meaningful Use Workgroup in the past and Mark you probably were involved in some of this, you know, the going to the EHRA and asking them, okay for all these features on our considerations list give us some, you know, high, medium, low, jumbo type estimates to get a consensus among your members, granted that's not the whole world and it may be, you know, who knows, you know, how reliable estimates on short notice are, but that was one attempt to gauge, you know, the ability of vendors to build the functions in.

I think the fact that Holly mentioned is equally important maybe even more so though is, if they built it would you use it, could you use it and it's not a simple yes/no, I mean a provider might say, well if that feature was now added to the system I would like to use it, you know, under condition that it's useable, it doesn't, you know, add, you know, 10 minutes to each, you know, encounter and data capture and stuff like that.

So, I mean, I think, you as formerly as a vendor, you know, it was frustrating some times to build things that weren't used because they were menu items and it turned out there was no real interest in using them and I don't know if it was because they were poorly designed or there just wasn't time for the provider customer community to adopt them.

But it does seem like, you know, there are sort of two gates that you have to go through, one is to get it built by developers, vendors or not...you know, as well as self-developers and the other is, if it existed, you know, how would it fit into the workflow would the provider community adopt it short of being forced, you know, they can be forced with Meaningful Use, you know, and penalties and stuff like that, but you would like to not have it come down to that, you'd like it to be, you know, a win/win where they develop it, it's good for patients, it's good for the providers, it helps healthcare and incentives are just gravy but not the only reason somebody does something.

So, maybe there is some way to, you know, get some representative body and, you know, maybe that's just one of the existing committees that we have but it's like, you know, to assess both the development, feasibility and size first and then the interest of providers to use those features or those standards.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, sort of the way I'm thinking through these is to maybe just focus, you know, still on is there more to say about how we would...you know what makes something a national priority and then go on and talk specifically about, you know, what...how do we measure success and how many do we think we can support those other questions, but if we could sort of ask...are there more comments directly sort of related to how we would...

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

Hey, can I...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes?

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

Can I reword or not reword but I think restate the criteria that I think we've proposed. I think we've proposed number one that to be a national priority there must be a multi-stakeholder group that agrees that it's a national priority, that this stakeholder group should include, likely should include federal provider and developer stakeholders and patient stakeholders.

Number two, I think we've stated that the initiative, if successful, needs to lead to a real world set of outcomes that will make a meaningful difference towards the priority area.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Did you want to say a measurable set of outcomes Arien?

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

Yeah, measurable and meaningful, yeah, meaningful and measurable set of outcomes, thank you.

And number three that the initiative must have a high likelihood of success taking into account considerations of implement ability, considerations of providers who seek to adopt the real world state of outcomes, vendors and developers who seek to implement that state of outcomes and also taking into account some of the other measures that we've previously discussed such as the parallel efforts that are already underway, the ability of meaningful contributors to apply themselves to the initiative and others.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah the only other one I...

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

One of the things that you left out that we had previously discussed is just the notion of...that part of the measure would be adding to healthcare value, i.e., increasing quality or decreasing cost as well as...

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

Yes.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Promoting healthcare equity.

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

Yeah, that's what I meant by meaningful and measurable impact on national health priorities which include Triple Aim and reducing health disparities.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Okay. Do you want to spell it out more?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

This is Jamie...

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

Yeah, I think it would be worthwhile at least at that high-level to include that.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, this is Jamie, I agree and thank you Arien I like that summarization. I would propose amending your first point about the prioritization to specify that there should be balanced representation of stakeholder interests...

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

Yes.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

In the determination and priorities. I think that's an important point.

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

Fair point it's not just that you got one of each that's right.

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

And this is Josh...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Yeah and it could be that the involved stakeholder interests could differ for each item.

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

That's right.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, I think it's...to just say, balanced representation of stakeholder interests and determination of priorities.

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

Yeah, I like that.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

This is David...

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

This is Josh...

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

Yeah, I think Josh was trying to get in.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Go ahead, Josh.

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

Yeah, I just...so I like the way that you’ve framed this Arien, I’m just looking at it from the perspective of certain kinds of goals and trying to see how they might fit in or might not, you know, specifically patient’s right to access and, you know, is this under equitability. If you’re just giving people access to data in a format that they want it in, you know, vendors might not particularly be on board and in some cases provider organizations might not be that enthusiastic but there is sort of a right behind it. Does that fit under equitability, does that not fit in this framework? How would we think about it?

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

I do think we have a stated national priority and, you know, I was giving Triple Aim and reducing inequities as some examples of national priorities, but if you look at the agreed on ONC framework, you look at some of the output of the Policy Committee and the framework that the Policy Committee uses for Meaningful Use, engaging patients is, you know, a top level national priority.

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

Fair enough, good unto itself in that case.

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

All right.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, the other one that I said that you...and maybe it comes under likelihood of success was, you know, the question do we have resources to apply to this.

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

Yes, yeah, no, I mention that I do agree it is a critical likelihood of success, resources including the scarcest resource, which are the brains of good people who can devote their blood, sweat and tears to write a spec and implement, you know, implement prototypes and all that good stuff. There aren’t that many Josh Mandel’s to go around.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah. Okay. So, things that we’re forgetting or other important points that we want to note?

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

What’s good about this is that it doesn’t give an arbitrary number but at least it does give weight to the number of parallel initiatives reduces resources, it reduces focus, it reduces likelihood of success criteria. So, it helps fit a lot of these things into a much, I think a much better or much more salient framework.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, so I was holding out to do a little bit more discussion of your...the second point on the slide, how many can we reasonably execute and I guess my personal opinion and also I think what I’ve heard from the group, certainly heard from you Arien, is that we think right now we’ve tried to do too much.

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

That’s right.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

And certainly that's my view as well. I would have been much happier with fewer more successful initiatives than the number that we've had where you could question the success of what we've produced in some cases.

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

I obviously completely agree. I guess I'm just proposing putting that as a subheading under likelihood of success.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Okay.

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

Most people think there is value in calling this one out as so important that it kind of requires its top level heading.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

This is David, I guess, I agree with what we've been saying so far, I'm just going back to something I experienced in my, you know, former company when it came to allocating resources, of course there was always, you know, above the line, below the line type of stuff sometimes there would be certain things that would never, ever make that list when it came purely to a market-driven revenue or whatever, you know, criteria you were using to determine what was most important things like pure research, you know, because like you'd say, well, what good is that going to do for now, it may pay off in 5 years or 10 years or it might never pay off depending on what happens, but yet, you know, the nation and companies still do things like that, you know, R&D that's not product, immediately product-related.

And so, I think on the national level you could say the same thing for some of the types of initiatives that we've had and it's...so do we want to go simply...and I'm not saying one way or the other, but, you know, if you say, well is patient care and, you know, interoperability in support of patient care and those kind of things more important because it effects a lot more people than say something that would help the research community, which of course might have huge payoff down the road, but it's not going to save lives or help patient care for a while.

So, you know, if there are initiatives that are in that category that are sort of very future oriented and do they get protected or do they just have to fight with the priorities against the ones that are more obviously directly, you know, effecting people now.

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

David, this is Arien, I think I would point back to our "what" considerations in terms of what the S&I Framework is good for or what S&I Framework, you know, something S&I-like is good for and I agree that open-ended research exploration is a good. I guess I would state that it's not a good that the S&I Framework is a particularly effective mechanisms for addressing in that we've...I think we've agree in terms of our "what" slide that the primary benefit of the S&I Framework is to reduce optionality not to prototype or, you know, implement completely new ways and new approaches for conducting healthcare or conducting interoperability.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

The thing that comes to...well, a comment and then the thing that comes to mind, this is Stan again, the...I think actually the answer, you know, my thought is that, yeah, research stuff we actually just have to consider based on the potential value and so, you know, it would sort of need, you know, it might not be guaranteed but if it had enough potential value then, you know, a research thing would be one of the things that we would consider and the value that this could provide.

The one that I think is sort of like what you were talking about David but different is the things I keep bringing up in terms of infrastructure because the infrastructure things are usually not ever, you know, justified by a single thing, you know, if we think we need a strategy, a global strategy for national value sets or we need a national strategy for common information models or...those things are never...you can never justify them based on the fact that you want, you know, you want to produce a transitions of care or something else.

And so I don't know how...that's one element I guess I would be interested in saying is can we add that somehow as part of our value equation, you know, the how it might enable the overall capability to support standards as opposed to, you know, the individual value of a particular project of one of these more specific transitions of care or clinical decision support or, you know, the kinds of S&I Framework projects that we currently have.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Yeah, I think, you can make a good case for those Stan just like we've talked about other, you know, whether its value sets or provider directories, discoverability of, you know, of end points and stuff like that. We've seen that lack of that has really scuttled or really at least hindered, you know, some of the very promising standards work that we did early, you know, like Direct and finding addresses and so forth. So, I think if you can make a case for those infrastructure elements as supporting things that are maybe a little more easier to grasp from an end-user perspective then yeah I think they're definitely on the table because otherwise those others may just not even succeed at all.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

But, I think...this is Holly, I think that's part of the issue is that the pilots are really working in isolation that some of this...we're talking about interoperability so some of this requires really multiple steps and so as we think about measures of success...for example, one of the experiences that we had in our community is organizations that wanted to implement interoperability but that their clinical trading partners were not ready so they couldn't implement in isolation but then as the whole community starting moving forward it became a process and so the infrastructure needed to be laid before the end users could then start really working with their EHR systems to make the interoperability work.

So, I think if we're only looking at pilots to determine our success we may not be taking the necessary steps to ensure that the processes developed are an iterative feedback loop to keep the work going and meaningful.

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

So, just as a process check for our discussion, have we agreed on the question of what an identified national priority looks like and then we're switching over to other considerations for "how?"

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

I think that's where we're at, yeah, I had one last call and I think that was what prompted David's comment, but I guess one last call, any other comments about that before we sort of switch topic? All right.

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

Two meetings and two agreements, this is...

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Just one thing, just sort of a process question maybe for future meetings. In some meetings I attend, you know, they've actually got the PowerPoint up there live and you can see people typing, you know, the key decisions and stuff on the screen so you sort of know, oh, yeah, those are the three points we just amended or agreed to, we're not able to see that right now, but it seems like it could help in the future...whatever we agree on now because we may not remember it...

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

I think...yeah, so I think the process and Mera and Michelle let us know if I've got this wrong. I think the process we're following here is we're transcribing the discussion and then Mera and Michelle, and other ONC staff will take our verbal agreement transcribe them into slides, Stan and I will review and then we'll send out to the full Workgroup.

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

This is Michelle, yes, that's what we are doing.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Okay.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well, let's...I mean the next thing that I had sort of...I don't know if it's the next thing that we want to talk about or not, is how...well, I guess it would be a statement that we think it's really important to evaluate whether these activities are successful or not and what would be our...what are our guidelines about criteria for success?

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Well, Stan, this is Mark, I mean, I'd say the number one would be, as sort of part of the charter for the project, to have kind of a key measurable goal or measurable goals and I think those could vary. I mean, they could be, you know, number of transactions, they could be, you know, number of products that have implemented FHIR, they could be, you know, awareness.

So, I think there could be a variety of types of goals that would be appropriate for a particular project. We might kind of call out some of the potential ones, but to me what's key is that the charter itself embeds an explicit measurable goal and then there is a plan for evaluation baked into the project as well.

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

And that measurable goal, just to repeat, is couched in terms of a real world outcome not in terms of process and artifacts although to Jamie's point process checks and process measures are important as well.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Absolutely, and again, I'm just...my point is that the specific real world outcomes could vary very much, you know, based on, you know, the issue and the rationale for it, but I absolutely agree it ought to be a real world outcome and we probably want to have some kind of definition around what that means or what at least the boundaries of that are.

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

And so, just to...one of the issues that sometimes trips up people when they're starting these initiatives is scope and scope control and I just want to point out that this will lead us to have initiatives that almost by definition will not be achievable within the confines of standards development or even technology implementation.

So to give the example of, for example PDMP I assume the outcome would be routine use in workflow for providers and pharmacists ensuring that scheduled medications are not being abused or diverted and that's going to imply not just the development of a standard but also PDMP organizations, pharmacies, provider organizations changing workflow and, you know, developing the technology.

And the reason I'm bringing this up is that I've been in chartering meetings where people often try to control the charter to a level where they can meet the process measure and success criteria that they're geared up to, I think we're saying we'd rather have that charter drive to real world success and understand that it requires more than just standards development.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, just to build on that, Mark again, I think you triggered a couple of really useful thoughts for me, one is I think we need to be mindful on the one hand of not having goals that are sort of so far out of the control of the process itself or kind of temporally, you know, outcomes that would happen much later, it's like, you know, some of the challenges around, you know, preventive healthcare where the consequences maybe, you know, 20 or 30 years down the road.

And so, it maybe that we want to look at goals at a couple of levels all of them needing to be measurable in real world, one is, what are you really trying to do with this, right, beyond the scope of kind of the standards world and that ought to be explicit and that frankly then ought to factor into those assessments of, is it really important and what's our chance of making it happen.

And then it probably also makes sense to have some goals that are tied a little more closely, at least in terms of both span of control and time period, to what the people working on this project can reasonably control and sort of have an influence on.

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

Yeah, I completely...this is Arien, I completely agree with that although I'd say that the first statement is really important for evaluating success likelihood because...

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare
Yeah.

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

If we conclude that we can meet the near-term deliverables but are unlikely to meet the ultimate deliverables that would be a key consideration that this probably shouldn't be a funded initiative.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

I totally agree with you, yes.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes. So, I like that a lot too. I mean, I guess if I were to summarize I would say, you know, each project should be defined with measurable evaluation criteria or measures of success whatever we want to term those and that those measures of success are a spectrum of things that in fact could be, you know, producing documents by certain dates and that sort of thing to greater sort of process measures around the number of people who are actually implementing and then of course what you really want, but may not be achievable in the short-term, is, you know, real outcomes, how many...did we decrease length of stay, did we decrease the number of complications in diabetics, did we, you know, the real outcomes that impact health and cost, and quality. And that we want some of each of those, you know, as appropriate so that you can track progress in the short-term but those things should be guided towards the ultimate goal of having an impact on healthcare, if we don't then we're not really achieving the overall goal.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

But again, I think those are really...can be really far out in terms of timeframe that there may be some intermediary goals...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Like the ability to identify all of the providers in a patient's care team and to ensure that messages are going to those providers, the ability to have a shared care plan across multiple providers, the ability to track in the edge system, in the EHR all of the transitions that your patients are making be it, you know, into hospital...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

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

Yes.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Out of hospital that they went for their referral appointment and that the consultation message came back, I mean, that you really...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

We're spending billions of dollars right now on advanced primary care and unless we can measure these fundamental things we can't achieve what we want to achieve spending those billions of dollars.

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

So, I think where we're agreeing...let me just see if I can repeat what I think we're agreeing, I think we're agreeing that every prioritized initiative must be accompanied by a charter that this charter must list the real world outcomes, the measurable meaningful, real world outcomes that seek to be achieved and must also list some of the key interim deliverables both from a process and from an outcomes perspective and that it's those...it's the combination of the process and the outcomes measures that need to be evaluated for likelihood for success.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, yeah, I hope I didn't...I'm agreeing with you 100% so I'm confused that I must not be communicating well if you thought I was saying something else.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

I agree with you too Stan and Holly, I think we are all in agreement in basically...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

It's short, medium, long...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

All of them and, you know, it may take a while, we may not get the long-term, you know, purely outcome objective or measurement for, you know, five years, but, you know, maybe if we find out that, hey the transition documents are actually getting there they're not just in the product they actually are being sent, they're actually being received and read, you know, now whether that actually makes for better clinical decisions and the patient lives longer we don't know that yet, but, you know, that's a good first step. So, I think that's...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

I think it's all of the above.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, so, I'll just...the only concern I have and this is just going out of the, you know, Intermountain's experience with Meaningful Use we've seen that we can meet process measures and not improve quality and that, as somebody else has described it, you know, what Meaningful Use has taught me is how to manage quality measures not manage quality and so I'm not arguing against not doing important process measures, I'm just saying that we never want to confuse success in those process measures with success in outcomes.

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

Amen.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Agreed.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, that...anything more that we want to say sort of about the charter and measures of success that should accompany an initiative?

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

We're making great progress here.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Okay, so then I would say the next thing that...and I don't...please speak up if you want to go a different direction, Arien or anyone on the committee, is to say, how would this...how would the work process actually work, you know, say...

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

Yeah can...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Something more about...

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

Can we go to the next slide as well? Yeah.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, that's, yeah, so this is...to me this is sort of the next set of questions and, you know, so I...well, I can introduce this a little bit, you know, we've said before and talked about the challenge of the current, some of the current work processes are challenging because there are a limited number of people, it's sort of the whole...you know, the number of brains that are available to work on this thing and if S&I Framework creates another independent process from the SDOs than it just dilutes the talent pool and you become less effective overall because of that.

And, you know, I think, in terms of sort of linking...well, it's those kinds of things that I'd like to understand what, you know, what people who are on this call think about what, you know, some things that have worked really well and that we want to enhance or encourage and things that we think have been a problem and suggestions about solutions about how we might address that problem.

And I think it wouldn't...we've talked now sort of about the criterion for these of how we would approve an initiative, if you will, but what's sort of some more of the process, I mean, who is...do we need to hold a meeting once a month or once every three months or something where proposals are made and things are examined who brings forward the proposals is it the general public or is somebody in the S&I...on S&I staff supposed to be the focus for sort of new ideas?

I'm very interested in how we would take some of these important principles now and put them into a successful workflow and work process for the S&I Framework.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Stan, just building on your earlier point in terms of the role of the SDOs and as I've consulted with colleagues, you know, to get their advice, you know, in terms of inputs for this group, I mean, I've really gotten a very consistent message, which again is I think consistent with the point you just made and what we had heard at the last meeting, of the importance of the S&I process to compliment rather than to kind of either undermine or dilute the work of the SDOs.

And so, you know, part of this I think will come from the implementation and some of the principles we talked about at our first meeting but also it just seems from a process stand-point to make sure that for those aspects of the S&I Framework Workgroup's work that are kind of really directly relevant to work that an SDO is doing or should be doing that those kind of linkages and active liaisons are part of the normal operating rhythm of the S&I Workgroup and so I think that linkage to the SDO.

I think also having some attention paid, and again this is a theme that came up on our call last time as well as sort of my consultations, which is the relative role of consultants versus, you know, if you will volunteers, you know, on the Workgroup process and sort of making sure that the Workgroup process isn't unduly driven either by consultants or by the priorities of a particular federal agency, again, all themes I think we've talked about. So, I think that those probably ought to be kind of put in some way into operating principles.

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

Mark, this is Arien, I want to...I agree with both those points. I want to dive a little bit into the SDO coordination because for me this also aligns with the previous points that we had. SDOs as I think many of us are aware sometimes operate under their own momentum and getting the alignment and supporting prioritization is incredibly important.

I'll give two examples, the Consolidated CDA work and the LRI work in both those initiatives it was incredibly important to get HL7 to commit to off cycle balloting, to make the balloting processes a priority and to align the priorities with the S&I Framework and absent that the S&I Framework would have been...both those initiatives would have been completely unsuccessful.

So, making sure that the SDOs share the same sense of priority first of all is a key success criteria but then, you know, more tactically making sure that calendars and work efforts are aligned and that the SDO and S&I initiatives mutually support each other is also a very important deliverable.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

And the one thing I would just add to that is on this issue of sharing the same timeframe, if they don't then it seems to me that's a point that needs to be explicitly addressed...

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

Correct.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Because there may be a good reason or it may be that part of the challenge is to convince them to share that sense of urgency.

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

Right. So, as an example the IHE work plan generally is an annual work plan that kind of runs on its own. There is sort of seasonality in IHE. There is a proposal submittal time and if you don't...if you're not in the proposal submittal time well you're out of luck. And making sure that IHE backs the timeframe, making sure that you're looking at the HL7 calendar for annual meetings and Workgroup meetings and those kinds of things, all these things are really important to make sure that you've got final success.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, I've got a few things that I want to say around this area. So...and I'll say these things sort of black and white, but then there will be lots of opportunity for discussion. I mean, I would suggest for instance that the S&I Framework should not produce standards. That it could adopt standards or it could make recommendations but it shouldn't produce standards.

And specifically for instance, the...you know I'm thinking of some initiatives that I've had some interaction with for instance the structured data capture where essentially they were proposing a whole process and I guess you could still construe it as an implementation guide, but it was happening as a process more or less and probably more than less independent of any SDO. It wasn't an HL7 initiative, it wasn't an NCPDP initiative, it wasn't an X-12 initiative, it wasn't...it was its own thing and that's the sort of activity that then just dilutes the efforts nationally, because people...you don't...you either take people away from doing other standards work or you don't have a quorum that is truly representative of the industry and the work when you do it.

And so, you know, so, again, I'm probably stating this more forcefully than is implementable but I would say, don't...you shouldn't do work on those initiatives independent of...if you can't get your initiative on the agenda of some standard's group I think that's one of the indications that there really isn't any community or constituency that cares about that as a problem that needs to be solved.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, Stan, this is Jamie, what I'm hearing is I think you proposing maybe a principle to leverage SDOs to drive the work.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah and I want to be careful because what I do see that is very important is that S&I can bring inputs and work there so collecting requirements, understanding especially the value that this could bring to federal agencies and coordinating federal agencies in terms of bringing things.

The point being that the S&I Framework isn't set up to be a place where I can do an open consensus ballot and reconcile negatives and do all that sort of stuff according to ANSI standards that this part of the process be done in a standards development organization that the S&I Framework itself not be a standard's development organization.

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

Stan, this is Arien, I generally agree with some points of disagreement. So, the points of disagreement are, as I said, SDOs can often be sort of inflexible machines, they operate on their own momentum and if the result of that principle is to allow the momentum of an SDO and the calendar of an SDO to torpedo important discussions relative to national priorities that would probably be the wrong balance.

And what I've seen in practice has been, for example, good meetings between ONC and HL7 leadership to align up the calendars and make sure that there is the needed prioritization that gets done but I just want to make sure that it's...there is a give and take here, there is an...S&I supports the SDO but also that the SDO supports the national priorities.

Now I agree with you that if the SDO itself just doesn't agree it's a national priority that's an issue. What I want to make sure is that, you know, the SDO doesn't say, well that's not our process and so we can't do it. And as I said, I'm not saying that this happens in practice. What I've seen in practice is the work to align the calendars and the work to, you know, align objectives.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, Arien, this is Mark, I mean, I agree that in practice, you know, people typically meet each other half way, right, because good will and often, you know, many of the same people, but I think we have to be careful saying that, you know, if the SDOs process sort of doesn't meet the sense of urgency of the S&I Framework than what has to give is the SDOs process because there are good reasons for processes and processes are also kind of intrinsic to the viability of given organizations just like, you know, ONC has processes it has to fall under the Administrative Procedures Act.

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

Yes.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

And I think one of the other things...I'm not sure where to slot it in, but I think it kind of certainly relates here, and again it was a consistent theme when I kind of reached out to people, is the global context of the work of many of the SDOs as well as many of the both, you know, developers and also increasingly provider organizations that have global reach.

And so, again, at least one of the considerations, maybe this is just a parking lot right now, is recognizing in its work, in terms of the S&I Framework activities and particularly those that involve the SDOs, being mindful of really the global world of standards that certainly the standards community is operating in.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

This is David, I agree with most of what Stan said and just wanted to emphasize two points where I agreed most strongly and I think things should be done, one is about the business processes about not producing standards, I agree, and I do feel like the voting process in S&I, even though it is formalized is one of the weaker aspects because it lacks some of the rigor of the other, you know, of say the HL7 process in terms of quorum and number of votes and stuff it's sort of, very sort of loose and you can have several hundred people initiative of which only 10 are really voting in the end. So, I think if we can minimize or remove that and funnel it to the standard's bodies that's great.

And the other point I agree upon is the idea of it being a funnel, like when I mentioned use cases earlier I didn't necessarily see those documented or at least not very clearly sometimes in terms of like, you know, we've got C-CDA, we've got FHIR but we don't really have use cases for say transition of care within HL7. So, if S&I does more of the front end work, brings stakeholders to the table in a sort of a funnel to direct them to then participate in the SDO process I think that's good.

I think the fact that you don't have to be a member, at least not at the outset, in S&I does open it up to some more people and perhaps if they really are passionate and want to stay involved to the end, you know, they will join HL7 or whatever, or IHE as, you know, a corporate or as an individual member which is for instance what I am right now.

So, I think as a funnel to bring people to the SDO and also to minimize or eliminate the whole separate consensus voting process in S&I those are things that I agree with.

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

So, this is Arien, just one other comment here, so one is around aligning the calendars and as Mark says, meeting half way. The other is, and again, this may be an area of disagreement in this group, in my experience the best implementation guides and indeed the best standards are implemented in concert with practice and are tested in practice and that the standard, the SDO process, is best done as a formal editing process to make sure that you've got balance of interest, to make sure that you've got more eyes on the work product, to make sure that you've got clear IP rules, to make sure that you have...that you've got a little rigor in the wording of statements. I do not find that those work practices are helpful in creating the standard or implementation guide because they're often divorced from implementation and practice.

So, I guess the dissenting vote that I have here is that I do believe there is value in rapidly iterating an implementation guide in some cases even a modification to a standard in the context of practice and implementation, and then taking that work product to the SDO for editing, reconciliation, insuring that you're on the right side of IP and all the other things that SDOs are uniquely qualified to do.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

This is Holly and Arien I cannot agree with you strongly enough in your last statement.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

So, this is David, so, Arien are you saying basically they would produce some artifact, it would not be called a standard, it would be the thing that they try that is tried out in pilots and practice...

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

Correct.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

And then after that's iterated a few times then it would go to an SDO for...is that what you're saying?

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

That's...and it wouldn't be necessarily linear like that, you know, I think we've seen good work in FHIR. I think we've seen good work in Consolidated CDA, although Consolidated CDA is an interesting case where I'm not sure the feedback loop is actually working, so it's not like do it entirely separately and then take it back at the end.

I think there should be an iterative loop in terms of updating DSTU's and those kinds of things informed by practice. But I think the strict separation of S&I never producing artifacts I actually disagree with.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, let me say a little more, this is Stan again, yeah, we might just disagree on this because...so my view is that, yeah, it has to be a partnership. But my point would be...and I would say a couple of other things and, you know, I can speak a little bit for HL7 but I'd be glad to have input from IHE and from NCPDP and others, but the HL7 recognizes that we need to have different work processes than just the current formal balloting process.

So, for instance, in, you know, the creation of FHIR profiles that's going on you hope that the work is moving much faster and that in a sense when you get to the detailed FHIR profiles that process is much more like maintaining the terminology than it is to writing the specification for a message standard.

And so my...and I'm using that as an illustrative point that if there is work that you want to get...either work that you want to get done or a process, I mean, these are open consensus bodies so you have the opportunity to influence that organization to put in a process that allows the kind of iterative development that you describe, because I...you know along with everybody else I absolutely agree what you'd really like is...along with sort of the regular creation of specifications through a formal balloted voting process that may take years you want...what you want to have is actually this progression of DSTUs and implementations learning from that quick iteration. Those processes can be changed and so what I would say is the commitment would be to work with the SDOs to have the process in place you need not create a separate process...

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

Yes.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

And not create a new forum that creates competition to the existing SDOs and you have a whole bunch of SDOs to choose from. You've got NCPDP, you've got X-12, you've got IHE, you've got HL7, you've got CDISC, you've got...and what I'm saying is, if you've got an important initiative you should be able to find a home for it and if you can't than you probably ought to examine how important it really is if nobody, you know, nobody will support you in an open consensus body.

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

So, I think...

Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics

I agree with you Stan, one of the issues is that a standard is only as good as the production system that has verified that it works.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

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

So, I think...if I can maybe repeat what you just said and see if there is agreement. I think there is broad agreement that standards development and implementation guidance development needs to be closely informed by implementation and practice.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Absolutely.

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

I think there is a preference that you're stating, a very strong preference that you're stating that the right way to achieve that outcome is to ensure that the SDOs process itself contemplates and supports that level of rapid iteration and that your preference would be that an SDO step up and say, I'm happy to support the process of rapid iteration around...at a time cycle that actually meets the timelines.

Josh, I'd be really interested in your take here in the sense that you've been in effect writing smart implementation guidance almost divorced entirely from any SDO context.

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

Yeah, I mean, my experience Arien has been there is very strong value in getting industry participation and showing that something works and iterating on it quickly upfront and at the stage of a process where those iterations are still happening it can be really nice to do that in an unencumbered fashion.

I think eventually there comes a point in the maturity of a product or a project where that standardization becomes a milestone to shoot for, but I guess, personally I'd put that or I tend to describe that to a much later stage in the process than perhaps many on this call would do.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

That's a good point. I mean, yeah, I think based on our sort of the name of, you know...the fact that we're the Standards Committee and, you know, the standards and innovation framework we're really talking about sort of the standardization part of that, you know, at the end especially in terms of national standards and that there can be a lot of things going on that are laying the groundwork that don't have to be a part of the formal...but it's when we're...when we're going to bring those things forward and say, everybody in the country needs to do this that's when I don't want S&I making those decisions in a process that's independent of a process in an SDO.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Well, but to Arien's point, I think S&I and I may be wrong on this, but I think S&I has more kind of on the ground, in practice implementers.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

No, no, absolutely not.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Implementers not...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

They've got nobody.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Not coders, not developers but implementers.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

S&I has no implementers. S&I has zero implementers.

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

I think it really depends.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

I think a lot of the volunteers are in the practices...

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

Yeah.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Implementing EHRs and the functionality that we're looking for.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

The implementers are in provider organizations and in vendor organizations, and payer organizations, they're not in S&I. S&I doesn't have anybody that they pay to implement as far as I know.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Oh, Stan that doesn't seem quite...

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

I'm talking about volunteers not payers.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

They're all volunteers whether it's HL7 or S&I.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Right.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

I mean, there are people in all of them that implement and there are some that don't. I mean, it's not like they don't have any. I mean, Holly is one of them.

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

So, here's what I'm hearing and I think I've heard strong agreement that standards and implementation guidance are best done in close coordination with implementation and rapid feedback cycles. So, I think we have agreement there; I just want to test to see if we do have agreement there?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes, I agree with that.

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

Okay. I think we're hearing, number two, a consensus that the final work product, particularly to the extent that it lands in certification criteria, you know, in the combinations of standards implementation guidance and certification criteria that the Standards Committee recommends that this should be a work product of an SDO, it should be a standard or a standards body maintained implementation guide. So, I want to test to see if there is feedback or disagreement there?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

I agree with that as well.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Agree.

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

And then where I think there is maybe disagreement is...and maybe agreement is the "how." I think Stan has a strong statement or strong preference that SDOs should change work process to accommodate rapid evolution of implementation guidance in the stage where that level of rapid iteration is warranted.

I think there are other folks, Josh and myself, who think that the most pragmatic way to do that is maybe more freewheeling than a ballot cycle and I have in mind the IETF process where you post a draft standard and it may go through 20 odd iterations closely informed by practice without the level of editing rigor and ballot reconciliation and formal vote counting and all those kinds of things. And so this may just be a...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

But, I actually agree with both of those things.

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

Okay.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

It's just this...I think all we're quibbling about is the stage of things.

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

Yeah.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

I agree with that faster process when you're learning what you need to do to create a standard and it's only when you're getting towards sort of the final stages when you need to become formal when you're starting to...

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

Good.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Contemplate this as a national mandate or regulation or certification criteria.

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

Excellent. Do we have general agreement there?

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Yeah, Arien, this is Mark, the one thing I'd kind of add and we just need to be careful and again its I think kind of maintaining the integrity of both the SDO process and the S&I process is to avoid a perception that, again whether it's from the S&I process or otherwise that things are kind of done outside of the SDO process and then just sort of delivered with an expectation that, you know, the SDO will more or less, you know, rubber stamp, again, for those things that are appropriate to go through the SDO process.

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

Right.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

So, I think just a kind of, in a sense, a mutual respect of the roles and processes there and then...but again, I totally agree with layering on about having iterative practical experience particularly with implementation specs and guidance.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, the...yeah, so Holly I want to apologize I didn't...I said...it's not accurate to say there are no implementers in S&I, when I said that I'm thinking about the staff people at ONC don't represent implementers, the people who participate certainly could.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Right, but if you look at the model...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

And so...so I misspoke, yeah.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Okay, and I accept the apology, but S&I is an open community where if people are feet on the ground implementing in practices they don't have to pay money to join the SDO, S&I is free.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

So, there are most certainly voices in those because I sat in multiple committees, I chaired several, where they were absolutely in practices implementing...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, and I agree.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

Nurses, physicians, care managers that were expressing frustration because their needs for taking care of patients were not being met. And those are the people that I think have to weigh in...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare
Yeah.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.
Before the SDO causes this to be absolutely a national standard to be adopted.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare
The other side of that is that S&I's practices lead to and often have led to the most skilled people, relative to those standards, not being in the Workgroup.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.
No, and I absolutely...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare
And that's what I'm trying to...

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.
There has to be...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare
That's what I'm trying to address.

Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.
We agree we're in violent agreement here.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation
Yeah, so I think I've heard a principle by the way that staff should support...to the extent that there is organized staff support for an initiative that truly should be a support role.

Now there are cases where one of the things that ONC does is fund SMEs. There are cases where, in the Argonaut Project for example, vendors have funded SMEs. So, for example, in the Argonaut Project we funded Josh and Grahame, and other folks for being able to spend time and concentrate on particular deliverables.

In the case of the Consolidated CDA work ONC funded Lantana as a subject matter expert and so I just want to...I want to raise that issue in terms of this general principle of staff should support not drive the process with respect to the notion of funding subject matter experts so that they can devote the time and energy to accomplish the work.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
Yeah, Arien, this is Jamie, I don't know if S&I is going to have, you know, that kind of funding...

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

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

In the future or not, so, you know, I think we have to be a little careful about that. I think though, getting back to the broader conversation of this section of the call, you know, it sounds like we're all in violent agreement about the need for appropriate participation of all the relevant stakeholders including the end users and the real implementers. I think where we may not be in agreement is when and where to get that participation or how to get that participation.

My own experience with S&I is much more aligned with Stan's view that on most of the calls for most of the initiatives there has been zero participation of real end users and real implementers, it's been vendors and consultants, and system integrators pretty much exclusively and frankly very few people and so I think that if I heard Stan's point correctly it is that the right place to get that broader participation is not in S&I managed meetings but rather through the SDO process which can be prioritized and adjusted to the S&I schedules and needs.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, I agree with that.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

I apologize I'm going to have to drop off the call in about one minute.

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

Given that and given the fact that we've made actually a ton of progress I'm wondering Stan whether it's appropriate at this point to cut the call 15 minutes short and go to public comment?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

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

I feel like we made a ton of progress in this call.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, yes, I just want to put a bookmark for where we start next time. I would like to talk about specifically the role of consultants in the S&I because I've got some strong feelings there too not so much about this, you know, subject matter expert things that you talked about Arien but other sort of unexpected consequences of the way that the contracting happens and the influence of contractors and consultants on the work that gets done.

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

Yes.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, I...yeah, let's quit for today and pick that up another time.

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

I think you're going to find me in violent agreement on that one as well. I've had a lot of incredibly practical experience with that particular issue.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

This is David, just so I understand your point, when you say consultants do you mean like the people from ESA and Accenture or...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

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

Yes, exactly.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

The ones who basically are the facilitators for the call whose names you'd see in the Wiki etcetera.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yes.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Okay, all right.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well and they're facilitators but they're also often tasked to produce a specific document or to do a specific kind of research, or to, you know, their role is more than just facilitators.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Yes. Okay, just wanted to understand.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah that's who we're talking about though, yeah. You know MITRE and Accenture, and EAS and whoever, you know, SAIC, and whoever, you know, whoever is engaged by the...

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Yes.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

By ONC to do that work. But, yeah, let's, yeah, let's declare victory on these things for now and, yeah, let's open for public comment Arien.

Public Comment

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

Okay, operator can we please open the line?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

While we wait to see if there is public comment just a reminder our next meeting is on February 17th so as we discussed ONC staff will track the conversation that we heard today and share that with the Chairs and then share it with the group before the next meeting.

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

Excellent, thank you.

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

I think we do have a public comment we're just having a little bit of technical difficulty so we'll just wait one minute.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Okay.

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

I think there is a Mark on the line that has a public comment?

Mark Underwood – Chief Executive Officer – Krypton Brothers, LLC

Yes, I'm here.

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

Was it Mark Segal or is it a different Mark?

Mark Underwood – Chief Executive Officer – Krypton Brothers, LLC

This is Mark Underwood.

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

Okay, Mark, you have three minutes to make a public comment if you could state the organization that you're representing please go ahead.

Mark Underwood – Chief Executive Officer – Krypton Brothers, LLC

Yes, hi, this is Mark Underwood I'm at Krypton Brothers but I'm the Co-Chair of the Security and Privacy Group at the NIST Big Data Public Working Group. I just wanted to suggest briefly, and this would be a longer conversation for another meeting by the participants there, but that the security and privacy standards probably deserve a different status in the prioritization of standards and probably with implementations as well than other standards. They are qualitatively different because they involve issues of the target profile for attack vectors and public policy exposure for breaches and other issues like that. So, I don't have a solution for that but I think they need to be handled qualitatively different and that was it.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Thank you.

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

Thank you, Mark and we have no other public comment at this time. So, thank you all and have a wonderful weekend.

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

Thank you.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Thanks a lot.

Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare

Bye-bye.

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

Bye.

M

Bye-bye.

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

Take care all.