



**HIT Standards Committee  
Semantics Standards Workgroup  
Final Transcript  
December 1, 2014**

**Presentation**

**Operator**

All lines are bridged.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the HIT Standards Committee Semantics Standards Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Jamie Ferguson?

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

Present.

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

Hi, Jamie. Becky Kush?

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Present.

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

Hi, Becky. Andy Wiesenthal? Asif Syed?

**Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association**

Present.

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

Thank you. Betsy Humphreys? Eric Rose?

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Eric's here.

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

Hi, Eric. Harry Rhodes? John Carter? I believe John is on. John Speakman? Margaret Haber?

**Margaret W. Haber – Program Manager, Center for Biomedical Informatics & Information Technology – Enterprise Vocabulary Services, National Cancer Institute**

Here. Thank you.

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

Hi, Margaret.

**Margaret W. Haber – Program Manager, Center for Biomedical Informatics & Information Technology – Enterprise Vocabulary Services, National Cancer Institute**

Hi.

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

Mitra Rocca?

**Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration**

Yes, present.

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

Rosemary Kennedy? 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. Steve Brown? Todd Cooper? And from ONC do we have Tricia Greim?

**Patricia Greim, MS, RN-BC - Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

Present.

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

Hi, Tricia. And Mazen, are you on as well?

**Mazen Yacoub, MBA – Healthcare Management Consultant**

Yes.

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

Hi, Mazen. And with that, I'll turn it back to you Becky and Jamie.

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

Okay. So, welcome everybody on the Monday after Thanksgiving holiday weekend; really appreciate everybody joining this morning and excited to get this workgroup kicked off. Becky, anything you want to say to...

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

I would echo what Jamie...

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

...start things off?

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

I appreciate that you all are taking this morning to join us for this call and we've been trying to kick this off for a couple of months, so thank you for your patience and for agreeing to be on this sub-committee.

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

Yes. And so I think just quickly to review the agenda for today it...I mean, I think a lot of today's call is about getting to know each other a little bit in the context of this workgroup, to talk about from the ONC perspective what's the flow of information and tasks, work items and so forth, among the different FACAs workgroups and the public. And then to talk about this workgroup charge and our first assigned tasks. So I think that's the bulk of the agenda today and then, I think that we'll have opportunities to talk about other things that may be priorities and how those would fit in to a future work plan.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

So I did not hear...I didn't hear all of the people on the call, I don't know if anybody else has joined, but would it be appropriate after doing roll call to have people just talk a sentence or two about what they do and what their role is?

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

Yeah, I think that's an important part of getting to know each other.

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

So maybe we can just go down the slide and have each person introduce themselves. So maybe Jamie, you can start and then we'll go to Becky.

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

Okay. Thanks. Hi, Jamie Ferguson here. I'm with Kaiser Permanente, located in California. And so my responsibility here at Kaiser Permanente is for our Health IT Strategy & Policy, as well as informatics standards. So, I manage a small group here. I'm also active in a number of different standards related efforts that relate to the charge of this workgroup on semantic standards. I try to help Stan, I think, at times with the Clinical Information Modeling Initiative as a member of that executive committee. I'm also on the board of both the HL7 and IHTSDO currently. And then one other board position that I have is with the Care Connectivity Consortium, which is the joint interoperability initiative of Mayo Clinic, Intermountain Healthcare, Geisinger Health System, OCHIN and Kaiser Permanente. And I've been on the Standards Committee actually since inception.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

This is Becky Kush and I have my affiliation with CDISC. I'm the President of CDISC but I have also been involved in HL7 for about 12 years, and spent 4 years on the board. And we have just launched a new bridge workgroup within HL7, having started the bridge model to bridge healthcare and research. And I'm on the ISO technical advisory group. I was not on the HIT Standards Committee from the beginning, I was brought in about a year-and-a-half in, with the idea that research should be represented in that committee; that at least is what I was told. And we also work very closely with IHE and we have a representative on the SIMI group. So I think what you're hearing from us is that we're not trying to take any particular stand on a given standard, but that we'd like to improve interoperability according to the roadmap that's being developed through ONC. So, I'll stop there and turn it over...I'm not sure I heard John Speakman on the call, has he joined yet?

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

He won't be able to join today, so let's go to Stan.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Okay, great. Thank you.

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

All right, Stan Huff. I'm with Intermountain Healthcare in Salt Lake City; I'm the Chief Medical Informatics Officer and am also involved...I'm currently the Chairman of the Board of HL7, leading the Clinical Information Modeling Initiative that's been mentioned a couple of times before and also the Healthcare Services Platform Consortium working to make some standards-based services and use that as an application platform. So I'm excited about this sub-committee and glad and honored to have an opportunity to work with this group. Thanks.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Was Rosemary Kennedy on the call? Todd Cooper?

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

I think we need to skip down to Asif.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Okay, thank you.

**Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association**

Hi, this is Asif Syed. I work for the American Medical Association directing the standards and informatics side for AMA. My background is that I'm an internist, used to be involved in clinical practice back in England and I started working on Readcodes development and maintenance for a few years before getting on SNOMED CT project back in England and I moved to Chicago to maintain SNOMED CT for 6-7 years before moving to the AMA some time ago and now I'm directing the standards work. My main role is collaboration with the SDOs and major projects for working with WHO and ICD-11 and ICHI. Thank you.

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

Eric?

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Hello, this is Eric Rose. Can you hear me?

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

Yup.

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

We can hear you.

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Okay, so I was on mute and apologize for the background noise, I'm in the airport, have to go through security. But, I'm Eric Rose; I'm the Director of Clinical Terminology at Intelligent Medical Objects. We are a commercial vendor of terminology content. I manage a team of clinicians that creates terms to be plugged into EMRs to be used to populate standard...structured data elements and then map to standard terminologies under the hood. I'm a family physician, still in practice and I've been involved in Health IT for about 17 years and also teach in the Department of Family Medicine and Informatics at the University of Washington.

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

John Carter?

**John Carter, MBA – Vice President – Apelon, Inc.**

Good morning, can you hear me okay?

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

Yup.

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

Yup.

**John Carter, MBA – Vice President – Apelon, Inc.**

Great. I'm John Carter, I am Vice President of...Services at Apelon. Apelon is also a commercial vendor involved in interoperable data in general and standard terminologies in particular. We have several software products related to the creation and deployment of terminology and do a lot of professional service governance consulting, that sort of thing to people move from...we helped create terminologies to...they were trying to figure out and help other people figure out how to use them.

I'll apologize also for my connection; I am speaking to you from Manila, where it's 11 p.m., where I'm attending the Asia eHealth Information Networks meeting, learning about how people are trying to take semantic interoperability to developing countries and countries around Asia. Our focus really is on figuring out how to take these standards that many of the people on the call and people at Apelon have worked on for so many years and really get them out into practice and that's my goal. This is my first meeting as a member of this committee and it's a real pleasure and a real honor for me to be here. Thank you.

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

Thank you, you're a little soft, but now we know why, because you're way across the world. So thank you so much for joining, John, we really appreciate it. Mitra?

**Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences– Food & Drug Administration**

Yes, my name is Mitra Rocca; I work at FDA, Center for Drug Evaluation and Research, or CDER, Office of Translational Sciences. My background is medical informatics and I joined FDA to serve as a medical informatics lead for the Sentinel Initiative. Currently I lead the CDER HIT IT Board and I serve as a Co-Chair of the HL7 Clinical Interoperability Council. I also used to serve on the...board of director. And I am on many of the ONC initiatives and I serve as the FDA lead on the Structured Data Capture. And I am very excited to be here. Thank you.

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

Thank you. Margaret?

**Margaret W. Haber – Program Manager, Center for Biomedical Informatics & Information Technology – Enterprise Vocabulary Services, National Cancer Institute**

Good morning or good evening I should say, everyone. I'm Margaret Haber, I'm Program Manager for NCI's Enterprise Vocabulary Services, which is part of NCI's Semantic Infrastructure and we work with many of you on standards in many of the spaces you've referred to. I have a background doing this thing, I'm Ex-Officio both probably because of being a fed, but also because I served previously in CHI and FHA and precursor initiatives to these ONC initiatives working on standards with other federal agencies and CDISC and various other SDOs. And I'm also very happy to be here. Thank you.

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

Thanks, Margaret. Tricia, do you want to introduce yourself?

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

Sure. My name is Patricia Greim and I am working at the Office of the National Coordinator. Michelle is mentoring me to take over the facilitation support of this working group. My background is in nursing and critical care prior to transitioning to informatics. I was lucky enough to be there at the VA when we transitioned from paper to electronic and that was a fun journey that continues to this day, now making the information meaningful. So thank you, I'm very delighted to be here.

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

Thanks Tricia and thanks everyone for participating and agreeing to be a member of this group. Next slide. So Jamie and Becky, if it's okay with you, I'll go through the next few slides and then turn it back over to you?

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Yes, please.

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

That would be great, thank you.

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

Okay, thanks. So, as you all know, hopefully, we have just finished restructuring the workgroups of the Health IT Standards Committee and we also restructured the workgroups of the Policy Committee. This is actually the last workgroup to kick off, so all of the workgroups have officially been kicked off at this point. So you can see on the slide that these are the new workgroups. We have a Steering Committee, which we can...which I'll kind of walk through some of their role in a bit. This workgroup, which is Semantic Standards, the Content Standards Workgroup, which we think they'll be some cross work likely between the two groups, Transport and Security Standards, Architecture, Services and APIs and Implementation, Certification and Testing. Next slide.

So again, I want to thank you all for agreeing to participate. When we went through this process of restructuring the workgroups, we also took a step back and tried to be a little bit more thoughtful about making sure that we have diverse perspectives on all of the workgroups, and also finding a way to make sure that we have the best engagement possible from our members. In the past, we had started to lose some of our participation, so we just want to make sure that in order for the workgroups to succeed that we need everyone to attend meetings, to your best ability. We know that this is still a volunteer opportunity. And so, we ask that you try to not miss more than 5 meetings within a calendar year. We understand that, of course, extenuating circumstances can come up and, you are volunteers, but as...to your best ability, if you could become or be actively engaged, it is greatly appreciated.

But we also need to do our work to make sure that you are well prepared for meetings. We have had some issues in the past, just because of the nature of the work that we do, of making sure that we get materials out well in advance of the meetings. So we are going to try and do our best to get materials out to you all within at least 24 hours before the meetings, so that you have time to review materials and come prepared and ask thoughtful questions, which becomes a lot more difficult when we send materials just before the meeting.

So, we have to play our part and again, ONC greatly values our federal advisory committees. You have been extremely...have given us extreme number of recommendations in the past and had helped us with a lot of our previous work and they're just extremely valuable. So we can't thank you enough for the amount of time that you commit to our groups, both the committees and the workgroups; it's substantial and we just thank you. Next slide.

So for those of you who are new to the committees, and I apologize for those of you who know the process, I just wanted to give a little bit of background of how recommendations are brought to the National Coordinator and the process for how information flows. So through the HITECH Act, we had established the Health IT Policy Committee and the Health IT Standards Committee and under each

committee, as you saw, we have a number of different workgroups, and it really is at the workgroup level that most of the work gets done.

So, charges for the workgroups typically come from the committee. They are given a period of time where they're asked to hopefully answer a question or if there's a need for something, we might identify different workgroups to fulfill that need. But again, the work will happen here at the workgroup level. Typically Becky and Jamie will act as your liaison's to the committee and bring forth any recommendations that come out of the workgroup. And typically what we do is we'll bring draft recommendations to the committee first and then a final set of recommendations at a follow up meeting, so that we can take into account any feedback that we get from the committee.

Throughout the process, we on workgroup calls, at committee meetings, we always have time for public comment. We also encourage the public to share their experience through virtual listening sessions, sometimes we have in-person hearings, sometimes we'll post a blog post and ask for the public to share their insight that way as well. We've also done request for comment with the public; so, we try and engage the public in the process as much as possible.

So the Health IT Policy Committee and the Health IT Standards Committee are what we call out federal advisory groups and they follow the FACA, which is the Federal Advisory Committee Act, which essentially means that all meetings are open and public. Early on ONC decided that they didn't want just the committee meetings to be public, but all workgroup meetings would be as well so we can have open and transparent calls with everyone.

So when bringing recommendations forth, it's not always about recommendations that will result in a rule. In the past some workgroups have identified a need for tools or a need for something other than just recommendations for a rule. So, I just want to make sure that you all are aware that you're not restricted to those types of recommendations. So, for example, the Privacy & Security Tiger Team in the past, on the policy side, had recognized that we needed a tool for the security risk assessment. They identified that need, brought their recommendations to ONC and then ONC worked to create the tool to better help providers in the field with the security risk assessment. So, any questions about the process for a recommendation? Okay, hearing none, next slide.

So for those of you who may have listened in not last week, but the week prior, we also introduced a concept to the Standards Committee to make sure that our workgroups that we have now kicked off are as agile as possible. So what we have learned as we've gone about the process of identifying what are potential work plans for the workgroups and what are some of the needs that ONC has, we've realized that it could be difficult at times to assign one workgroup to work on a specific topic because a lot of the work may potentially touch a number of different workgroups. And so we think that there could be some confusion if we assign something to this group, for example, but then need to work with the Contents Standards Workgroup, then need to work with the Implementation, Certification & Testing Workgroup, it could get a little messy. Next slide.

So what we have identified is that there probably will be a need for us to create task forces across the different workgroups. So what that means is that, so for example, if there was a question or something related to constraining the C-CDA, we might need to engage certain subject matter experts from this group, Content Standards and Implementation, Testing & Certification.

So we would identify...work with the chairs of this group and work with the Steering Committee to identify, okay, who is going to Chair the task force and also who are the right subject matter experts that we need on the task force. They would be given a question or asked to work on something and given a time period to work on that. The task force would be formed, they would answer the question, do the work that's asked of them and then the task force would be disbanded. So, they're very short term, very similar to those of you who may have paid attention over the summer, we had the JASON Task Force, they did their work and now they're work is complete.

So there may be, and there likely will be, need for ONC to establish these task forces. I'm sure a number of you will be tasked into...we're hoping to find a way to do it as efficiently as possible so we're not over-tapping people, but we're also able to answer questions with the right people without making things confusing across the workgroups. So, I mention this just so you all are aware that this may be something that you are asked to participate in in the future. Next slide.

Before I turn it back over to Jamie and Becky to discuss the workgroup charge, I do want to mention that there are a few milestones that are coming up, and actually, that's probably after this slide. So why don't I turn it back over to Jamie and Becky to talk about the workgroup charge and then we can go back and talk about the major milestones for the federal advisory committees that are coming up and then how that will impact the work plan for this workgroup.

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

Thanks Michelle. So, you can probably tell, we haven't rehearsed this particularly well in terms of the handoffs. Becky, do you want to take a first crack at the workgroup charge?

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Sure, I'll do that. I...believe it or not, we've actually had about three calls prior to this one to talk about mostly the workgroup charge and also to hear how the process is supposed to work that you just heard from Michelle. I think the one key thing that we've been trying to tease apart is where the difference is between the Semantics sub-committee and the Content sub-committee because as you all know, because of your backgrounds, those morph and there's a lot of synergy there; so that was one of our key concerns. And I think what you're seeing on this slide as the workgroup charge is a rather high level set of things that we are supposed to address initially and as we form the task forces that Michelle just talked about, we'll get into more detail in terms of exactly what we need to be doing. And Jamie and I have our own little areas that we feel need to be addressed and I'm sure all of you do as well.

So, just going through this particular slide, we do want to ensure that there's a consistent approach for all of the ONC Health IT Certification across the board and that we identify the requirements for the semantic standards in that regard. But as we say that, we know that it needs to align with what the other committees are doing. We also may need to identify specific standards that can be leveraged for these uses and they may be existing standards and we were real careful to pull out these examples, but these are not the only examples that may come up.

So, I just wanted to point that this says they include, but are not limited to common data elements and other detailed clinical models, because my concern is that as Stan works on the SIMI Project, we're trying...he's trying to align those detailed clinical models with a number of other activities that are going

on around the world. And in the case of CDISC, we're working on specific elements that have to do with disease areas and CDEs are not necessarily standards, so we were just wanting to point out some areas that might need work that we could approach through this workgroup and then evaluating new standards or approaches that we maybe should be using and then recommend a strategy for maintaining these semantic standards.

So, I don't know if you want to add anything to that Jamie, but...

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

No, I think that was a great run through. I think on the last two bullet points, one thing I would extrapolate from there is that I would expect us to look at ways to ensure that different representations are indeed ISO semantic or represent the same semantics and may get into requirements for testing and conformance assessment with the ISO semantic nature of different representations. So whether it's pre-coordinated or post-coordinated or in different model formats, we want to make sure that it really is the same semantics.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

So Michelle, do you want to say any more or Tricia, you were both on the calls with us or should we go to the next slide?

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

This is Michelle, I don't have any further comment, but Tricia, I don't know.

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

No, thank you, that's great.

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

Okay, next slide. So, as I was mentioning earlier, there are a number of federal advisory committee milestones that will be upcoming. And so we've already started to work on the Interoperability Roadmap. Back in October, we had a joint meeting with the Policy Committee and the Standards Committee where a draft version of the roadmap was reviewed and at that time, we also had recommendations from the JASON Task Force and Governance Sub-Workgroup that were presented.

And then we tasked a workgroup on the policy side, the Interoperability and Health Information Exchange workgroup with taking the recommendations from the Governance Task Force and the JASON Task Force and bringing them into the Interoperability Roadmap, informing the Interoperability Roadmap and providing recommendations. So that workgroup will be providing their final set of recommendations at the December Policy Committee meeting and it's after that time that ONC will work to make any final changes and then we'll draft another version of the Interoperability Roadmap, which will be published in January.

We also are working very soon to publish the Federal Health IT Strategic Plan and then, of course, at some point late in the winter, we may have, or we will have, the Meaningful Use Stage 3 and the Certification NPRM to respond to. We share these items with you because you will be asked as a workgroup to inform some of these items. So, when the Interoperability Roadmap is posted in January, we likely will ask this workgroup to respond to specific areas of that roadmap that make the most sense for you to inform. We'll probably work with the other workgroups to make sure that we're not crossing each other, and have you comment on the Interoperability Roadmap. And then we'll also...that will also probably set us up to respond to the Certification NPRM once that's published. And so those two items will likely be on your work plan. Next slide.

So as you can see, a lot of it depends upon when things are published for comment. So we need to just be as agile as possible and be able to adapt as quickly as possible so that this group is ready to respond to those two items. In the meantime we are planning to share some presentations and background information with this group, to make sure that you are up to date and ready to respond, once those two items are published. Jamie, Tricia or Becky, any other comments about the work plan?

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

I want to make sure everybody on the phone maybe has a copy of that roadmap. Is everybody seeing it or did we send it out ahead of time?

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

There's a link on the invite list to the...to where they're posted and the username and password is FACA member for both, F-A-C-A-m-e-m-b-e-r for both, so...

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Great.

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

...if the distribution didn't come through the mail, that's the opportunity to grab it.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you, Tricia.

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

This is Michelle, so I will say that although you can find it on the October 15 where it was shared, there have been significant changes made and so we will do what we can to share with this group any changes that have been made that are relevant to this group, so we'll likely have presentations from the individuals who wrote certain aspects of the Interoperability Roadmap at future calls to help you when you're commenting on those specific portions of the roadmap. But there may be other informational

items that we'll need, to make sure that we're all up to speed, but we can certainly share the October 15 version of the roadmap, I just want everyone to be aware that it will change significantly by the time we see it in January.

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

So the goal is for it to be an iterative, transparent process where opportunities like the workgroup here may impact its evolving versions.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Does anybody on the phone have any questions or comments about these slides or what we've said?

**Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association**

The roadmap...this is Asif, Asif Syed. The roadmap is not on that slide which Patty just mentioned.

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

Yes, I think I misunderstood the question. So, thankfully Michelle, where can we see the roadmap in the current version, Michelle?

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

So, it was posted on October 15, so if you're...depending upon how you're looking for materials, we do have the FACA portals, which Tricia mentioned. That information should be in your invite to this meeting, and that was at the joint Policy and Standards Committee meeting. If you're looking at the public website, if you just go on the FACA calendar to October 15, you'll be able to find it that way as well. We'll send it out to this group, but I just want to make sure everyone is aware that there will be changes.

**Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association**

Okay, thank you.

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

Yup.

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Hi, this is Eric Rose. Quick question, one of the things that Jacob Reider, the outgoing Medical Director of ONC used to say frequently at the Health IT Standards Committee meetings is remember that you're not the Meaningful Use Committee, and think of your responsibilities as broadly what are the standards that should be used for Health IT in the United States. And I...my question is should this workgroup think of

itself sort of in the same way, thinking about standards...semantic standards, not just for Meaningful Use, but the broader questions of what's going to be right for the society at large beyond that program?

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

I think that you've answered, yes. Thank you...and thank you for reminding the group, Eric.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Yeah, I think that that's what's important about the roadmap; I don't think it's just geared towards Meaningful Use.

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Oh, the Interoperability Roadmap.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Yeah.

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Thanks.

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

Yeah, I mean, those are...so those are just major milestones that are coming up, but as you say, we certainly aren't limited to those things. Those are just things that we will ask the workgroups to help us inform but there will be much more beyond that.

So we really just planned today's meeting as an introductory call, just make sure that everyone knew each other and was aware of the upcoming work plan that we're working towards. We are in the process of identifying future meetings for this group, so be on the lookout for that. But I don't know...Jamie, I know you had some thoughts about future work, I don't know if you want...

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

Well, I thought it would be...it might be helpful, obviously we're going to have our work cut out for us between the strategic plan, the roadmap and CEHRT for Meaningful Use 3 and so forth. But at the same time, I'd love to get a sense of the members of this workgroup...of what the members of this workgroup feel may be some particularly hot topics that could be addressed in the future? And essentially to ask is there any hot button or burning issues that the members of the workgroup see as important for us to tackle?

And so I'll start with an example that I've used before is the lab order terminology where, I mean, of course LOINC is excellent for many things, but there are some areas where LOINC is too specific. There are also a lot of point of care testing orders that LOINC doesn't have and then there certainly are issues

of profiles and panels of orders. And so I think that's one particular issue that I don't know, of course, whether that will come up as something associated with Meaningful Use 3, but that's an example of something that I think would be within the domain of this workgroup. But I'm curious if there are hot button issues that others see and Becky, maybe you could start, if you don't mind.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

So I have a lot of hot buttons but one of them I guess I'll say on this call because I'm going to be involved in a device safety group next week is that, I think we need to all be looking at how to report things like adverse events in the same way, because it seems like there are several different ways that we're doing that and getting some synergy and semantic coordination around that would be one of my suggestions.

I don't know how to be more specific, but I think some people who look at reactions, or allergic reactions and things like that are not necessarily looking at them in the same way or using the same semantics as a lot of the work that's been done to harmonize adverse event standards, which we've done over the past couple of years. So, I think that it would be good to just kind of agree on how that's going to be done semantically. And I'll stop and turn it over to...is Stan next in line?

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

So, I just have my usual set of things, I mean, I'm very interested in the things that have been mentioned, but I'm also...my theme has been around clinical information modeling and very specifically the detailed models that model blood pressures and heart rates and patient measurements and laboratory measurements. That's very closely related to LOINC codes and other things.

And I didn't mention, but I am a member of...a Co-Chair of the LOINC Committee and so I agree with Jamie that everything you need isn't there but we're...I would just say, we're very interested in adding what we need to add as appropriate, so I can help facilitate additions to LOINC as needed as well. But I'm very interested in clinical information modeling, detailed models and how those interact and bind to standard terminologies like LOINC and SNOMED and so, those are areas where I'm excited to participate and help.

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

Who else wants to offer something?

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you. I'm just going down the list and I think Asif, you are next on the list for having announced yourself as being here.

**Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association**

Right, we're with Stan and Jamie about how we should look at the charter and move forward. And again, I'm in...there are standards which are already implemented and might not be standard in the pure technical terms, but obviously in use in the US, at least, from that point of view. So I think one of the things which I'm interested in is looking at some sort of harmonization between for example,

reimbursement standards which I work for and other standards which are not too much in use, but obviously need to be somehow be interoperable with each other. So, I think that's a very interesting area for me to look at and see how it evolves.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you, Asif. Eric?

**Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects**

Hi. There are I guess two things I would propose should be on our list to look at; one, as alluded to by Jamie and Stan already, but quite particularly the issue of pre-coordination versus post-coordination for context around certain types of patient data, particularly past procedure history and family history. So the question that our partners and customers are getting all the time is and will pose it to us is when we populate a CDA or...construct, should we...excuse me, send SNOMED codes...that represent a past history of "X," if that's what's in the patient's record or should we send a code for "X," and somehow post-coordinate the value somehow as past history or family history similarly. So I think that's something that sort of urgently needs to be clarified for the community.

The second thing is standards around genomics and...because there are a bewildering array of ways to slice and dice information about patients genes, of course, and it's becoming more and more relevant to everyday healthcare. And I think the standards are way behind the practice and it seems to be a problem for...continue to focus on.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you, Eric. John?

**John Carter, MBA – Vice President – Apelon, Inc.**

Thank you. I think if we can solve gaps in the existing standards and pre-coordination and post-coordination and information models, I'll be more than happy to have participated in this group. So, I won't add anything new.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thanks, John. Mitra?

**Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration**

Yes, for adverse event reporting I would also add to what Stan mentioned, also binding from SNOMED CT and LOINC to MedDRA, which is the terminology that FDA uses. And then I have been working a lot on integration of EHR and clinical research building the case support from within the EHR, so look at the standards that we have, what standards we can reuse and where are the gaps that would be a probably interesting topic for Meaningful Use Stage 3.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you, Mitra.

**Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration**

You are welcome.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Margaret?

**Margaret W. Haber – Program Manager, Center for Biomedical Informatics & Information Technology – Enterprise Vocabulary Services, National Cancer Institute**

Hi, yes, I basically agree with John Carter that if we could actually bite off even some of the major topics that have been raised, I would consider it a wild victory. But I do also want to echo some of the things Mitra mentioned about making sure that we are not too closely prescriptive so as to make things so narrow that we're not able to accommodate new knowledge areas that are rapidly changing, like genomics. And also that we do recognize standards that are in wide use, particularly internationally, such as MedDRA and that we do need to recognize what is actually out there and being utilized in the world and not try and reinvent that, but to leverage and work with that also so that we, again, are not too narrowly prescriptive and our recommendations, in fact, are meaningful. Thank you.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you, Margaret. Michelle, I think that's everyone who's announced themselves.

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

I think so. Is there anyone we missed?

**Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration**

Hi, this is Steve Brown from the VA, sorry, I came in just a bit late. So I guess I agree with what folks have said there are obviously immense challenges. We're interested in documentation at the point of care and then enabling reuse. We are going to have to bite off the pre and post-coordination challenge, and that's going to be challenging, no doubt. We're also, I think, struggling some with how to use existing standards, even the big...of the big three in a consistent, coherent fashion. There is obviously overlap and we'd rather not have that, so, I think that's another thing to put on the challenge plate is consistent use in a coherent way.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you, Dr. Brown. Anyone else?

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

That sounds like an overlap with usability then.

**Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology**

A theme for harmonization and ensuring that there's a practical path for implementation.

**Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration**

Yeah, well pretty clearly there's overlap, right, and so we would like to do things consistently and I know that there's good work being done with Regenstrief and IHTSDO and the like but there needs to be more of that and more clear guidance on how to do things, at least from our...for our internal use.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

I think what we also heard is that if we want to have that reuse and collaborate across all the agencies, we need to consider that not everybody is currently using LOINC and SNOMED and that we need to either help figure out how that can happen or acknowledge that there are other ways to do things and figure out how to harmonize amongst those.

**W**

Yes, I think that's an important point.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Did everybody not get to say their suggestions? Okay, Tricia and Michelle, I think everybody has commented.

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

Yeah. Great comments.

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

Yeah, great comments and we'll gather those comments and make sure that as we work on the future work plan and future work of this workgroup that we interweave those comments and work with you all going forward. So I think we actually might be able to give you all a little time back in your day. Jamie and Becky let me just see if you have any other closing comments before we open to public comment.

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

Nothing from me, thank you.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

I just hope we can address some of the great comments we just heard.

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

Yeah.

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

So, be on the lookout for additional appointments on your calendar for January and February especially, but for 2015 and...and with that, operator, can you please open the lines?

**Public Comment**

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

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

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

We have no public comment. So thank you all again for agreeing to be a part of this workgroup and we look forward to future workgroup meetings.

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

Thanks very much, thanks everybody.

**Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)**

Thank you.