



**HIT Standards Committee  
Semantics Standards Workgroup  
Final Transcript  
February 12, 2015**

**Presentation**

**Operator**

All lines are bridged with the public.

**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 Health IT 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? Andy Wiesenthal? Asif Syed? Betsy Humphreys? Eric Rose?

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

Hello.

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

Hi, Eric. Harry Rhodes? John Carter?

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

I'm here.

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

Hi, John. John Speakman? Margaret Haber? Mitra Rocca?

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

Present.

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

Hi. Becky...I'm sorry, Rosemary Kennedy? Stan Huff? Steve Brown? Todd Cooper? And from ONC do we have Tricia Greim and Mazen Yacoub?

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

Present.

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

Yes, present.

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

All right, and with that I'll turn over to Jamie.

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

Great, thanks very much, Michelle. So I think first of all, welcome everybody who was able to join us here today; I appreciate you being here. Today...the main purpose of today's meeting is to review the roadmap, the section that was assigned to us by the joint Standards and Policy Committee meeting yesterday and to talk about our process for response and assignments. Is there anything else that we need to discuss today on this call? Anybody want to suggest a different agenda topic? Okay, hearing none, then we will get on with that.

I do want to make a couple of comments on the meeting discussion that the committees had yesterday and the potential impact on this discussion. One of the things that came up more in the first half of the meeting, but I think was a recurring theme was the need to consider, in terms of interoperability. I think first off, not in the sequence that it was talked about in the committee, but I think sort of first off in my view is the fact that the point of interoperability and the roadmap is to make sure that the right information is available for clinicians and patients to make their best decisions. And so there was actually quite a bit of discussion back to some of the things from the previous joint meeting about having outcomes and measuring outcomes that would support that goal.

And then one of the things that I would say supported that overall objective was the idea that we need to look at patient centered information sets, not just provider information needs. And in particular, not just the option of transactionally moving data between entities, particularly between provider entities as a basis for interoperability. But also the potential for shared access to authoritative data sources or for, whether physically or virtually, for patient centric information to be presented, or rather to be managed as a comprehensive view of individual health that could be accessed rather than the data being physically moved from place to place.

And so I think one of the things that that discussion brings back as a potential impact to our discussion here today is, I think we want to consider our assignment in two different ways. One is, of course we do have fragmented entities that require movement of data transactionally between the entities and so we want to ensure that we have good standards and processes for that movement of data. But at the same

time, if...another alternative is for a patient centered data set to be accessed, for example via published APIs. But if...another option is for patient centered data set to be accessed remotely rather than having the data shift, then I think we also have to consider whether the semantic standards that we're talking about here are the right ones for the source of the data.

In other words, are these the right standards for data capture at the point of origin and for management in that original data set or do they always require translation and mapping from a point of capture into a target standard that's typically the transactional mode. So I want to pause and see if this makes sense to everybody on the call and get comments on that before we proceed. Oh come on, somebody.

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

Hi Jamie, this is Eric, can you hear me?

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

Yeah.

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

Yeah, it does make sense. I think the devils in the details and there are a lot of, you know, there are a thousand specific workflows that could be or couldn't be supported under that rubric of patient centered interoperability. I think the thing that worries me mo...or the thing that I think is most complex and challenging about it is the issue of reconciliation because...between disparate data sources. And I can see a whole host of new problems when you try to aggregate or present a unified picture of patient data aggregated from multiple sources, including duplication. I mean, it sort of amplifies the problem that you have with a single organization medical record where you end up with a problem list polluted with every problem a patient has been in since they were born, that kind of thing. But yes, it makes perfect sense.

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

Yeah, and so let me just say one thought on the aggregation issue. I think the aggregation issue may actually be very similar because if you're moving data from one place to another, then essentially you have that translation and mapping issue at the point that's receiving, essentially, the other data in order to create the aggregation. So I think you're going to have that issue, but I think it is a question that you're raising of sort of, whose responsibility is that? Or at what point in the aggregation process does that have to occur in terms of reconciliation as well as mapping.

So if you have, and I'll use a hypothetical example, if you have the same FHIR API for multiple electronic medical records, provider records of the same patient and the access is published and so...and the patient provides authorization and consent so those different sources are simultaneously accessed. The FHIR API in itself does not guarantee consistent data capture and semantics at those source systems. So it's...is there a third party that's doing the aggregation or is it essentially the system of the user who's accessing the APIs who would have to use the aggregation and reconciliation functions? Is that a fair way of characterizing what you said, Eric?

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

Yeah, yeah. And there are also a whole host of possible solutions for that starting at the point of data capture, like giving it away or...to every single piece of data that's sent...any EHR so it can be de-duped across an aggregated record.

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

Yeah, that's a little different area of issues, obviously, so, good point.

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

Yeah.

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

Okay, any other comments? Tricia, do you...I think you were there in the meeting for that discussion yesterday, is this a good way of having the workgroup look at it, in addition to the sort of the traditional transactional messaging view?

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

Jamie I think you're bringing up a very important consideration given that the vision is this patient centric ability to present or view information from many sources. And I think we also heard at the meeting that the common data set was key to interoperability. And I know what you're pointing to here is how much interoperability can we achieve if we're not capturing natively the...things that would lead to the de-duplication of data and resolving those issues, so thank you.

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

Right. Right, because any time you have mapping and translation, typically there's some loss of fidelity and no, that's a whole different area. But, okay. So with that introduction, let's proceed with the slides and take a look at, I think it's actually, I think in the published document it was Table 10 that had the sections J1-N. I know it's been referred to as Table J, but I think it was actually numbered as Table 10 in the...anyway, but let's get...

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

Thanks for that clarity, yeah, I think I was misspeaking on that; appreciate that, Jamie. Okay, so should we advance the slides then? Here's our workgroup charge, just keeping in mind that our goal is to identify the standards requirement for certification and evaluating standards in terms of their value for achieving our goals; maintaining consistent and sustainable approach. Next slide.

Here's a recap of where we are. We are in the Interoperability Roadmap posted for comment time to respond section with the NPRM still in the future. We don't know when that will be coming out. Next slide. And today, on February 11, our goal is the overview of the Interoperability Roadmap and preparing for comment for Version 1. Next slide.

Okay, we do have some SMEs on the line and the questions that we're inviting participants on Semantic Standards Workgroup to keep in mind throughout the review of the roadmap are listed here. Are the actions proposed in the Interoperability Roadmap the actions that will improve the interoperability

nationwide in the near term? And if there are any gaps, what do we need to address? Is the timing appropriate? And do we have everyone at the table to accomplish the critical actions that need to happen? And we'll get that corrected here on the roadmap sections to Table J and we also want to keep...

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

Umm.

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

...yeah, go ahead.

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

I'm sorry. Well this group is actually assigned Section J, but the Table is actually Table 10.

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

Oh, okay. Thank you, thank you.

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

Is it all right if I just make a quick comment, I'm sorry?

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

Please.

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

I just want to give a little bit of background to the workgroup.

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

Um hmm.

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

So at yesterday's meeting, we ended the meeting with Erica Galvez providing a charge to each of the workgroups that are going to be working on the roadmap. Because the roadmap is so long, we decided that it would be best to break it out into different sections and assign different workgroups sections to take on, so that we would be able to have robust conversations and not have everyone trying to accomplish the entire...the entirety of the roadmap. So that's what Tricia is speaking to today; this group has been assigned the consistent data formats and semantics section and a lot of your focus will be on the common clinical data set. But, as Jamie discussed, we'll think about things in that frame of mind.

And I just wanted to make one more comment, so coming up next, Tricia is going to be doing her best to review Section J with all of you all. Unfortunately we weren't able to get someone from the roadmap

team to join today's call, so, I'm Tricia will do a wonderful job but she wasn't the one who wrote it, so keep that in mind. If you have follow up questions, we can certainly bring those to Erica or Julie but as Tricia mentioned, we also have Julia Skapik and Pavla Frazier on the line, who are both with ONC as well. So hopefully, between everyone on the call, we'll be able to answer any questions that you have. And once Tricia goes over her section, we'll then talk about next steps and the process for responding.

So sorry, I just wanted to give a little bit of context before we...

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

No, that was perfect, thank you, Michelle. And I'll add something else, one more thing from the joint committee discussion yesterday and that is that our comments for the Semantics in Section J or Table 10 of the roadmap is our minimum charge. And so if there are other sections that we want to comment upon as well, our input is certainly sought and welcomed, but we have to do this section as a minimum or at a minimum. And so essentially what I recommend is, if there are other things that folks would like to bring up, additional areas of the roadmap for this workgroup to comment on, I think that's great but we're going to put that in a parking lot until we get through Table 10 first. Okay?

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

Thank you, Jamie.

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

This is great. Yes, thank you, thank you all. Thank you, Michelle.

**Todd Cooper – President – Breakthrough Solutions Foundry, Inc.**

So Jamie, Jamie, this is Todd, can I just ask you a clarification on that?

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

Yeah, please.

**Todd Cooper – President – Breakthrough Solutions Foundry, Inc.**

One of the interesting discussions yesterday, among many, had to do with provenance at the data element level, which I think is over primarily in the infrastructural part, but it's very interesting in terms of the potential impact on the semantic piece. What is your sense of that in terms of where that would fit on our scope?

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

I would say let's take note that we want to discuss and potentially comment upon provenance and that's our first parking lot item.

**Todd Cooper – President – Breakthrough Solutions Foundry, Inc.**

There you go, without any snow, okay, just an empty parking lot, one car.

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

Yeah, I'm looking out at a beautiful day and I don't know what is this snow people talk about? I don't know I don't get it.

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

Yeah, Marin County looks really good right about now.

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

Well, literally I'm looking at sunrise in Sausalito, so. Sorry, please continue.

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

Okay, thank you. Are we ready for the next slide? Oh, great, I think I might have, yeah, jumped ahead on my section Michelle. Thank you. Okay, so this is the draft version of 1.0, the...we have the opportunity in the next 60 days to impact the final published version. Thanks. And I'm...let's see, next slide.

And here is...yeah, okay. Thank you. Perfect. A little delay there on my part. So this is kind of a reminder of where we are in the whole process of the review. I really appreciate this graphic because it really acknowledges all the work that's come before and the opportunity to impact the published version. Any questions about this slide? Okay, next slide.

And I'm having a little bit of trouble here, I'm sorry. I'm trying to advance here. Okay, so we've made significant progress in digitalizing the care experience and consumers, we spoke about expectations that are changing in the marketplace, consumers increasingly expecting and demanding access to their electronic health information and the drivers to change the payment models from volume to value driving appropriate or new data sharing needs. And fourth, the best practice of information exchange and interoperability across the nation is becoming available as technology is evolving in ways that will simplify the challenge. And the opportunities to improve care and advance within a learning health system are here. Any questions about that slide? Next.

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

If I can make a comment on that slide, if you can go back one, sorry.

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

Perfect, thank you.

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

Part of the discussion yesterday and also in, I know in the Policy Committee discussions on their...some of their comments on technology rapidly evolving goes back to this point that I made earlier about shared access to an authoritative source. Some of the thinking is that the trajectory of technology that can easily be foreseen is that new shared platforms are emerging, that they make essentially disparate EHRs in provider offices, will tend to make them obsolete and so that actually shared provider access to

whether cloud-based or other technology, but to a...actually a shared patient centered data set both for data capture, sharing and use.

This is a technology trend that can be foreseen and so obviously this isn't going to happen overnight, it's not going to be there tomorrow; but there may be pockets of it there tomorrow. And there may be pockets of it there today where we have new platforms that actually promote more shared use and that that's actually potentially a good fit, synergistic with the payment system reform towards more integrated payment methods where you have multiple providers, perhaps in different medical groups or offices, but that really need to have shared access to a single view of the patient. And so I wanted to just draw that connection to my earlier comments.

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

Thank you, Jamie that really pulled it together. Next slide. This is the future broken down into the next intervals as...the world according to the roadmap as it currently is; send, receive, find all around a common clinical data set by 2017. And, as Jamie said, we're in a technologically evolving space so can we incrementally evolve so that by 2020 we're expanding interoperable data and are sophistication and scaling our solutions so that by 2024 we really are realizing, on a broad scale, the vision that's being outlined in the roadmap; a visual way to look at what's in the roadmap from the roadmap. Any comments or questions? Next slide.

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

I'm sorry; I guess I'm on a delayed reaction here but...

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

That's okay; do you want to go back?

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

...I do have one other...yeah, one other thing.

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

Okay.

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

Just to reflect, for those who were not in the room yesterday...

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

Could we go back one slide?

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

...or on the line, yeah. There were actually quite a few comments from members of both committees yesterday that that first block of nationwide ability to send, receive, find and use a common clinical data set in this 3-year period is an unrealistic timeframe. And so there were some blunt and frank or forceful comments to that effect, the here we go again setting unrealistic dates for something that obviously can never be achieved in that timeframe.

And I think that...I think the response, if could characterize the response of Karen DeSalvo and others, and some of the other committee members as well is that, well, that points to a need to prioritize things and to be able to achieve that objective in that timeframe for those things that are the highest priorities. And there was a little bit of discussion about use cases, not much, but I think here in the workgroup we may have an opportunity to identify things that we think could be achieved in that timeframe for what we see as priorities and priority use cases.

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

So, not necessarily where we...every area of industry or HIT is realizing that goal and we have demonstrated in places where we've realized that goal?

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

Or, I would say, taking more of a use case scenario approach I think was advocated for yesterday to say, let's identify well-defined use cases where this is achievable and identify the data...the clinical data set that's needed for those use cases and really get that working. But that may not be, in fact there were, I think, several people who said that could not be the full data set that's been identified and proposed.

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

Thank you, so a prioritized subset of...

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

Yeah, prioritized subset of clinical data for prioritized use case scenarios.

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

Great. Thank you...

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

This is Eric. I had a thought about this. I don't know if it's within the scope of what we're supposed to comment on but I really...I think to that first block by implication really devalues the transmission of unstructured data. And after 20 years as a practicing physician, I would give my eye teeth for unstructured data in almost every situation where information is missing on a patient that I'm taking care of and structured...and, I make my living off structured data, but the incremental value is...between unstructured and structured is small.

And so it concerns me that we don't just...that a first goal isn't just be able to get unstructured data from point A to point B, dealing with all the issues that that entails; the identity matching, the security, the privacy, etcetera. And I don't know if...

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

I think...

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

...go on.

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

...no Eric, I think you've echoed some of the comments in the committee meeting yesterday of Charles Kennedy almost perfectly.

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

So, some comments are already emerging.

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

But, so maybe that's something else that we can comment upon is, so if we're...it's not sort of all or nothing for this prioritized subset, it may be that there are broader steps to get other data that exists more readily available to clinicians while working on a highly standardized ability to send, receive, find and use a more limited structured data set. So maybe that's a different way of looking at it. Okay, sorry. I know I backed us up to this page, you were already...

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

No, that's great, that's great, thank you Jamie. We can advance one. This slide is really just a visual of how the authors of the roadmap have organized it, pleasant visual. Next slide. So the intention of this slide is to describe the common format, the few as necessary to meet the need are necessary for interoperable systems and just...this is straight from the roadmap.

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

Umm, this is Eric. One of the first things that stands out on this is number 1; I think one comment we could offer is add the verbiage to the end, at point of transmission. This is sort of interoperability gospel that you don't care how things are stored or expressed at a particular node, you care how its structured or expressed when its being transmitted from one node to another.

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

Well, so Eric, I think back to the previous discussion. I think that's absolutely true in the transactional data movement model. But in the shared record model, I think that's exactly where we have to consider whether the semantic standards that we're talking about here, whether they are also appropriate for storage in the source...essentially at the source that's going to be accessed rather than in transmitted.

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

Umm, ahh, that's an interesting point.

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

So absolutely yes where the transactional, sort of physical movement of data between systems is needed and that obviously we have a big need for that today, but I think one of the points of that discussion was that that need is diminishing over time as new technical, organizational and treatment models emerge.

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

Well, I don't want to hang us up on that but that might be something to put in for future discussion.

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

Absolutely.

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

So, at what point does what we, kind of what we see on the horizon as this transactional model versus a federated shared model, what the impact of that is on some of our assumptions. Is that capturing...

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

Yeah, and what's the impact and essentially how do you appropriately allow for both to co-exist at the same time where certainly things like database or data modeled structure of a message is absolutely critical for the receiving system to understand it. But how the data model is physically stored on a system that you access may be less important whereas the semantics of the data that you access may be more important. So, they're...yeah, so I think we just need to be mindful of both of those models of interoperability.

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

And I think they have different goals, so as we do that, we need to understand the objectives for each.

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

Yeah, well I would say they have different use cases, but I think the overriding goal is for patients and clinicians and other users of data to have the right data about the individual for their decision. So, I don't...at that overriding goal level, I think it's the same.

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

Right, so when you're talking about the seamless flow of information or availability of information, that is the overarching goal.

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

Any other comments or thoughts about this slide?

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

Just...so one other thing, yesterday there was actually also a lot of discussion about the sort of the purple part, the supportive environments, particularly what is a supportive regulatory environment and so...

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

The role of government and the role of commerce and...

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

...and how does that last point on the slide, basically a core set of basic rules, how does that become a floor and not a ceiling? And I don't think there's...we have...there's no textbook answer for that, but that was certainly a point of discussion.

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

Yeah. Thank you. Next slide. So this is like an inquiry into the core technical and standards and functions. Next slide. So the focus of today's discussion is this consistent data format and semantics. Next slide. So ONC has promised to publish an annual list of best available technical standards and so, coordinating the SDOs and stakeholders and...do you have anything to add to this slide, Jamie?

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

Nope. I would say, let's get onto the Table if we can.

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

Okay, next slide. Next slide. This is just the philosophical basis of our work grounded in the learning health system and the Federal IT Strategic Plan. Next slide. So, getting on to the Table, we spoke about these the last time; these are what the roadmap refers to as the proposed clinical data elements, common clinical data elements. As we know, laboratory values, like in number 11, results; many data elements in the way we refer to elements are involved just in those laboratory values, so just calling out the difference in how terminologists might use the language and how it's used in the document. Any comments about this slide.

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

Well I would ask the question, is this something where we can start to express our preferences, as a workgroup, for relative priorities. In other words, is smoking status the same priority as problems, meds and allergies?

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

Jamie, this is Michelle; maybe I can suggest that we just go through this section and then we come back here and talk about the process for responding, you know, how we prioritize and...

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

Yes, thank you for keeping us on track. Thank you.

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

Yes, thank you, Michelle. Next slide. So here's where we get into the J comments, J-1, the proposed...proposals in the roadmap for ONC to annually publish a list of best available standards and some of the well-recognized standards that would be applicable to that list, such as the C-CDA 2.0. Next slide. The architecture in support of the standards noted here. And again, this is referring to governance as well. Next slide. Perhaps I should be pausing, I mean, these slides are packed with information and...

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

Yeah, it may be worth just sort of more actually reading through these slides, each one.

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

Should we back up?

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

Yeah, I would back up maybe to slide 18.

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

Perfect. Thank you.

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

Right there.

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

Thanks, Jamie. So the common list of interoperability standards are the actions in the roadmap, the near term actions, working toward a long term solution, that graceful migration that Jamie spoke about and what gaps need to be addressed and are the timings appropriate? Is annual publication of best available standards a valuable goal? And like who should be the decision maker in terms of what is the best available standard?

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

So the actions...sorry, I'm just...I'm trying to follow from slide to slide. We're asking...the question is that top bullet there, are the actions the right actions, etcetera, etcetera. And the actions in question are what was documented on slide 17, is that right?

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

The actions include 17 because that is the common...if we could go back to 17, that's the...we're actually starting with the assumption that those proposed common clinical data elements are relevant. And the proposal on the table from this conversation is, would it be valuable, that I captured, would it be valuable to prioritize these, especially in light of...

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

Right.

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

...yeah. And so then we...using those as a basis, we're looking at the table recommendations in the next slide.

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

And so Eric, back to your previous point on looking at the list on slide 17, I think what you said was that you would put sort of clinician notes or maybe nursing notes, surgical notes at...that that is a priority zero, if you will. And...

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

Yeah.

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

...a bunch of the other structured data elements might be priority one.

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

Yeah.

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

Or even...

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

(Indiscernible)

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

...go ahead. Were you not...if we can go back one slide, again, to that list. What I also heard is that, Eric, what you were proposing was that even for laboratory values, a laboratory report that was human readable would come in that zero category also.

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

Yes.

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

The foundational, and perhaps that needs to be called out in the document that the ability to electronically transmit human readable documents that we're currently faxing, for example?

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

Yes. Or more commonly, not faxing.

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

Well commonly, faxing and getting lost or yeah...

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

Yeah, exactly.

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

Yes, exactly.

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

Okay. All right, so let's get back to 18 and forward if we can.

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

Okay, thank you.

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

Thank you.

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

So in...so I think the proposal here is that there be this...the documented recommendations that are annually reviewed. So, next slide. So, do you have any comment?

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

So I was re...so I was actually quite confused when ONC issued that, they call it a Standards Advisory, earlier in January and I think that's what number 1 refers to there. And I actually thought I'm not convinced it's a bad idea, but I do think that there's a high risk of confusion. What does it mean when ONC says; these are the best available standards? Is it sort of a foreshadowing of regulation or is it just hey, maybe you should think about using these standards if you're involved in interoperability kind of...so it's import is so murky that I think that it may actually cause confusion and churn and gnashing of teeth. So, I want to at least propose that as something we might comment on, Jamie and others, I'm not sure if you felt the same.

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

So exactly, Eric, that is exactly why this item is in...is listed as J-2, because ONC is soliciting feedback on the value, the advisability of this advisory. Yeah, the intent is to eliminate confusion and you're describing an unintended impact perhaps. So, that's exactly the kind of comment and discussion that we're...that this is designed to prompt.

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

Yeah. No, on the other hand it doesn't mean ONC can't publish something that helps people do interoperability and...but maybe it's more in the form of a...some kind of national interoperability forum where people can bring issues and share how they've overcome them. I don't know I'm just kind of spitballing with that, but...

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

You're speculating about an alternative to this approach...

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

Yeah.

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

...and ONC is looking for comments on this approach. Next slide. And it's an approach that's already been taken and, you know, it is an opportunity to really bring forth those considerations about it. And this is a position statement; SDOs will advance and accelerate semantic standards for lab orders. This is like, for example, setting expectations for prioritization here, for example.

And research and clinical trials communities will pilot the use of common clinical data sets; again, perhaps these are assertions in the roadmap that we have an opportunity to evaluate and adjust or propose adjustments and comments. This is the public forum that I think Eric you're looking for and if we, in the Semantics Standards working group need more input or a larger forum, we can also speculate about how to accomplish that.

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

Yeah, I think just in terms of how, maybe one piece of feedback is, in terms of how this is presented, I think it's a little concerning that the roadmap conflates things that really are actions, things that ONC proposes to do and things that are anticipated or hoped for outcomes. So some of these are actions and some of these are outcomes, if...so numbers, well actually, I think everything on that slide are hoped for outcomes, which it's not wrong to document them so that...but, I'm not sure...it's easier to comment on the things that are actual proposed actions. Whether the outcomes will occur or not is, I think, probably of less value for us to comment on.

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

Okay, so that is a great comment but I'm looking at the clock and we need to move on in order to get through our slides here.

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

Okay, next slide. And so through coordinated governance, public and private stakeholders will work with SDOs to define a standard approach to federated distribution of centrally maintained code sets. Health IT developers will provide accurate translation and adapter services, where needed, in order to support priority use cases. And I think Eric what you're saying is, these are aspirational...these are like recommendations for other...and who would accept the charge. These are calls to action and so maybe that would...but perhaps is this an opportunity, Jamie, to ask Julia or Pavla to speak at high level what the intent of this is?

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

Well, what I...just in the interest of time, I mean yes, I would love to get that; in the interest of time, I do want to make sure we get through our slides.

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

Okay.

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

And at the same time, I think what we can note is that essentially we want to have a future discussion on who's the responsible party for the things that are in here? And in some cases it's ONC, in some cases it may be others. So, Pavla, do you want to make a comment on that?

**Pavla Frazier, RN, MSN, MBA – Terminologist DHHS - Office of the National Coordinator for Health Information Technology**

I think Julia wanted to, yeah.

**Julia Skapik, MD, MPH – Medical Director, Office of the Chief Medical Officer – Office of the National Coordinator for Health Information Technology**

Sure...

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

Julia, sorry.

**Julia Skapik, MD, MPH – Medical Director, Office of the Chief Medical Officer – Office of the National Coordinator for Health Information Technology**

I just wanted to say something on the standards advisory. I think that the intent was to respond to some confusion from the community about which standard is supposed to be used for what and specifically, what version of the standard is considered the current appropriate standard to be used because the standards are continually being improved. It's unclear sometimes to people which version of a standard they're supposed to be using and when there are multiple versions of a standard being used, it can create interoperability challenges. So I think that was part of the intent of the standards advisory and I think we're really interested in continuing to improve that and make it more usable.

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

Okay.

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

Okay. Great, that's great.

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

Thank you. Yes.

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

And then I think that...so we should come back to that because should be used, I guess, brings up the question of sort of what's in the regulation and what's ONC's authority and so forth. So, I think we just need to take a note that that's something we want to discuss.

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

Right, yeah, because...yeah, thank you. Next slide.

**M**

Jamie, just...we do have another half hour on this call.

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

Sorry. We do have another half hour on this call, right?

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

Yes, this call goes to 11:30.

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

That's my understanding.

**M**

Okay, just making sure.

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

Yeah and I'm sensitive so that I have...we want to be able to address all those slides.

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

Oh, okay.

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

Jamie, were you...

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

No, I was confused because I thought we were out of time and I...so I was really trying to rush through and that was inappropriate because I forgot how long we had on this call.

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

No, no, it's great. I think we do need to stay on track here. So, in this element, J-5, SDOs will maintain and improve existing standards based on implementation feedback. So, I think that's calling out gaps perhaps and...as concern that the feedback between standards adop...creation and standards adoption and how that implementation loop comes back is like an aspirational goal. And how would we actually encourage that and put that into action is probably in itself another goal. But that's the intent of this. Any comments?

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

Yeah, this is Eric; can I make a comment on this one? So I think one of the areas where ONC actually really could play a very important role...excuse me, is in giving strong directive feedback to SDOs, and I don't see that on here and I think it would be great if it were added. ONC is in a unique position to understand what's right and what's not right with the standards that it's requiring and really should be the one telling, for instance, Regenstrief that it's really not okay to change the meaning of 250 LOINC codes in a release so that LOINC code 1, 2, 3, 4, 5 meant "X" before a certain date and "Y" after a certain date; which happened in the last couple of months; things like that. So I think ONC needs to be more directive to the SDOs.

**Todd Cooper – President – Breakthrough Solutions Foundry, Inc.**

Or engaged in some of the governance of those semantic standards that are incorporated.

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

Ahh, that's an interesting point, yeah. Perhaps, at least has to...I think that there should be a direct line of influence between ONC and SDOs, rather than...

**Todd Cooper – President – Breakthrough Solutions Foundry, Inc.**

Yeah.

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

...hope for it to go through implementers.

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

Yeah and I mean, to the point of areas in terminologies and code sets where frequently there's a US release or a US version, you know, you could look at both ICD and SNOMED as examples of that, where NLM and CDC and CMS maintain actually the US version of those. So ONC certainly could have perhaps a closer relationship with those entities that actually publish the US standards. In other cases, and I think

LOINC is a good example of this, there isn't a similar mechanism and so I think this discussion may point to the need for some sort of US realm mechanism for all the semantic standards.

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

So, this is great because we're capturing some comments right here on this call and the intention is to become aware of what is recommended in the roadmap and structure a way to capture and negotiate some alternatives or edit. So, we're already accomplishing the goal; the important thing is to, I think, leave here with an idea of how we're going to capture and maintain that...the da...and track the changes and agreements we negotiate or the recommendations we negotiate as they emerge and...forward. Next slide.

So through coordinated governance, private and public stakeholders would advance items to support a learning health system use case, which is described in Appendix X...I'm sorry, Appendix H. But the development and maintenance of data format standards, vocabulary standards, implementation guidance necessary to support priorities. New standards that support new and evolving requirements and priorities is the category here. Is there some structure that's missing that if created would provide that public/private partnership?

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

Yeah I think, you know, we're going to have to review the learning health system use cases in order to address this.

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

Okay. Next slide. So, we're now at the point of having a conversation and a discussion about what the best approach would be to capture our comments and facilitate meaningful conversations and discussions about the recommendations that we would have. And I believe that's...next slide. Michelle?

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

This is Michelle. So Jamie, we wanted to discuss with the workgroup what we think the best process is for gathering comments and going through all of this, because there actually is quite a bit to work through. We've talked about today on the call that there might be a few other items the group would like to take on.

One process that we might propose, and we're welcome to other ideas, is that we break up the work a bit and then...and assign people to take on different sections of the work and have them come back, share their thoughts and feedback during the call and have the group react to it and summarize comments that way. If you have other ideas, we're certainly welcome to them. I think we've just found in calls in the past that at times it can be difficult to do the work on the call itself and its always...

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

I like this a lot.

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

...easier to have something...okay.

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

Yeah, no, I like that idea a lot; instead...with a slight twist and that is, we have roughly half a dozen different table sections to comment upon and what I would propose we ask for is, instead of one section per person, I think we should ask each person to submit at least one comment on all the...on each section, on all the sections so that...even if the comment is, no change needed. I think if we ask everyone to look at every section and submit at least a one-liner, then I think that would...that might be a better way to do it, since we have a small group.

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

Okay. So...

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

How do others on the call feel about that? So, in looking at...and Michelle, I think if we skip ahead actually to...in the slides that were distributed there was a process for responding slide, do we have that? There we go. So on this one, what I'm talking about here is instead of assigning a volunteer, I like that, assigning a subsection per person, I'm asking for agreement that everyone, at least everyone on the call, makes at least one comment on each and every section.

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

That sounds good to me, and then we can discuss it.

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

Sure.

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

So Jamie one other question I have, your next call is next Friday, so, would we want to share the entire section with the group that we reviewed today, have everybody respond back, maybe give them a Wednesday deadline. We can synthesize and have everything on Friday or do we want to prioritize a section?

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

You know, great minds think alike and so do we. I was thinking exactly of a Wednesday deadline, send it out to the whole group today and ask for everybody to submit at least one comment on each and every section by close...before close of business next Wednesday.

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

Okay, and then we'll also ask for if there are additional items that the group would like to take on, based upon what they had reviewed, and we can bring those forward for a future call.

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

And we already heard from Todd that the provenance...

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

Yeah.

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

...could potentially be an important area like that.

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

Okay, so we'll work on a template and get that out to the workgroup today.

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

Good.

**Todd Cooper – President – Breakthrough Solutions Foundry, Inc.**

Sounds good.

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

We have a small group though, we'll make sure the rest of the group agrees; they're agreeing by not being here.

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

Right, that's the danger...the danger of not showing up is you get an assignment. In this case the assignment is for everybody to comment at least one comment on everything. I mean, does that seem like that's too much work for you or that that's unreasonable...an unreasonable request? Does anybody think that?

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

Jamie, I don't think it's...this is Eric; I don't think it's a problem. Are you going to reconcile if there are diametrically opposed comments?

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

I think actually that's what...yeah, that's what the calls are for. So, we're not developing the comments on the calls, but rather discussing areas where there may be divergent views and how can we reconcile those. That's a really productive discussion through the calls.

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

Okay.

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

And just a reminder, we don't always have to come to consensus; the comments could be that the group didn't come to consensus and these are their two points of view. But obviously, it's easier if you do all agree.

**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 we actually might have finished early, I think.

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

Wow.

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

So just...we're planning that the report out from the Chairs will be at the April 22 Standards Committee meeting. We're not sure when the Certification Rule will drop, when that will be shared but also be on the lookout, this group will be very busy responding to both the Interoperability Roadmap and then in future months, responding to the Certification Rule. And we're hoping that work ties together a little bit and that it will kind of flow seamlessly. So, we'll see.

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

So I'm going to drop off then because I have another overlapping meeting with this, if that's all right.

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

Okay.

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

Thank you.

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

All right, thank you.

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

So I think we just need to open up for public comments and we'll be good. Operator...

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

Let me also...I just want to note that...

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

Actually Jamie, I didn't mention this to you, I'm sorry, we're trying to open up a little bit sooner so that we have time for the public and then I'll let you make your comment. I'm sorry.

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

Yeah, go ahead.

**Public Comment**

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

Operator, can you please open the lines?

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

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

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

I just wanted to note that the April 22 date overlaps with the ISO meeting in the US and so, I don't know what we can do; maybe we can have a room at the ISO meeting for those who are involved in the International Standards group to dial into the committee meeting together or something like that.

**M**

Yeah, I'm sure we can do that.

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

Jamie, do you have any idea of how many folks that affects? I can follow up with you offline, but while we wait for public comment.

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

Well, I can think off hand of a handful of committee members and probably a larger number of workgroup members who are affected by that.

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

Okay. Thank you.

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

Okay, public comments?

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

It looks like we might have one, so, if we could just give the operator one more moment. So while we do that, just as a reminder, we agreed that we'll send out a template today. Workgroup comments will be due next Wednesday. The ONC staff will synthesize comments and we'll review them on the call on Friday.

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

And again, just to reiterate, the request to the workgroup is for every member to make at least one comment on every section of our assigned part.

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

Thank you, Jamie and it looks like Susan has a comment. Susan, if you could please state your name and who...what organization you're with and just a reminder that you have 3 minutes. Please go ahead, Susan.

**Susan Matney, MSN, PhD – Nurse Informaticist – 3M Health Information Systems**

Hi everybody, this is Susan Matney from 3M HIS, can you hear me?

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

We can hear you.

**Susan Matney, MSN, PhD – Nurse Informaticist – 3M Health Information Systems**

My question, when we're talking about care plan is goals and outcomes; they're semantically inconsistent across the terminology space. So I'm wanting to know if there's going to be an effort in place to create some kind of structure to align and identify the terminologies to use for goals and outcomes, because they don't currently exist.

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

Susan, this is Michelle; just a reminder that its public comment, if the members want to make a comment they certainly can give a response, but it really is just for comments. If you have a question and you want to send it to me directly, I can certainly answer that as well.

**Susan Matney, MSN, PhD – Nurse Informaticist – 3M Health Information Systems**

Okay, so the comment is, goals and outcomes are semantically inconsistent and we need to evaluate them to make them interoperable.

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

Thank you, Susan.

**Susan Matney, MSN, PhD – Nurse Informaticist – 3M Health Information Systems**

Um hmm.

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

And we have no further comment at this time.

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

Great.

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

So thank you everyone and we'll follow up with the template, as we discussed.

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

Okay, thanks very much. Thank you everybody, thank you Susan.