



**HIT Policy Committee
Interoperability & Health Information Exchange Workgroup
Final Transcript
March 5, 2015**

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Interoperability and HIE 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. Micky Tripathi?

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

Here.

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

Hi, Micky. Chris Lehmann?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Good afternoon, Michelle.

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

Hi, Chris. Arien Malec? Barclay Butler?

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Present.

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

Hi, Barclay.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Hi.

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

Beth Morrow?

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

I’m here.

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

Hi, Beth. Brian, I’m sorry, every single time I think about it too much, Ahier or Ahere?

Brian Ahier – Director of Standards & Government Affairs – Medicity

No you got it right the first time Ahier, I’m here.

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

Ahier, okay, thank you.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Ahier is here.

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

Carl Dvorak?

Carl D. Dvorak – President – Epic Systems

Here.

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

Hi, Carl.

Carl D. Dvorak – President – Epic Systems

Hello.

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

Dave Whitlinger? I’m sorry, was Dave here? Hal Baker? Jitin Asnaani?

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Here.

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

Hi, Jitin. John Blair?

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Here.

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

Hi, John. Kate Kiefert?

Kate Kiefert – State HIE Coordinator – State of Colorado

I'm here.

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

Hi, Kate. Kitt Winter?

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

Present.

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

Hi, Kitt. Landen Bain? Larry Garber?

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

Here.

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

Hi, Larry. Marc Probst? Margaret Donahue? Melissa Goldstein?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I'm here.

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

Hi, Melissa. Nancy Orvis? Shelly Spiro?

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

I'm here.

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

Hi, Shelly. Tony Gilman?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Here.

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

Hi, Tony. Troy Seagondollar?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Here.

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

Hi, Troy. Wes Rishel? And from ONC do we have Kory Mertz?

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

I'm here.

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

I think Lee Stevens is on the line as well?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Yes, hi, Michelle.

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

Hi, Lee. Anyone else from ONC on the line? Okay with that I'll turn it to you Micky and Chris.

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

Okay, great, hi everyone this is Micky Tripathi and thanks for joining this afternoon. Chris is in a place where it's difficult for him to talk so I will be doing most of the talking. Chris, please jump in wherever you'd like.

So, we're going to be reviewing the comments that we got back from various people on the two areas that we've been looking at which is, I know I need to say these words right, individual patient matching I think is the way we're supposed to be able to say it and then resource location as well.

So, we'll go through the comments, we've pulled out a couple of high-level themes so we'll cover, you know, some of those high-level themes first and then we can look at some of the individual comments that came in for the various sections and, you know, get all of your feedback on that and then that will put us in a good position I think to be able to summarize that for the upcoming Health IT Policy Committee meeting.

But, why don't we do in...we can look first, next slide, please, look first at our schedule. So, we've got this meeting to review the first set of comments that we received, we'll talk about the comments in a second. There is a Policy Committee meeting on March 10th as we were just discussing just before the call. I think we'll have about 10 minutes to just give a brief update on where we are what kind of process we're using, any emerging themes or emerging findings but the final recommendations aren't due to the Policy Committee until April 7th.

So, we'll have a couple more meetings after this one and after the Policy Committee meeting next week to refine, to take whatever feedback they give us and then, you know, any further thinking we have and then refine our thoughts for the April 7th meeting.

So, for this meeting we'll...let's go over where we are, you know, from the comments that we have we can certainly take more comments as well maybe for the next day or something, but then we'll be, you know, quickly trying to put this together with some general themes for the Policy Committee next week. Next slide, please.

So, you may recall the, you know, sort of our process here, is review the roadmap, get comments, forge a consensus and then submit those comments to the Policy Committee. So, today we're going to be forging consensus hopefully from the different comments that we received and again we'll have another shot at this for a couple of meetings after the next Policy Committee meeting, but, you know, getting a good sense from this group of what are some general themes that we can agree on would be a good thing as an outcome for this meeting. Next slide, please.

So, the comments that we received, I think we received comments from eight members, I think I saw one come in a little bit later, Kory is that right? So, are we up to nine now?

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

We're up to 10 because unfortunately people who didn't get it in before the deadline we weren't able to work their comments in to this version but we'll add them into the next iteration...

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

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

Of the document.

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

Okay, great, so, yeah, so thank you very much, we have 10, we will try to incorporate, read over those, the remaining, the two that didn't make it into here to inform the update that we give to the Policy Committee next week and certainly if, you know, if either of those people are on the phone, you know, please weigh in when we come to those sections with your comments as well.

So, and what we've got...what you've got in front of you is a synthesis that Kory did a great job in taking those comments, mapping them to the different sections so that we have, you know, we have a good perspective I think there of the range of comments that we got where there was general agreement, you know, he's identified where there seemed to be general agreement and then to the extent that there were a range of views in certain things noting where there was a range and also pulling out some of the key quotes or the key ideas there that depict a little bit of the range of views as well. But we can just use that as a guide and, you know, certainly anyone should feel free to weigh in with any more details that they'd like. So, next slide, please.

So, these are the questions, I think all of you know these, why don't we move to the next slide. So, the general themes that we pulled out and, you know, if people have different thoughts on the themes, you know, we can talk about that right now or we can come back to this after we've had a chance to go through the detail, but the general themes, there seemed to be four, you know, as we went through them, one is the comments seemed to be, you know, supportive, I mean, in general, you know, I think overwhelming supportive of the importance of accurate and reliable individual data matching, and resource location. So, the individual doesn't apply to resource location, the individual data matching and then resource location.

So, in general the comments tend to be very supportive of this as being something that's very important for the industry or these two things as being very important for the industry and things that, you know, that we need to care about.

There were concerns, point number two, that were raised about the aggregate number and the complexity of the critical actions that were laid out and the ability of the industry to accomplish these particularly in the 2015 and 2017 timeline. So, there was sense that there was, you know, a lot there some of the...just in the aggregate number that there seemed to be a lot of specific actions and particularly for the ones that were in that short-term timeline there seemed to be some concern expressed at a number of...along a number of the actions of the ability of the industry to do that. So we will talk about that in greater detail.

Third set of things I think or third general theme that came out was, you know, just a concern about the, you know, the lack of definition of the term "coordinated governance" because that was a term I think that all of you saw and came up repeatedly there. And the need to be more specific, to more specifically delineate what types of levers would be appropriate to motivate accomplishment of each goal and actions.

So, I think, you know, to the extent that coordinated governance it seemed, you know, certainly as I read through it, to be, you know, kind of a very broad term that seemed to conflate standards and governance which I think was, you know, a little bit of a challenge as we when through because in some places it said, you know, standards were important and then, but in other places it said coordinated governance where I think some of the comments at times were, well aren't you really talking about standards here rather than coordinated governance.

So, I think that was one general thought that, you know, certainly I picked up on was that the general term coordinated governance is probably too general without greater definition around it, it seems to conflate standards and governance, you know, sort of standards being, you know, defining common ways of doing things whereas governance is more about structures and processes to, you know, agree on and then enforce standards let's say as one lever of governance, but, you know, the adoption of standards can happen completely laissez-faire or through market-based institutions, you know, like the WiFi alliance in the WiFi industry or through various types of government authority, you know, with different levers being exercised through government authority, but, you know, it seemed that the term coordinated governance was trying to capture a whole bunch of different types of governance without being a little bit more specific.

So, you know, I think that seemed to be one theme that came out as well and certainly in some of the places where we saw specific reference to ONC will do this that's where there seemed to be great clarity in people agreeing that that's great, that makes a lot of sense, ONC can play a great convening role, you know, identify best practices, identify the range of ways people are doing things and, you know, promote best practices. So, that is one example I think where it was more clear about who the actor would be and what they were going to do that people seemed to be, you know, much more comfortable with saying, you know, that this was something that could be supported right out of the gate.

And then finally, there were a number of comments that were, you know, speaking to the importance of recognizing that the roadmap is really articulating an interoperability floor and not a ceiling. So, it recognizes a lot of heterogeneity in the market, a lot of different trajectories and we certainly don't want the roadmap to be something that either is stifling innovation or suggesting that there is a, you know, ceiling on, you know, where people should be going with respect to interoperability a very dynamic environment both technologically as well as from a business and clinical perspective and the idea here is that this is setting a floor and there are going to be pockets of activity everywhere that are moving well beyond what might be articulated in the roadmap for any particular time period.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Hey, this is Barclay, just a quick comment, when you combine number two and number three together then it get kinds of scary because you've got...I'll just pick like for example it says, federal partners or federal, so that's me in the DoD, right, one of them, and there are over 90 things in here that I should be worrying about and yet I don't know what the governance is and I don't know what the accountabilities are.

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

Right.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

And that's been...you put two and three together and it gets really scary.

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

Yeah, I think that's a fair point and certainly, you know, to the extent that...well, first off you have 90 things to do you shouldn't be on this call, you should be getting to work here.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

I know it. I know, I hear you, I mean...there are things like, I mean, critical access I get, I mean those...yeah these are things you actually have to engage in but there are so many other things like, I'll just pick one, like make sure you've got interoperability phrases in your contracts. Is someone going to ask me in a year to list all my contracts and look at the phrases?

I mean, so I'm just a little worried about all this, I'm monitoring some, I'm engaging in some, I'm participating in some and I'm actively involved in others. There doesn't seem to be any kind of prioritization and with that number of things and without understanding what the governance idea, the accountabilities will be that's when it gets scary.

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

Right. I think that's a fair point.

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

Micky?

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

Yes?

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

This is Arien, I have not done my homework so I humbly beg forgiveness from the head master, but number two is, I think your articulation of what coordinated governance is and means is really important.

There is a phrase or a section in the governance section that refers to governance of standards that I think it would be worthwhile, maybe as a general comment, asking ONC to clarify governance activities proper from what is in effect convening and coordinating standards bodies relative to a national priority or other.

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

So, this is Kory, I can jump in and just address a couple of things in this bucket if you guys don't mind?

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

Go ahead Kory.

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

Okay, thanks Micky. So, for the coordinated governance I think one of the important things to keep in mind in the roadmap we talk about it as a process not necessarily a, you know, particular entity. And the other piece I would say of why that's important is because specifically around this coordinated governance process the critical call to action in the roadmap is for the public and private sector to come together to figure out what that should be and what that should look like.

So, you can certainly see that process playing out and they decide maybe an organization is right, but, you know, there are a lot of other ways you could get to that coordination piece that I think is really important.

The other thing I will just say, we did specifically lump together I think what people in the field more traditionally think of as governance and some of the policy pieces with the thought around governance also coordinating on the standards side as well. So, that was a purposeful kind of bringing both those pieces under that governance section. So, just to make that clear that this was kind of a conscious decision because we saw the need for coordination, kind of as Arien was pointing out, around the different SDOs and some of those pieces and we thought it made sense in that section.

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

And Kory, all I'm doing is suggesting that relative to that particular ask that it would be worthwhile to be more explicit about areas where you're calling for coordination of standards development relative to other kinds of governance.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

Hey, this is Melissa; this was my drumbeat on the comments, so when you guys look at...Kory you may have noticed that.

I know that this is an odd statement for an academic to make, but the theory of this coordinated governance thing magically happening kind of reminds me of all of those jokes where you've got an economist who says, assume a ladder or assume a this, or assume a that it's a massive assumption that you're making and I know you guys realize that but when you're giving a list of 90 things for Barclay to do etcetera, etcetera and all of them or many of them need to be done in the next 2+ years but the first step is really this public/private collaborative working coming together and deciding on a governance approach it's a lot.

So, you know, when is the timetable for the governance approach? When do the people come together and decide who, what, when, where, how is going to do these 90 things. It may be the absolute first step that has to happen and I know you know that, but its...you know, when I read through these slides it all assumes something happening before the rest of it can happen and it's a little bit troubling to me.

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

Thanks Melissa and certainly, you'll see Melissa's comments come through in every section on that, so, you did say there was a drumbeat there but I think it's a very important point and a number of people picked up on that.

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

It's not saying it's not consistent.

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

Okay, why don't we dive down into the details then and then we can, you know, take this section by section unless there are any other high-level thoughts right now? Okay, next slide, please.

So, you know, I wasn't thinking of reading through everything, but, you know, certainly as you'll see in some of the sections there, you know, is more agreement and so, you know, those we can go through quickly and, you know, sort of take it almost, you know, on an exception basis rather than, you know, having to slavishly go through each one of these sections, but this was one of the ones where there seemed to be a number of, you know, key points that came out.

Certainly there were a number of places the, you know, sort of the comment to take into consideration work that had been done in other areas or in other specific types of transactions like in NCPDP I think that came out, you know, in a couple of...for a couple of the sections. So, you know, that seems to be, you know, sort of an important comment there.

The other one that came through, you know, certainly in this one was, and you can see some of the detail comments there, but in general, you know, good to have standards for minimum data elements, there seemed to be, you know, sort of a general recognition that this would be a good thing now defining what those minimum data elements are obviously is part of a governance conversation as well as, you know, as one of the trickier parts of that.

There was another theme that I saw that came through was taking into account lessons learned from vendors and existing networks as well as other stakeholders such as payers, you know, who are also in the business of worrying about this. To the extent that we want to be able to have a minimum data element set there were a couple of comments that related to the need to allow extensions for additional data where that data is available. So, we don't want to close off the opportunity to bring in other data and use it on top of that minimum data, you know, set of elements where you already have the data or you already have been using it to do identity matching.

The question of governance we've already talked a little bit about there, but that came through here as well. I don't know, Kory and others are there other comments that, you know, for these two sections that we'd like to illuminate a little bit more?

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

Yeah, this is Shelly Spiro, since I made the NCPDP comment I think I need to expand on it because it's not just NCPDP and I don't want people to think that it's just looking at NCPDP as an SDO.

There is a body of work that's being done on a very high national level that's tied to current national regulations in every state related to prescription drug monitoring and there has been...I mean this is the president's initiative, this is an HHS initiative, SAMHSA from behavioral health stand-point, it effects hospitals, it effects physician offices, it really effects everyone and there has been quite a bit of work in this area and it meets within the timeframe, the pilots are very heavily...there have been pilots that have been going on for the last five years and more extensive pilots that are taking place within the S&I Framework, but the patient matching, the identification, the provider directory all of the pieces that we are looking at have been addressed already and are very much underway that we really need to take a look at this because I think it will help jump start and not have to duplicate a lot of the work that has already been taking place on this national initiative. And that was really what I was trying to get my point across on...

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

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

In my comments.

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

Right, great, no I think it's a great point and you also were very consistent and making that point across the sections, which is great, I mean, it's great to have that documented. Any other thoughts on either of these two?

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

This is Margaret Donahue from VHA.

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

Yes?

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

And, you know, I'm a fairly new member of this committee so I get to ask a really kind of naïve in your face comment, question, but why in the roadmap is there no discussion or consideration of a national patient identifier for healthcare?

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

I'm going to ask Kory that.

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

Next question.

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

Because the law prohibits it.

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

Hey, Lee would you like to answer this one?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Sure, so this is Lee Stevens I'll take that one. So, we have historically, the Department of Health and Human Services, has been statutorily prohibited from talking about or doing anything that would create or lead to the creation of a national patient identifier.

There is some question now about whether or not that has changed as a result of new language in the 2015 appropriations bill no one has quite determined whether we are allowed to do that yet or not. But, to be honest with you, when a lot of the work was done on this roadmap we were still under that prohibition.

It is certainly something we have heard very clearly from a lot of stakeholders and our patient matching work and it's something that we have gathered, you know, through just direct inputs and people sending us information, we have quite a bit of information about it but we're not allowed unfortunately to talk about it or directly act on it at this time.

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

Or make any recommendations about it either?

Lee Stevens – Policy Director, State Health Information Exchange Program – Office of the National Coordinator for Health Information Technology

Right.

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

...talk about it, okay.

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

Right, although, remember we're a federal advisory...we're a Workgroup of a federal advisory committee so we're not prohibited from talking about it...

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

No, no, no.

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

Or recommending it.

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

Yeah, Micky, one thing I would...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

That's exactly what I was going to add Micky that just because our federal friends can't speak about it doesn't mean we can't talk about it.

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

So, guys, I'm going...

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

I mean, when we're putting...

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

It is actually a problem because we are prohibited from spending any money on it. So, we spend money to run the FACAs so I do actually think this would be a problem for the FACAs as well.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Well, so at least...

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

Well then we'll have to mandate...just to add when we're recommending using social security number as is in this comment right here, it's a little ironic.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Well, yeah and I would actually say that I would strongly urge us to consider not including social security number as a data element. I think...

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

And this is Kitt Winter, that wouldn't be...that would be going outside the bounds of the allowable SSA uses at this time.

Brian Ahier – Director of Standards & Government Affairs – Medicity

What would be?

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

Social security number.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Yeah, DoD can't use it either.

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

Right.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Right, so that's to the point I'm...I don't think that we should spend a lot of effort going down the road of a national patient identifier, but, you know, that sort of does highlight the need to not really consider social security numbers as an appropriate data element.

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

Okay. Any other thoughts on this that aren't related to the national patient identifier?

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly Spiro, I'd like to address this again and I don't mean to be...keep talking about it, but all of this has been already identified as to what the fields are and what they important in this vast amount of work that's being done on the Prescription Drug Monitoring Program and, I mean, there are government and regulatory agencies that are involved in this they know that they can't use social security number and patient identifiers or DEA numbers.

So, there are...I really encourage us before we start going down the route of naming the data elements that you take a look at the work that has already been done.

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

Yeah, no and I think that's fair enough, I mean, I would think that what we want to do is...I mean, certainly for the interim, you know, presentation, is just identify that we want to be able to leverage I think is, you know, one of the comments there or as I was saying we want to be able to leverage the lessons learned of the work that's already been done by efforts, you know, such as the ones you're describing as well as what vendors are doing already and networks are doing already.

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

Well, I think what networks are doing already is not consistent and standardized as much as the S&I Framework work that's been done and, you know, the MITRE project that was done in relationship to the National Prescription Drug Monitoring Program. This is a much more standardized process across 50, well, all the states and territories.

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

Okay, other thoughts?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Micky, this is Tony and I want to go back to social security number and not to suggest that this should be a mandatory trait, but I think there would be some value to work with industry to find a solution for default values in terms of traits and help address data quality and completeness, and even to set, you know, kind of rules in terms of, you know, a default value for a social security number such as 1, 2, 3, 4, 5, 6, 7, 8, 9 will not be sent because that could contaminate another organization's patient matching system. So, I think there is a role even if that weren't a mandatory trait to look at that and provide some direction and to work with industry on that.

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

Okay, yeah, so I'm not sure...can you explain a little bit more what the issue is with default value?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Well, the...

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

Is it for a particular field you're talking about?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Yeah, I'm talking about defining particular fields and providing industry some direction on it so there is consistency. So, if...because if the fields are defined differently or some organizations are using dashes and others are not then, for social security number for example, than that could create some problems in terms of contaminating other patient matching systems as those traits...that information is exchanged.

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

Okay, got it.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Is that helpful?

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

Yes. Okay so it sounds like...

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

And then...

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

Sorry, go ahead?

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

Sorry, this is Arien, I think its problematic this notion of requiring a set of data elements in all the individual identity query and record leaking transactions. In healthcare generally you require, if available, and the "if available" part relates to the upstream data governance issues. It may just be a nuance.

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

Right and that's...Arien you're sort of hitting on that first thing on number one where it says to be consistently included in all queries.

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

Correct.

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

Right. Yeah, I think there was another comment that someone had on that could be a part of, you know, the sort of governance or whatever business conventions you're adopting or what the...but also related to the use case...

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

Yes.

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

That in some cases you...right. Okay. All right, so it sounds like there is not...that there is not appetite for us listing what the minimum data elements should be but there is general agreement that minimum, a set of minimum data elements would be a good thing to have understanding of.

Carl D. Dvorak – President – Epic Systems

Well, Micky, I think it's okay to list them. I do agree we should learn from NCPDP or others and rationalize what we list but seems helpful to list out a set of elements.

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

And this is Kitt, I do have a question, what do we do with existing information? I mean, do organizations need to valid the existing data and moving forward how do we measure success as organizations migrate to these recommendations or best practices?

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

Right, I think we're going to get to the performance metrics a little bit later, so maybe we can talk about that then. The first part of your question is, yeah, I mean, so there is one part of, you know, what do we do with voluntary elements if I'm understanding you correctly?

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

Right.

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

And then also, right, validating the processes that are used here and then going back to the governance conversation the whole question of, well, you know, under what governance umbrella is any kind of, you know, sort of enforcement of that happening as well. But, I just want to go back for a second, so Carl, what I was getting is do we, as a Workgroup want to be listing, you know, here are the 13 minimum data elements that we recommend as being the minimum data elements.

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

So, Micky, I just want to jump in for a second.

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

Yes.

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

Because, I want to remind everybody that the roadmap does include a set, a proposed set of minimum data elements, so, you know, as we're having this conversation I think it's important to keep that in mind so there is kind of a proposed set in there so it might be best to react to that.

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

Okay.

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

We presented that on the last call just as a reminder to everybody.

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

Okay.

Carl D. Dvorak – President – Epic Systems

And Micky, this is Carl, I agree, I think whether we'd be recommending elements, affirming someone else's recommendation or copying off of someone else's paper I think we ought to come out of this at least with a set of elements.

And then Micky on that first slide, the comment I had...I'm on a train so I apologize if it's noisy, but the thing I thought would be relevant to talk about is remembering that as your trying to track down your medical records through time we need to keep historical versions of these to make sure that if we've got anything that changes needs to be historically versioned so we could go probe older systems where they might have a record from 10, 15, 20 years ago.

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

Yes.

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

And Micky, this is Larry, the other thing I think that's really important here is it's not just a matter of saying, well we should be including the patient's name, but there are so many different ways in which names are recorded, you know, for Sister Mary so and so and Father Joseph, and, you know, and/or the O'Reilly do you put the apostrophe or do not put it in and, you know, those sort of standards interfere with the ability to match even if you are providing a name. So, I think that the data element definition should include those formatting standards.

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

Right. So, maybe we can come back after the Policy Committee meeting and we can put on the agenda looking at the...again, looking at...taking as a starting point the recommended data elements that are in the roadmap and then we can have specific comments on that. So, that can be part of our recommendations with the final. Any other comments on these two? Why don't we move to the next one then, please.

Okay, so this was...these two were on the first was on being able to establish and document best practices for a set of processes and then the second one was related to public and private stakeholders should designate the API capabilities necessary to support individual entity search and individual identity linking transactions.

This was one of the ones where people...there was, you know, some...there was a little bit of discomfort with what is the role of coordinated governance here and I think one comment was related to, you know, whether coordinated governance is needed for best practices I think there was a little bit of that sense.

And then on the bottom part you can see that there were some comments related to whether API...whether the API itself is something that, you know, needed to be either specified or whether we ought to be focusing on, you know, the functions that we want rather than talking about the APIs themselves and also recognition that some of that is already happening today and, you know, what role would coordinated governance play in, you know, sort of delineating that further.

And there was another comment about what the scope of an API might cover and started to stray over into the relationship listing service side as well. What are people's thoughts on these?

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

This is Arien with respect to it really depends on how you define formal governance but I think it's very clear and anybody who has done identity matching work would acknowledge that upstream data quality is...and data governance, as I called it the last call, is incredibly important. So, I think it really depends on what you mean by governance.

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

Yes.

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

But I do agree and endorse with the point that having best practice and awareness of those upstream activities is critical for high quality data linking.

With respect to designate the API capabilities necessary there is a...and I've seen this a lot in the roadmap, there is I think a poor and leaky policy standards policy and actual standards work and I'm wondering whether as a Policy Committee Workgroup we should be commenting on the standards and applicability of the standards. And I'm wondering whether...so I guess what I'm wondering really is, is there a policy hook here to say...is there a way that we can frame the policy ask in ways that don't stray into the bits and bytes in technology.

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

Right. I mean, as framed this just says, should designate the API capabilities necessary.

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

This is Larry, my concern is, you know, we're really trying to lay out a floor here for standards and an architecture for the future and if this section is looked at as just an enterprise master patient index capability kind of things where, you know, you can, you know, register patients and find patients and this API is necessary to support that I think we've made the floor too low and I think this is an opportunity for us to, you know, have a floor that's more sophisticated and functional for the country.

You know Massachusetts has set up this relationship listing service which is, you know, very clever in that it's not just a matter of identifying, you know, a patient but also, you know, where that patient is getting care, where they've authorized, you know, information to be shared, you know, potentially who their primary care physician is, you know, wouldn't that be wonderful to know so you can actually send it to them consistently when that changes and other sources of their information, you know, do they have PAC images somewhere, do they have advance directives in some registry somewhere.

I mean, so it seems to me that we ought to try to elevate the floor just a little bit and that's actually why I'd put, you know, some comment in there that just laying out APIs may not be sufficient to get the floor high enough.

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

This is Arien, I want to pile on that comment because clearly that's also been the thrust of some of the capabilities we built in CommonWell, but Larry your first point reminds me of a discussion that I had with the State of New Jersey where merely defining the APIs, you know, we had a set of folks who said, let's do PIX and PDQ, okay, we'll do a PIX manager, great.

And I would walk them through, okay, what are the obligations of each of the participants who are sending you information via PIX. Do they have an obligation themselves to reduce duplicates? Do they have an obligation themselves to standardized data quality and we've already addressed standardizing the data quality, but merely pointing to a set of APIs without also pointing to the business practices not just the patient registration, patient verification but also the business practices relating to who and how that information is assured and how that information is governed through the lifecycle is very critical.

And then to the extent that...well, I think we don't have the art here, because I can't point to, notwithstanding being very proud of what we did in CommonWell and I'm sure notwithstanding Micky being very proud of what's being done in Massachusetts, I'm not sure that I can point to a just implement the API and the stuff all works.

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

Yes. So, I guess one other thought as well on this and Larry your comment is this is on 2015 to 2017 timeframe so...

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

Exactly.

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

Yeah.

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

Exactly because it looks like in the next timeframe, you know, you're talking about making sure that when these services are put out there that they support the standards that were developed in the first phase. So, that actually is why I thought that, you know, these APIs should be considered and developed in the first phase.

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

Okay.

Carl D. Dvorak – President – Epic Systems

This is Carl, Micky and I hate to be the sour one but I worry that sometimes our aspirational thinking almost precludes us from doing the obvious next thing that would make the world a better place and I do think a patient matching capability even in a world where the patient simply told you where they got care would make the world a much, much better place in most of the use cases today.

So, although I agree that all these things are good and wonderful aspirational things to do. Wouldn't it be nice if we could all have an ATM for healthcare even if we had to carry a card and remember our pin number.

I think...I just want to be a vote for let's do in 2015 what can be done in 2015 and get it done rather than have too much swirl about, you know, things that we aspire to but don't really practically get done in the timeframes allowed.

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

This...

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly Spiro I'd like to also comment on this. I totally agree but again in dealing with these issues and we're going to be dealing with many states and many HIEs that have their own matching processes we have to allow those organizations to continue with their proprietary processes of what they're going to be doing, but I think it's important that we, from a policy stand-point, give them some guidelines as to what minimally we have to assure that there is some type of connectivity and I think that's...at least that's how I look at it as our role.

I don't think that we should be making total policy in terms of you will use this one way of doing things because that doesn't necessarily help with innovation, adoption, you are going to get...we're going to get people who are lagging behind at different levels, but give these folks the tools to drive towards a standard process.

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

This is Arien, I completely agree with Shelly and I don't mean to disagree with Carl, but I think there are well established patterns for how to do identity look ups that do work for large fully integrated healthcare institutions and I don't want to diminish the very fine work that for example DoD and VA have done or the work that EPIC has done in Care Everywhere.

I strongly would discourage us from establishing if only everybody did that everything would be fine as a policy goal because it flat out doesn't work in areas where patients receive care across HIT systems and across multiple settings of care and that's actually the practice pattern that's in effect.

And to Shelly's point, if you don't...if you kind of make everybody do one thing one way and it doesn't work or it doesn't allow for the kind of experimentation that a bunch of folks are doing you're going to inadvertently lock down the ability of organizations to do... to solve the kinds of problems that we're currently solving or currently need solving.

Carl D. Dvorak – President – Epic Systems

And Micky maybe it would help...and Arien again I don't disagree with that I think we've got a plan for the future, I guess what I'm curious about with regard to this document, when I filled out my answers and submitted them I was thinking about that these things would be accomplished in this timeframe. So, I kind of bounded myself into those timeframe buckets thinking about what we could actually get done and have operating on a national scale within that window. Was that too shortsighted or not?

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

So, this is Kory, just to be clear, yes, that is, you know, these action items and the time bands the vision is that they will be accomplished during the kind of timeline that they are in.

Carl D. Dvorak – President – Epic Systems

Thank you.

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

All right.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

Hi, this is Nancy Orvis from DoD I've joined the call, thank you.

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

Okay, great, thanks. So, I do think there are a different themes here, I mean, one is, you know, as what Larry has suggested and I think Shelly and Arien has touched on a little bit, is this question of the scope of what...I mean, we can leave aside, you know, API I'm taking to be a very generic term here, so getting that off the table too, like that's a very generic term and it's really focused on capabilities and what kinds of capabilities we would expect in identity matching, you know, kind of approach to have.

And so there is one question about, you know, sort of scope and what could be accomplished in this time horizon. Larry's comment here and the second is related to the ability to specify a set of approaches or standards for broader consideration of what identity matching could accomplish not that this would be deployed in this timeframe which I think Larry that's what you had said, right? And I think that's kind of how this reads.

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

Right.

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

So, I don't know, you know, going back to...I mean, Carl what...is your sense that...I mean, does that help a little bit with that clarification? Because, you know, I agree with you, I mean, I think that we need to be very cognizant of things that we're saying need to be done in 2015 and 2017 we're already almost, you know, 2/3 of the way through the first quarter of 2015.

Carl D. Dvorak – President – Epic Systems

Yeah, my thought that what they were looking for is given what we had already required in Meaningful Use Stage 1 and Stage 2 if those were the things you could take for granted what would one do with those building blocks or tools to advance...by 2015 to 2017 window is build upon what we've already required and certified and managed, and audit and measure people on and what's the next step from that and then as I got on into the out years, well there I think we can use time now to invent something that new but give people time to assimilate and adopt it.

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

Yes.

Carl D. Dvorak – President – Epic Systems

I mean, these things...as we know they take time, right? We've been...I remember Micky the discussions about individual level provider directories and entity level provider directories from four years ago so whoever opened up the call and said something about walk before you run, you know, I just think it is good to be forward thinking that's wonderful but it sometimes also helps to figure out what can we do with the tools we have today to make the world a better a place...

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

Right.

Carl D. Dvorak – President – Epic Systems

Otherwise you're forever killing yourself and forever being called a failure because you never accomplish what you led people believe you could accomplish.

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

Right.

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

And this is Larry, you know, I certainly respect your opinion Carl and your experience so...and I'm okay with staging this differently if others want to do that. When I wrote this I was purely thinking of just defining the standards for the APIs by the end of 2017, you know, and perhaps some pilots or hopefully some pilots during that timeframe, but that it wouldn't be, you know, generally started to be implemented until the next phase.

Carl D. Dvorak – President – Epic Systems

Okay and that sounds perfectly reasonable.

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

Yes. And certainly underlying all of this is, especially on the relationship listing services, you know, as Arien has articulated there is a governance, a strong governance piece to all of that which would need to come together pretty quickly in order for us even to be able to accomplish this in 2017 timeframe. So, I think that's, you know, worth noting as well as Melissa has noted in a number of places as well. So, why don't we go to the next section then?

Okay, so we have three here, one is that Health IT developers should reliably include standardized identity matching data elements and exchange transactions. I think this was...also there were a couple of comments here that were...there was a comment here that I know is in this section that we had just talked about as well which is the question of, you know, you don't necessarily need this in every single transaction that it is specific to the use case, specific to a particular governance model let's say or a set of conventions around what it is you're doing.

And then there is, you know, the question of who are Health IT developers, you know, I think is a general statement that seems like this is one that's hard to disagree with but it does, you know, sort of beg the question of who is the action or set of actions being directed at.

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

And this is Arien; the only thing that a Health IT developer can reasonably do is pull from this data field in a reasonable way and stuff it into a transaction whether that data field, at the end of the day, has the required data elements formatted in a way that we would all prefer them to be formatted to some extent depends on the software developer to the extent that there are for example name normalization algorithms that we all need to be using, but to some extent depends up what the end user actually stuffed into that field.

So, reasonable to implement a hyphenated name normalization algorithm in a consistent way, not reasonable to consistently strip out middle initials and middle names when they've been inadvertently plugged into a first name field.

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

Yes.

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

And so when it comes to exchange transactions in many ways this is just saying that developers should implement the standard but developers cannot be responsible for reliably including standardized elements in exchange transactions because that's not feasible and realistic.

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

Right. Other thoughts and comments on this one? The next one was...

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Yes...

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

Sorry, go ahead?

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

This is Barclay, I think your opening comment like who is the developer is a good one and that in the DoD we do development and do we fall into this, I think that we do, but even me asking the question am I considered a developer begs the question to the one that you raised. I think we should define what do we mean when we say a Health IT developer.

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

Right.

Barclay P. Butler, PhD – Director of Health Standards & Interoperability – Department of Defense

Thanks.

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

Thank you. The next, the number six was one that there was just sort of big question here which is, you know, depicted there which is what's envisioned to be the role of coordinated governance here. So, this one, you know, says through coordinated governance stakeholders should ensure that identity matching services are standardized attributes and standardized data formats to match individuals to their data for care coordination, individual use and access. So, you know, very strong this isn't talking about what those formats are, what the attributes are this is, you know, speaking directly to governance in some way by saying that some type of process needs to ensure that identity matching services happen with a certain set of dimensions in a specific set of use cases. There were a couple of...

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

Micky this is...

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

Yeah, go ahead.

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

Yeah, this is Arien; this is an area where I'd actually like to refer back to the JASON Joint Task Force recommendations.

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

Yes.

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

Because I think there are a set of activities that we pointed in our transmittal letter that was approved by both the Policy and the Standards Committee are really secondary to data sharing arrangements and secondary to the governance and legal practices that are associated with those data sharing arrangements. This seems like a highly reasonable thing to expect a data sharing arrangement to do.

It's not clear outside of the context of a data sharing arrangement and outside of the context of the particular methods of governance that they've chosen, the particular methods of data standardization that they've chosen and the particular standards that they've chosen what this means in the abstract.

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

Yeah, I would agree with you on that. Are there other thoughts on this one? I mean, it seems like there is a big gap there.

Carl D. Dvorak – President – Epic Systems

I think that was my comment, this is Carl, on what's the role of governance in this one.

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

Yes.

Carl D. Dvorak – President – Epic Systems

I wonder if again, in the near end work I wonder if ONC could just specify here's a way to use these elements, you know, through its normal process and then publish it out as part of certification and make sure that vendors who certify can actually fill out the transaction in a standardized way. We do that on other things without too much governance.

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

Right so using the certification lever could be one way of doing that, yes.

Carl D. Dvorak – President – Epic Systems

Yeah, you know, again, if we keep it to the straightforward things that are known today as we're working to new things I'd be hesitant to decree how they should be done before somebody experimented and learned, look for things that we know today, again NCPDP and other sources to inform that I think. We don't have too much governance here; there is probably a fairly straightforward path that the evidence will suggest...

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

Right.

Carl D. Dvorak – President – Epic Systems

At least for initial patient matching.

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

Yes. Other thoughts on this one? Okay, so the next one is through coordinated governance public and private stakeholders should identify, test and adopt additional identity matching data elements including voluntary data elements.

As you can see in the comments there, there was a little bit of a range of comments back on this one where, you know, there was sort of one perspective which was, well market force...everyone is going to want to get better and so why does it need to be a part of, you know, specific action item in a roadmap to say "you should get better" because everyone is going to keep trying to get better versus a role for coordinated governance as, you know, as stated at the beginning of this.

And then there was another comment of adding practices to this list so that we have matching data elements and practices to relate to both, you know, sort of processes related to it as well as the data elements themselves. So, what are people's thoughts on this one?

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

This is Nancy Orvis.

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

Yes?

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

I think one of the issues for coordinated governance and for like big providers or cross country providers like a Kaiser/Mayo is that there are 35 exchanges or registries now for health exchanges and it's extremely difficult for a national provider like a DoD and maybe a Kaiser and maybe a Mayo or others without some...to have slightly different data elements in each of those 35 places and the services.

And one of the things I wanted bring up was, and I came in as you were saying let's don't go through what are the 13 standard data...the elements in the dataset is. I only saw one place in page 14 where the common dataset was actually articulated and I don't know if they want to talk about that here or whether we just want to talk about letting market forces determine what's going to be the most efficient way to do identity manage testing, identity matching data elements. It seems like there should be some kind of nudge from a governance group is really what I'm trying to say.

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

Right. So, there are a couple of different thoughts here, one, just on the data elements themselves I think that there is somewhere in roadmap and I guess we did cover it last time I just...it escaped my memory, that there is in the roadmap a recommendation of what the minimum data elements ought to be so we're going to take a look at that list and look at it in greater detail at the next Workgroup meeting that we'll have wherever it is on the schedule. So, you know, on the point yeah we can do that.

And I guess then you have another comment about governance itself and I guess if I understand your comment, it does beg the question of, well how does this minimum dataset, we can have lots of ideas on what the minimum dataset is, but there is a question of how it actually gets adopted and enforced.

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

Yeah, so this is Arien, I think the key here in this one is the notion of additional identity matching data elements. I think this means additional to the core data elements...

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

Right.

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

That were previously discussed including voluntary data elements. And so for example, inside the DoD they've got a very coordinated, and this is a great example of a data sharing arrangement, they've got a very coordinated mechanism integrated with TriCare, integrated with CAC card issuance for adding additional attributes for identity matching.

It doesn't seem to me to be reasonable...and there is ongoing work involved in, now the acronym is escaping me, but the ongoing identity ecosystem work that's being sponsored by I believe commerce now.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Yes, it's IDESG.

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

That there are already governance activities, again, I think this is an activity that is likely to be managed through data sharing arrangements and so I could heartedly endorse this if it was clear on what coordinated governance is.

I could heartedly oppose it if the notion is we're going to have a national governance entity that says everybody is going to adopt "x" because there are already a lot of folks who are doing more than "x" there are already a lot of folks who are doing something that's other than "x" and it's hard for me to understand what the governance process is that is driving to these particular outcomes.

So, first of all am I right about thinking about these as additional data elements that NSTIC for example would be looking at or that, you know, CommonWell is looking at driver's licenses or DoD is looking at CAC cards. Am I right in thinking about that's the intent of this?

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

I think that's what number seven is pointing at if we're talking about specifically it's seven, but Kory would you confirm that?

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

Yes.

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

Do you read that? Yeah.

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

Yes that's correct. It's building, you know, voluntary elements to build on top of the minimum.

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

Yes. But you...Arien the point you raised where you made a fairly strong statement about not wanting to have a top down requirement however that gets administered that says that everyone has to use this minimum set of data elements.

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

For...

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

They could add on top but you don't like the idea of even establishing a minimum set of data elements?

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

So, I'm...this is really...this comment is really secondary to the notion of additional identity matching data elements...

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

Yes.

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

Including voluntary data elements...

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

Yes.

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

Not associated with the core data elements which I think are relatively, as articulated, I think are relatively non-controversial except for all the issues that I mentioned relating to upstream governance.

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

Okay.

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

This is more about...

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

All right so it's really just related to voluntary, right?

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

This is about the voluntary and should there just be one set, is there one set that we're attesting and adopting, well there's a lot of people who are getting into this area. I think it's something that's appropriate for a data sharing arrangement not appropriate for...and maybe that's what's meant by coordinated governance but it really depends on what's meant by that term.

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

Right.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Well, so this is Brian Ahier, and I think when...you know in our overarching comments around asking for a clearer definition of coordinated governance and it may not mean the same thing for, you know, ensuring that identity matching services are used in the previous section and identifying testing and adopting additional identity matching elements including voluntary data elements in this section.

Certainly, from my viewpoint, I can support some areas where we're looking at coordinated governance public and private stakeholders should do something and this particular one of identifying, testing, adopting additional identity matching data elements I think this is something I would agree with the notion that this is something that market forces are better able to drive than a heavy handed governance approach.

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

And just...this is Arien, I just want to...this is not market forces versus government forces, this is about whether the appropriate role is in the context of a data sharing arrangement as defined on the JASON Joint Task Force transmittal letter.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Yeah, yeah, I understand your comment was specific to that, but others have commented that market forces and interests would better drive the testing and adoption of new voluntary data elements and I was just agreeing with that notion building on your comments.

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

Yes.

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

Right, I'm going to guess they wouldn't be voluntary if they were required.

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

That's right.

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

I do want to go back, before we leave this slide, to number six because I was just...I was thinking in parallel about, you know, Arien you had raised the idea of data sharing arrangements being very important to this, you know, to anything where you say that public and private stakeholders should ensure that a set of things happen, right, that...certainly the JASON Task Force but the idea of just generically that there is some kind of arrangement that needs to, you know, sort of be there in order for that to happen and Carl had suggested, well maybe we don't need governance there because for example technology certification, you know, could be the lever there.

I just wanted to identify that there is a gap between those two ideas where technology certification just says you'll have a technology that can do these things, it will say that it can take these standardized attributes in standardized data formats to match individuals whereas the idea of a data sharing arrangement adds the motivation on top of that to say, well you have the technology to do it but now you've got to do it.

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

That's exactly right and I think there is also just a core policy issue of what are the things that need to get done in common by everybody and what are the things that are expectations that we expect a data sharing arrangement to do.

And there are really good examples of data sharing arrangements eHealth Exchange, EPIC's Care Everywhere that's really a voluntary association of users, CommonWell obviously, Massachusetts and it's not clear to me...I would strongly disagree that many of these activities need to get done at the national level one way by all parties consistently.

There are certain things that need to get done that are better done by data sharing arrangements that are specific and focused on the exchange problems they're trying to solve.

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

Right.

Carl D. Dvorak – President – Epic Systems

Micky, I think I read number six as a little bit more definitive and that to me it sort of presumed the elements were identified and this was more about enforcing standards and use of those or standardization in the...

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

Yes.

Carl D. Dvorak – President – Epic Systems

Transactions that use those.

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

Yes.

Carl D. Dvorak – President – Epic Systems

I agree governance is important when we're trying to pick what are the next three elements you might want to make use of, but I think once we've selected the elements I think there we could fall back to certification.

And I think Arien, maybe you and I agree and maybe we don't on this, I do picture that some minimum set, and by minimum I mean minimum not an idealized or maximum, but if we could all agree on a minimum set at least and then have some practices around how to do it if I have seven elements in a minimum set is an acceptable match 100% of them, 80% of them, 90% of them see...try a little bit of practice...

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

Yes.

Carl D. Dvorak – President – Epic Systems

With minimums and then step it up and say, okay, you know, a better way is this and an even better way is that, but at the end of the day if two systems could at least communicate on a minimum I think they'd make the world a better place. And I think the voluntary stuff in seven is really important.

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

Yes.

Carl D. Dvorak – President – Epic Systems

Because if I'm operating an ACO across 10 small practices, three hospitals I want to know that I could tuck an ACO identifier in as a voluntary extra and be guaranteed 100% match all the time and I could do that if I had an ACO, I had people designated as homed in that ACO or under, you know, a medical home kind of concept.

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

So, Carl, this is Arien, I agree with you on the criticality of having well-defined standards for those core elements with respect to six.

My disagreement, and I again I gave the example of the work that I did in New Jersey where just to give two extremes you could resolve duplicates at the state level and that's going to require a set of dedicated fulltime staff with business associate agreements with each of the health systems and provider organizations and other covered entities that they work with who go in and, you know, literally clean up every duplicate identity and take legal responsibility if necessary for accidental disclosure or breach that is associated with that merged activity.

You could go the other way and say, effectively the state infrastructure does nothing all their matches are automated and if there is a mismatch it is incumbent on the individual covered entity to identify and resolve that and those are very different ways of ensuring that identity matching services use standardized attributes to match individuals for their data for care coordination individual use and access.

And again it is not clear to me what the role is of coordinated governance here outside of a concrete data sharing arrangement or other local governance activity that identifies the roles and responsibilities of each of the actors and stakeholders in that process.

Carl D. Dvorak – President – Epic Systems

Yeah, I wasn't reading it into the correction of state or local HIE-based HIEs and...that probably warrants another probably couple months of phone calls to figure that out.

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

Indeed...

Carl D. Dvorak – President – Epic Systems

...that I did.

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

One level down though I think that there is, you know, sort of the gap that I was pointing to was that Carl you were suggesting that certification of technology would be enough whereas, you know, I think that what Arien was articulating and certainly was in the JASON Task Force was that certification and technology wouldn't be enough to get to what this statement says which is that the stakeholders should ensure that matching services use these attributes so there is a motivational piece to that, that it's enabled by the fact that you have technology that can do it but it doesn't mean that you're going to do it.

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

That's right, you can...just to take away the state HIE thing, you could read ACO for state HIE in my statement and it would be exactly the same statement.

Carl D. Dvorak – President – Epic Systems

Yeah, I guess I'm trying to figure out what they're intending by these statements.

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

Right.

Carl D. Dvorak – President – Epic Systems

So that thorny ones that come next and we're spending too much time on the basics.

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

I was going suggest that, having a hard time reading the simpler of the ones that seem more straightforward. Okay, so next slide, please. Okay, so here were two where there was pretty general agreement that, you know, ONC and SDOs, and these were the ones...one of these was one of the ones I was pointing to before that where it was clear what role an actor would play and, you know, in this case, as evidence suggests ONC and SDOs should standardize additional required elements for identity matching. There seemed to be general agreement on that.

And then also on the next one, providers and Health IT developers should use best practices for data quality and algorithms to enhance identity matching accuracy and a majority of identity matching services. There seemed to be general agreement that, yes, providers and developers should use best practices for data quality and algorithms.

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

I think they should use worst practices.

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

Yes, right, right, are there mothers who, you know, who are for drunk driving. So, are there any other comments on these two? There did seem to be general agreement on the comments that we got on this. Next slide, please.

Let's see so we're not in resource location yet, okay, so this one was...so the first one, through coordinated governance, again that phrase, public and private stakeholders should develop and pilot tools and technologies for establishing performance metrics and I forget who it was, you know, Shelly or Nancy was it you who was pointing to the question about performance metrics and how we would measure any of this stuff? If so this is where it comes into play here.

So, this is focused on public and private stakeholders developing pilot tools and technologies for establishing performance metrics. So, I had a hard time with the language here and what exactly it was focusing on.

But the comments that we got were, one, again, this question of what role does coordinated governance play in developing pilot tools and technologies for establishing performance metrics and that we, you know, need to recognize that there is a lot of variation in the market and it's going to be different trajectories and different paces at which different starting points and different paces at which people progress through these kinds of capabilities.

So, whoever it was earlier that wanted to talk about performance metrics this would be the place to do it.

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

This is Shelly, it was not me.

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

Okay.

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

This is Kitt; basically my question really was how are we going to go about measuring the success as organizations migrate to these recommendations or best practices?

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

Right.

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

I think it's just not necessarily specific enough to target what we're going to be looking for rather than just having a broad stroke of where, you know, we want you to migrate to these recommendations.

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

Right. So, I don't know, you know, maybe Kory can help you. I thought that's what this was saying was that coordinated governance should develop a set of performance metrics, but when I read the language over and over again I get tangled up in the pilot tools and technologies for establishing metrics.

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

This is...

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

It sounds like it's saying develop the tools and technologies that can make metrics.

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

Yeah, this is...

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

Or that would allow measurement.

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

This is Arien, in a hearing not a hearing a thingy that ONC did there was the thought that there should be test tools to validate a matching algorithm, you know, and test cases that could validate a matching algorithm to verify that you've done...that your matching algorithm is good. I interpreted this statement in terms of testing tools that might include the Maria Rodriguez case for example to, you know, these two patients should probably match, these two patients should probably not match.

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

Got it.

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

These bunches of patients are probably fuzzy.

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

Yes, yes like a NIST validator or something.

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

Like a NIST validator, that's what I interpreted this language as. I think it would be useful to get clarification on whether that's true.

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

And assuming that's true what do we think about that?

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

This is Arien; again, my comment at the time was that this could be, you know, a set of test data that you could run though would be highly useful.

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

Yes.

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

A conformance test that says your algorithm must be at least this or else particularly if that testing data and tool is public encourages people to teach to the test that I think would probably not be a good activity, but I do think it would be useful to have, you know, a set of these two patients should probably match because they're a bit identical.

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

Right.

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

These two patients should probably match because, you know, this is a known pattern for matching patients at high assurance.

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

Right.

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

And these two patients...

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

I mean, that's kind of what Cypress does in the CQM world, right.

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

Yes, that's right.

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy Health Information Technology Collaborative

Yeah, this is Shelly, I totally agree with that I think going through a testing model is much better and scenarios to set up that your systems can actually do what it's...I mean, we're not here to be the...or to recommend the police action against those who are not meeting what they say they meet, but, having that testing requirement really helps drive interoperability without having to come up with, you know, quality measures related to what that means. I think it's up to somebody later on I guess to, you know, be the hand that says you have not done this so therefore you cannot play or be a provider, I don't know how that part of enforcement works.

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

Right.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

So, this is Jitin, if I can add two comments in here. When we...the testing tools, well-developed testing tools take you a lot further down the path to interoperability than, you know, a lack of them then even really well-written good specs and the like. And so they are part of the bridge. I think they are almost never the whole bridge and the whole bridge you get when you actually build an actual connection for the sake of actually exchanging information.

And then so I think as far as, you know, performance goes you see that the steps we can help take over here or inform and take over here is creating half that bridge, real world interoperation creates the other part of that bridge and then finally if the user does not accept the performance then the lack of users is what dictates, you know, whether you've met your performance requirements or not, or at least that is rightly where it should be.

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

Yeah, I think that's a great framing of it. So, I know we're running short on time here. So, just to, you know, think about process here for a second. So, maybe the best way to approach the rest of it is, because there is the resource location piece coming up after this one which we didn't get to discuss here, so maybe if we could get off line comments on anything we've discussed to date, certainly for people who have already submitted comments if you want to revise your comments, you know, please feel free and then for those who haven't submitted comments if you want to submit some comments either on this topic or on the resource location one, you know, Kory did circulate the collated comments as well that we got by section so you can see what other people have said already.

We can take comments off line and for the Policy Committee meeting next week we're just doing, you know, sort of where, you know, what kind of process we're using, any emerging findings and emerging themes.

So, I think certainly on the patient matching we've got a number of emerging themes that we can speak to depending on what we get off line we can either say, you know, we just haven't gotten to resource location yet which would be totally fine or there are any, you know, sort of high-level thoughts that come out of the written comments, you know, happy to present those as just high-level thoughts that, you know, will be modified and refined, and presented in greater detail at the final set of recommendations.

Brian Ahier – Director of Standards & Government Affairs – Medicity

Micky, this is Brian Ahier.

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

Yes?

Brian Ahier – Director of Standards & Government Affairs – Medicity

I think that sounds really good but one of the things I hope that will include, I'm sure you've been thinking about this, is certainly we're looking throughout these comments at the continuing theme of what is coordinated governance and some clarity around that.

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

Yeah and that's one of our...that was one of the general themes and, you know, one of the early slides here and that would be one of the things that I would present certainly as a theme that has come out in almost every one of these as a crisper definition around coordinated governance and some of the detailed comments that we've had on that.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

And this is Nancy Orvis; I have specific comments that will be coming in for the M2, Section 2 and 3 for more of the midterm goals but one of the things that I've also noticed here is, you know, if some of the major goals that Erica Galvez has said, you know, that we've got to coordinate care for an average Medicare recipient with seven doctors that some of these things like on patient matching and identity matching should be focused on the issue of, how about eight people trying to...seven doctors and one patient trying to communicate.

Can you assure identity matching or clinical datasets being integrated among eight different exchangers? I'm just thinking that something from that in the more midterm to long-term goal would help tie in, you know, two of the major factors they say that's driving this whole interoperability roadmap, one, that the average person has seven doctors and secondly that they are real lapses in care between them.

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

Well, I'm certainly glad you didn't put that in the 2015 to 2017.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

No, there's no way to do that now.

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

...

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

But I would say that if we get into M2, 2 that maybe putting in one of the steps is to have some real integration test scenarios out there in the mid and certainly by the long-term.

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

Right.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

Something like that.

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

Right.

Carl D. Dvorak – President – Epic Systems

And Nancy I think that's a great point and Micky I think that would be doable in three years because CMS, if it so desired, could stand up a record locator service such that everybody who applies to Meaningful Use has to put the Direct address in along with their NPI and anyone who submits a Medicare claim submits their NPI we could tell in a trivially simple transaction which physician's EHRs we should communicate with records on this patient, assuming the doctor has asked for payment.

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

Right.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

And that's solving their real world problem, that's why I said if we can look maybe we can come back to that when we talk some more and try to address some things like that in the midterm or whatever.

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

Okay, sure, no I think that's a great point. Okay, well I know we're very close to the end here so I need to turn it over to Michelle for the public comment, but as I said any other comments that you have please get them in by tomorrow if you can and then we'll put together just...again this is just an update, a midcourse update to the Policy Committee so it will really just be focused on the general themes and the process that we're using and then we'll pick up with resource location and more detailed conversation related to like the minimum data elements and anything else that we want to cover in the identity matching piece. So, thank you, this was a great call.

Public Comment

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

Thanks, Micky. Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes, 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. Thank you.

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

We do have a public comment, David Tao, just a reminder David you have 3 minutes, please go ahead.

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

Thank you. Thank you, I do recommend that the roadmap in addition to the standards for required data elements as they mentioned should also recommend standards for the optional and voluntary ones. I also strongly support the idea mentioned earlier of standardizing or recommending best practices to handle the variations in the even obvious elements because of data element formatting difference such as hyphens, apostrophes, spaces in names and addresses, phone numbers, medical record numbers and so forth.

I don't think that legacy data variations in how the data were entered can really be eliminated but perhaps the ways that data matching algorithms work similar to how search engines work can be improved without having to retroactively clean up the data. So, thank you for the opportunity to comment.

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

Thank you.

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

Thank you, David and we have no other commenters at this time.

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

Okay, great and thanks everyone and thanks Kory and Michelle thank you also to you.

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

Thanks, Kory and we'll talk to you next week Micky and Chris, thanks.

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

Right, okay, bye everyone.

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

Bye.

Carl D. Dvorak – President – Epic Systems

Bye, everyone.

Public Comment Received During the Meeting

1. Public comment (part 1): This is David Tao. I recommend that the Roadmap should also recommend standards for optional/voluntary data elements, not only the required ones. Also I strongly support the idea of standardizing and/or recommending best practices to handle variations in the data element formatting such as hyphens, apostrophes, and space in names, addresses, phone numbers, medical record numbers.
2. part 2 -- . I don't think that legacy data variations in format can be eliminated, but the ways the data matching algorithms work – similar to how search engines work – should be possible to improve without retroactively cleaning up the data.