



**HIT Standards Committee  
NwHIN Power Team  
Final Transcript  
September 4, 2014**

**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 Standards Committee's NwHIN Power Team. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Dixie Baker?

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I'm here.

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

Hi, Dixie. David McCallie?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Here.

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

Hi, David. Arien Malec?

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

I'm here.

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

Hi, Arien. Cris Ross? Jitin Asnaani?

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Hi, Michelle.

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

Hello. Josh Mandel?

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

I’m here, hi.

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

Hi, Josh. Keith Figlioli? Keith Boone? Kevin Brady?

**Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology**

Here.

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

Hi, Kevin. Ollie Gray? And Wes Rishel? And is Debbie Bucci on from ONC?

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

Yup, hi. I’m here.

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

Hi, Debbie. And with that, I’ll turn it back to you Dixie and David.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay. First, I’d like to...well, I’d like to...in reviewing the agenda for the day, I’d like to announce that this will be the last meeting of the NwHIN Power Team. The final task that we had been assigned regarding data migration was canceled and they decided not to assign this task to anyone after all, at this time at least. And so this will be the last meeting of this Power Team. So I’d like to take the time to personally thank all of you for participating on the Power Team and I think we should be proud of the work that we’ve done on this Power Team.

The...so, since that final task was canceled, the only agenda item we have today is to review the recommendations around query for patient consent. David, would you like to add anything?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

No, other than thanks to the group for pretty faithful attendance and for what, I agree with Dixie, has been valuable work. I do think that much of the spirit of the Power Team will carry forward into some of the new workgroups and I’m pretty sure that some of you will get tapped to join the new workgroups, so don’t take this as school’s out, it’s just a recess. We’ll be back in session, probably pretty soon.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Good.

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

And can I just interject, Dixie. On that note, although the data migration piece has been canceled for this workgroup, that doesn't mean that it won't get reassigned in some other shape or form to one of the new workgroups.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay. Okay. Okay. I also want to thank Debbie and Michelle for their support of this group. Okay, with that, next let's go through the slides. At the last meeting, you'll recall at the very last...at the very end of the meeting, we had two...we emerged from the meeting with two recommendations. The one, which is one that we had discussed considerably during the meeting, which was to recommend that the 2017 criteria recei...include functional requirements that could be met by the vendors through attestation using existing capabilities for query.

And the other recommendation was...which Arien added at the very last minute, was to make the criterion participation in a query network. After some discussion, we concluded that perhaps the participation in a query network might have two side effects, neither of which would be positive. One, it might create the need for a whole new certification process to certify query networks. But secondly, it...we...this team has consistently felt that our real recommendation is put all your effort or most of your effort, the majority of your effort into pushing the new FH...HL7 FHIR standards forward. So that in the...perhaps not for 2017, but in the near future after that, we might have both query for documents and query for discrete data items.

So the second consideration was that if we made the criterion participation in a query network, we might also divert effort away from what...where we really wanted the effort to go. So, with that...so with that, let's go through the slides. I won't go...we've been through most of the introductory slides before, so I won't spend a lot of time on them so that we can spend most of the time on the recommendations themselves.

There were a couple of things I wanted to try to emphasize in these slides, the main message, which I've just articulated, that we really think a major effort should go toward further development of the resource definitions and profiles for FHIR. But also, we don't want to cause...to force vendors to implement capabilities that would basically need to be replaced later. So, in the interest of saving them cost, effort, and time, we'd prefer that they just include functional requirements that could be met through attestation.

So these first...so I want you to look at these slides in particular from the perspective of how you see the HIT Standards Committee seeing them. Because next week we'll be presenting them to the Standards Committee and I want to do what we can to make sure that they're understandable by a group; the majority of whom have never seen these slides before or been in any of our conversations. The first slides...first several slides are really the...describing the charge that was given to us from the HIT Policy Committee, and that was to enable the query functions within the current context of HITECH's EHR Certification Authority. And to also build upon developments that have already been made around directed exchange and the query exchange. Next slide.

And they also said that the recommend...this is also from the Policy Committee, they want both the...they want the capability to search for specific patient information and to be able, for EHR...certified EHR technology to be able to respond to requests for a specific patient's information. Next slide.

They felt that to have any impact on the market, they needed some query capability in Stage 3 of Meaningful Use, which translates into the 2017 edition of the certification criteria. And both this slide and the next slide are really clarifications that we received from the chairperson of the Policy Committee working group that had sent us...that had recommended query be included in 2017. They wanted us...they wanted whatever the criterion would be to be th...to enable an EHR system to delegate that query capability to a third party.

And they said that the query need not be synchronous, and this is a really an important point. It...synchronous query is certainly where we ultimately need to be, but what they really want is a set of functional requirements that will allow one provider to say, would you send me the record of Josh Mandel and then the receiver to produce that record and return it to the requestor. Next slide, please.

These are also clarifications from Micky Tripathi. Let me see if there's any...he...they stress that they wanted us to leverage existing standards such as the Direct SMTP...secure SMTP and the IHE XCA across community query, where possible. The...they said that the responsibility could be delegated and the...finally, they said that the standards for the content itself were an open question. They didn't want to restrict it to the Consolidated CDA, but obviously, that would be one of the possibilities. Next slide.

The next two slides are...describe some of the...describe the query options that this team, the Power Team considered for the 2017 edition. So, this is very real...near-term because the NPRM for the 2017 edition is already underway. So one of the things that we looked at was the Data Access Framework...S&I Framework Project, we had a briefing by the DAF team and this is a project that's currently underway.

The focus is both internal as well as external query and it's both query for documents and query for discrete data elements. We felt that the focus was too broad for the near-term 2017 timeframe and our team felt that our focus really needs to be restricted to query of a remote system, asking a remote system to send us data. There...because the DAF is currently under development, there is not a lot of vendor support for them...for that profile, or for the...for some of the standards that its using. It is complex because it requires support for both SOAP-based and REST-based query responses, because the request can be sent by either SOAP or RESTful requests.

The second one we looked at was the IT Cross Community Access Profile, which is used by the eHealth Exchange and others...other HIEs, various vendors. It's a document-oriented profile. It's complex in implementation, which this team has...the Power Team has noted in previous recommendations and it's limited to documents. It's network dependent because it's not always implemented in the same way. Next slide.

The Direct Protocol, which is secure email, secure SMTP is asynchronous and there's no guarantee of a response. So one would request the data and then the receiver would...and wait for the receiver to read the request and respond asynchronously. And then the last one which we looked at was the HL7 FHIR, which is an emerging standard that has very high promise as a standard that's capable of supporting both query for documents and query for discrete data elements. And we had a lot of discussion around FHIR, but the standard itself is not yet finalized. And nor are the profiles finished in development, the profiles that would be needed for query are not...have not been...and after lots of deliberation, we concluded that it's unlikely that FHIR will be fully ready for national adoption as a standard by the 2017 edition. Though we didn't dismiss the possibility of some subset that could be possibly fast tracked. Next slide, please. We have two slides that really summarize the challenges. The first are the challenges that the standards team has already heard about, there are standards around the Consolidated CDA and in this case, we were looking specifically at the use of the C-CDA for query. And those include the need for further content encoding and standardization to assure interoperability...semantic interoperability between organizations. Transitions of care documents can be very large and cumbersome and we felt that there was a need for a template for a shorter, more concise snapshot summary of the current patient state. There...we also felt there was a need for more support for simpler kinds of human-readable documents besides the C-CDA. And finally, there was the issue of inconsistent implementations of wrapping of a C-CDA as a Direct attachment. Okay, next.

There are a number of challenges and...that...and unknown impacts that we also discussed and these are not minor issues, these are especially trust issues across networks is a very significant issue. The lack of a standard for patient identity discovery and validation and the lack of a standard for loc...record locator services are all significant challenges that are not addressed by our recommendation, but are concerns around query...that impact query. And then there are unknown impacts of the JASON Task Force and the Roadmap initiative.

The need for certification criteria for the 2017 edition is not well aligned with the long-term desire to move toward FHIR. We believe that FHIR would, as its promised, is likely to be the ideal solution for query because it would allow query for documents and query for discrete data items. But we don't think it would be ready for national...as a national...to become a national standard in 2017 and we want to avoid forcing vendors to expend the time and the money on implementing a temporary solution. So, next slide, please.

The...first we have a couple of guiding principles. We recommend that the ONC limit the scope of the use cases addressed for the 2017 edition to query for a named external...of a named external healthcare organization for a document containing a specific patient's name...or data. So we don't include patient matching, record locator service, but the ability to query a known external organization for an identified patient's data. We want...the scope should also include return of the requested documents and it should address both asynchronous and synchronous queries.

By the 2017 edition, we believe that the ONC should address high priority challenges related to the query of structured documents, keeping in mind the longer term objective of enabling RESTful, FHIR-based query for both documents and discrete data elements. Okay, I think the next...next slide, please.

Okay, we have four slides here that are...that contain our recommendations. So...and these have been slightly reordered. This first one is for the EHR, the 2017 edition, we recommend including functional requirements as certification criteria and that vendors be allowed to attest that their technology provides these functions. We recommend this because we believe that the primary efforts should be on low regret activities that are well aligned with moving the industry in the direction of broad use of RESTful, FHIR-based services that support both query for documents and query for discrete data elements. We believe that the simple query of a known external entity for a document containing an identified patient's information should be achievable using existing capabilities whether they be the existing standards for transport, security and content standards, whether they be by using a...by...through participation in an external query service or some proprietary solution that we know that vendors have implemented. So we believe that this is a reasonable thing to ask the vendors to do.

The next side includes the...are the functional requirements. Now we've ordered these a little bit differently here because David and I concluded that the way we had them ordered before was a little confusing. So what we've tried here is to say that certified EHR technology will have the capability to participate in this query conversation, as either requestor or as the responder.

So the requestor should be able to generate an address to a trusted and known external end point, a query requesting documents containing a current summary, clinical data for an identified patient. The external responder, as an external responder, the EHR should be able to, in response to having received the query, return a list of available documents that contain the requested information. Or that EHR should be...if they don't have the data, they should be able to return a response indicating that the data are unavailable. And then the req...in the role of the requestor, the EHR should be able to given a list, select the identifier for the desired document. And as a responder, should be able to return that document.

So, let me pause there and ask whether there...whether this is clear. How could we improve it?

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

This is Arien. It seems relatively clear. So we're only looking for...let me see if I can understand. We're only looking for the requestor to be able to request a current clinical summary document and the responder to be able to return available documents, which might be a set of one or a set of zero...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Um hmm.

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

...or in odd cases a set of multiple documents that represent a current clinical summary. And then the requestor can retrieve that document. That's what I'm reading; I just want to make sure I understand that right.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yes, but we haven't said...you know, later we make a recommendation on improvements that need to be made to the C-CDA...

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

Yup.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...that...so, we haven't specified exactly what that document needs to be, right?

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

So I...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

It needs...not in this question, well, not in any question or not in this recommendation, we've simply said yes, they request a document and then select it from a list and retrieve it, yes.

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

So given that we recommend functional requirements, I think these are very sensible functional requirements. I'm still...I still don't know why we would...why our response wouldn't be to the Policy Committee, we understand your desire for functional requirements, we actually believe that's the wrong strategy and here's why. So, I'm just...do we believe that it's the right approach to recommend functional requirements for 2017? As opposed to just doing the no regret activities that we previously contemplated.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Arien, you sort of faded out there...this is David. I'm not following the tension that you just set up could you explain it again. I looked at...having a low regret option, although I missed the last call, so...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

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

Yeah. So last call we discussed a couple of...or a few options, one of which was just recommend for 2017 the low regret options, the improving the Consolidated CDA and...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Uh huh.

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

...improving metadata, but not enabling functional capabilities because it has the effect of number one, requiring EHRs to jump through some certification hoops that don't actually enable lots of interoperability. And number two, as you know, most EHRs are going to certify based on their current capabilities, which are likely XDS or XCA.

**M**

I looked at...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Well we discussed that, Arien, but then we concluded that it made more sense that...to take the approach of reco...of including functional requirements, because we felt that ONC...the group felt that ONC was...would include query in the 2017 edition. So give that, it would be better to include...

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

Yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...functional requirements than force the vendors to implement something that they would have to rip out later.

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

Yeah, so that I completely agree with.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Well that's where we...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, that's...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...that's the decision we reached at the last meeting, by the end of the meeting we did not have on the table that we just would punt and say...makes sense for 2017.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

This is...

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

So I'm...go ahead, sorry.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

So this is David and just from the outsider's perspective of not having been in the last meeting, this seems to me like a fairly low regret, fairly straightforward approach because the vast majority of vendors can already meet a query...can perform query capabilities that fit this description. And the thought was, attest that you can do so and then let's move on outside of the certification cycle of 2017 with moving to a more robust, FHIR-based query capability, standards, APIs, as per JASON and all that. So I looked at this as a pretty low bar, fix the CDAs up and show that you can...or attest that you can actually respond to a query from an external system. Is that not what...does that not fit your sense of where we're at?

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Hi, this is Jitin. I think one of the issues that we uncovered in our last discussion was that it sounds low regret but it's actually more regret than it sounds. And that's because it takes a lot of work to set up a que...even if you had the capabilities, and you have these standards built into your platform or in your product, whatever the case may be. It takes a good bit of work to set it up for a point-to-point connection, which is what we have here and the...that's what those standards allow right now. There's

not a...unless they specify a service, there...it's a ton of work to do the development and especially do the certification of something, which we don't think they should be actually using for the longer term anyway.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

But I...

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

So in that sense it's wasted effort.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

But that's why we...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

So Jitin...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...came up, Jitin, with that they would need to just attest to it, that they don't have to set up these points for the testing, that it would not need to be tested. And Josh, you were the one that recommended this so...

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

Well...right.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

(Indiscernible)

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

I'd love to make a couple of comments here. I think it's interesting, David, that you raised the point that you did, that this doesn't seem like an overwhelming burden. I agree and I tried to make that point on the last call. I think for me there are two issues, one is that if all we do is recommend functional criteria, and then it would be fairly trivial to meet those criteria without actually having something that works.

And in particular, based on our conversation last week, which I know David you weren't here for, it seems to be the opinion of this group that merely by providing a Direct end point and allowing someone to wr...allowing a human being to write in a message saying, "Dear Dr. Jones, can you please send me information about your patient." And then sometime in the future Dr. Jones could write back by responding to that Direct message. This group was of the opinion that that would satisfy the functional criteria, even without IHE profiles and...queries. So from my perspective is if that's going to satisfy the functional criteria, it's already pretty trivial.

Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates  
And a second point...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah and I...I'm...this is David, I'm of mixed opinion about whether we should, in good faith, say that's adequate. If that's what the Policy Committee said, then of course we'd say, sure. I'm not sure we're...

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

Yeah, I...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...reading...I'm not sure we're reading their mandate carefully because it's a very...

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

I'm fairly confident...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

I'm fairly confident we're not reading their mandate correctly. I took this question up with Micky last week in person when I had a chance to meet him in Waltham and I asked him that question and he...specifically, because we were getting at the question of asynchronous versus synchronous. And what he said was I don't care if it's asynchronous or synchronous, that's not important, but it needs to be automated, it can't be that...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

...there's a human being sitting there and responding to a message.

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

And I was on that workgroup and that's correct that it's not...the thought process is that just sending a message saying, hey do you have a document for Joe and getting the response back wasn't the intent.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah. And I'm comfortable with that as well because, I mean the Tiger Team likewise talked about automated response and the requirement that you be able to at least produce a message that says you received the query but couldn't deal with it or you refuse to deal with it or whatever. You had to acknowledge in something approaching near real-time that you were, in fact, responding to the query. But that said, I look at this definition of functional requirement as something that would be readily met today by CommonWell or by eHealth Exchange or by 95% of the functioning HIEs that exist out in the real world today. So I don't understand why Jitin you think this language would require any additional work, every CommonWell member would automatically meet this.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

So I think Dixie's point proved it...sort of put that fear...allayed that fear for me, sorry. If it is a matter of just attesting, then I am alright with that, but the reality is if you actually do have to go through a certification process, then that's a nightmare and not just for the participant...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...but for ONC as well.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah. No and absolutely, the attestation part of it is critical. I would consider a friendly amendment and maybe we'll get to it in a later slide. But let me just register the thought now because it shifts what Jitin just said is that the...we would make a recommendation that the networks that host these services establish robust internal testing and certification so that they're vendor members have confidence that the network is going to perform as expected. So we'd shift the certification burden onto the network providers in the market, rather than onto ONC.

So, if you join CommonWell, you should expect that CommonWell is going to certify that your system performs according to the spec and can support this functional query capability. If you join Healthway, same thing applies. If you join Surescripts, same thing applies. If you have a vendor internal network that you use to meet this criteria, same thing obviously applies. So that we're basically not saying that we don't certify the behavior of networks, we're just saying that we shift that burden onto the provider of the network and then attest to ONC that your EHR can join and work in one of these networks.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Well that's exactly what Arien recommended and it was brought up, correctly so in my opinion, that then you've shifted the burden, but then you've also shifted the burden that ONC needs to have somehow get proof that this network that they've joined, you know Joe's Redondo Beach network...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...is, in fact, a query...an adequate query network. They can't, I mean...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

You know I'm...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...well, it had...players, but not all of them would.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, so I'm not saying that. I'm saying that the network would, in fact, do all the work to actually make this work in the real world, to keep happy customers in front of our products. The certification would simply be the attestation to this query capability as listed here, period, end of discussion.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Umm.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

However, we expect that networks and we encourage networks...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I see.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...to do deeper certification to ensure that it works, that it works at scale, blah, blah, blah. And so we're expressly exempting ONC from the need to worry about the networks, we're just saying...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I see, it would just say I...because I'm part...I see.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Right, right. No, I think that this proposal could come under a lot of criticism.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

I think Senator Grassley might not like it, so we should be prepared to back it up with why we believe it's the right way to go. But, I'm trying to keep this...I'm proposing that we keep it really simple, because we know that vendors already can do this query capability. We need to tighten it up, but that's not the role for a regulatory approach or for NIST or for anybody else, it's the networks themselves who have sufficient capability to actually make their own network work. Surescripts has proved that. It's not mere compliance with NCPDP script that makes ePrescribing work, it's because Surescripts runs a rigid certification program, some would say too rigid, but so be it.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Can I...this is Jitin again. Can I play this just one-step forward and see if this is right or wrong? Will ONC want to get some sort of if not certification, then some sort of validation from the network itself or require the network in some way communicate that back to ONC or communicate back...or will ONC create a short list of networks? What is the...if you are in ONC's seat, what do you do to ensure that somebody is not just making something up for a bogus HIE and saying that we have been...that we...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I absolutely agree.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...encourage them to be strong.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I totally agree because anybody could just set up...step up and say, yeah, I've got a query network here and you have to have some...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

If we're going to have an attestation approach to a vaguely worded set of functional requirements like this, then anybody could game the system. We've already created that, right. So network or not, if it's just attestation to a fairly abstract set of high level requirements, it's a gameable system. But we're counting on the market to not let that happen. Vendors who do that will not succeed. I don't think...

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

Yeah, this is...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...we have to worry about it.

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

This is Arien. Can we include the word attest to in the...in this...the opening of this slide?

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Well we've al...oh, in this one. We already included that in the last slide.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, but it might not be a bad idea to repeat it, I think that's a good point. Because we've all...we all lost that point, so...

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

(Indiscernible)

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...if we lost it, other people will.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

But these are functional requirements, being able to attest to is not a functional requirement. The previous slide is the one that says that they would be able to attest to, and then these are just supposed to be the functional capabilities.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

It's just a header, just say attestation to the following functional requirements colon, and then the rest of the slide.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Right. Okay.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

It's just a reminder that we're talking about attestation. I mean I agree, it's already there, but some people will miss it.

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

Like me.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, the...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, like Arien.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

So it would say something like certified EHR technology will have attested to the capability to...

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

Yes.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Bingo. Bingo, just a header, yeah...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Got it.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Just a header.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, just a restatement of where we are in the deck because people will have drifted off and lost concentration and whatever.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, you're right, you're right.

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

So this is Josh. I still fail to see how this is going to provide any real world advantage to the clinicians who are using these systems and want to be able to talk to one another. I just...I can't see it. But if we're going to recommend in this slide here, I think we at least need to get across the point that it's automated. I still don't see that.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah. Yeah. Yeah. That's a good point; I like Josh's amendment there that it be an automated response. I like that, because I think that was the spirit of both the Tiger Team's discussion about targeted query and the IE Workgroup, which I wasn't a part of, but basically what Arien suggested.

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

If this is actually the direction we're taking, I think we also need to specify something in these functional requirements about how vendors document this approach, where they publish and explanation of how it works. There's got to be a functional requirement that end users of the system can control or configure some of these trust decisions. If all we have is a functional requirements on the screen right now, it's trivial to the point of being useless.

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

Yeah, this is Arien though. The more we require that kind of documentation, the more we're requiring vendors to go through a bunch of hoops for what I think we'd all agree is not likely to dramatically or much improve real world interoperability.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I agree.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

So wait, Arien, are you...Arien, are you arguing in favor of Josh's suggestion or opposed to it? I lost track there.

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

I'm opposed to it. I would p...just to be really clear, I would prefer not to enable functional requirements and double down on our FHIR requirement.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yes.

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

I understand that if we believe that ONC will include requirements for query that this is a do least harm approach.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

And I think under the principle of do least harm, we also want to avoid some of the certification harm when you make the certification requirements...hoops that you have to jump through that don't actually improve interoperability.

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

Can we say in these recommendations that we don't think this will enable interoperability and that we don't think this will enable real world clinical utility? I mean our rationale...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Josh, Josh, Josh, we're trying to prevent harm not...I mean, this is...there is no system deployed today, no EHR of any worth deployed today that doesn't already do this. It is just part and parcel of the way EHRs are deployed. The only thing that could get worse is if they start telling us how to do it by some...

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

David, I think your perspective on what each of the hundreds of EHRs does may be biased by the ones that you interact with most often. I mean, there are a lot of very small EHR vendors out here that don't have automated capabilities and haven't built much more than they need for baseline certification requirements.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

And your proposal would be to tell them to do what, implement IHE, ITI 19, 27, 36 or 43? I mean...

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

I would like to see everyone implement a set of FHIR profiles around exposing documents. If there's one thing...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

We can't...it's not a standard that can even be included in a regulation.

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

I don't think that's true. I think it probably won't be included, but I wouldn't say that it can't be.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**  
(Indiscernible)

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

So if our rationale for backing out to this set of functional requirements is the way that Arien and you just described it, then we should be up-front in communicating that to ONC and say, here’s a set of functional requirements that we’re recommending. But we don’t believe that on the basis of these requirements you’re going to get interoperable nationwide query capabilities.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

This is Jitin, I’d like to actually add on to what Josh is saying; I actually think Josh has a point there. Even in the spirit of do no harm, not that I would go all the way down the path of saying we should say that this is not going to improve interoperability. But I actually do like the initial suggestion that there be some minimal level of documentation that specifies that there’s a real implementation of some sort that they’ve done then that they attest to it.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**  
Hmm.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

And this is part of the attestation that says, yes, we have query capability and there’s...and I don’t know where the balance is, I don’t know if we could figure it over one phone call. But it is something that says, we’ve implemented...here are the standards we have implemented or here’s a network which we have joined and it’s...there’s something explicit there that points to real things that they’ve done. Because I can absolutely believe that there are EHRs out there who are going to be...well, that not every player is a completely authentic, well-funded player and is not necessarily going to do the best thing that actually enables interoperability. And others definitely will. So I think...

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

I actually like...

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...the do not harm should just be a little bit higher than a bar of just saying, check this box and say yes.

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

I do like that. So you would attest not only to having the capabilities, you would attest to a functional deployment of those capabilities.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, I...this is David. I’m okay with that, I just think that we have to beware of the slippery slope of somebody then saying, well you now need to define what qualifies as a functional deployment of these capabilities. What kind of network and does it use security? And blah, blah, blah, and off we go into the quagmire of regulating last decade’s approach and we just need to avoid that.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I think once you start requiring that the Direct be automated and then you require that there be documentation of how this works, I think Arien’s original suggestion makes more and more sense.

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

But Dixie, no one is suggesting that we require automated, Direct-based workflows. Nobody is suggesting that.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, I think...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Oh, that’s what I...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...they dropped.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...that that connection be automated. If it’s...if they could attest to this capability based on having implemented existing standards, which is Direct for transport or XCA, one of the two, or...and support for C-CDA and having met the security requirements. If they can attest to it based on existing standards, without requiring them to implement some automated Direct thing that they’re going to have to rip out later, I’m okay with it. But I think once you add all these other things, you’re not taking the course of least resistance, rather you are forcing vendors to do things that they really shouldn’t be forced to do.

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

I want to be clear about whom we’re doing the least harm to, I mean, I appreciate the sentiment, but I have to point out that we’re talking about doing the least harm in the immediate sense to the EHR vendors responsible for implementing certified technologies. And those are not the only constituents that ONC is looking out for here.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Right, but that’s what I’m talking about. The vendors, you’re making them do things that they really shouldn’t have to do. If we...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah but it’s...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...if where we really want them ultimately be is FHIR, then why on earth are we having them implement automated Direct processing of a rece...and documenting all this stuff...

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

No one suggested implementing automated Direct processing. We suggested a set of functional requirements that would enable automated query and response. If you choose to do that with Direct, then you’re going to have a whole headache trying to build up an automated way to do it with Direct. If you choose to do it with XCA, you may find you’ve already implemented it, and that’s great. And if you choose to do it with FHIR, then you may have a forward-looking system. But you’ll have that choice, nobody is going to force you to make up a protocol, do it with Direct.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

No...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yes. And Josh that last statement is exactly what we want to happen so that forward-looking vendors and network providers will, in fact, migrate to better ways to solving their client's problems and not be locked in to a regulation, which will be binding for the next 5 years, because that's the scope of what this would do.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Um hmm.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

It would freeze us for the next two years and then it would be two years after that before there's another chance to change it. So, we're talking about making decisions that lock us in to an approach for five years, if we get too specific; versus just saying you have to be able to do queries...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Right.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...you have to be able to do it synchronously, but you can pick your technology, just explain to us how you did it.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

You don't have to do it synchronously.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Well no, we're saying we do, Dixie, we think...Arien and I think that workgroup's mandate was that it be synchronous...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Direct doesn't...

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

Automated, not synchronous.

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

It should be automated, that's right.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...doesn't operate...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Good point, good point, automated. I meant automated, I'm sorry. So...

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

The...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

We're trying to enable the future that you wish via FHIR, but since we can't say, use FHIR in this as yet not specified or written down anywhere in the world way. Since we can't say that...

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

Yeah, David, I agree with you. The two points that I’m trying to bring up right now are it has to be automated, because it’s trivial if it’s not automated, and I hear support for that from...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yup.

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

...from David and from Arien at least. And the second point, which David you just said yourself is, it has to be documented somewhere how you used it. The how...you know, what standards did you use and how are they configured and how does an end-user actually make changes to the set-up and alter the trust agreements to take into their own control the kinds of things they would need to for it to be a usable system.

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

Yeah, now we’re talking.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

So our regulators will figure out what the explanation needs to include in it, and I’m happy to let them do that, as long as we don’t get too specific. In other words, explain how you did it is the spirit of what we’re trying to do. Explain how you met this attestation; describe the system’s protocols and circumstances under which it works. And for some vendors, that might be six or seven different approaches and they can pick which one is their best one. They’re a member of Healtheway, they’re a member of CommonWell, they participate with EPIC’s Care Elsewhere and they have Cerner Resonance, check, check, check, check, that’s the real world.

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

I think the key that I would emphasize there is it’s not just explaining it to the certifying body, that’s not the issue, it’s attesting to the fact that you’ve explained it to your customers, going into the customer-facing documentation that they would need.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

But that’s where...you know, so the incentive side of this, which is not our purview, if CMS wants to say, you have to actually document how many times you invoke a remote query and prove to us that it was a system that’s outside your organization, blah, blah, blah, that’s an incentive measure.

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

Yeah. No, that’s a different conversation for a different group and that’s not what I was saying.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Okay.

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

What I was saying is, as the vendor, you should have some responsibility to communicate to your customers, through documentation, how the product works and how it can be configured.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Of course, I mean that’s...

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

When you say important, but it’s not so obvious.

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

Right, so if you’ve just gone to a Connect-a-Thon and that’s your attestation, is that sufficient?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, yeah. Yeah.

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

So, the intent is it should be production ready or production capable...you could actually buy it and use it.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, yeah, yeah, attest that there is a real world implementation...that your EHR participates in at least one real world implementation of...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

So if I’m a...one of these small practice systems, eClinicalWorks or NextGen or something, what am I going to have to add to my Direct, and it’s taking them forever to even implement Direct, to allow that email to trigger a query into the EHR...

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

Right.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...that comes up with a list of possible documents that the receiver might want and to automatically return that. That’s not trivial.

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

The one that you just mentioned, Dixie...this is Arien, the ones you just mentioned would say, I already support XDS...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

...and that’s how I’m attesting to this measure.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, I mean, I can’t imagine anybody actually going to the trouble of building that Direct system...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, me neither, why would they do that?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

But they don’t need to, we’re not...

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

...don’t want to, all we’re saying is, if somebody really wanted to, they could.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

If they wan...and if they did, it would count. We're just saying, it would count, they could use carrier pigeons and it would count, we're not...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

But what you're saying is those kinds of systems who don't use XDS or XCA, would join...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

I would recommend they go do FHIR; I mean they should get their...get together with their trading partners and build up a quick RESTful FHIR interface...

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

Right, I mean the point here...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...and share it with the world.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, that's what I'd like...

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

Sorry, those systems that don't have implementations today, for example of XDA and don't have an automated way to deal with Direct and don't have any other automated way, that's...those are the systems that this set of criteria would impose an implementation burden on. And I don't think that would be unfair, especially given that they could choose to do it with forward-looking, easier to implement technology and satisfy the requirements that way. At least that way they would offer something.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, that's right. That's right, okay. Yup. Okay.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Wow, I sense...I smell convergence, oh no wait, that's dinner.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay. Okay, so where we are, going back to our slides, we don't change the well, I...let me see the last slide, please, slide 11, yeah. Okay, yeah. And it's...so the only place we'd have to change it is on slide 12. Go to slide 12. So here we would say, certified EHR technology will have attested...usability to participate in the following query conversation, but somehow we have to include automated there...that attested to having the automated capability to participate in this query conversation.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah and I think we can have some clarifying language that's part of our presentation, but not necessarily part of the formal recommendation...formal definition of the functional requirements that explains our assumption. That we're in a time of rapidly evolving networks, that newer technologies are being introduced literally on a...you know, every few months that will change the way these networks work. And that during this period of rapid evolution, we think vendors should attest that they can, in fact, participate in one of these networks and meet these functional requirements, but we're not going to specify any constraining set of standards because it's premature.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

That's not the language, but I was just saying, that might be...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...that's our discussion in the group, with the rest of the group, to sort of say, here's where we came from...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yes.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...here's how we got to this point. And if ONC pushes back and says, that's just not acceptable, you've got to give us some testable interfaces, well, we have to go back to the drawing board and try to come up with something that isn't too constraining and yet keeps them happy.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Well I think...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

I mean, I...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I think then you will constrain the query itself at that point. Our recommendation...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...wants to have a broad view of query, but if you constrained query and then you could actually...with...is everybody on there?

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Dixie, I lost almost everything you said there, I can hear you now.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, I heard a pssshh, pssshh, pssshh. Is everybody else still on?

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

Josh is.

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

Yeah, I'm here.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Oh, good.

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

I think we're all still on, maybe the operator can check and see who it was that had the interference. Sorry about that, Dixie.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Not a problem. What is said is if we did have to go back to the drawing board, we could look at the option of constraining the query capability itself. Our Power Team has taken the approach of making it...keeping query open, but constraining the level of standards and of specifics on how they do it. The other way is to just constrain the types of query that you include in 2017. So...which would enable you maybe to have FHIR as the standard, but with a constrained query, so, if that's possible.

Okay, next slide, please. Thank you all for your conversation. This next one is to recommend these low regret activities for the near-term. And at the last Standards meeting, the Implementation Workgroup recommended that work be initiated on improving the implementation guides for the Consolidated CDA and so in this slide we're just agreeing that that needs to be done and that that should be a high priority is improving the C-CDA. Next slide, please.

These are the specific improvements needed to facilitate query. So in this effort that the Implementation Workgroup has kicked off, these are the specific improvements that we think are needed to make query easier. And they have to do with standardizing the coding and metadata. Oh, wrapping the C-CDA, creating identifying and retrieving a C-CDA document with wrapped content to exchange health information. This is just a simple way to...a simple fax, but these are some of the ways that they could improve the C-CDA implementation guide to make it more exchangeable.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

This is Jitin, just a super nitpick question. Does C-CDA have something called a mime type? I might just not remember, is that right?

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Have a what?

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

XDS does. XDS has a mime type.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

XD...that's what I thought, I thought that would be something you'd expect on the transport, not on the...oh, I see, okay, I'm sorry. Because I'm looking at the LOINC codes and document metadata along with type code, mime t...that first bullet point and it seems to me a mix of content and transport...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah. Yeah, we should move mi...

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...pieces.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...those are intended to be all C-CDA metadata.

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

Oh, that would be...so these are all, just to be clear, these are all XDS metadata attributes.

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

Right and LOINC codes are generally used in those XDS metadata to describe C-CDA, so there are LOINC codes in the C-CDA, but there are also LOINC codes in the metadata.

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

Correct.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Oh, there are, okay, all right, I didn’t realize that part. So, okay, so...

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

Yeah.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...then these are not C-CDA elements and we should...that was not clear looking at this.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah...

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

These are...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Then we shouldn’t include them there, because what we’re recommending is to C-CDA, not the XDS. I thought this...

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

We do have in FHIR profiles for document metadata that include many of the same attributes.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, why don’t we say...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, and I actually looked up, when I was writing this, I looked up the...yeah, the C-CDA metadata and they included those, well types...

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

Yeah, so you might...you can probably strike the first bullet and do the second and third bullets. It’s just that these are some of the issues that do trip up XDS and XCA implementations.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

This is David...

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

You know, I would agree with that first bullet point for FHIR as well, I think that would be an activity that would generate more useable, more consistent query interfaces on both sides.

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

That's right, that's right.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Actually, the truth is, some things like mime type are also issues for Direct, for that matter, as well.

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

That's right.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Just for standardizing on them.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Just a question for the group, and I missed this in the previous discussion as well, my apologies. But are we implying here that every document is at least wrapped as a CDA or are we allowing for documents to be some binary type, mime type other than a CDA? Could I serve up a PDF on its own and be okay or does it have to be wrapped?

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

Well in XDS, you certainly can, and that's actually the difference between the type code and the format code and the class code and I can't for the life of me remember which one is which.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Which one are we require...which one are we recommending?

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

But you can ask for a type and class, I believe that's right. You can ask for a type and class that says this is a discharge summary and a format that is PDF or a mime type that's PD...anyway. You can use some combination of those to request a PDF version of a discharge summary.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, so my plea...

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

Theoretically.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...would be that we shouldn't require everything be wrapped as a CDA. I think there are going to be document types, things that look like documents that we're going to want to move around that will happen long after CDA is a memory.

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

So this is Arien. The reason I'm...the reason why I suggested this first bullet is that both for the purposes of FHIR and for the purposes of XDS and XCA, the only documentation for how to do all this stuff is HITSP something 134 or something like that and it's old.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

So there is no updated version of, how do I request the Consolidated CDA that represents the latest summary...the latest encounter summary or the latest clinical summary?

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, but I think David's comment relates more to the last bullet than the first bullet.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Correct, correct, I'm talk...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

The last bullet suggests that everything is wrapped in a CDA document. It doesn't say that, but it certainly suggests that, I think.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

And that's correct, I was talking about bullet three, I apologize, I probably jumped in on the bullet one conversation with my question.

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

Yes.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

And I'm not saying CDA is a bad way to do it, I just don't know that we want to make the...make it a requirement.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I don't think we have, David, but I'm not sure that the EHR doesn't...EHRs criteria that exist probably do.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Well, but there's no EHR criteria so far for query, so I think we might have a chance to subvert some...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

That's true.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...odd packaging.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, but we have not recommended every...

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

I suggest that we need a little bit of clarifying header language for each of these three bullets. The first bullet is about the transport, the second bullet is about the C-CDA and I think there are more things here which we want...we'd suggest for the standardization, such as length of time for the medical record that's retrieved or other pieces there, which...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

All of these bullets were intended to be, and they should be...this recommendation two is intended to be, we agree with the Implementation Workgroup's recommendation that a priority be given to improving the implementation guides for C-CDA. And this slide is saying, in that effort that the Implementation group has presented and the Standards Committee has already approved, in that effort here are some of the requ...improvements to C-CDA that we suggest be made. So everything on this slide should relate to that effort that's already been approved by the Standards Committee.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

(Indeterminate)

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Then maybe we need to put for example or something to know that this isn't normative.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Yeah, so again, I'd suggest that for the first bullet, we need to...I do think that first bullet is an important part of the overall recommendation, but it does not belong here. This is supposed to be everything within the C-CDA box. And then that second bullet, to David's point right now, we could use this as examples rather than this being the normative list. And then the third point, I agree with David's point there about it being...asking for weird behavior.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

So you're suggesting we not ask for weird behavior.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Maybe not in exactly those words...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, definitely.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

...it might be something a little bit more polished and...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

We have enough of that already.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah. So bullet two is just examples of this whole...is really the only one that should be here.

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

I do think that...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Kind of...

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

...okay, yes, that might be fine.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay. Okay, I think...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

I mean, I'm going to come back to this notion that the query networks or the networks that exist that support these query services will be the ones who have to make it clear to the members of the network what they're supposed to be able to produce and consume. In terms of how sophisticated the search capabilities are, how many document types are supported and whether you can get images and audio files through the same query interface; we're not saying that. We're not going that far yet. That's going to be...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, I don't think we should, I mean, eventually it'll be genomic data and all sorts of things they'll be able to get to.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Right, right, so we should stay away from that...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yes, I totally...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...that the networks will figure that out.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay, so we'll just make two the example. Okay. Slide 15, the next slide, please. And then the third recommendation is strong support for efforts to accelerate the development of FHIR services and profiles...FHIR-based services and FHIR profiles. Umm, now here we don't say C-CDA in the first one, query response for named patient's data as available documents or discrete data elements. The second one is FHIR profiles that align with the mobile access health documents and core CDA documents. And the third is simplified subset of FHIR profiles for core elements. So are those acceptable?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Dixie, I wonder if, is it too much of a...to just say reference to the JASON report and what...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

You know, I was thinking about this David. Because now that the JASON has been presented, I was hesitant initially to reference JASON because it hadn't been presented, but it was presented this week, so...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Right...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Oh, you mean the report itself, not the recommendations.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

No, no, I meant the recommendations, good correction. I meant sort of saying, given that we've...I mean, when I presented it yesterday, Karen's head was about to fall off, she was nodding it so hard. So, I

think the Architecture Workgroup is going to pursue this idea of what should FHIR APIs look like and I think we would basically be wise here to just say, we endorse that activity and recommend...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I agree. Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

...agree that it should go forward full speed ahead.

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

Yup.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I agree, I agree, that's what we'll do. I think that's appropriate since it's been presented at this point, it think that's...

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

And I believe, Dixie that the JASON Task Force...

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

Well Dixie, this is Michelle. Sorry.

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

...will report, I know we're over...

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

Yeah.

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

...but I believe the JASON Task Force is going to report on the Standards Committee as well.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, I know...

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

But the JASON Task Force will come after, so Dixie you'll want to note that it will be discussed later.

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

Flip them.

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

Dixie can't because of prior schedule.

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

Oh, okay, because of...yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

I'm do...apparently, I'm doing both of them, so I...

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

No, no, Dixie said she can do it, but she'll be first on the agenda because she's on vacation.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Okay. Good.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Happy to share the burden.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Last slide...next slide. This is just a slide to again emphasize that there are these other challenges that need to be tackled that weren't in this work. And to emphasize the other point that's been made in today's meeting that added this capability is necessary but not sufficient for widespread interoperability. So, if those of you who...Josh, if you want to strengthen that second bullet, send me words to do so, I would be happy to do that.

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

Okay.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

This is Jitin. I might have lost context here. I feel like we mentioned the lack of...that we're not tackling record location services, etcetera on an upfront slide. What is the difference in context from the upfront time we mentioned it and now when we mention...

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

We wanted to emphasize it because we thought it was really, really important. Before we said, these are barriers; this is just reminding them that they're there and that these recommendations haven't addressed them.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Oh, okay, got it. All right. Okay, got it, and the certifiable functional capabilities on the EHR will not solve it altogether. Hmm, okay, always scared when I hear that, but that's accurate. I don't want the next logical conclusion which is, hey, and then we need to certify everything that's between EHRs, because that's when it gets truly scary. But...

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

Right and that's the point of emerging market facing networks that generally...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

...in the real world, it's the networks that do that behavior.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah. I'm at the NeHII meeting and we just had a 2/3 of the day interoperability debate and that was the gist of the debate is that you can do robust certification of the APIs as defined by the standards body.

And in fact, that certification should be administered by the standards body, so that they can discover what they got right and wrong with their standard by watching how people certify against it. You know, CDA ought to be certified by HL7, FHIR ought to be certified by...probably by HL7 or if there's a profiling group that emerges, by the profiling group.

But that when you connect to the network, the certification there is done by the network to validate that you are, in fact, compliant with the specific implementation that the network has chosen. And that neither of those really requires government certification, just a requirement that you participate in these functional capabilities. And I don't know, not everybody in the room agreed, but there seemed to be some comfort that that was an approach that can deal with the need to move faster than they've been moving in the past.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Yup.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

So, I think we're fini...is everybody okay about, I'm going to make the changes to slides 12, 14 and 15, but everything else...overall our general recommendation is basically the same. We add automated and yeah, okay? And slide 15 replace with support for JASON. All right, are there any other points that anybody wants to make up...bring up before we...any other weirdness's you want to bring up Jitin?

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

I'll bring up something at the last moment, please. No, I just would request that you gloss the attestation, the dialogue we had on attestation, that it's a least harm, assuming that we need a query-based requirement.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

When you say gloss, you mean explain, is that what you mean, Arien?

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

Correct, that's right, yeah, yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, yeah, yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Oh, that's not gloss over, that's almost not...that means whisper kind of thing.

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

I mean glosses and define, yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, yeah, is attestation is least harm given that we have to have the requirement. I think that's a really good point, Arien.

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

Yup. Okay. Great.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

We'll and we'll be there, too, so we can participate.

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

Yeah, I just don't want to be in the position of saying, well I actually disagree with this because blah, blah, blah, blah, blah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

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

I think if we put that voice over, that explains all the thought process.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Actually Arien, I think that that's an important point that we should actually articulate in the slides. Because they live...slides take on their own life and...

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

They do.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

...I think that's an important thing to point out. Yeah, I totally agree with you, yup. Okay, thank you. So Michelle?

**Public Comment**

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

Operator, can you please open the lines?

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

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

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

We tired everybody out.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Actually, I was thinking we...

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

We do have a public comment.

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

Oh.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yay.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Okay.

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

Martin. As a reminder to anyone providing a public comment, it's limited to 3 minutes. If you could please state your name and who you are representing, it would be appreciated. Please go ahead, Martin.

**Martin Prael – Health IT Consultant, Accenture - Social Security Administration**

This is Marty Prael I'm with SSA. I might suggest to the workgroup as you look at query and not trying to be prescriptive in letting organizations look towards innovation in the future, you might want to look at what ONC had done by including the eHealth Exchange in Meaningful Use Stage 2. So in Stage 2 for transitions of care, they included three approaches, one being the applicability statement for secure health transport using SMTP and S-MIME, the second being XDR and XDM for Direct messaging. And these were to be included in the certified EHR technology. The third approach was to allow EPs, EHs and Critical Access Hospitals to use the NHIN Exchange or now is called the eHealth Exchange to be included as transport for transitions of care.

So the certification, as I've heard mentioned in the last...during this meeting, was done by the Exchange itself. So I'd recommend that you might want to look at the language that ONC used in Meaningful Use Stage 2 to allow a network as you're talking about potentially with queries, to satisfy this requirement. Thank you.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Thank you. Thank you. That's useful.

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

Thank you, Marty. And we actually have another public comment. David Tao?

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

Hi, thanks, David Tao, ICSA Labs. A brief comment. I'm wondering why your recommendation on slide 12 says that the document must be "a current summary clinical data" for an identified patient. Supposing the requestor wants a more specific, non-summary document or even not a C-CDA, like an operative note, an imaging report or a lab report, and since you're not...you're trying not to limit the payload to one particular document or even to C-CDA. So I suggest not using those words but allowing it to be more flexible, systems that respond to XCA or XDS today would return various document types they have available in their document registry and the requestor could pick the one, or several, that meet their needs. So I, in the end, I suggest that you say requesting one or more documents containing pertinent data for an identified patient. Thank you.

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

Thank you, David. And...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Do we have more...

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

...we have no more public comment. Nope. Go ahead, David.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

So um, this...I don't know what the protocol is here, but I think David, that last suggestion was actually very good and I had intended to make that point and forgot to, so, I would echo that suggestion and we might want to modify that language there.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

I didn't get the reference, would you repeat the reference? Where...what slide it's in that he's referring to?

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

It's...I think it's slide 11 that refers to the...it says current clinical summary.

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

Yeah, just to remind...this is Arien, just to remind everybody. The intent here was a minimal capability not to be restrictive. So, the notion was that there should be at least the capability to get a current clinical summary, not to restrict to only get a current clinical summary.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, we may just want to just add something like comma, or other available documents.

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

Yeah.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Other available information.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Yeah, that was our intent, yeah.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Yeah, I think that's a great suggestion.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

Thank you.

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

Okay, well thank you everyone and we look forward to your recommendations next week. And just to echo what David and Dixie said, thank you to everyone on this workgroup. We really appreciate all of your hard work and I'm sure we'll see many of you in our new workgroups as we go forward.

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

Thank you.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

You should send us all cookies or something.

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

That's right.

**Dixie Baker, MS, PhD – Senior Partner, Martin, Blanck and Associates**

At least. Thank you.

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**

Good bye.

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

Thanks.

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Thanks.

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

Bye, bye.

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

Bye.

**Public Comments Submitted**

1. I wonder why the recommendation on slide 12 says that the document must be a “current summary clinical data for an identified patient.” Suppose they want something that is a more specific, non-summary document, such as an Operative Note, Imaging Report, or Lab Report? If you’re trying not to limit the payload to one particular document, or even to CCDAs, I suggest not saying “current summary clinical data” but allowing it to be more flexible. Systems that respond to XCA or XDS today return various document types that are available in their document registry, and the query requester could pick the one or several documents that meet their needs. I suggest that it say “requesting one or more documents containing pertinent data for an identified patient.”