



**HIT Standards Committee
Interoperability Standards Advisory Task Force
Final Transcript
July 30, 2015**

Presentation

Operator

Thank you. All lines are now bridged.

Michelle Consolazio, MPH – FACA Lead/Policy Analyst – 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 Interoperability Standards Advisory Task Force. 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 the meeting is being transcribed and recorded. I'll now take roll. Kim Nolen?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Hey Michelle, I'm here.

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

Hi, Kim. Robert Cothren? Anne LeMaistre?

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Present.

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

Hi, Anne. Arien Malec? Calvin Beebe? Chris Hills?

Christopher J. Hills – DoD/VA Interagency Program Office

Here.

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

Hi, Chris.

Christopher J. Hills – DoD/VA Interagency Program Office

Hello.

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

Eric Heflin? Janet Campbell?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Here.

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

Hi, Janet. Lee Jones? Lisa Gallagher? I think Lisa's on. Paul Merrywell?

Paul Merrywell, MS – Vice President/Chief Information Officer – Mountain States Health Alliance

Here.

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

Hi, Paul. Pete Palmer? And from ONC do we have Brett Andriesen?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Brett's here.

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

Hi, Brett. And Nona Hall?

Nona Hall, BSN – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

Here.

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

Hi, Nona. And Rose-Marie, I think she's on as well?

Rose-Marie Nsahlai – Office of the Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

Yes, I'm here.

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

Hi, Rose-Marie. Anyone else from ONC on the line? Okay...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

This is Clem, can you hear me?

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

Oh yes; hi, Clem. We're going to work to get you on as an ex-officio member of this group.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay.

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

And with that, I'm going to turn it over to you Kim.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Thanks Michelle and thanks everybody for joining today. So I think with the agenda we were going to quickly go over the summary from the last meeting and then I was just whipping through the slide deck and we...they modified it a little so we can finish Section 1, but we still have 17 slides on Section 1 so we want to try to get through that and to Section 2 and...but it didn't even give us 5 minutes per slide for those 17; so, we will figure it out. But if we could go to the next slide and next slide; so we've had 3 calls, this is our fourth call; we're looking at Section 1 and 2 this time; I think we can move on, just for the sake of time.

We updated and if you can look at the...no, wait, I don't think anything was changed in the guiding principles. Are there any comments on the guiding principles? Okay. So we can move to the next slide, please. The purpose was the same, we didn't have any changes so unless somebody speaks up, I'm going to move on for the sake of time. Next slide. This one and I did update that first bullet with the security standards, so I wanted to make sure that captured your comments last time.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Yeah Kim, I thought it did.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, good. Perfect. So that was...

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Thank you for doing that.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, you're welcome. And so I think we can move on unless somebody has a comment in there, because that was the only one that I changed. Okay, next slide. These were three bullets that I got from the general discussion; this is when we were going over the Dixie Baker paper and from Arien and Lisa's discussion with things that had come up on the second call that we needed to review and make sure we had alignment to it with what we were doing. So, these were three bullets that we came up with that we felt like captured. Did everybody have a chance to look through those? Are there any comments on those three?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Kim, this is Clem; at the meeting itself, the HIT meeting, it was very controversial the outcome of the use of those criteria. So, I think John Halamka, who kind of invented them was kind of very negative about how they were working, so my...I don't know if I'd give them too much emphasis because they came up with different answers than the other committee came up...the Semantics and Content and they had different, totally different, unreliable responses. So anyway, just be aware of that.

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

Yeah Clem, this is Arien; that's not the way that I interpreted our discussion. I did...I do agree with you that it's not yet to a point where you can cookie-cutter evaluate a standard against the criteria that we proposed. So, there are some issues with inter-rater reliability in terms of using that framework, I guess that's the way I'd characterize it is, we are not yet in a place where there is strong inter-rater reliability.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay, I agree; so, I mean, it's not cooked yet. The other thing that came...I thought came out was that if it was applied literally and then the other part you had to be a positive in both sides; nothing would ever move forward. So that was...so none...the stuff that was positive was stuff that was already pushed in a previous epoch when it wasn't yet being used everywhere. So something has to be...everywhere before...

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

Yeah, this...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...you use it; it's, you know...

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

This is Arien; this has been in the Standards Committee an ongoing point of concern and the work that we did, Clem, in the S&I Task Force, for example, explicitly addressed the need to have a strong approach for piloting and testing new standards, because otherwise the kind of conservative nature of healthcare leads us to not being able to create progress in areas where we need to. So that's absolutely an issue and I like actually the way that this is framed, because it does explicitly say that there's a value in putting best available standards that are emerging or pilot.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, I...so I didn't want to pursue it fur...but you're right, I don't have disagreements with this, I just wanted to make sure people knew there were some limits to the process.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, thanks for the feedback. Any other comments here?

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Kim, this is Anne; I liked the way you had done it because I agreed with Arien's interpretation of our discussions previously, but I thought this did a nice job of trying to frame some of that in.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, thank you. Okay, let's move to the next slide, please. So here, I believe at the bottom, yeah, let's just move to the first one. This allergy reaction probably was the one that had the most comments and you see workgroup discussion. So what we tried to do was summarize all the discussion. So I hope everybody had a chance to look at it. If you see anything that we need to modify or change, we can talk about it now or if you see something later, I know I'm a processer so sometimes when I'm going through it I think about it later, you know, feel free to e-mail us. But quickly like looking through this from our discussion and the summary, did it seem to capture what we talked about with allergy reactions.

And actually I believe this is titled a little bit different; there were two slides that this one would fall under, the allergy reaction and allergies, I believe was the other one. And so we talked about the need to differentiate between the reaction and the allergen and a couple of other bullet points. Any feedback on this summary?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think you did a good job.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, any other comments?

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Kim I also...this is Anne; I thought you did a great job of summarizing our conversation. I know we went all over the place so, but on the big 8 contributors, I'm in full agreement with that.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Uh huh.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

I'm wondering if we ought to put just some little phrasing that says they can go beyond that if they want, but those 8 are the central of what we're looking for.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, yes. I can add that.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Because for academic institutions and others I think they may want to expand the list beyond 8, but I think there's, you know, the society has set those as the 8 contributors that most should think about.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, perfect. Any other comments?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I think the idea that food allergens aren't as ready for intervention by computer order entry, because we don't typically order peanuts or strawberries or any of that; so just be...they're not quite parallel. It's nice to know about them, but people go out and eat without a computer in the way.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Well I...this is Anne; I don't disagree with that, but I think in some specific sub-populations it's important...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

No I'm not...

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

...and that's to my point.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...the importance, I just don't want to get blended in with at order entry we've got to have food allergies checked.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Oh no, absolutely; fully agree. The providers would shoot us.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah. There is order entry of diets and then inside dietary systems, they may well know the details; but that...it gets all messy.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think it's important to make sure that they're coded is the point, so, if nobody writes them down or if that's not local practice then it's not a problem, but if they do, that's the code set to use.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Exactly.

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

Right.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Thank you, that's a nice summary of what I was trying to say.

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

And again, this gets back to our point...this is Arien; this gets back to our point on, you know, emergent standards and qualifications for use, this is...we just need to put the assumptions behind, to the extent that there was an ISA that had recommendations for coding for the big 8 food allergens. We'd want to make sure that that documentation includes the prerequisites, as it were, and kind of what those things are good for, to make sure that we don't inadvertently, as this discussion kind of highlights, we don't inadvertently set inappropriate expectations.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, that's good.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Let's move on to the next one, please.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well regarding NPI, I found a document and I sent it to somebody, I think I sent it to Michelle, to pass out that said, the NPI is available for all providers, nurses, nurse practitioners, whatever, but they're...it's not required and it's not wide...necessarily widely used.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

On this one I did put some of my...I took a little liberty with this one because after I read that document that came out, some things came to mind so I would want the group to kind of look over this one a little because it did say, Clem, you know the other care te...or other members of the care team could apply for the NPI, but then they had laboratories and institutions and suppliers.

And the thing that I didn't understand, and I don't know if this is somewhere somebody else has knowledge and maybe this goes back to Janet's comment last week with NPIs a little messy and the article is, you know, you have an NPI to a person and I think it goes back to Eric's use case comment like what is this going to be used for, like if you're sending that person and their name and you just have the name but you don't know what role they play, is that valuable information. And so I didn't know if the NPI, you know, what are the data fields in there and when it's exchanged, what could the other person get to identify that person? And would you be able to identify the person versus the institution; I don't know, it just...with the way it described it, I couldn't tell a lot from it to know if it could give us everything we needed, besides giving a name.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well everything is a big wish but it basically does have categories, a whole bunch of categories. I can't say what they are, and they're...the provider is intrinsically defined as either an organization or a person, so they're all in there, both kinds are in there. But...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I would think that regardless of what's in the NPI itself, we would want a separate role field, which I think is your second...oh sorry, I lost the thing; it was one of the bullets of your points, because NPI still won't speak to what role that particular person is playing on the care team. For example, an RN can play many different types of roles; so there's a difference between licensure and role.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Right.

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

This is Arien; I wasn't available in this discussion. This is an area where we might want to consider some of the prerequisites and supporting infrastructure here, because having standards for this is good. Being

able to use those standards implies, for example, CMS coordination, the ability for actors to be able to fill out those role fields, all those kinds of things.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, and if it changes all the t...we'll have to do extra input if they're changing all the time.

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

Right.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I think we should research it a little, I don't know if we can, but I think we're shooting in the dark a bit. None of us have detailed information about what it does; I just know that it took 8 years to build the NPI and that was...ended up, I mean, 8 years ago, it took 8 years is 16 years...and I think it's going to be unrealistic to think they're going to build a whole new one. So, we've got to...wherever the defects are; so I think we should focus on getting what we want in the NPI and learning what's really there before we get too far afield.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Thank you. Next slide. Ethnicity; have a couple of bullets there, any comment on this one?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I don't know that the question more detailed granularity is; it's there, you know, there's the big 5 and then there's like 500 more that branch out so...and you're allowed to use the more granular, but you're not required so I don't know what that says "dash bullet" means.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Umm, are you under ethnicity?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I get them mixed up, but...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Oh, that was the public comment, sorry. We're looking at the workgroup discussion, the summary right below that, Clem.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And this is Eric, back to the kind of my usual comment which is, it's hard to determine what granularity is needed in the absence of defining for which purpose it's needed for first. So it's hard to really react to

that public comment without subsequent maybe request for more information about what needs cannot be met with the current level of granularity.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

We should also point out it's not very...or they're not...folks at the check in don't do a great job of getting even the big 5 right.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Right.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

And I think now does allow multiple inputs, I'm almost certain it does.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

Hi, this is Mark Roche. The Consolidated CDA currently does allow for multiple races and ethnicities to be chosen. Basically you have two distinct data elements for race and two distinct for ethnicity. The one for race has only...the first one has 5 choices; you can use the second one that has, I think, 800 and something different race/ethnicity codes and the same goes for ethnicity. There is one list that shows only Hispanic or non-Hispanic and then the other list that you can basically choose from like 900 different codes; that's currently available.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Any other comments on the workgroup discussion part of the summary? Does it seem to capture?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Great job.

M

Good job.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

I agree.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Next slide. Encounter diagnosis.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Good job.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. I'm just going to quickly go through these unless somebody has...speaks up. Next slide. Family health history?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Looks good.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I...because as I was going through it, does SNOMED...who's familiar with SNOMED? Does it capture family genomic history? Would that be something that's in SNOMED?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

No. Detailed...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

It doesn't; okay, so that's an accurate statement. I just wanted to make sure, thanks. That's what I thought I heard, but I just wanted to confirm. Next slide. Food allergies; okay, we already did this one; it was up with the allergy slide, so we can go to the next one.

Functioning and disability; now this one again, I added a little bit of liberty so I just want you all to read this one a little bit more carefully. I looked up the ICF classification model and to me it was really like a clinical model versus a technical model, so it was interesting to me that they were recommending this. Like when I was thinking classification I was thinking like ICD-9 classification system, but this seemed to me more something that could be built within the EHR versus something that is named as a technical standard; so I would like to hear you all's thoughts on that because I know we had a lot of comments about it's been presented a lot of times and it's never passed so do you all feel comfortable with these comments?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yes.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. All right. We'll move to the next slide; gender identity. I reviewed the Fenway Institute approach and then went through all of our comments. Is everybody comfortable with that summary?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yes.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Next slide. Okay, this is where we left off with the immunizations and actually there's the immuni...

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

I'm sorry, can you go back?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, sure.

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

I wasn't available in the discussion. Does the Fenway approach make a distinction between identity and activity?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is gender.

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

Okay.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

So, essentially yeah, that's...

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

It says sex and gender identity.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Right, so the actual sexuality comes up later in this presentation, if you're talking about performative gender...

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

Okay. All right.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

...then that tends to fall under gender.

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

Okay. Umm, yeah, I'm trying to understand whether we're making a distinction between how people identify in terms of sexual identity versus how people...what activities people perform?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Right, so we're not on the sexual activity one yet, which was the same point I was going to make, too.

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

Thank you. Sorry, yes, I see...now I see the top level bullet. Apologize.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

No worries.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Next slide were the immunizations. So we have the historical and I believe the next slide is immunizations administrated, is that correct? Yeah. So we'll start...we started talking about the historical; what I remember is we didn't feel like with historical that the NDC code would be available. And me personally I didn't feel like it was a good code to use because they're...they can be reused, the numbers and codes can be reused and there's not a person who maintains and...or a good source that

maintains and curates the list. So, that was my thoughts on it and there were some other comments. Do we have consensus on the historical? The administered is different because you have it there in your hands, but for the historical...and then I went on the VSAC site, just to see how they do it for the quality measures. And they mainly have it for the historical listed as a SNOMED code that, you know, a vaccine was administered. So it would be for the identification.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

That's...that's the first I heard of that, that may cause confusion. But I think the problem with historical is that peop...you know, when you administer it, then a month later it's historical. So, I think the distinction is not necessarily going to work.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

The point of the distinction is really it's about what data you have at the time; so when you're administering it you have much more data than if you are recording a retrospective event.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

No, I know, but if you don't record the historical when you administer it, it's not going to be there the next visit. So I don't...I mean, I think...

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

It can be self-reported, it can be obtained from an immunization registry where it may not have actually come from the administration history, it may have been subsequently reported there; so there are all kinds of places where you get less granular historical information.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well no, no, I'm...I understand that, but I'm thinking we really should always have both otherwise you're going to have a mess.

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

Oh, yeah.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

(Indiscernible)

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

There is administration they should have...the bar code should also have the CVX code in it, so you have them both. People aren't going to remember the NDC name or code or any of that and so, that's my only plea that we don't sort of say, yeah, you know, in a deep pass you can find a CVX; how are you going to find it if it...?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Well the...are we on administered or historical?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I'm trying to blend them a little.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Well I don't know if they can be blended but for the administered, like there are certain federal requirements that they have to do; they have to have the lot number...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

No, no, I'm not saying to take away the NDC, I'm trying to say pair them up...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Um hmm.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...so that for the historical purposes, the person who got the vaccine might have a piece of...whatever it is, that class is also carried the CVX, so if you think about it as a class, whatever. That's all.

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

Yeah and, by the way this is Arien; the last time this came up I made recommendations to FDA that please, please, please put together some operational and going forward processing for reconciling NDC and RxNorm.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well that's almost stuff that won't get...

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

I mean, part of the issue here is that we don't have a unified vocabulary that's inclusive of packaging lots and rolls up to a higher level vocabulary that you can reason over.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, I mean it's...just to be clear, the N...NLM has linkages to NDC codes probably 90% of them.

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

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Nobody has all the NDC codes; the FDA...

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

That's right.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...them.

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

That's right, so it's basically FDA has the critical role to be able to manage and maintain this and you're not going to get...this is again where you can define all the interoperability specifications you want, but if you don't have the infrastructure in place and the policy in place, you're not going to get real world interoperability, so this is an area where there are some upstream and downstream actors that need to do stuff in order for maximal utility here. That's the point that I'm making.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

You're right, you're right. But I mean, could we do something, I mean, I think the NDC code's going to stay because for all the reasons given, but if we discard the CVX as just being historical, it'll not necessarily be captured anywhere going forward.

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

Yeah, you can't use an NDC...again the point is, you can't use an NDC for historical information because you don't know the package and you're just making it up.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think if anything this would just have the same comment that was pointed out earlier, if NDC codes aren't reliable or can be reused, then it seems like we shouldn't use them.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I don't...I think it's going to be hard to say not use them because of the forces that are cooking about inventory management and everything.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

But we're not here...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Well, it's not about not using them it's about not using them for interoperability purposes.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay. Well that's good...well, can someone make a proposal?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Any other comments on these two?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

But see the last public comment on 18, the next slide is what I would go for, bind them together, you know, when they administer them, they pick...the bar code should include the CVX code, too and then they'd be done.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

So would the NDC code just be for the local system, but not necessarily for interoperability or...?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

That's a good question. I don't...it's tangled isn't it. Arien, can you find a way through this?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments on this one?

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

There is no specification that can overcome terrible policy.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well maybe you could say historical just...how do you capture...X administration, too so that it carries forward when the present becomes the past?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Let's move to the next one. Next slide, please? Did my screen freeze up...?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

It's the same question.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Oh, industry and occupation; is there a best available standard to represent industry and occupation that should be considered for inclusion in the 2016 Advisory? Do we have any advice on that?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I don't know enough about them.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any comments from the public comments?

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

If I read the public comment, the answer is no.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

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

Right? If the public comment is all over the place, then it's not a favorable indication that we have a best available standard.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Yeah Arien, this is Anne, I agree with you and that's been my findings so far.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So I wonder how we leave this topic, I mean, we're chartered with providing recommendations; I wonder if we can as a workgroup offer a specific recommendation to address this issue such as to request that the ONC facilitate a discussion on this topic or that they engage with an SDO specializing in healthcare standards to identify and curate a standard.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well the other thing, in terms of the idea about how do you get it in, umm, clinicians do not typ...I mean, there was some proposals to require detailed recording of occupation but that currently is not part of the workflow, it can be extra work, just keep that in mind. When a patient comes in with a sore arm or whatever from home...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Right and the way I'm hoping that we would employ this is to just offer recommendation in the Standards Advisory of, if you choose to record this information, then here is an interoperable way of doing such; not requiring them to do something that they do not have a valid business reason to do today or about valid legal obligation to perform today.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

You know, I'm thinking about, I don't know, worker's comp comes to mind when I read this where they probably need this information.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, probably.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Then I'm going to...

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

This is Michelle; can folks please state your name before speaking; I don't know everyone's voice and neither does the public. Thank you.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I'm sorry, that was Kim.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And before that it was Eric.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

...that was Eric, yeah.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

This is Mark Roche; I...the question of the industry and occupation has already been addressed, we already have value sets that are being used as part of the ambulatory reporting for cancer cases and that's an implementation guide that we developed within the HL7 and that's included within the MU3. So, I don't know whether you've had a chance to look at the value set that's already created by the CDC specifically for capturing industry and occupation.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Is it one listed, it's one of the...

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

It's in the cancer implementation guide; if you go to cancer implementation guide, there's the template typically for social history and one such template is industry and the other one is occupation and we have both...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Could you make that available, Mark, to Brett or someone so that we can send it out to the group?

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

Umm, I have e-mails for everybody; I can send that in 10 minutes.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Thank you.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

One thing to keep in mind though is that I think one of the points of the public comment or one point that was made there is that these aren't standardized right now, so yes, there's the HL7 implementation guide, but the I believe IHE implementation guide uses a different value set.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Ouch.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think it's the difference between PHVS industries, CDC census 2010 versus not 2010.

Eric Heflin – Chief Technology Officer – HealthWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So again this is Eric; I'd suggest that maybe we leave this as our recommendation is that ONC convene a discussion to agree on a value set and for identification of a SDO to maintain then over time.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Good idea.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, thank you. Let's move on to the next slide. Lab tests and the proposed is LOINC.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Could I clarify these comments? I don't think...I think they're either, they're both right or they're mixed up. So if the question what a result is called, if we think about the test as a question like serum glucose is the question and the answer's the value, LOINC thinks SNOMED should be the answer for categorical values, you know, high/low, I mean, not high/low, but things like reactive/non-reactive.

So it's not orders versus resul...so I'm not sure what their meaning by results. So orders are one thing, the test, individual tests themselves are another thing, but tests have the name of the test and the value of the test and I think sometimes they're thinking results. So LOINC should be used for the question part and SNOMED should be used for categorical values or results. Does that make sense? I mean, I think there's just a twisting of words here. So SNOMED's supposed to be used for the answer of tests that don't have numeric answers. The word results is very ambiguous because it can mean, you know, the whole page.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Is everybody comfortable with Clem says?

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

This is Anne; I am.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

But I...we've got to get results out of here, I think, if it's our discussion because it...

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

Well yeah...so this is Arien. First of all, anybody who dares to go to the mat with Clem on this is silly but secondly, I don't think it's getting rid of the word results; it's being more precise...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay.

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

...because the...there's a vocabulary for orderables, there's a vocabulary for the whole hierarchy of things that are in the resulting space. And then as Clem notes, there's a separate vocabulary for the values of results.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well the word result is a messy one and it c...

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

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...starts out and says there are two parts, one's sort of the question, one's the answer; that's more parallel or more...

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

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...explicit...

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

Yeah, yeah. So I nominate Clem to write the...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Code...all right, I'll try. Well still this, you know the orders versus the discrete values that, you know, the discrete results, I'm sorry, that come...

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

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...and there is...there's support for, I mean, there is, I think HL7s, the order ra...document says, use LOINC when it's available and use local codes when it's not. Orders are tougher because of panels which people invent their own on the fly almost and we...they'll probably never be a way to enumerate all panels.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

So Clem, I can type something up and then e-mail it to you and you can correct it.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I'd appreciate that, Kim, thank you.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Good job so far.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments before we move to the next slide? Okay, let's move on. Medications and they have RxNorm.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I don't understand...does anyone understand the comments? I don't quite.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Medication history is missing...so the medication history is a transaction within the SCRIPT standard and I wonder if what they're talking about is possibly somebody has implemented the SCRIPT standard that they haven't implemented the part of the medication history?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Is that what...?

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

Yeah, no, I think what I think...this is Arien; what I think is going on here is people are confusing how medications themselves are structured and coded versus the transactions that are used for querying and retrieving medication history. And so I think the proposal here is, let's make sure that in a separate section we add best available standard for querying and retrieving medication history.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well just a...is this what the pharmacy has on their records of what prescriptions have been filled?

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

Well, so, the medication history transaction, the RH...RxH REC RES transaction is typically, and I'd say exclusively used by...in the context of intermediaries like Surescripts for EHRs to query medication history from a PBM as well as from a pharmacy...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay.

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

...and receive back a list of disp...ordered...it's kooky, but what you get back is the list of things that the pharmacy...that the PBM got a claim for or that the pharmacy may or may not have filled.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Actually, I...now that you point...I know what that is and it looks like a prescription, the history of prescription writing.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, so it's what's been dispensed...

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

Ish.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

...it could be what's been dispensed or...the old cleaning out the...

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

...it gets complicated fast.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah. The other thing is the patient has to give consent for someone to be able to retrieve that information; that may not always be known that they have to get that consent for it to come through and that could limit the information.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Is that true? I mean, we did it at Regenstrief for...with Surescripts for like 10 years.

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

Yeah, the Surescripts transaction requires a bit to be flipped to say "yes."

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I gu...there might have been something on the sign in that they ask for.

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

That's right, yeah. So...and usually the way people do that is that they either have the provider warrant that that happened or...and collect some information somewhere, usually buried deep in a...anyway; I won't go there.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well at some...

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

But I think with respect to this...this is Arien. I think with respect to this, the request is, and I think it's a good one, the request is, there is a best available standard for querying dispensed drug history and its NCPDP SCRIPT X 10.6 RxH REC and RES. Now what's complicated here is there are other best available standards for querying other kinds of documents that may or may not include medication history including querying a Consolidated CDA via XDS or using FHIR; so we just need to make sure that the context for this standard is also clearly expressed.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think what you said is, we ought to propose they get this in something is a good one.

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

Correct. Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

It doesn't fit under vocabularies, though.

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

That's right.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

And I guess I propose they should get cannabis into RxNorm, it is prescribed.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I wonder if the problem is when it's brought back it's not linked to RxNorm?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well it may...I think it sounds like there's not an RxNorm code for it. I don't know if that's the case, but if that's the case, I think it could be fixed because there are codes in there like for...they've put in codes that are needed for this' and that's. So, I mean, does anyone know is that...that we should have an RxNorm code for cannabis or medical cannabis?

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

I'll go search.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I mean, I guess if there's not one I propose that we encourage the creation of one or more to accommodate.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

And this was a recent topic at NCPDP and they just added it in as something like when somebody comes in to a pharmacy to be able to share that information among providers. So...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well that's another...it gets complicated because of all...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, it does, but...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...but if this is just asking for a code, I think we should ask for it, see if we can't get it.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Any other comments on that while Arien's looking up RxNorm? Okay, let's move to the next one, I think it's related to medications; medication allergies. And again they have RxNorm. We talked a little bit about this in the allergy section.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Does that mean by class, grouping of all allergies together by seve...I don't understand that second sentence...second bullet.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

This is Brett; I think, back to the conversation that we were having about kind of grouping all of the allergy purposes in one section of the...the document.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Oh, okay.

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

Yeah, this is Arien; I would disagree with that because...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

So would I...

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

...first of all, the use of the word allergy for medication issues is factually incorrect and secondly, there's just...it's completely...the clinical utility of medication intolerances and how they're treated is very different.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, you actually order them and they can intervene.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

So this is Janet; the only reason that I suggested that perhaps it makes sense to keep them in the same section, and I'm not sure I agree yet, is that if you're particular EHR doesn't actually tell the difference between those two yet, or between all of those; it's a bigger list to add that metadata where if we can signal that's where it's going, I think that makes sense. And I...again, I don't have a strong opinion on this, I was just thinking in terms of implementability.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, I mean, to throw...I wouldn't group them for the reason just given; you could do it on a reporting side, you can put them wherever you want.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments? Okay, let's move to the next one; numerical references and values.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Are you...what slide, is that slide 23?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Umm, it is...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Right, it is, it is.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

And there...

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

This is Arien; the only thing, the only maybe comment that I would have here is that UCUM itself is a broad and sometimes confusing standard. There are relevant subsets of UCUM that are maybe more wieldy, if that's a word, that there may be room to propose value sets for UCUM that are applicable for particular domains. And then...so I guess that's the main comment I'd have, saying UCUM is super confusing because UCUM allows you to do a whole bunch of things, some of which are useful and some of which aren't.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, I mean, to clarify. It's a syntax and it's pretty well defined, but some units aren't well defined.

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

By the way, cannabis is included in RxNorm.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Oh, okay.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

The only think I'd add is that was our note specifically but apparently there is a difference between UCUM case sensitive versus not and so being explicit about that is necessary...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Oh absolutely, yeah, yeah, it's...yeah. The one that's promoted in all the standards is, let me just refer which...it's case sensitive. Yeah. There are actually three, case sensitive, insensitive and then the special character one. That's a very good point. But I think when you say case sensitive; I read it as being it's got to be spelled with all capital letters, UCUM. So what you...is that the unit string should be the case sensitive version of UCUM. Absolutely right.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments on numerical references and values? Okay, let's move on to the next slide; patients' problems and conditions.

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

This is Arien; the only thing I would add is value sets. There's a...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yeah.

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

...there is an urgent need for well curated, highly available subset value sets and some of them exist.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah. Well it's sort of a challenge, I mean you certainly don't want to be, I think it could easily be limited to one or more axes of SNOMED without having to include everything. Is that how it's written now that it's anything in SNOMED?

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

Uhh, yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Oh. That's...but I...today. The other, I mean there's a couple of cores...there's a core set that NLM produces, but the thing is, you don't want to forbid them to go beyond it because otherwise there might be, outside of the diagnosis axis or whatever that one really is.

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

Yeah. This is Arien; what I've proposed in the past is that there are minimum constraints not maximum constraints here; that is, you must at least support "X," in particular...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yes, yes.

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

...you must at least support "X" when you receive data and you should be able to at least send "X."

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah. Kim, can you get that in?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, that's what I'm try...so Arien, if I put that into a scenario, like when you say somebody has diabetes and you're sending it, you're saying that diabetes value set is well defined at a minimum and you can send and receive that, but it could be expanded if you wanted to add gestation diabetes in there or so...I don't know, I'm just trying to...

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

Yeah, that, I mean that's a good specific example; the general flavor here is that there is a well-defined core subset, which could be well the core subset that actors are required to at least support on...when they receive so that there is a common core that all actors are able to understand, as I said, particularly on receipt of information. There are always cases...and an actor should strive to send in that subset if

that's clinically...if that makes good clinical sense. There are always cases where you need to capture and send something that's outside of that core.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. All right, I just wanted to make sure I understood.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, the only thing about, I mean, I agree 100% that you don't want to send all...any of the 250 or 300,000 codes; but there is an axis, I thought, does someone know, that's the one that's problems and diagnoses or something? Because we haven't applied that rule to ICD-9 or ICD-10 or ICD NCM, you know, you just assume they've got the whole table and they can interpret it.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Are you talking about like the findings and the observations and the...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I just...well, yeah, maybe it's findings; I don't know...I'm not intimate with the structure so it wouldn't be observations, I think it probably is findings, but maybe they also have a thing called diagnoses. Does someone know the 7 or 8 or 10 axes that they have?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, I don't know them off the top of my head. I think one is...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I'm saying...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I think one is findings, I think they have an observation. They have, but yeah, you're right.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Findings could well be it, but maybe it's findings or diagnoses; but I don't think we can craft this on the fly. It can't be the whole world, but if you make it too narrow, you know, if you pull the table down, you know, it's not a problem with vendors, is it, that you're going to have the right table there.

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

Well, I mean, in the real world...this is Arien; in the real world EHRs have all kinds of lists that are more clinically relevant that...yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I got you, yeah, okay. Well I go with what you said then, if we can say it.

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

Janet, I'm going to defer over to you as well to see if I'm making sense because you're actually in the world of...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

It makes sense to me.

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

Yeah.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yeah, I mean SNOMED is so big that's nice to have some sort of, oh choose among these.

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

Right and Janet, I'm right in saying that most EHRs are not using SNOMED as their clinical terminology in pull down boxes and the like, they're just...they're mapping their clinician friendly terminology to SNOMED behind the scenes.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

That's my understanding, yeah; if you look at most of the clinical data sets out there, they already have mapping, as far as I know so, yeah. That's my understanding.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

This is Mark Roche. So the...this is actually a very good discussion because there is an existing...CDAs areas of improvement; so for example for procedures, recommendation include using...SNOMED CT and that's a little bit overwhelming because SNOMED CT actually has a subset of code that's specific for procedures so we should target creating a value set that constrains the entire SNOMED just to those SNOMED CT codes that are procedure relevant.

In other cases such as problems, we already do have an existing value set and current value set has...101,000 SNOMED CT codes, which is about a quarter of the SNOMED CT codes altogether. And what I was thinking would be a good thing is to start thinking about the frequency of how we use the SNOMED CT. National Library of Medicine publishes something that's called core problem value sets which basically gives a list of SNOMED CT codes for diagnosis or problems, but they also give the frequency with which they are being documented...with which these codes are being used to capture the clinical information. And I think that's another aspect in creation...in creating a value set, once we create a value set the second dimension is to think about how should we...the consistency of our using one SNOMED CT code based on the frequency.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

You know, this is Janet again. The more that I think about this, the more I worry about us getting too specific here. I'm curious about what other implementers have found with SNOMED as its incorporated into the C-CDA and whether that's been problematic. Because presumably if we've all managed to kind of work our way through that, I don't know that we need to be very specific here in addition to what we're already doing...I'm just afraid we're going to screw it up worse.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Well Janet, this is Eric from the eHealth Exchange and we actually are not getting feedback about that aspect being problematic. However, we're actually focusing on content testing now and so what I'll do is take...actually, I'm just going to do a survey on this one issue and see whether or not the use of SNOMED CT within CDA has been a problem area or not.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

My impression is it has not been. It's been more of a problem area specifying...

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

Our...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

...where information should go and to make sure it's completely structured correctly.

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

Yeah, this is Arien; our experience in this area is that for going forward work in certified EHRs, we tend to get SNOMED there's an issue for legacy data because the legacy data may have been encoded in like a C terminologies. There are cases where EHR vendors assert that the code is SNOMED and it's not, in fact, a SNOMED code. Eric's right in terms of where the pieces of information go. I'd also just counsel or caution that there's a lot of just displaying the Consolidated CDA as opposed to stripping it out, parsing it and reconciling it.

So, the experience and state of the art I think needs to be tempered by experience in people who are actually parsing and consuming the discrete information. But again, I'd concur with Eric that for the most part, this is generally non-problematic if it's a new problem that's been properly entered and, you know, where the bits are all in the right place.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. I lost my screen for a minute; sorry about that. Any more comments on this patient and problems section? Let's move to the next slide, please; the next one is preferred language. Any comments on the public comment support for identifying a single standard? Also adding in preference for reading and hearing health information.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Are we still and...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Oh, I'm sorry; I've moved to the preferred languages.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, no I...well the only issue is here is that some of these sets are big and have a lot of dumb stuff in them. I've been on the conversations about them and there's...when we really get down to it, the short...pretty well...but some people insist that you've got have all variants of all languages. They get bigger when you go from 1 through 3. And the RFC, that's...right, 5646?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I'm not familiar with them.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think that's the Internet one which probably...which is my favorite because it's in the Inter...it's everywhere. Does anyone have...know? I just...

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

So, this is Mark. I did an analysis recently of the standards...Meaningful Use 3 and 2...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Mark, we're having a...I'm having a hard time hearing you; I'm not sure...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I am, too.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, okay. That's better.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

Okay. So what I was saying that I did a risk reanalysis of the whole implementation guides used in Meaningful Use Stage 3 and I'm looking at that analysis outcomes right now. Current...there are actually...so ideally we should have one preferred language standard that's common across all the implementation guides across the entire spectrum of Meaningful Use Stage 3 implementation guides. And currently, you know, the Consolidated CDA Release 2 uses ISO-639-2 whereas all the other standards in Meaningful Use are RFC 5646; so maybe one thing to consider is to recommend aligning and using RFC 5646 because it's truly the one that's used the most.

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

This is Arien; I'm looking at RFC 6546 and it points back to the ISO standards. It's primarily talking about formatting and this is an area where the basic standard is super-simple and then you can get ridiculous really fast, number one. And number two, the useful work here is actually value set work...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah.

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

...and that it would be more u...and it would be more useful to define an applicable value set and point to that applicable value set than it is to point to the standard.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Good...very good point. To which of those...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And to build on that, too...this is Eric. I'm sorry Clem, go ahead.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Go ahead.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I just was going to say that one reoccurring theme I think is incredibly valuable and comment upon this is the industry to address is something we've talked about in passing a couple of times which is, mapping of legacy data to contemporary data, in terms of value sets. And then also to make sure that if, for example, there is a value set identified, there is an ongoing curation of that through something such as a Standards Development Organization or something similar, so that the value set, once created, can be updated, maintained, corrected and so on over time.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I thin...does anyone have an idea that different sizes of these three different ISOs?

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

It's...yeah again, it's not an issue of the size of the value set, it's primarily an iss...because there's a registry that's pointed to in terms of curation of the actual value sets, this is more just specifying the actual syntax of a language identifier. And I'm looking at the Appendix A of RFC 5646 and again, it just gets nasty really quickly.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I buy your comments on that; I was just thinking...

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

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...the other three, I think they get...one of them is like 900...

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

Yeah.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...and you had to look at menus; it gets harder when they're longer.

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

That's exactly right and there is a very sensible, like everything else here, there's a very sensible subset that we probably don't need to know that there are different approaches for transliterating Slovenian and which subset dialect is used, because that's not the domain that we're in.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I want to...but that are not any more.

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

Yeah, I suspect...this is Arien; I suspect this is an area where if you are a language researcher, you use a much different subset of these language codes than if you're, you know, a programmer that wants to know if somebody speaks Chinese or Japanese.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Well, Arien, this is Eric; I completely agree with that and I think again it goes back to the use case, you know, is our use case for this domain to provide all the values possible for use by a linguist or is it a smaller subset just needed for treatment or analysis of, you know clinical data. I think obviously it's the latter, treatment and analysis of clinical data is our use case; anything with more specificity or burden beyond that is, well may be desirable, it's also out of scope.

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

Yup.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...catch that?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I got it. Any other comments on the language?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

But I mean I guess for sure we don't want to use RFC 5646...it doesn't get to the point we need to get to.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

So one of the things to consider...this is Mark; if you're going to create a value set is to consider how to make the values in that value...and codes interoperable with what has previously been used in MU1 and MU2 and by other adopters. This mapping...retroactive mapping and persistence of legacy of data, I think needs to be considered when creating this new value set that you're proposing.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

This is Eric; I fully agree there should be some type of a mapping otherwise legacy data essentially becomes ultimately non-interoperable with current data, which excludes potentially valuable information from things like analytics and learning health.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

If I heard the criticism of the RFC standard is that it really links to all of these in a very complicated way; so we don't know what people have done, if true. It really underlying it points to the value sets and I think does it include all three of them?

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

Ahhh, it links to pretty much all the ISO standards.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, so...biguous reality at the present time, that I'm thinking I heard you there.

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

Yeah, this is Arien again. As we've said many times, the issue in this case is not the standard, it's the value set.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So what's our concrete recommendation? Does the group feel that what we had talked about earlier also applies here, where the recommendation is for the ONC to ask for a workgroup to indeed clarify that and including assigning a home to any value sets identified so that they...

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

Correct.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

...can be managed over time. Okay.

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

Yup.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, thank you. Let's move to the next slide, please; procedures for dental.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I don't think there's another choice...know of. It does have a cost, I believe.

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

Yes it does, it's the Mafia...I didn't say that.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I don't know that Michelle can erase it.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Well, this is Eric; I agree in principle that it's important that we do not point to proprietary technologies and that if the only solution currently is a proprietary technology. We convene industry to create an open equivalent including this domain.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, I like that in theory, I don't think you'll get there though.

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

Well and I think this is an area...this is Arien, where we need to, in terms of the preconditions clearly point out that this is a proprietary terminology that has licensing issues and maybe recommend that that's an...this issue has come up in front of the Standards Committee so many times and it generally points to the same issue.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I mean CPT-4 has cost and SNOMED does, too. I think ICD-10, is that open? It is open on PCS. Anyway, yeah, I'd support what you just said, I'm just not optimistic. So, that...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, any other comments on the dental codes? Okay, let's move to the next slide, please; this is procedures for medical.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I would not take them out, they're just too prevalent and the CPT-4, for example, ICD-10-PCS is just coming alive, right?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, well, yeah...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Slowly and...yeah.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

...October 1 and it's only in inpatient, right? I'm sorry Eric, go ahead.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

No I just...and it's Eric just saying the same thing. And back to my prior comments, again here, we have an issue whereby which an important code set is proprietary and expensive that I think is hindering

adoption and what I or simply we should convene and create something that will be open and work for the industry.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And the other challenge is that some of these code sets are designed for administrative and billing purposes, not for clinical purposes and they're in many cases unf...also being used for clinical, you know, analyses, which is not the intended use case for some of these code sets, which further...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

They work...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

...I'm sorry, go ahead.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

...they work pretty well for, I mean I've used them in research, they work pretty well so I wouldn't be too hard on them. And, I mean I agree with your sentiment that I think everything should be open, but everybody's using it, that's...ICD-10-PCS is not necessarily an improvement, for example. It's a big, big, big, husky, tough climb and CPT-4, every...they all know the codes; they know them in their heads, so it's going to be hard to replace their heads.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

So Clem, I disagree with you, I don't think doctors...this is Anne, know CPT-4 in their heads.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

The sur...

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

I think a pathologist would...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

No, the surgeons do.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Well, I'll go interview mine again, but the last time I talked to them, that wasn't their favorite code set.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Oh really? All right.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Yeah, they have billers that know it very well.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Okay.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

But SNOMED I have no disagreement with and ICD-10 is going to replace their knowledge of 9 so, I assume that will be a good go-forward.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments here? Okay, let's move to the next slide, please; race. This is the OMB standard.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Is this different than what we talked about in the earlier slide?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I was trying to figure that out, when I was looking through these this morning.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think it's the same question and there's a short list, that's the OMB one and there's a long list, which they also allow.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Brett, do you know how this one is different than the race and ethnicity slide that we had? Is there a different ask on this one?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I think it's about the same, you know, there are 900 codes available in the...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Oh, well one was ethnicity, this one's race; maybe we could just group them together you think or is that inappropriate?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think they should at least be near each other.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, so maybe we can take the comments from, I keep losing my screen, umm, are we comfortable with taking our comments from ethnicity and applying it to the race and grouping them together?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I would.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

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

This is Arien, does anybody know...so race is a funny thing. I believe the OMB standards are intended to be used for evaluating the representational issues, fairness issues in treatment. Do they...are they also intended to have clinical utility? For example, do they have enough granularity to evaluate the risk of Tay-Sachs or thalassaemia...the think I can't say?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Actually, I think...this is Janet; I think race is actually the one typically that means biology while ethnicity means culture. I don't know if they've like switched meanings here or not though.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think you're right, but the truth is, when they look at genetics, the race doesn't mean much. It really doesn't have the distinctions we think and it doesn't have the predictive power we think; but we have to do it, so it's kind of irrelevant what we think.

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

Well again, that's the point that I'm making is, what's the intended use here; is it to evaluate treatment for disparities or is it to make clinical judgments?

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Well...

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

And there are some cases where clinical judgments are relevant and some other cases where they're not.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, there could be some of both.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Well, and if you look back at the ethnicity we put the use case needs...the use case for the need for race and ethnicity needs to be defined as the OMB standard may be suitable for statistical and epidemiologic purposes...

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

Yup.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

...but may not be adequate in the pursuit of precision medicine or directing therapy or clinical decisions.

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

Perfect.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

You know, if you look at...have you looked at these things? It gets down to every tribe, when you break it down in the US people, every American Indian tribe. It doesn't breakdown Europe much at all, it's...it goes all over the place and I think it's purely political.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, I did, I looked it up when I was writing these up just to make sure I understood what I was saying and you're right Clem, it was...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

So the...

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

...there were some things that didn't seem, like the European part was not broken down as much as other...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

It...well, there's so much mixing; we've got a little Neanderthal in us I guess, too. So I, I mean I think we just...it's a political thing we've got to do by regulation and I think we just do it. And I think the regulations say you must use at least the top 5, but you can choose you as an organization can choose to go down the branches as deeply as you like.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Well and I can just say, if you look at the product labels in medications, I've recently seen one that calls out just the Japanese culture; it's not the Asian culture. So, you know, they're...people are starting to put different things in labels; so I don't know how that...this impacts that and going to Arien's comment between is it, you know, statistical and epidemiologic or treatment decisions?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, I guess...I think it could be a mixture, but I don't know how that we can do better than just take what we're told to do.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

I guess we could have a recommendation that they look at the standard to make sure it fits into clinical decisions or clinical judgment and not just statistics.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, you know all the biologic papers about it discard it; they typically say it's not a useful thing. Now that's not absolutely true for sure, you know, not many white people get sickle cell disease, but whether it's got to be coded in the system to get there, I don't know, I think we're just scratching at a pain here.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Any other comments on race? All right, let's move to the next one, please. Okay Clem, radiology.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, I have something to say about this. So there's been three documents produced by ONC that said radiology reports should be in LOINC and I sent them around maybe a couple months ago. The C-CDA says it should be LOINC. The one that's in the current NPRM, and we haven't...the RadLex is working with LOINC and they've agreed that the LOINC code should be used, but there's going to be a common model underneath that would make them both link together. There's like 6000 LOINC codes for radiology and there's like a 1000 in RadLex and we have a...there's an operative, cooperative active ingredient, DICOM says LOINC. So I don't know where this came from.

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

Yeah, I don't know where this came from as well. What's the use that we're...?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Reporting...ordering and reporting.

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

Yeah, so again, are we talking about ordering? Are we talking about reporting? What are we talking about reporting?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, radiologists are pretty much the same because they don't break out into detailed...they don't give you detailed observations very often. So if you order...

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

...are we talking about the radiology report?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yes.

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

Are we talking about...yeah, okay; so let's be clear about that and I'd agree that LOINC is or should be the terminology; I'm not sure what RadLex, where that came from.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments on this?

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Kim, this is Anne; I agree. We use LOINC; I don't know anybody that used RadLex.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

Nona Hall, BSN – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

This is Nona. Because that came from DoD and VA, I believe we could take for action to bring back to the group some insight.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, that would be great, Nona. Thanks.

Nona Hall, BSN – Chief, Standards Adoption Monitoring & Reporting Division – DoD/VA Interagency Program Office

Okay.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

So let's move on to the next slide; we may get through Section 1 today. Okay, sex.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I'm for it, no, no, no.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

So this is similar to gender identity which we described earlier or our comments earlier were to look at the Fenway...Fenwick...Fenway Institute's recommendation which actually does split up the difference between sex assigned at birth and current gender identity. And I don't know if it makes sense to just sort of roll that all into one...

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think it would because otherwise it's confusing enough when you put them all together so people can see what we're talking about.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Well, so this is saying use a value set for administrative gender; does that value set support what was in that Fenway report?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I believe so because I think Fenway also distinguishes between the kind of legal, or adminis...which is kind of what this is, right? This is what's on your driver's license and what downstream systems are going to recognize, yes; if it doesn't, it should.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well you...

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

Yeah, and again, we have the same issue here about...this is Arien; about whether we're using this information to do statistical analysis for disparities in treatment or whether we're using this information to drive more patient-centered care or whether we're using this information to drive clinical decisions and different axes are going to be important for these purposes.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well I mean, it's what...I think the way it was described last when we talked, it's what's on your driver's license; I had previously heard you asking what bathroom they use; but it's a practical, simple, decidable thing that is used for all those things. And then you can...

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

Ehhh, it's not, right, so what's on your driver's license...this is Arien, what's on your driver's license is useful for assessing disparities. It's useful for matching, you know, matching patients. It's not terribly useful for providing more patient-centered care and in the corner cases; it's not terribly useful for making clinical judgments.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

So I think that, I mean, this goes back to my comment last week...this is Janet; that really this is an issue that just needs to have some time spent on it. But in general we are talking about, as Arien pointed out, a lot of different axes; this one is useful, too for making sure that claims get accepted...

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

Yup.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

...and patient's match. But I think that could be our recommendation that this needs more time...we need to specifically define those axes before we can start to think of what terminologies are appropriate for them.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Well, aren't we stuck with administrative gender though, I mean, are we going to redo that?

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

Again...this is Arien; my suggestion is let's be precise about what this is good for and not make warrants that it's good for something that it's not.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

No, no, I wouldn't but it's existed for ever, since medical records were built. It's what they...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Clem, I wasn't challenging the use of the terminology here specifically...

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

Yes.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

...I think you're right that most, you know, at least today driver's licenses are going to say male or female; so I'm fine with male/female/unknown as the value sets...for this particular axis.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, okay.

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

That's what I'm saying as well is I'm not objecting to the use of it, I'm just saying let's make sure that we're precise about the ability...

Clement J. McDonald, MD FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I think these other...are cooking and it goes even further when you get, you know you can do chromosome analyses, etcetera going down. So no, I think we're all agreeing, actually then.

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

Um hmm.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

So, just to make sure I understand. So we have the sex, we have the sexual orientation and the gender identity...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Those have to be separate things; we shouldn't get those two together.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

All right, all right; I just want to make sure I have that clear.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

And this administrative gender we should keep as a separate slide, too, so they don't get blended.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Right.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, perfect. And then I think our next one is sexual orientation, is that correct?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Um hmm.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

And here's the one...this is Janet; where I think Arien's point is the same point that I want to make as well which is, we need to distinguish between whether this is for the purposes of reporting or whether it's for the purposes of treatment because your sexual identity is not the person necessarily that you have sex with and we need to make sure that that's clear.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Any other comments here?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

We should call it like administrative sexual orientation.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah...that word.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay.

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

Thank you for closing out on that.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

All right, and we're getting close to time but I'm going to try to squeeze one more in before public comment, Michelle. Is that okay?

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

Ahh, sure.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay. Let's go to the next one; oh this one, smoking status.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I have a little complaint about it because it isn't the one that I've been familiar with from my 40 years in practice and like pack/years and there's another one about how long you have to wait until you start smoking which...in the morning, which is maybe one of the best measures of their addiction.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Um hmm.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

I don't know if there's...and it's not the one, I don't think in the IOM report. So, I don't know where that...Mark, do you know where this one came from? It's in the specs, it's in the Meaningful Use and all, it's being used.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator for Health Information Technology

Smoking status, where it came from?

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Yeah, is that a published something or has some backup or...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

It does. It's like some cancer thing that was published years ago.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

This one? Okay. Well, I guess we can't solve it easily then, if it is one that's been around, I guess I can't complain so much.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

We can start with this one next time because we're at 1:29 so Michelle, do you want to open it up for public comment so we end on time or...

Public Comment

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

Yes please. Lonnie or Caitlin, can you please open the lines?

Caitlin Chastain – Virtual Meetings Specialist – Altarum Institute

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

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

While we wait for public commenters, we did have a comment from Tom Pizarro in the public chat and he says there seems to be confusion over the use of NDCs and CVX codes for immunizations. They both have a place depending upon the context. I would recommend that the CVX codes be used for interoperability and administered drug. The NDC code in its specificity is used for inventory control and packaging, which is not needed for interoperable patient information.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

That may be a good way to say what we were complaining about.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Yeah, are you going to send that...

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

So I will share that very e-mail as well. And we do also have a public comment from Susan. Susan, please state your full name and the organization that you represent. And a reminder that public comment is limited to 3 minutes. Please go ahead.

Susan M. Mateja – Policy Administrator – Delaware Health & Social Services Division of Medicaid and Medical Assistance

Yeah, hi, it's Susan Mateja with Delaware Health & Social Services Division of Medicaid and Medical Assistance. I know there was a question earlier regarding the NPI and what the actual purpose would be for that. I can let you know here in Delaware that the NPI is linked to any payment that is made to any of our Medicaid providers. So we will not pay a Medicaid provider unless they have an NPI and that goes along with...to some of the later discussion that you had along with EHRs. So that is something that we have done here in Delaware and I believe other states are using HP Enterprises, has also linked to them.

Hold on one second. The other question, I have to think about it because it was coming in so...oh, it came as far as utilizing the gender data. The gender data that is being utilized, how is it going to be utilized and I think that it is very valid that it should be utilized, but I don't think it's necessarily something that should be linked to a health record. We have driver's licenses that we have to use for our passports; however, we don't need to necessarily have to always...we do need actually have to always use some when we're actually getting out healthcare because of the fact that there could be increased fraud.

The third point, as far as the gentleman's question as far as smoking cessation, yeah there are smoking standards, smoking cessation standards. Here within Delaware we have IMPACT Delaware that's been going on for many, many, many years and we are actually incorporating that into our EHRs. They have, of course, a choice that they can do as far as their core measures; however, we are promoting that as far as some of our care here. So that's my statement. Thank you.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Thank you.

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

Thanks, Susan. And we have no more public comment. So thank you everyone and thank you for staying the few extra minutes. And we'll follow up again.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical Communications – National Library of Medicine

Thank you.

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

Have a great afternoon.

Kim Nolen, PharmD – Medical Outcomes Specialist – Pfizer, Inc.

Okay, bye.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Thank you all.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Thank you.

Public Comment Received During the Meeting

1. But some meds (e.g. certain preps of Atrovent) are contraindicated with peanut or soy allergy
2. There seems to be confusion over the use of NDCs and CVX codes for Immunizations. They both have a place depending on the context. I would recommend that the CVX codes be used for interoperability and administered drug. The NDC code and its specificity is used for inventory control and packaging which is not needed for interoperable patient information.
3. Hi Michelle. Verbally please. I think this is an important issue, it comes down to realizing that detailed information about an immunization is necessary at the point of administration, less specific information is need when transferring patient health info.
4. The Med History issue is unrelated