



**HIT Standards Committee
Interoperability Standards Advisory Task Force
Final Transcript
August 20, 2015**

Presentation

Operator

All lines are now bridged.

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

Thank you. Good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the 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 this meeting is being transcribed and recorded. I'll now take roll. Kim Nolen?

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

I'm here Michelle.

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

Hi, Kim. Robert Cothren?

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Good morning, Michelle, I'm here.

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

Hi, Rim. Anne LeMaistre? Arien Malec? Calvin Beebe? Chris Hills? Clem McDonald?

Christopher J. Hills – DoD/VA Interagency Program Office

Good morning, I'm here, sorry.

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

Hi, Chris. Clem McDonald? I know Clem is here.

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

Yes, here.

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

Eric Heflin? Janet Campbell? Lee Jones? Lisa Gallagher?

Lisa Gallagher, BSEE, CISM, CPHIMS – Vice President, Technology Solutions – Healthcare Information & Management Systems Society

Here.

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

Hi, Lisa. 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 Nona Hall?

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

I'm here.

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

Hi, Nona. Anyone else from ONC on the line?

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

Rose-Marie is on.

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

Hi, Rose-Marie.

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

Hi, Michelle.

Peter Palmer, CISSP, CPHIMS – Chief Security Officer – MedAllies

Yeah, I was on mute, this is Pete Palmer from MedAllies.

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

Hi, Pete. With that I'll turn it over to you Kim and Rim.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

All right, well, thank you and welcome to today's meeting of the Interoperability Standards Advisory Task Force. Let's go ahead and go onto the next slide.

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

Hi, Rim, it's Eric Heflin, I was on earlier but I was inaudible so I have rejoined.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Thank you, Eric. I want to talk about...

Veronica Gordon, RN – Program Analyst – Office of the National Coordinator for Health Information Technology/Office of the Secretary of Defense

Hello, this is Veronica Gordon; I'm calling from ONC just to let you know I'm on the line.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Thank you. Just to level set for today just to make sure that we understand where we are our plan for today had been to review our recommendations to take to the HITSC next week. We've been doing a lot of gathering together of discussion information in our notes from the past several meetings you probably saw a lot of that traffic on questions some of it coming from Kim over the last few days and there is still some outstanding questions for that. As a result of that we don't have those recommendations put together for today and won't be able to go through those today.

Instead what we're going to be doing today is going through questions that we have from the notes and finalizing any of our discussion on any of those topics. I don't know that today's meeting will take a full hour and a half and then there's been a meeting added to your calendar for next Monday and at that meeting our hope is to be reviewing recommendations that are gathered from today's discussion, the notes that have gone out and any out of band discussions that we have following today's meeting to finalize some of those items. So, Monday's meeting we will go through the recommendations rather than today.

The slides, there are two materials that went out to the Task Force that I had asked people to take a look at, one was the slides and those are the slides that we'll go through today. They combine both public comments on a number of different topics and at least some notes from our own discussion added to those slides as well. Some of those slides have colored text and those are places that we will stop during today's discussion to revisit some of those items where there were questions, where our notes were unclear, etcetera.

Kim also sent out a Word document with the discussion materials that maybe an easier place for you to be able to review notes that she gathered from her discussion and I'd invite people to take a look at that. In some cases that may be more complete than the slides because it went out later in the day yesterday. So, those are the primary materials that I'm hoping that people will take a look at and I expect that there may be some continued out of band e-mail discussion following today's meeting.

And just again, so today the plan is to touch base on all of the colored text that is in the slide deck but if we do pass over something that somebody has already taken a look at and wants to discuss please flag me down. Does that make sense for today?

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

This is Eric, it sounds good, Rim.

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

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

So, let's go onto the next slide, please. We've gone through the roll already. The next slide is just our schedule.

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

Could we skip those because there's no red lines on them and we've gone over them each time?

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Yes and I think that that's fine. I just wanted to note that the slide here with meetings is inaccurate it does not show next Monday's meeting on it and so please make sure that that's on your calendars.

I did want to touch base just very briefly, we had agreed that we were going to add something to the principles slide and that did not end up happening since Monday's meeting. I haven't had a chance to go through our recorded session from last Monday yet in order to gather information about that.

I believe that I had taken an action to put together a principle regarding use cases with Eric and Arien, and Kim, and so I will take that off line after today's meeting and do that through e-mail once I've had a chance to review that discussion and the recording.

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

Rim this is Eric, if it would be helpful I'll be glad to send over some proposed draft text to start that discussion.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Absolutely, Eric, if you want to...if you beat me to getting things started then I'll incorporate that otherwise as soon as I get a chance I'm going to take a look at the...or take a listen to the recording and see if I can put something together, but feel free to get things started I appreciate it.

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

Okay, very good.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I believe slide six is the first one that has red text on it. There was a change here to the annual update process that's noted in red. I don't know what the question was for this one. Kim or Nona can you shed some light on what the topic was to discuss on this slide?

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

That one has already been reconciled Rim.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right, thank you. So, I think the first one that had...the next one that had red text on it was slide number eight. There was...

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

I don't see red text on mine. Is it on everyone's? How do you look at it?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

It is on the one that went out to me yesterday afternoon.

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

Could you show it on the screen?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

It is up on the screen now.

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

Oh, okay, I've got different numbers that's what the issue is, yes, never mind, I see that, but that's number nine on mine, that's okay. I think we should talk...

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

The...

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

As we get to them because I have some comments on some of them too.

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

Rim, this is Eric, if it would be appropriate would you mind going back to the prior slide about security with the red line text? I believe its slide six. So, the thing that was missing here...so I think this captures the challenge which is that security changes on a daily basis and so regulations would potentially have a hard time keeping up with them but I don't see a specific recommendation in here. I wonder if that will be discussed later or would that be appropriate to add it to this slide?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, I think that what the expectation was is that these slides were some of the early slides that were presented to us as the scope of our discussions were to be and a process that was put in front of us and in dealing with recommendations about what we would do for security would come later in the deck. I don't believe that they're in there yet because we haven't had a chance to go through the recording and the notes from Monday's meeting yet.

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

Okay.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, we want to make sure that we deal with that later on if that's all right with you?

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

Okay, well, very good and just to be very succinct my recommendation here is that the ISA point to the appropriate sections within the NIST security framework as opposed to having security...security directly within ISA and thinking I'll pause there and let you continue on.

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

And Eric that is mentioned in Section IV, I can't remember if it was III or IV where we talked about security to point to NIST.

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

Thanks.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right, so and Eric you're right we did discuss that and we need to make sure that we get that succinctly put into the recommendations moving forward so thank you for that. All right so let's go back to slide eight and I'm sorry, Clem, are you suggesting that you would like to go through the slides one at a time because you have some comments...

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

Well, I suggest that as we go...I think maybe we should touch on the slides he talked about as we go through the other slides.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Okay.

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

Because I don't know that all of his content is necessary but he's got some good points and I think some of our content reflects confusion about what's real. So, I mean, maybe we don't have time, but I wouldn't go over his text one at a time but when we get to that slide we could look at his content and say what we...what's up, but...

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

All right I think that's a good idea let's make sure that I don't skip over that today then. Do you want...do you have any general comments about his content that you'd like to discuss?

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

Well, I mean, he maybe says more than you need but like allergy reactions this is very confused, the slide, and what it's talking about because I think the question originally was about the codes for what kinds of reaction was it hives, rash, etcetera and it got all intermingled with what the codes for the causes of the allergies were.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Yes.

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

So, this slide is just sort of a bundle of tangles and he...I don't know whether...I don't know what it started with but I think it was starting asking about, I guess it's the public comment, I don't know what the original statement said.

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

I think what we could do Rim is if the comments that we have we feel that is enough or if there is something that needs to be added from what Mark stated then we should just point out what should be added from what we already have.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

All right.

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

Hey, this is Arien, so first of all I joined the call, sorry for joining late. Secondly, I agree with Clem. I think we agreed to group allergies and intolerances together.

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

But...

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

And it might make sense to do an allergy intolerance...together in one slide, I mean, in one, you know, one cluster of slides.

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

Well...

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

And it might make sense to do allergies and intolerances as a whole with some of these meta-points about the need to distinguish medication allergies, intolerances from food and environmental allergies, then specifically allergy reactions which was I think the original intent of this slide...

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

Which as Clem notes is the outcome of an allergy or intolerance and then the medication allergy intolerance and the environmental food allergy section. And if we could have four slides one kind of meta, one for the substances that caused the allergy or intolerance and one for the actual reaction itself that would be much less confused.

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

Yeah and I...

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

Arien...

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

I agree with everything you said. I think though that there could be the allergy intolerance I think everyone has always thought they should be together, but the question this commenter might have been bringing up is bringing food and medication allergies into one and I personally don't think that's a good idea.

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

No, sorry, I agree with you and I'm just suggesting that the slides that deal with this topic should be in four subsequent slides.

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

The first one dealing with the kind of high-level issues. The second one dealing with the medication substances that cause reaction. The third one dealing with food and environmental substances that cause reaction. And the fourth one dealing with the actual reactions themselves.

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

Yeah, so I agree with that but they may need help with that.

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

Yeah. I think we're both volunteering to help.

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

Yes, yes.

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

I have a question...

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

Thank you.

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

Arien, what do you mean by intolerance? Because when I think of an allergic reaction I think of a medication that a person...you want to be cautious to give them because they could have an anaphylactic reaction whereas an intolerance maybe their stomach is a little bit upset. So, I...

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

Yeah, well or, you know, or they get so drowsy that they can't drive and have an accident...I mean; you and I come from the same industry. Originally I was in the pharmaceutical industry and we were very careful to talk about adverse drug events because until you understand the nature of the event you can't tell whether it's anaphylaxis or some other side-effect or in some cases the normal effect of the drug that causes an adverse outcome.

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

So, Kim I...

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

So...

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

I'm grooving with you that they are very...and it's really important to distinguish them but all the standards and all have kind of come down that if you don't put them in front of the clinician when they're ordering the drug at the same time it gets...you almost have to. So, I've sort of a mixed feeling but I think they are different.

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

They are...

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

Yeah and we have...

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

Different and the way they do it now they...although it says "allergy" they will throw an intolerance in there and then the physician is unclear what to do with that and a patient may need a medication but not get it because they see that or, you know, something else happens.

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

Yeah.

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

So...

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

We just have a lamentable...we have a lamentable tendency in Health IT to lump these all as allergies and I am usually very careful about saying allergy and/or intolerance...

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

Or allergy and intolerance...

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

That's what the...

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

Just to make is clear, yeah, that's right.

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

Yeah, that's the label I think that now exist in the specifications or the CDA wherever it is or in HL7. And I don't think we can solve this and split them out. What they probably need...I mean, if you look at the reaction you can often...you can usually figure it out.

But, you're right Kim, you're absolutely right it just that this has been beat around a lot and how it's come down is everybody is pushing toward putting both allergies and intolerances in the same list and find another way to distinguish them.

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

I don't know that I agree with that.

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

Well, I've got mixed feelings but I don't know how we're going to be able to change the...it's an endless discussion.

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

We've gotten to the point, this is Arien, we've gotten to the point where we at least acknowledge that some medication side-effects and adverse drug effects are actually not allergies. So, a little bit of victory.

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

Well, why don't you say it Kim that some feel that we shouldn't lump them together for the reasons you've given?

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

It's a true statement.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, there's been some good discussion about how we organize our comments here and perhaps some additional recommendations. Thanks Arien for that suggestion I think that that's probably a good one.

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

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And Clem we'll need to make sure that when we draft that set and review it on Monday that it reflects what you think it should reflect and Kim that it reflects what you think it should reflect as well.

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

Well, I think I'm not the only one with a strong opinion there's three of us who have taken a position. So, two of us are fairly well aligned. I don't disagree with Kim but I think the train is out of the station on that is what I worry about. Can we talk about the next slide the National Provider Identifier which is also on Mark's list?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Sure.

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

And some of the information on his slides could be used to build up those four slides. So, this is another one that is kind of fraught with confusion. The comment was that it does not include all care members but it's almost a goofy comment, because it does allow any kind of care member to be on it, it only requires it for billing people so it's there. I mean, I don't know why we have all this discussion on it when they just were kind of misled about what's the reality. Now there may be some kind of...I think they even have like taxi drivers in the list of things. So, it's a pretty darned big list and maybe it could be broader.

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

Clem are you in agreement with what's on this slide from our workgroup discussion?

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

No, I think it fails to say they already do take any kind of care members no one bothers to ask for them though. I think we ought to answer them. They're just a little ignorant. I mean, it may be true that in practice everybody doesn't have an NPI but it's not because the NPI doesn't allow it.

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

So, it sounds like what you're saying Clem, this is Eric, to recast is that our recommendation is that all providers should...the ONC ISA should include a statement that all individuals involved within healthcare should obtain and use their NPI.

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

Well, I don't know if I'd take it that strong. I'd say they can.

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

Yeah, I think the point that Clem's raising, this is Arien, if I'm interpreting right is that we already have an identifier system so there is no...if you create a new identifier system you're still in the same boat of there's no enforcement mechanism to require all members to use an identifier system. So, you might as well use the one you've already got.

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

And then the second piece is the full consideration for what's the likelihood everyone's going to have, you know, an NPI but, again, that exists whether you have...whether you call an NPI as a standard or whether you call out some punitive new standard as the standard you have no policy consideration...

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

Well, I...

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

Forces people to get one.

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

Yeah, it also asks whether it's really important. I mean, if the group wants...thinks it's important they should get them and if it's not important they should just stay as they are. I mean, I don't know there's a use case that's been well-defined why everybody has to get one, it would be a lot of work. Where are you going to put, you know, you'll have to type them in, they'll have to write a lot more stuff, but in any case, the NPI can handle what these people were hoping is there I think it's just they have to ask for them. Now that doesn't leave you what you should say in the message.

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

Well, I think that the discussion that I remember is we can mention that we already have the list but we weren't sure that the list would provide everything that was needed.

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

Well, they didn't ask for a specific list of what was needed, but it's very comprehensive I'll tell you that.

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

We didn't know if the NPI would actually...if my name came across would it be Kim the Pharmacist or would it be Kim the Analytics Person, you know, but they don't know my role like what role I'm playing if I have my NPI. So, we felt like what were they using it for? Yes we have an NPI and you could get...

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

Well...

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

Somebody's name, but we don't know the attributes that go with that name to know that...

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

But that's...

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

It delivers what's needed.

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

Well, I agree that we don't know it, but that's our fault. I mean, it's not NPI's fault we just didn't look.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well...

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

This is Eric, I have a thought as well too that it's generally a bad practice to overload meaning in one variable, for example, I think it's actually good that we don't say an NPI is also associated with a person's given role, which could change depending on what they're doing, you know, minute to minute and I think it actually would be better for it to be a separate role identifier.

And I just want to point out that there is actually vocabulary in the eHealth Exchange specifications that point to other specifications as well too about a role attribute that was assigned specifically for that purpose. I think it's better to keep those two attributes of a person performing care separate.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And so perhaps what our recommendation here should be is that NPI may fulfill the purpose for which it was designed which was to identify care team members and provide an identity but that there is another standard that needs to be added to the list for the role of the care provider. That's what I'm hearing you say Eric.

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

Yes.

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

I would...

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

And I'd be glad to e-mail that as well too so you have a reference that you can put in the draft recommendations if that would be helpful.

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

But to...

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

That would be great.

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

To respond to the commenter I think it would be important to say the NPI does accommodate non-billable members but it's not required but people have to ask for it if they want to use it. I don't think they knew that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay. Clem I've been going through the slides that we have in this section there aren't any other slides in Section I that actually have red text in them and therefore are flagged for our discussion today. Did you have anything else in particular in Section I that you wanted to touch on...

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

Well, the...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Or should we just roll through the slides quickly?

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

Well the race and ethnicity one is a bit confused too because and I think that Mark had some good comments there. The fact is there are 900...this is again an ignorant commenter I think. That it's a two-step structure that the top list is what the OMB are, there's five, and then there is 900 of them that are provided as part of it and described in the regulation. So, you're obliged to use the top five, you may use...go deeper.

So, it's...and the CDC race and ethnicity code set is included it's not just a possibility. So, Mark I think had some good comments about that, let me see, I thought I saw it...OMB, CDC has already in C-CDA a code system for race and ethnicity that already allows for multiple race. So, I mean, it's fighting the past not the present.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay.

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

I think if you just simplified...we shouldn't say they "should use it" it already is required.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right thanks.

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

Look at his wording.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay.

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

And then on slide 15 it relates to your earlier discussion, I think those of us on the call said “don’t group food and medication allergies together.” We don’t have that comment in here.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

All right we’ll make sure that we capture that as well.

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

Okay and then the CVX codes, and Kim you’ll have to help me here, I thought we took the position different. It says support for CVX kept optional and clarification is historical and administered that’s too vague. I thought one of the...well, what I said, I don’t know if anyone else agreed with it, they should actually always to both. If the NDC is a new player in this it’s been CVX for the last, you know, Meaningful Use 2, if they do...

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

We have...this is what we have, CVX is the recommended code set to identify the immunizations to promote interoperability on both historical immunizations and administered immunizations.

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

Oh, okay, I like that; it’s not showing on the page I have. Do you have it now?

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

That was added last night; it’s in the Word document.

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

Oh, okay. I like that, never mind. We should stick with that. And then I think that we’re okay. And then the last one is, lab tests, oh, yeah, you fixed that already, never mind. So, okay.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

So, Clem, you’re good with everything then that’s in Section I?

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

Yeah, yeah, taking into account Kim’s good additional content.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

All right, good. Does anyone else have thoughts about any of the content in Section I?

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

I want to take a quick look at Mark’s.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

While, Clem is doing that, would it be useful for us to roll quickly through the slides through the online meeting for people or do they have...

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

I...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

You have those slides in front of you and you can roll through them yourself and just call out things to revisit. Why don't we go through and roll through them real quickly. So, let's just pause on each one for a few seconds and see if there is anybody that has any concerns. And while we're doing that and people are taking a look at the slides, I do recommend that you take a look at the Word document that Kim sent out yesterday, it is a little bit of an easier way to look through our comments and please get back to at least Kim and myself if you have any concerns about anything that you find there.

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

Well, in terms of red, I think she didn't have it in her Word document this thing that we got, the comment we got from...I already mentioned this to Kim, are you going to be able to pick that up Kim? The specific about the...or did you already the DIR, Diagnostic Imaging Report, and Consolidated CDA?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yes I think we have that.

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

Okay.

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

Oh, sorry, I was talking on mute. It's in Section II under images.

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

But it's going to be, right? I don't see it now.

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

It should be in the slide, that one should be in the slide I thought, because I sent that out before.

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

What slide?

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

It's in Section II not Section I.

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

Yeah, no, I know, but I thought I looked there and I didn't see it. What slide would that be?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Slide 51.

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

Fifty-two, fifty-two or fifty-one? No that doesn't say DIR, let's see.

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

It does in the second bullet.

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

Now on 51?

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

Are you looking at the screen from the...

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

Oh, no, sorry. Well you're saying DICOM it's more specific than that. It's actually...DICOM is a whole bunch of things and he specifically said in his last bullet, in addition to DICOM and XCA I suggest we consider the DIR, Diagnostic Imaging Report, which is a standardized document within Consolidated CDA, that's been balloted and it's going to be part of the Meaningful Use because it's part of that spec.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

So, is there something that we're not capturing in the slide that's on the screen here Clem?

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

Yeah, DICOM is...it's a little bit...

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Well, I understand that it's not part of the DICOM standard but this is the imaging standard. So, what I think that I heard proposed is that we, in addition to DICOM, need to call out that standard.

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

Correct.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Okay.

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

It's really the...it's really DICOM written inside of a C-CDA...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And so we'll make sure that we make that clear that that's not just part of the DICOM but something that needs to be added in.

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

And it's...yeah, yeah.

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

So, Clem, can you look at bullet two like how would you change?

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

Oh, I'm sorry, actually...not it's not for image it's actually a report. So, it's not...and it's not...it may or may not go into XDS because it's C-CDA just is this big chunk thing. So, I think it's not phrased quite right. I'd make a separate bullet.

XDS shares blah, blah, blah...and you're saying it has been implemented, but I think we should take another bullet and say the DIR, Diagnostic Image Report, which is blah, blah, blah should be used, allows the exchange and it's principally I think for the report. I don't know if it even contains images does anyone know? It might. It might.

But that's the one that's going to have the clearest pathway because C-CDA is required in Meaningful Use 2 and it will be in 3.

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

This is Eric, one other suggestion I have on this slide is that in addition to supporting XDS-I I also recommend XCA-I. So, I think those are both listed here, I retract that it looks like they're both listed here XDA-I and XCA-I.

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

I'm sorry, XDA for what?

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

For...

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

XDA for what?

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

So...

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

Is there any usage of XDA for image sharing? XDA-I I'm familiar with.

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

Yeah, I believe it's...I'm not sure of any use but...

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

Yeah, so that's where...this is Arien, that's where I...

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

Yeah...

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

Until we have...

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

Yeah...use but XCA-I...

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

Yeah.

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

I'm not sure of the usage.

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

Yeah that's right.

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

So, Clem and Eric, I believe I sent this one to y'all the other day. I'm going to resend it and copy Arien if y'all don't mind just taking a stab at it and then sending it back.

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

So are you...

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

Of course.

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

Are we still talking about...which one are we talking about DIR? Because that's the one I worry doesn't get enough highlight.

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

Yeah, the one with the images, just...

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

Well, the question of whether it...the key is report. So, as a clinician for 10 years now there's been nothing that explicitly says how to send a narrative report on radiology to...

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

That's not exactly true, this is Arien, MDM is widely used for sharing, HL7 v2 MDM is widely used for sharing diagnostic reporting for radiology and has far more usage than CDA-based packaging so...

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

Oh, I'm happy it has, but it hasn't been pushed by the regulations has it?

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

Yeah, it hasn't been pushed by the regulation because it's one of these sleeper standards that's actually useful.

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

Well, actually that's how we always got them in the hospital v2.

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 so I actually wasn't quite aware of that but maybe we should mention that too.

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

And the...this is Eric, the thing I'd add onto that is, Arien correct me if I'm wrong, but I believe MDM is a pretty wide open standard as far as that which is contained within the payload, you know, it can be PDF, it could be an RTF file or an office document, or other content types.

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

Yeah, I mean, I...

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

If it's still the case we might want to recommend further constraining that.

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

Yeah, that's right, this is Arien, I would recommend if you're going to be doing lots of wrapped information you probably want to do either CDA or, you know, emerging FHIR, but the use case of textual narrative is well captured by MDM.

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

Well, I mean, as a clinician I won't get radiology reports and I don't...as an internist and I don't...you know, it's nice to get the images but I won't see all the stuff anyway.

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 the fact that it hasn't been pushed I think is a tragedy, it costs four times as much as lab tests in this country.

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

Yes.

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

And it's like it's not there in the specs and the standards.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, Arien, I want to try to capture the recommendation that you're making here, is this again one of the topics that's missing in the advisory is to have textual reports in general where MDM is a good example of a standard for that or is this something that we should call out specifically associated with radiology reports?

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

Well, they're the principle thing that's missing.

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

I would focus on radiologist because to get people's attention. Maybe say imaging, cardiac echoes are similar and OB ultrasounds, imaging reports.

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

Yeah, diagnostic imaging.

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

Yeah, diagnostic imaging report, but I actually have heard of it, I think we should be MDM and DIR in another bullet to emphasize, we've got to get these reports, they're sitting in the machines, there are ways to send them and it's like for want of a nail.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Well, and I agree with you there that there is a missing standard for this slide. I think that this slide started to be talking about imaging and not the reports and that's why MDM is probably missing here but we do need to make sure that we include MDM as a best available standard still for diagnostic reports...

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

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

That's what I'm hearing, right?

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
Yes.

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

And I would include...but I think we should say something about DIR because that's the other pathway that's likely to be opened up.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Agreed.

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

So, if...who will take...Kim are you going to revise this?

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

Yeah, I sent y'all a message if y'all could add some comments in and I will work on it and...

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

Just now you did?

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

Yes.

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

Okay, Arien will you stay tuned on that?

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

I will I'm traveling the next couple of days so probably Sunday I can take another look at this.

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

Sure.

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

Hopefully on the road I'll be able to do it.

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

Is MDM...who...is that an IHE standard?

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

MDM, no MDM is HL7 v2.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

V2.

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

Oh, okay, I know something about v2 I should have...I just didn't remember it.

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

And...

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

Yeah.

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

This is Eric, there's actually I think also some higher level standards that profile MDM and DICOM as well too for more constrained specifications, interoperability, but that's not my domain, but I will be glad to reach out and provide at least a reference to some of the other more constrained standards that are based on top of those if that would be helpful.

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

Yeah, I may actually try to add a sentence in here to emphasize how ignored this has been for the last 10 years of ONC. All right that's enough on that one for me.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay.

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

Thanks for reminding me about MDM that was off my...that was out of sight out of mind.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well, it was for me as well and is, I think, in general just missing from the document. So, it's a good catch, thank you. Returning to Section I, I didn't hear any other comments that anybody wanted to make from Section I, anything else that anybody wants to return to? There were no highlighted sections in there. I would encourage people to look through Kim's notes for Section I as well, it went out yesterday in the Word document.

If not what's on the screen now is Section II, there aren't very many red comments in Section II. There was one on slide 43 but I'm not sure what the nature of the comment here was.

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

Well on slide...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Slide 43 its clinical decision support.

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

I think we were cool on that at this time in history. Let me see.

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

It was...

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

I think how we had left it, this is Eric, was that we identified that actually were several different standards that were in flight and I believe we were going to get updates from...I think people were going to research this further and provide more updates.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right, I don't know where that research is going to come from at this point.

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

I think realistically when you've got to deliver this on Tuesday we should remove this, just skip it because I don't know how we'll do it.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well and so we just may need to capture here that there's more research required.

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

I think the key point here too...and this is certainly not my area of expertise but I believe the S&I Framework actually had an entire effort around this domain which does not seem to be referenced.

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

Sorry, which domain are we talking about?

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

Clinical decision support.

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

Clinical decision support, I mean...

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

Is it decisions or clinical...

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

Yeah, that's something we already marked in this report as being emerging and not well tested.

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

I don't see that reflected here though.

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

Okay.

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

I mean, the S&I Framework effort I think was to combine sort of two directions already existing in HL7 to combine the...

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

Stuff to do, measures and I'm not sure how it came out.

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

Yeah, that's HeD and it's at best emerging.

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

Yeah it's a combination of two things that don't fit that well I think, but...

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

Okay, so Rim this is Eric, trying to answer you point about the last bullet there about taking it off line, it's how I believe we left this topic.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yeah, okay.

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

Just for clarification there's three slides on clinical decision support one is on knowledge artifacts, one is on support services and then this last one was on reference information and the one on reference information what I remember from the discussion everybody was really comfortable with that one it was the other two.

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

Yeah, you're right, this is InfoButton.

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

Yes.

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

Yeah.

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

This is Eric, yes that sounds right.

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

And so would the Health eDecisions comment go in one of those other two sections versus this one or...

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

Yeah, well, they're a little bit blended aren't they? I don't know, I mean, the public comments are...I think the last comment is talking about InfoButton. Health eDecision is...yeah that doesn't fit. I think that's the answer Kim move those two comments to the other section.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right is there any other discussion on decision support then? I think that we've...

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

Yeah...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

At least captured some things for us to put in the report.

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

Well, it sounded like...I mean, it sounded like from Kim's suggestion she remove two of the comment bullets into the sections that are really talking about the Health eDecision...I mean, the decision rules that would make this slide be coherent because this is really...the workgroup's discussion is all about the InfoButton. Yeah, yeah and that ties with the other comment. So, if we're finished with that one I have a comment I think on slide 54.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, let's go ahead and turn to 54 then.

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

Let's...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And just to be sure Clem I think that your numbering and our numbering may be disjointed, what is the title on the slide you wanted to discuss?

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

They are and my number is 55 so I've dropped it to 54.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, you've already adjusting for us, thanks.

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

I did. I thought, you know, these things were developed by the lab industry at least the referral lab industry if not others and they're just...some of them are just tweaks on what already existed in version 2 so I think that this statement of "mature, stable or adoptable" is pretty strong, is pretty negative, more negative than they deserve.

I mean, because there has been order messages in version 2 forever and they work fine and this specification just tighten it down and it was developed over a long period of time with very heavily involvement of the laboratory industry. So, I wouldn't be quite as negative.

I might say, add these standards for consideration but I wouldn't say "however, they are not mature, stable or adoptable" maybe one of those phrases might be okay.

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

Where are you reading?

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

I'm reading, let me just see, my slide just turned off, I'm reading on the second, one, two, three...

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

Well, that's the public comment those aren't our comments.

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

Oh, okay we can't change those, all right.

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

Our comments are under workgroup discussion. So, look at those and see if you...

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

Yeah, I got it, so they already are separate, they have different...they're different specifications so I don't think we need to separate them. There is a master file and there is an S&I Framework for laboratory orders in outpatient areas and they're completely different.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Okay.

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

So, I guess I would say we should, you know, keep...I would actually encourage them sometime in the near future to be used. They're requiring the physician to write all the orders in the Meaningful Use coming up I think and, you know, without having electronic messages sort of what's the point. So, I mean, I guess we shouldn't say they should be separated they are separate.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Okay.

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

Maybe what we should do is name the two different ones and say that we encourage their consideration for use and not say they should be used.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

The next slide in this section that has red text on it is slide 61 which is syndromic surveillance. And it has a note here, Eric, that there was an IHE profile that you had mentioned.

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

Yes, I'll send...I'm actually doing that research right now in the background and I'll send those bits or references over to you and Kim so you can incorporate those in and see if we have consensus.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right, thank you.

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

Yeah, I think we should have a bias though that just because there's a profile for a standard somewhere doesn't automatically qualify it for being a best available standard, at best it could be emerging but we should have a preference for standards that have been in use and adopted.

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

But ones...

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

I've got some comments, yeah, I've got some comments later on about a number of areas where I think we're listing profiles or standards that exist but have not been well or adequately tested.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And I think that's a good point. Throughout this document we've...a lot of the times in our discussion we have come up with...we have identified standards that might be considered but I think that we do need to be cautious in our report that it doesn't sound like, as you point out, they've reached a maturity that they are best available or recommended standards as opposed to emerging or standards to watch, or someplace else in the maturity cycle. I think that is really good comment.

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

But for the record what they're proposing is a standard that's been around for about four years 2.5.1 for labs to shoehorn other data into it and I thought it was being used but I don't know that for a fact. I thought it was used...it was proposed and used too but I may have mixed that up. Does anyone else know?

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

Yes, syndromic surveillance, the CDC standards are kind of all over the place for public health and there's a mix of 2.5.1 for reportable labs which I think is fairly well used it depends on the state public health agency and whether they're compliant but I believe that one is fairly well used it's been certified a bunch of times and I think it actually is in use although it would be useful to confirm that. The CDA versions for more discrete reporting of diseases I just don't know and...

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

Well, why...

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

Again, I think it would be useful...

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

No, I agree, the syndromic surveillance is actually not part of any of the other reporting. Syndromic surveillance...

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

Yes.

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

Send me all your stuff and we're going to see if...

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

There is an outbreak.

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

Reportable labs I believe is well used.

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

I don't have any knowledge of any of the other CDC...immunization reportable labs I think are the two ones that have enough use to be able to call them best available and the other ones I just don't know, but I suspect are moderately or poorly used at best.

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

Well...

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

I could be wrong.

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

I don't know about...

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Well...

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

But they're just saying if you've got an HL7 stream send it to us that's really how I read this and because they basically parse it all out and try to find stuff that's happening all at the same time. And for laboratories 2.5.1 is also what was recommended and balloted, and almost was going to get into Meaningful Use, but I don't what's happened with that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Well, so specifically around syndromic surveillance and I'll have to look into...it's been a while since I've been in this, but this standard is part of Meaningful Use today, it is not widely adopted in all jurisdictions and therefore syndromic surveillance doesn't happen in all jurisdictions, but this is not...I do believe that this one is in use and it has been specified as the standard to use for some time.

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

Yeah and part of the problem with syndromic surveillance some of the public health departments can't receive and so it's...

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

And that's a capability problem and implementation problem that exists in public health. I don't know that it's a standards problem in this case unless we're saying that this standard is ill suited for this use, but it is part of the regulatory set and it is the standing standard and has been for some time.

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

So, I would argue...

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

Hey, Rim, this is...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yes?

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

I would argue that we change the discussion and say we support the last comment, we think it's a reasonable direction.

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

Yeah, so this is Arien, the only caveat I have to that is that if you have a standard and it's certified and nobody uses it you just don't know how well suited it is or not it's only when you actually start to use it and see if it's useful that you figure out what needs to be changed.

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

And...

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

All that being said, I agree with the comments there that, yeah, it's been certified a bunch of times, it's been part of EHRs although I have enough suspicion of the certification program, because I've seen it enough times, when something has been certified but doesn't actually work in practice.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Point well taken. And Arien, you're absolutely right that just because it is part of the regulation if it's not in wide use it doesn't mean that it's suited that point is well taken.

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

Well, I would remind though this is just the...this is a message that's been used for practical purposes for 20 years if you consider the other v2 result messages to be part of the same family. So, it's not like it's off the planet.

And what CDC in this one is asking for is send me your stuff because they're not counting on having it be all coded and structured and then we'll figure it out. So, I would still go back to, and I don't know if I heard objections to it, to saying we, you know, commenter we support comment number three, you know, that what they said is good and we should push that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Is there any other discussion on this one then? That is the end of Section II. Were there any other comments or any other discussion on Section II that anyone wanted to touch on? Kim is there anything, review that we missed?

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

I don't see anything else.

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

This is Eric, back to my previous comment regarding the separation of an NPI versus the role, I did find the reference information for that and I'll send this over by e-mail as well to you but just to close the loop on that, there is actually a SNOMED CT value set for what's called the subject role, which is a role that a given person plays within a given healthcare transaction and it is based on a standard and it is actually very widely used and so I'll send that information off line so that the whole workgroup can consider it if they see fit.

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

So, Section II data element-based query, which by the way I would argue should be in the same section as SOA and that kind of stuff. I'd also point to the Argonaut work, so we point to the DAF work. I'd also point to the Argonaut work which is I think closely aligned with the DAF work and both of those are attempting to get over the hurdle of drafted into production use.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Thanks, Arien I think that's a good comment that including from an organizational stand-point that this probably appears in the wrong section.

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

What slide are we on now?

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

That was slide 44 and 45 that talks about data element-based query.

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

Yeah, okay. I think that's fine. I was looking at the next red stuff.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

So, was I, but thanks Arien for catching that. So, the next slide that I show red on is what, slide 65?

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

Yeah, I like the new red, does anyone...who put it in?

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

So, this is Kim trying to glean things from our...the recorded discussions.

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

Well, except for the three question marks, which I can't answer, I think that's appealing.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, Kim was there some specific question about this one that we needed to resolve today?

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

Well there were...hold on I'm getting my notes.

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

All of this...this is Arien, all of the sub-standards are pointed to in the applicability statement for secure healthcare transport.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Right.

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

So, that's all sub-referenced.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And actually perhaps that is a...there is still some separation of transport and services, and that was part of our discussion as well that's difficult here. If we were talking about Direct messaging as opposed to this collection of standards that is where you would point is to the applicability statement where they're gathered altogether.

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

Yeah, it's effectively a profile if you will that says, here's the standards but here's how to sub-constrain it so it's actually secure for the purposes we're talking about.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Can we pause about that for just a second because as I said, I remain somewhat concerned about the organization of transport standards versus services and the difficulty in that separation or both in the questions and in some of our own discussion. Is there an organizational recommendation that we think we should be making around Section III and Section IV and the separation of services and transport services?

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

Yeah, this is Arien, I'd recommend, you know, on transport...so I kind of like this actually, I'd recommend in transport, it's actually transport and security, because the security is kind of the hard part of transport, I'd recommend pointing to the foundational standards.

And so for transport I wouldn't put SOAP as a transport spec or I'd put some of the, you know, some of the WSI stuff in that transport section and HTTP, and TLS in OAuth, and then in the services section put...FHIR is kind of odd because it's both content and purposes...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Right.

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

But it probably belongs there more than it belongs in the section that it was. So, you know, it might be nice to break out transport and security and point to the foundational Internet standards and then, you know, services and point to the healthcare specific profiles.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well, at least for the purposes of discussion as an alternative to that should we consider that...so here's my question, does having a transport standard section have any utility? Should we be talking about services which call out through profiles or other means call out the underlying transport and low level transport and security services standards that are necessary for them having a section...

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

They should be...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

That calls out HTTPS is not useful for this document at all?

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

Yeah, this is Arien, the area that I think is useful and there is some emerging practice around is kind of the security and identity space, secure identity and authorization space where there are some foundational patterns that you see in Direct, you see in RESTful transport, you see in SOAP-based transport that are a lot of the underlying security specifications for how you verify that the counterparty you're exchanging information with really is the counterparty you're exchanging information with and there is some merit to lumping those things together because I think we're starting to see...we're seeing some emerging work between DirectTrust and the Argonauts for example, we're starting to see some emerging practices that say, we can actually solve those things foundationally in healthcare and reuse them across SMTP and RESTful transport, and SOAP-based transport because they're all the same issues, you know, so...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, is the...

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

If you're looking at a...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Go ahead, sorry.

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

No, I was saying if you're looking at a signed SAML assertion and verifying that it came from the counterparty that you trust it's really the same problem than if you're looking at a signature or an encrypted content in SMTP or S/MIME.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, I kind of latched onto a phrase that you used in there in security patterns and I'm wondering if that is what we should be calling out is that there is some security patterns as opposed to really being talking about transport in there?

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

Transport, yeah, I agree with that because transport generally is pretty trivial.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well and I think it's redundant with a quote we find in services already.

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

Sure.

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

Well, this is Eric, I like that concept because what they're missing here for example is do we want to have a security pattern, if you will, that supports the ability of the exposing party to be informed about the context of the request.

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

Yeah, purpose for use.

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

And that's...

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

So, that discussion that we had...

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

Right.

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

Last time.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yeah.

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

And applies whether the underlying standards are based on FHIR or SOAP, or IHE profiles that is really a business objective not a technical objective. And I would build on Arien's comments to also say that not only is that a pattern that...a security pattern, it also transcends across multiple transports.

I also think we should as a best practice recommend that whenever possible these different instances of the same security pattern be interoperable. So, for example, it would be a shame if we had two different ways that are not interoperable of conveying information such as the context for a request.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Thanks, Eric, I recall you making that comment a couple of times and I think that we do need to make sure that we capture that.

The next slide that actually had red text on it is also in this section it is on slide 67. Given our discussion about the utility of this section I don't know if there is more that needs to be said here. Where there specific questions or any thoughts on this slide just to be complete?

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

I'm looking at the Word document and not the slides but is this the one where we list a whole bundle of IHE standards?

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

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yes.

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

Yeah, so, I think there is...this was one of the places where I was commenting that there are some IHE profiles that have been in wide enough use that you can point to them and say, yeah, they're best available for this purpose. There are some IHE profiles that are emerging where they've had a body of practice in certain environments but need more profiling.

And then there are IHE profiles that have been moderately or poorly used and it's important that we not lump everything in the same group just because it's been profiled by, and it doesn't matter whether it's IHE or HL7, or any standards body, just because it's been profiled and has achieved a certain status doesn't necessarily mean that it has broad applicability.

So, you know, XDS-I in the imaging world for vendor neutral archiving has been relatively widely deployed. For the purposes of sending Consolidated CDAs or looking up Consolidated CDAs both XDA and XDS have been reasonably widely used although I think for the more broad open-ended look up any document stuff I think there has been less usage.

And then some of the others below that, so XCPD has been widely used in vendor specific and on eHealth Exchange but widely is a matter of you know...it's in an emerging to moderate level and some of the other ones just haven't had enough usage to be able to characterize their usage.

Eric may disagree with me on XCPD, but, you know, there is...just a basic point that says we should be looking at these based on best available standards for wide and best available standard based on their actual usage in practice.

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

So, this is Eric, one also probably non-controversial comment too, is there is actually an error in this, XUA++ actually was an intermediate specification, so really that should be removed. The actual specification or standard is simply called XUA. And then regarding Arien's point about XCPD, yeah...

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

And I...

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

I don't think it's widely used as XCA, but it actually was recently broken into super files where the portion that was considered to be widely used was actually moved to final text status and another section which was around patient record location services actually persist in trial implementation status. So, at least the standards body that carries that did view that as being widely used enough to move to final text status.

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

And I believe that EUA has never been used and IUA is kind of trial.

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

IUA is actually exactly something...I think it's trial status, I'll have to check and see but...

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

Yeah.

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

To me the exciting thing about IUA is that it actually uses the same security approach as FHIR and it just basically further includes additional definitions around some of the attributes to maintain compatibility with XUA which is pretty heavily I think supported, which would give us that bridging concept I mentioned. Then to Arien's comments about the maturity whether it's IHE or anything, any other SDO I completely agree there needs to be that layering on top and that assessment and categorization.

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

So, can y'all send me where y'all think these are in the maturity so I can reflect it in the notes?

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

Okay.

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

Sure, I think if Eric and I agree on it then it's probably pretty solid and if Eric and I disagree then we just note that there is some disagreement around this range.

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

Okay. I'll send y'all an e-mail as a friendly reminder.

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

And again, I'm going to be able to get to this on Sunday or Monday, so if we're looking for this by next Monday than it might take a little while longer than that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I think Arien whatever you can do for us that would be useful, thanks.

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

Cool.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Is there anything else on this section? That's the last slide that has red text on it.

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

And then I'd just...I'd also like to...just on the point of IUA, some of those core IUA concepts are also being applied in Argonaut which I think will be the...which if it works and we get into production will be one of the first times that applying these core standards to RESTful transport will be used, so I'd just look for an Argonaut and I think DAF is also looking in this area, I might be confused.

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

Yeah, DAF does point to IUA, I just confirmed that on line.

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

Yeah, so DAF is pointing to IUA and Argonaut is basically I think looking at a profile of OAuth 2 that I suspect if you squint it is going to look...you know it is all the same stuff. So, we should point to that as emerging space and point to a lot of the great work that's been done and then note that we will look for...we should be encouraging pilot and adoption.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Is there anything else on Section III that people want to touch on? Let's move onto Section IV and see if we can get through this because there were a few sections in here that still had some red on them. Slide 70 is the next one that had red on it. This is again one of the litanies of standards associated with this. Kim was the only question here was whether there were others, whether this is a complete list?

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

Yes, there were some things that were...there was a lot of discussion about them but it really didn't...we didn't explicitly state what was best available, what wasn't and I don't know these well enough to make assumptions.

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

I believe these are all best available in the sense that they are either in regulation or they're minor tweaks to things that are already in regulation and are being adopted right now like the disposition notification, but I'd look to whoever the current Direct coordinator is in ONC to give the final list because I think they've done a pretty job of curation here. I've been out of it so long that I have no idea.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, I can take an action to deal with that because I've been keeping track of what's going on there. Slide 71 there was some text here in red concerning XDS, PIX, PDQ.

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

Yeah, so I think PIX and, this is Arien, I think PIX and PDQ are for a different purpose than XDS therefore exchanging identifier information and looking up identifiers, so patient discovery and, you know, patient sharing.

And then MHD has been rolled into FHIR. I don't know if it's still held as a separate profile in IHE but most of the action right now is in the...on the FHIR side of this as opposed to the IHE side of this.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Right, thank you.

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

And if you want to point to MHD, point to MHD v2, but I think that's all be deprecated in support of DSTU 2 FHIR.

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

Yeah, so the MHD is intended to be rewritten once DSTU 2 has some maturity and it's actually expected to be a compatible profile on top of FHIR.

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

Yeah.

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

And I think as Arien said the current active work is, that's on hiatus, although it has tested successfully recently at this year's connect-a-thon but the current work I think is largely geared towards letting FHIR definitions play out and then updating MHD and profiling it as seems appropriate.

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

Yeah and there's...again there is to both DAF and Argonaut work in this same area.

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

Yes and DAF actually points to MHD as well.

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

Right.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, Arien, returning to your comment on PIX and PDQ what I recall from our last meeting is a recommendation to actually separate query for clinical information from patient matching.

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

Right.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And that would capture your point there. Do I recall that correctly and that's not reflected here either?

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

Well, I took the comment query for patients and associated documents was what was stated as our...in the first bullet.

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

Yeah, it's just that query for patients has broader applicability than query for documents.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And that's my thought as well.

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

If you query for patients and then...that's right, yeah.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

That you may want a patient match when it maybe for some purpose other than just so that you can follow up for querying for documents. So, I think that there is a recommendation that we should be pushing forward to separate these two to have patient matching be a service separate from just querying for documents or querying for information.

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

And I'd point out, this is Arien, I'd point out that PIX is much more broadly adopted and used than PDQ for what it's worth.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I think it's slide 72 is the next one that has red text on it. And Arien I would imagine the same comment here is XCPD and XCA should probably be separated that we talk about patient matching and exchange of information separately here as well.

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

Right and I'd just bundle XCPD in with PIX.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I would as well.

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

Not to...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

The document calls for within a domain and across domains separately and I'm not sure that there is utility in that and it's just as useful for us to bundle patient matching whether it be within a domain or across domains. Is there any reason to keep them separate?

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

This is Eric, I think there might be some value in keeping them separate just because within a domain there are different assumptions such as a closer coupling of policy among disciplines whereas cross domain that coupling of policy is assumed to be looser or not exist at all.

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

I...

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

I'm sorry, go ahead.

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

Yeah, sorry, I don't disagree with that I would just bundle that in the standards list.

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

Yeah, okay.

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

In an inter-domain and, you know, inter-domain.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

So, maybe that's one of the things to capture as, you know, just an organizational construct to be considered in the next version of this is...

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

Right.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

They're related and how they are bundled, you know, needs to be addressed.

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

Right and then I'd also...

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

This is Eric, I agree.

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

Recommend that in the emerging category we also put FHIR we've done some core standards work for DSTU 2 to incorporate some of the record locator and discovery patterns that we've done in CommonWell there and I think there is some work in IHE as well to start reconciling this, again, it's clearly in the emerging category.

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

This is Eric, I agree and the specific standard of interest I think there would be, in addition to the core FHIR resource, would be PDQm and PIXm those are mobile equivalents that are FHIR equivalents.

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

There was some background noise Eric can you repeat those?

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

Yes, actually I'll be glad to send you some links as well too off line there is PIXm and PDQm, and all those really are, are an IHE profile on top of the FHIR resource.

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

And all of this area is in the emerging category.

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

Yes, I absolutely agree, this is Eric.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right, thanks. Next slide with red text was 74 this touches on image exchange. Have we discussed this sufficiently already? I think we have.

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

I agree, this is Eric.

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

This is Arien...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And the next one...

Aaron Miri, MBA, PMP, CHCIO – Chief Information Officer – Walnut Hill Medical Center

We'd want to put the MDM recommendations here as well if we want to...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yes, agreed.

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

Yeah, okay.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And then slide 75.

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

Is this resource location?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Sorry?

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

Yes.

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

This is resource location.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yes.

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

Yeah, this is Arien, I think we want to clearly mark this whole thing in the emerging category.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I would agree.

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

I'd also point out that there is work going on in Argonaut to put together a FHIR profile for this same area.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Arien is there a name for this? Is there something in particular that can be referenced there other than just the Argonaut Project is considering this?

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

The...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Or is that even...

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

Data eHealth prototype.

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

Yes and this is Eric and I'm not actually sure that this is active work the Argonaut Project will take on. I certainly don't want to speak for the long-term roadmap but over the next 12 weeks or the next six this is actually not a work item. So, maybe the recommendation could be that this be taken on and the ONC could help see that the work is done in regard to this item just in case Argonaut Project does not take it on ultimately.

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

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I think that...

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

There is a David McCallie...for the best available work here is a David McCallie prototype that shows how you can trivially use FHIR to serve up provider directory and research location information.

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

I also want to note, this is Eric, for completeness sake, I think it's a very obscure...I'm not sure it's a well-known standard but there is actually an IETF standards also that has a FHIR or basically a RESTful interface on top of LDAP and I'm aware of it but I have not investigated it...

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

What's that?

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

Where RESTful interface is put on top of a directory and that these projects move forward such as Argonaut or other, I was planning on mentioning that, just the existing standard that perhaps could be considered.

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

Could you name it?

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

Yeah. I'll be glad to provide the RFC off line I don't have it handy.

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

Okay, because those are...

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

Yeah.

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

All usually pretty good.

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

It's from the...

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

This is...

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

Same group that...actually the LDAP standard, they have an Engineering Task Force or IETF.

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

This is Arien, I mean, I just think we need to put this whole category in an emerging space with maybe no best available.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

I think that that's probably appropriate and perhaps...

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

And we encourage people...yeah.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

There's actually a fair amount of activity in this space right now.

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

That's right.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay, if there isn't anything else on that I think slide 77 is the next one that has red text on it, it is on publish and subscribe.

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

Eric, I don't know how well DSUB has been adopted but I don't know of any reason why we should be comfortable saying this thing is super tested for generic publish/subscribe patterns?

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

Yeah, I think these really probably are best vetted based on...I'm aware of that are relatively contemporary. HIEM the eHealth Exchange...specification was used, piloted and I don't believe it's being used other than maybe perhaps in one or two organizations.

DSUB...and HIEM is not a full framework whereas DSUB is going to be a fuller framework. For example DSUB allows the subscriptions to be managed whereas HIEM does not and that's probably an important point of any pub/sub model.

So, you know, I think DSUB is...I feel that's our best available standards other than some things that are very far outside of the mainstream in healthcare such as CORBA where that's an incredibly mature standard but, you know, not widely adopted in our domain.

So, perhaps a recommendation would be to identify DSUB as a best available but that we categorize that as a standard to watch.

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

Yeah, I wouldn't disagree with the last part of it, but I think this is an emerging space and we've got a candidate SOAP specification that needs to be piloted and tested and I think the comment here should be that we encourage pilot testing standards development, this is like almost pre-emerging.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Is the OASIS standard as listed in that public comment, the second bullet down not viable from or widely vetted from the group's perspective? I know that we've used that in the past.

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

I've never heard of that except there is an OASIS form from the federal government for nursing homes or something, but this is something else.

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

That's a different OASIS.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

I can't remember, this is Lee Jones, I can't remember exactly but I thought this was also...the OASIS standards around this, you know, pub/sub stuff was referenced in some of the old HITSP things but I'd have to...

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

Yeah, this is Arien, to my knowledge we don't have...outside of healthcare I don't believe that there is any established patterns...there's a lot of patterns but no established way to do this besides message queuing systems like RabbitMQ and AMQP which actually AMQP is fairly well...if you point to a standard you point to AMQP because it's fairly well adopted, tested and used more broadly in healthcare. But it's a messaging queuing, you know, kind of topic subscription model which might be applicable or might not.

But, again, I just...the meta-comment here is there is some stuff that's broad in industry, there's some stuff that's been profiled but there's not been a lot of adoption and use so this is, you know, almost pre-emerging.

LeRoy E. Jones, MS – Chief Executive Officer – GSI Health

Yeah, I guess this conversation bares that out.

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

Well, this is Eric, I do want to point out though that this is actually a very real set of use cases, so one example is for biosurveillance, another one is for...veterans as that person moves between locations so that the VHA could subscribe perhaps to be notified when that veteran has received treatment that's actually in production now.

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

No doubt, ADT notification...

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

...notification, exactly.

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

Yes.

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

It's a very real set of use cases and I think becoming a very valuable set of use cases for health information exchange. And so given that...

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

Yes.

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

I would actually recommend that the ONC be...that we recommend to ONC that they actually facilitate work in this domain to get the standards mature including perhaps an IHE profile version such as DSUB as well as a FHIR profile using RESTful kind of transports and approaches.

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

Yeah, this is Arien, I completely agree with that and that was the same comment that the Architecture Standards and the APIs Workgroup kind of did their last gaps with.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

All right, thank you and I think that's a good comment as well.

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

Hi, this is Michelle, it's almost 12 o'clock I just want to make sure that we're getting close to wrapping up.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Yes, I've been watching the time, thank you. The last slide that has red text on it is 79, I just want to remind people that there was a large document that was sent out for our discussion on Monday on general comments to this particular question. We didn't receive much back from the Task Force on any of those comments, please take some time to review that and send comments back for that.

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

This is Eric...

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And I know that people are busy so just kind of trying to put that back on people's list. And then the rest of the slide deck here is about security standards. Eric we touched based...we touched on this early on and I said we'd come back to it and of course we've run out of very much time here, is there anything in particular that you wanted to add to your comments that you made earlier?

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

No, I think it would just be recasting.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay. We can take a minute or two perhaps for public comment I think that's the end of our review of our discussion for today Kim unless there is something else that you wanted to turn to? Michelle can we open the lines for just a minute or two?

Public Comment

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

Yes, Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

And do we have any...

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

We did have a public comment in the chat so I don't know if you want to wrap up first Rim and then I can read it or do you want me to go ahead?

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Well, just very quickly then Kim has sent out a number of clarifying e-mails today asking for comment back, please check your inboxes and respond back if you have a chance to at your earliest convenience.

Also, just as a reminder, that there was a Word document that Kim sent out late yesterday with also...that also captured her notes from our discussions in the past, I'd encourage people to continue to review that and send any comments back on that. Kim, is there anything else that you wanted to touch base on before we turn to public comment?

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

I'm good, thanks, Rim.

Robert Cothren, PhD, MS, SB – Executive Director – A Cunning Plan, California Association of Health Information Exchanges

Okay.

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

Okay, so...

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Can I...

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

Sorry, go ahead.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Go ahead.

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

No, go ahead, Rim.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

I was just going to ask if we could turn to public comment then.

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

Oh, okay, so in the public chat we have a comment from David Tao from ICSA Labs, we'll distribute this to the workgroup, but he says, I support mentioning C-CDA Diagnostic Imaging Report on the images slide. From C-CDA description it contains a consulting specialist intervention of image data, interpretation, I'm sorry, of image data, it contains the interpretation to the referring ordering physician and becomes part of the patient's medical record. Diagnostic imaging report may contain references to DICOM objects though it does not contain the images themselves. So, again, we'll share that.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Thanks.

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

And that is the only public comment that we have.

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

Could you repeat that I didn't...I was distracted, I was looking at something else. They said at the...which one doesn't contain images?

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

I think Michelle's going to send the public comment to the whole group.

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

Yes.

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

Okay.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

So, we'll get them out to you via e-mail.

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

Okay.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Is there any public comment on the phone?

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

That's it.

Robert Cothren, PhD, MS, SB – Executive Director – A Cuning Plan, California Association of Health Information Exchanges

Well, thanks everyone for hanging in there today, we got a lot of good comments back and we ran a few minutes late, thank you very much, please check your e-mail and we'll talk to everybody again on Monday. Thank you.

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

Thanks Rim.

Public Comment Received During the Meeting

1. I support mentioning CCDA Diagnostic Imaging Report (DIR) on the Images slide. From CCDA description, it "contains a consulting specialist's interpretation of image data. It conveys the interpretation to the referring (ordering) physician and becomes part of the patient's medical record." DIR may contain references to DICOM objects, though it does not contain the images themselves.