



**HIT Standards Committee  
Interoperability Standards Advisory Task Force  
Final Transcript  
August 24, 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 afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Kim Nolen?

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

Hi, Michelle, 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**

Yes, I'm here.

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

Hi, Rim. Anne LeMaistre?

**Anne LeMaistre, MD – Senior Director Clinical Information Systems & Chief Medical Information Officer – Ascension Health**

Present.

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

Hi, Anne. Arien Malec?

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

I'm here.

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

Hi, Arien. Calvin Beebe?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

I'm here.

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

Hi, Calvin. Chris Hills? Clem McDonald?

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

Here.

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

Hi, Clem.

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

Hi.

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

Eric Heflin?

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

Eric's here. Hi, Michelle.

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

Hi, Eric. Janet Campbell?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Here.

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

Hi, Janet. Lee Jones? Lisa Gallagher?

**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? And Pete Palmer?

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

I'm here, yes.

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

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

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Brett's here.

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

Hi, Brett and Nona Hall?

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

I'm here.

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

Hi, Nona. Okay 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**

Thank you it sounds like we have a pretty full house today that's good and welcome to the last meeting of the Task Force. We really only have one item on today's agenda and that is to go through final recommendations in preparation for our report out on Wednesday at the HIT Standards Committee. Hopefully, people did receive a copy of the slides. I apologize for them not getting out earlier but they should have been in your inbox this morning.

And my plan is today for us to walk through those slides, collect any comments that we have. If people have a chance to review them after today's meeting as well and have further comments if you could please send them back via e-mail to at least Kim, myself, Brett and Nona we'll try to get them in to the slide deck before things go out. I'd request that people try to get those comments in today by close of business just to maximize our chance in getting them into the final slide deck and I apologize for that short notice.

The other thing is that we are intending, unless there is dissent, we are intending also to distribute the Word document that Kim has been maintaining and distributed this morning via e-mail as well as part of the packet to the HITSC and so I would invite people to go over that. I know for instance we've already gotten some comments back from Eric. If you do have any comments on that please get those back as soon as possible by close of business today if at all possible as well.

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

Could we just get clarification, I had assumed that Kim's comments or document was a summary of everything and that the slides, that was the primary document, that is how do the slides and her document relate?

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

So, the slides don't have as much detail in them as her document does. Her document is primarily notes taken from our discussion meetings and the slides contain a little bit of additional introductory and summary material and do not include every comment that's recorded in her Word document. I think her Word document is well over a dozen pages long and the slides do not have that level of detail in them.

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

Okay, I did send her some of the comments this morning to somebody...

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

Hey, Clem...

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

Hey, Clem, this is Michelle, we just got those so I did send them to the Chairs but I just got them.

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

Okay and I want to congratulate Kim who burnt the midnight oil. I think I got it at 1:00 in the morning.

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

Thank you, I did get your stuff Clem I just haven't had a chance to incorporate everything in.

**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**

Yeah and I do want to take a chance to personally thank Kim she has been very diligent in including and collecting notes from the recording and really appreciate that without her diligent work here I don't think that we'd be where are. There has been a huge amount of discussion at these meetings and I think a lot of good content and she has done an excellent job in capturing that.

I do recommend that everybody take a quick look, there are a couple of questions that she has had in some of those versions of that document and if there is anything there that people really disagree with I do recommend that you send e-mail comments back on that because that document will be forwarded onto the HITSC.

If there aren't any other questions I thought that we would walk through the slide deck today. As I said that will be or as Clem was asking that will be the primary document that we'll use for our report out on Wednesday. I want to make sure that this doesn't include anything or overlook anything that people think is either erroneous or inappropriate or would be appropriate to add in.

In particular, there are some summary materials towards the end of this document that have not been part of our discussion and we tried to collect up those summary items based on comments most of which you'll find in the middle of this slide deck are comments that are taken from Kim's notes and therefore I wouldn't expect things to be inaccurate there, but as I said before, it doesn't include everything so there may be some important items that are missing there that people would like to see included. Why don't we move onto the next slide, please?

Some of the initial information here I don't know that we need to collect comments on. This is background material just to make sure that we provide it to the FACA body as we get started. This is the charge to our Task Force as sent to us by the FACA body within some of our earlier introductory materials from our slides. Why don't we go onto the next slide, please?

And these are posed questions to us, we didn't talk about these questions in great detail but I have suggested some answers to these questions at the end of this slide deck, hopefully we'll get a chance to touch on those today during the meeting. If the time is too short during today's meeting I really would recommend that people look at those answers at the tail of this slide deck and suggest changes to that if people feel uncomfortable with the answers that are there. Let's move onto the next slide, please.

This is just the makeup of the Task Force. Let's move onto the next slide. This is the process that we followed at least as I had summarized the items here. I'll pause here for a second just to see if there are any comments?

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

Rim, the only thing I would add to this is that all communications and all discussions regarding this are being made transparently and publically, and that the public is specifically being asked to...being provided an opportunity to provide feedback as part of this process. I just want to make sure that people don't look at this in the future and think it was a closed process and that they understand it was very deliberately open.

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

Well, the FACA has to be that way so you might want to reference, you know, tie it to the FACA statement.

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

Sure, I think it would be appropriate here. That's the only thing I think is missing though is the explicit statement that it was following the FACA transparent process.

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

I think that's good too, this is Kim, because we actually took some of those public comments and incorporated them in.

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

Thank you, I think that's a good suggestion.

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

And that's it, thanks, Rim and Kim.

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

Let's move onto the next slide then. This is just a summary of the input from the public comments since that was such a large portion of the input into our deliberations. This summary comes from some of the materials that we were provided during our first meeting. Let's move onto the next slide, please.

And these are our principles. I wanted to especially pause here for a second and draw your attention to number two. We discussed this a little bit last week and here is some text associated with number two that I'd like to pause here and encourage comments on.

Arien and Eric this is in particular meant to address some of our discussion about use cases or national outcomes and the need to relate standards to it. So, I'd certainly like to hear any comments you have either here during the meeting or if you have other suggested language by e-mail after the meeting.

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

Well, very good, this is Eric, I think it's well captured and I do have one comment too on the prior slide five if I may, I couldn't get off mute in time, regarding the fact that no comments were submitted by consumer groups or consumer representatives, I just would like to recommend that the ONC, given that lack of feedback from that market segment, that we actually ask the ONC specifically to reach out to consumer groups and solicit their feedback actively.

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

I think that's probably a good recommendation. Any other thoughts?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

On slide six I thought there were...might have been a minor typo in the first sentence, but often the reverse is done, is it intended to be "is?"

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

Yes, I can correct that, thank you.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

It was probably meant to be specifications (plural) as well.

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

So, how would that be Janet?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

The next sentence should recommend standards and interoperability specifications (plural).

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

Yeah, thank you.

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

And thank you for capturing. I think this really helps clarify that we need to take a top down approach, so thank you.

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

If there aren't any other comments on that let's move onto the next slide, please.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Sorry, just one quick thing and maybe it's just me, this is Janet.

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

Sure.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

At least to me, I don't know the difference between tried and true use cases and functionalities, I'm not sure what we're getting at here and I'm sorry I missed the last meeting maybe it was clear to everyone else but looking at that for the first time I didn't know what the difference was.

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

Well, actually I agree with you a lot of this is pretty high-level and God and Motherhood. I don't know if we have time to kick it into operational, clear, crisp, because there is so much...there are many...it's just hard.

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

And I would agree with you that there is a certain amount of high-level content here. At least my take, and I'd certainly invite comment from Eric and Arien as well, my take is that use cases tend to address specific, usually detailed workflows or goals associated with exchange transactions whereas functionality is more general capabilities in systems or standards and that my concern with concentrating strictly on use cases is that if you address a particular use case often a related use case is not properly addressed and there has been a general discussion, and there was at some of our meetings, of a move towards specifying specifications and standards associated with system functionality that would enable multiple use cases rather than being specific to use cases, but there is some difference of opinion there.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

That is...

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

Eric or Arien?

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

I'm tracking...I don't think the words say that but I think that's a useful distinction and then, you know, I think the other useful distinction that's not...I think wanting to get data capture here is not quite...is whether...and I think it's actually really well captured in one so maybe I'll just withdraw that comment.

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

I mean, we really only had...

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

I just want to...

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

One day and so what can we do?

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

I just want to remind everybody the only one that's different on this slide is number two, the rest have been presented at every call since call two.

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

Yes.

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

And one concrete example as to the prior question or the answer to the prior question is that there was some functionality in use cases, one example could be that a functionality could be that a message between a sender and a receiver shall include information such as the purpose of the message request or exchange.

And a use case above that could be to enable audit logging or another...or for the access...the disclosing party to make an access control decision with audit logging enabled and that would be one example but that same functionality could also be used for something else such as...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Sure, I think...I get the concept now that Rim explained it I'm not sure the words reflect that concept, but if you guys think it does then let's now worry about it.

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

Yeah, I don't think the words...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

And Kim I'm sorry I never knew that we were not supposed to comment on other ones.

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

So, I think it's a wording problem.

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

So, if there are suggestions and people want to send via e-mail after today's call I'd certainly encourage people to do that. I will strive at least during our report out on Wednesday to make this clearer but I think it would be good to capture better words in the slides. So, if people do have suggestions please send them via e-mail.

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

Okay, well very good, and this is Eric, I'm actually pretty happy with the current wording.

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

Okay, thank you. Shall we move on? Let's go onto the next slide, please. So, there were several high-level comments on purpose and scope that we had over the course of several meetings. I tried to pull some of the high-level comments out onto this slide. I'll pause for a second and let people read this to see if there is anything here that people take issue with.

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

I'm not sure that loosening restrictions over time is the right wording but I think this is trying to say it's better to do less more tightly constrained and then open up to more general functionality over time.

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

You think general functionality might be a better replacement for...

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

Yeah.

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

Loosening restrictions.

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

Loosening restrictions.

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

Yeah, I think that makes sense, thank you.

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

To slightly build on that, I actually like the way it's worded now with Arien's addition and so being a replacement for loosening restrictions, so I would offer that we word it, the ISA should better enable interoperability by starting with less optionality and potentially loosening restrictions over time as more flexibility is needed and kind of combine those two concepts that way we're explaining why we're saying loosening restrictions or we're saying why there is a relationship between more generality and less or more optionality.

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

Thank you, Eric. Are there any other comments on this slide on any of the other bullets?

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

No.

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

Go ahead.

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

No other comments.

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

If people recall anything else on scope that should be added to this slide, as I said I took this from materials that Kim had put together in her notes, but had to pull them from several different meetings so if people have any other thoughts as we proceed today on scope please let us know. Let's move onto the next slide, please.

And I am progressing through these pretty rapidly, please ask that we slow down if you want to spend more time on any of these. There were a couple of high-level comments that applied to the entire document rather than any particular section that I tried to summarize in the slides here. I'll pause here to see if there are any comments here.

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

This is Eric, it looks good.

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

There were two recurring themes that we talked about at nearly every meeting and that was the need to deal with maturity and a need to relate things to outcomes or use cases, or functionality and this slide deck likewise is somewhat repetitive. If people believe that this is beating a dead horse please let us know on that too and we'll lighten up perhaps a little.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I think it's important to keep it here personally.

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

I agree this is Eric.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

And I agree this is Calvin.

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

I agree, Lisa.

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

You haven't seen all the places where it's in this document yet so we'll see if you still agree that it needs to everywhere by the time we get there. Let's move onto the next slide, please.

There were a couple of slides in here on maturity model, they were taken from the document that we circulated and discussed and some comments that Kim recorded. It seemed important for us to reference those even though these are points that the HITSC has probably seen before.

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

I have a comment...

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

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

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

I don't know how reliable in terms of reproducible these are and they seem to ignore the fact that we wouldn't have any standards in some context if we didn't push them before they were done, not done, before they were used by everybody.

**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**

So, this sort of is just a tricky balance to find. I don't know where to find it, but...

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

Well that's a great point Clem and this is Eric, I agree, and perhaps we could just acknowledge here that standards should be a target but they should not preclude innovation and then on top of Clem's comments I also would add to the top right-hand side, international standards because I think our ultimate goal is to provide international interoperability not just national.

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

Yeah, I'd point out this exact topic was a...the topic of innovation versus established standards was a strong discussion point and I think it's actually adequately covered in a previous point to say that there should be a space for emerging standards that might replace existing national standards.

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

Well, I mean, the biggest problem is there are no national standards for practice purposes except...

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

Sure.

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

At a low level and if that's the target no one will...and if...we wouldn't have any of the standards we have now I don't think if we waited until everybody used them and whether it's ePrescribing you name it.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

So, this is Janet, I guess I didn't see this as being sort of a condemnation of emerging standards or a thing that says, well we can only accept them if they're national or whatever, I just read this as being, you know, as we classify standards into these buckets that we're talking about these are some of the factors that come into making that determination.

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

Others have, they impose...

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

The...

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

On top of the acceptance criteria and it was discussed that way at the HIT committee meeting in Washington downtown. So, we just at least have to be careful.

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

This is Lisa...

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

Well, we should put a comment on the slide saying that the ONC should be cautioned to also allow room for innovation.

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

Well, I'd just say that the standard doesn't have to be...doesn't have to hit the top before we recommend its use in a regulation.

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

I think that's right Clem, this is Lisa Gallagher, I mean, the entire context of this is that I think we were looking at first of all a way to measure maturity in a consistent fashion. And then I think we were also thinking more and using, you know, a standard as a particular lever, you know, in regulation and other things.

I think when you're talking about a guidance document, you know, that's where we can say to ONC, you know, this is guidance on how to articulate maturity in a way that we all understand but this certainly doesn't mean when you get in a certain category don't put it in a guidance document. I mean, this is, you know, where it sits in the maturity scale and use that as information to make a decision.

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

Well, I like that.

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

That's exactly right, and this is Arien, its intended to telegraph expectations you might name something in advance of maturity and it has...we've been through that experience many times, we also need to be cognizant that it will not, if it's named in advance, of being an established standard it will not, you know, work out of the box and work without issues and require some additional time and configuration and require some flexibility and implementation, you know, and all the things that you would expect when you take a pilot standard and adopt it nationwide.

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

I think these are all really important comments and this is an important point to drive home both at our report out and especially to ONC. I think what I would recommend there for the two slides here, why don't we go onto the next one so people can take a look at that while I'm talking, but I would recommend that we go ahead and add a third slide to this that delineates exactly these points that there is value in emerging standards that we need not wait and should not wait until things necessarily reach full maturity before they're recommended and standards but we need to continue to push standards that are going to mature and be adopted. I think those are all very important points.

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

Well one of the other...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

This is...

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

The inverse to that is how big is the need, you know, that is if we want to do ePrescribing we've got to pick something and maybe add that into what you just said, you know, that it...importance...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

This is Janet, I have just one more point on the previous slide although you don't need to flip to it, often this idea of national adoption has been interpreted to mean national adoption in the entire nation of any sort of vendor anywhere and I think that for this particular domain it's more appropriate to point towards adoption within the domain so either by EHR developers or by registries or by all of those other entities. We've got that in the guiding principles but I think it would be important to be like adoption in the...market adoption in the domain or something like that.

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

Good point, thank you. Any other thoughts on maturity models? I'm glad that we did discuss this one because I do think that this was such a recurring theme during our discussion so I think it's important that we make some good points here. If nothing else let's go onto the next topic then, the next slide.

I'll just be honest with folks here when I was trying to summarize thoughts associated with outcomes and functions in the use cases I ran out of any real ability to be creative on this slide. I think that we need some real content added here.

First of all, Arien you had talked about a document that came out of the S&I Framework last week. Nona had...

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

No...

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

Reached out and tried to find that...

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

Yeah, no, it was the recommendations that the S&I Framework Task Force made to the Standards Committee that were adopted as formal recommendations to the coordinator.

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

This is Michelle; I can share those, thanks Arien.

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

Okay, thank you because I don't think that we collected those and I can look through that and add some material to this slide. Arien do you think that there are some important points that we should make on this slide since it is a blank one right now and I think this is another important point?

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

Yeah, I mean, I labored long and extensively over the wording in that document so I think it's useful, so I would just recommend you look at that and I can help you kind of parse what the words means as well.

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

All right, thank you. And I think it was Janet that had asked questions about our principle before and I think that it is important that we get some more content here because there were questions associated with use cases versus functionality that I think that we need to drive some of that home.

So, this is something that I would really like to see some additional input today from the Task Force either, you know, if people have thoughts during the meeting now or via e-mail afterwards I think that would be very useful. Are there any other thoughts right now? Well hearing none why don't we go ahead and go on but I want people to remember this because I do think it's an important point for our group.

There were a couple of things that we discussed on document structure. I tried to capture those here primarily that we had some discussions about what to do about security and there is some more detail on dealing with security although still at a high-level later on in this document, what we talked about last week in dealing with transport standards and how we might adjust security patterns associated with that. So I'll pause here and let people take a look at this and see if we think that this reflects our discussion.

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

This is Lisa Gallagher, on the third bullet covering security patterns it occurs to me that we may want to define what we mean by patterns. I think you address it in a later slide like 19 or something where there is a little bit of an explanatory sentence, but since you're going into that detail here on this slide I'm wondering if we're just going to end up getting questions at this point of "what do you mean by a security pattern?"

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

That's probably a good thought and I'll be honest with you I'm not sure that I'm an expert on that topic so do you have specific words that you think would be good to use there defining security pattern, or Arien this was a term I think I stole from you last week, if you do as well? Lisa do you have particular words you think would be good to explain this quickly?

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

I can send you something and I'll run it by Arien. I'm sure we can come up with something and check it against what's on slide 19 and make sure everything is consistent.

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

I think that would be useful maybe an example would be something to think about here as well.

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

Okay.

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

Well, we're doing this at the last hour or the last minute, right? And to insert something that maybe vague and not understood at the end I think is worse than leaving it out.

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

So, this is Eric, I can guess...wasn't that when we were talking about, on the last call or two, about identifying really kind of the drivers behind security such as the need for a disclosing party to have appropriate information before and making an access control decision, the need for all parties to be able to make audit log entries things like that. Isn't that what we...

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

That...

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

Identified as some of the patterns we thought would be valuable?

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

That's what I remember.

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

Well that's...

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

Yes.

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

Yeah, I think so, I think so and it's just a question of making it clear on the slide and what is an overview slide, you know, before we create questions that we can handle, you know, by defining the word.

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

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**

I like what you just said when we get that specific you can understand it, we ought to just say that what you said at least for example.

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

Well, right, I mean, that's what we're going to do, we're going to define the term of pattern and give some examples.

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

Great.

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

So, I would recommend to just add another bullet at the high-level a third bullet under that security section and say, one example of a security standard is the need for a disclosing party to have enough information in order to make a policy decision.

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

Well that's not as concrete as the last first two I heard.

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

Yeah, I think if we just talk about purpose for use as a...

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

Yeah.

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

Disclosing purpose for use as a more specific example.

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

Yeah, I'm good with that if everybody else is.

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

Yeah.

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

That makes sense to me.

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

Okay.

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

And Clem did we...I didn't want to just bypass your concern and I share it that it is at the 11<sup>th</sup> hour that we're reviewing these slides here today and I wish we'd had more time here but we do...

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

You satisfied my concern with those specifics that...

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

All right, thank you.

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

Well, this is Eric, if you want to run that by Arien as well as Lisa and myself, and Clem, I would be glad to collaborate on some language there.

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

All right, thank you. Are there any other thoughts or comments on this slide? Let's move onto the next one then please. So, the next few slides in the deck here go through some high-level recommendations that we made as we went through each section. There are one or two slides on each one of the sections here it's not all of the comments. If you look through Kim's document, her Word document, you will often find four or five pages of comments rather than just the ones on this slide and Kim and I made some value judgements about which were the most important to bring to the attention of the FACA body during our report out.

I'll pause here and see if there are any particular comments, things that we should strike on this if not important enough to put on the slide or things that were missed.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

So, Rim, in the bullet that's one I think by broader compliment that should be with an "e."

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

Thanks.

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

So, this is Eric, I actually was realizing as I was going through Kim's excellent summary Word document that I think there's really a general principle here that we also potentially could put a recommendation into the ONC, if we all agree, which that any time there is an identified deficit in terms of vocabulary whether it's because the organizational already exists such as HITSP or whether it is no clear vocabulary has been identified or perhaps there is multiple vocabularies, in any of those cases I would personally like to see us recommend to the ONC that they, as you said in the last bullet there, that they convene a Task Force to agree on a value set and if one cannot be found that meets their requirements that the ONC consider funding an SDO such as HL7, IHE, you know, ASTM or another SDO to actually maintain a value set.

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

I think we should make that a little more general because a Task Force could mean something that's convened from the Standards Committee for example it might be...

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

I was going to...

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

That ONC work with IHTSDO or whoever.

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

Right.

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

But anytime there is an identified vocabulary then there needs to be...an identified vocabulary gap there needs to be...ONC should convene a process for remediating that vocabulary gap.

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

This is Eric, I'm okay with that.

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

That's probably a comment that we should apply across these slides. I know that there are some places where it probably says Task Force that it shouldn't, there are places where it says stakeholders that maybe too general. I think there is a good way to unify the language, but thank you, Eric, I think that high-level general comments or recommendations like that are important if those are things that we think that we can agree on. Is there any decent on Eric's suggestion there? I think it's a good one. Any other thoughts on this slide or the next?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

So, this is Janet, there is a slide or there is a bullet on this slide and there's a bullet on slide 14 both about sex and gender that could probably be combined.

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

Thank you. Some of the comments on these two slides reflect the timeline of our discussion perhaps rather than good organization and I think it would be good for us to go through and see if there are other opportunities like that to group comments together...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Another thing that I noticed and this was maybe the only other thing that seemed to be missing was the discussion we had over immunizations, so MVX, CVX and...NDC.

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

That I thought...

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

This is Eric...

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

Came later on.

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

Yeah it's in a detailed...

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

And I think what was summarized in Kim's document wasn't what I remembered but I don't know where we should be talking about it though.

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

There is a slide later on...

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

Why don't we wait until we get there then?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Oh, okay. It's not in vocabulary and code sets?

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

Well there's a whole...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

...specific question, never mind.

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

Yeah, I think that was a general question that was tasked to our Task Force so Rim put it in a slide to answer that question specifically.

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

Perhaps we should...since it is a vocabulary question perhaps it warrants a bullet here and a reference that this is later on in the slide deck just so that we don't end up with people wondering what's going on there.

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

Yeah.

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

But there's a lot of that, you know, that there in the slide set.

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

Well...

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

I would rather we looked at it and see if we couldn't just finish it in one step instead of going back and forth.

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

So, Clem, do you want to go take a look at...so there was a specific question that came to us as the Task Force on that and it appears later in this deck. Do you want to go look at that now is that what you're suggesting?

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

I'm saying we should not look at it twice and look at it then when we get to it.

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

Okay, thank you.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Agree.

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

Plus this is the only big recommendation. Is that what this is?

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

I'm sorry?

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

Maybe this is a summary slide.

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

Rim, I mean, we can play with this but we may could just put that question at the end of Section I and do the questions that way in the relevant sections.

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

Yeah.

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

I don't know it's a thought.

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

Well we don't have...given we only have a day I'd like to be efficient in what we do that's all.

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

Yes, I hear you there. Let's go onto the next slide and pause there for a second to see if there are any other comments from Section I? Kim while people are taking a look at this of the questions that were sent out to us I think the one on immunizations is the only one that was specific enough to add to one of the sections. We can take a look at that when we get there. I think the others are relatively general questions but it still, as you've suggested, might be good to pull that question out to this place in the slide deck.

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

Okay, the 4<sup>th</sup> bullet here I thought was answered better in Kim's document. This is still talking like we don't know what the codes really are and this is a wrong statement...together plus the extended one from PHIN VADS. This seems to be ignorant this slide set and I thought that Kim's slide said it better.

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

This is Eric, I agree with one tweak which is that PHIN is adequately proposed and advocated and maintained by the CDC and their community which means by definition it is not a standard. I would actually suggest we actually also include the recognition of a need for a true standard perhaps even adopting or recognizing the PHIN, you know, efforts.

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

Well in Meaningful Use they are paired. The other issue is I think this idea that precision medicine directing clinical decisions based on race or ethnicity is flawed. There is so little correlation even between black and white races and real genetics underneath it that...

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

There are definitely cases where, you know, for...for example there are definitely cases black and white may not be terribly useful but race and ethnicity in certain cases can absolutely be used for making more specific...

**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**

Treatment decisions.

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

I don't disagree but I think that as they are they're political definitions and they don't have little to do with medicine.

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

So, we agreed with that, right, we had a note that the current code sets are more applicable for identifying disparities of treatment not for making precision medicine decisions.

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

How are you going to get from here to there given the reality of life?

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

Yeah, so I think our recommendation was be explicit.

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

Well where you get to it is with genetic, you know, Ashkenazi there is particular you know...

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

Right.

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

Genetic groups that have particular tendencies but that's usually taken care of in the "ask" and "order entry" questions and I don't think it's something you'd want to pull out in the beginning of every possible race and ethnicity when someone checked in. I don't know maybe I'm out on the wrong side of the discussion but I think this bullet doesn't reflect the fact that already the whole pack is included.

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

I think what we're saying here is that the purpose for determining race and ethnicity with an OMB standard needs to be clearly defined, it's useful for identifying disparities; it's not useful for precision medicine. I don't think we're saying you need to have one for identifying precision medicine that's identified as a national standard. I think all we're saying here is you need to be explicit that the OMB standard is useful for one purpose but not necessarily for another.

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

Well, I think the OMB and what I'm describing as PHIN VAD is completely...and I think...in fact OMB I think even refers to the bigger, the 900 additional codes. So, I'm just worried about that ascertain about OMB not...and if you look at what Kim said I think it said it exactly right, but it's not in the slides.

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

Okay, so we'll go back to the language in Kim's slide and her text document and see if we can adjust the language here plus with the comments on the call here. Thank you, Clem. Anything else on this slide before we move on?

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

No.

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

Let's go onto the next slide then, I believe that starts a couple of slides on Section II.

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

Oh, now, so is that all we're saying about vocabulary? Because, I'm going to go back on what I said earlier. Is that it? We've summarized them all?

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

So, that is obviously not the full six or eight pages that are in Kim's Word document. We will be providing that document to the FACA body as well.

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

But we made a number of recommendations beyond this including the one I pushed away, you know, immunizations, that we named, you know, SNOMED for problem list, we named a lot of things and if that doesn't show up in the recommendations I think something...

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

And I would...so let's talk about that because in particular when the ISA called out a standard and we agreed with it I did not put anything in the slides here to identify that we agreed with the selection that was already in the ISA. If we need to do that then I can certainly add either a single comment to that effect or we can go ahead and add a listing of all of the standards that we did agree with.

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

No, we disagreed with some of them...

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

And...

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

And that's not showing up.

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

So, Clem, does the Word document reflect our discussions more accurately?

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

It did.

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

So maybe all we need to do is include additional detail in the recommendations for the vocabulary standards.

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

That's what I would do and the only thing...now that we...and I was thinking we had a whole bunch of slides like we did before and I think we have to talk about the immunizations to be sure we all agree.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I think we're going to Clem; the point was that they actually had a specific question for that where we do answer it and so it's down in the questions section in this presentation.

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

Yeah and we can pull that slide forward when we prepare things for Wednesday.

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

I can wait.

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

Clem, I'm still struggling a little bit though in the how we go through a report out to the FACA body of the 104 slide deck that we went through last week or the multi-page Word document and cover everything and all of our recommendations in a set of slides here.

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

I mean...

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

I think we have kind of three choices here and maybe we should figure out what we do. We either don't put any details in and just refer people to those materials, we try to summarize the most important ones to highlight during the report out and refer people to the document or we put everything in but I don't see how we can possibly go through them all during the meeting. Is there a better approach that we should be using?

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

I mean, the problem is I didn't think the set that where there were necessarily so important, but, well I didn't realize that this was a distillation when I saw it and I mean the ISA recommended SNOMED for radiology and we recommended LOINC. There were two or three things that were different I think, at least those should be highlighted and then you could say the rest...but there is only...there are only about four or five vocabulary recommendations we made.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

So, this is Janet, one thing I was thinking, I actually...I like this approach because it sort of...it gets both an interesting level of detail but not so much that it's overwhelming. But maybe...what I see as kind of being the difference of what's in this document versus what isn't is that if we either agreed with the ISA or if we disagreed but had an alternate solution so it's just sort of a "no you're wrong use this instead." Those are simple enough that maybe what we can do is just at the beginning call out sort of what we're not including here and then say, you know, we're focusing on the broader questions that maybe aren't so simple to solve. Because it sounds like that was kind of your bar Rim and Kim in figuring out what would go in the slides.

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

I don't...

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

I think that was in the intent but I would say Clem that if there are things that we disagreed with and suggested a separate standard and they're not in these slides than that means I missed it in the notes and that was an oversight that I did not intend, and so we should make sure that we pull those out.

I will be happy to go through Kim's document again and try to add those into the slide but seeing as I've missed them once already I would certainly appreciate anybody else that wants to go through and point out items that got missed.

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

I almost think you could do it with one bullet just list all the things that were specific targets, but, I would volunteer to see if I could do that.

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

Brett or Michelle, this is Kim, since we have our Word document linked with this presentation how is that viewed from the Standards Committee? Like if we have the slide deck because we have an hour and 15 minutes to do these high-level summaries of the document that they also have the Word document for the details is that considered the same or is it only if it's in the presentation that it's considered the Holy Grail?

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

Yeah, what trumps what?

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

Yeah.

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

So, this is Eric I agree...

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

Well, this is Michelle...

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

I'm sorry, go ahead.

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

I'm sorry, this is Michelle. So, the committee is going to approve all of the documents that you submit. So while you're going to submit a high-level summary or a summary all the documents will be included as part of the recommendation.

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

This is...

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

It will be...go ahead Arien, sorry.

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

Sorry, this is Arien, my recommendation is that the more that we can format a formal recommendation letter to the National Coordinator and make the recommendation be the document that's controlling that might be Kim's document and make the PowerPoint a summary we're better off and just make sure that we're super explicit that it's that recommendation letter that's the actual transmittal, because otherwise you end up without a lot of specificity in terms of we recommend "x" we recommend "y" and, you know, you just have a lot of vague thoughts that aren't terribly helpful. That is what I've done in the past and I've seen Micky do in the past and it's been very successful.

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

I like that.

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

Yeah, this is Eric, I like that as well.

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

Well...

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

So and I think we should explicitly state in this PowerPoint as well to that fact that this PowerPoint is a summary, that if there is any conflict or questions the recommendation transmittal letter is authoritative.

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

But, I wonder if I could have a chance to go back and look at that summary vocabulary site because when I first read it I thought that was just the first of 15 or so that's why I was...but anyway, if I could at least volunteer to see what I could...how we could make it better. I don't think it dealt with the most important things I'll be quite honest.

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

Well...

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

And this is Eric...

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

I'd be more than happy...

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

Go ahead Rim.

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

I was going to say that I'd be more than happy to take...Clem to take any input that you have we need to try to get that done quickly obviously in order...

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

No, I...

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

To get this off to the FACA body.

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

I've got Kim's...as soon as I got it almost, so I can...

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

And Clem, I agree, this is Eric, and among other things for example some of this could be pretty concisely put into a PowerPoint such as...I mean, we recommended CDA R2 for quite a few things and we could just actually list, you know, here are all the things we recommend that for...

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

Right.

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

And that would take care of probably three pages of the Word document.

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

Right, yeah, all right, sorry to hold you up.

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

Okay.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

R2 or R2.1?

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

Yeah, right, I was going to say that same thing.

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

Well the recommendation in Kim's document is R2.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Is it?

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

I think it should be...right now we're looking at a slide that says we should consider 2.1 and again, it's...

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

And I think that's wherein I think you had a great point of, you know, let's make the transmittal recommendation document authoritative.

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

But I think we should be explicit if we're recommending 2 or 2.1 or say, we recommend you name one and pick one.

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

It's going to be tricky to disagree with what's going to be decided by ONC though.

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

We had recommended the 2.1 because...

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

Yeah.

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

I believe Calvin had said it was compatible.

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

That's what I would have...

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

And then...

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

Thought as well.

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

There was...

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

This is Eric, just...

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

A proposed measure that had 2.0 and we had them as emerging...we had some statements around them that we didn't...

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

And this is Eric, what I was referring to was on Kim your document page 7 there actually were a number of references there where CDA R2 normative edition was cited.

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

Yes, yes that's what I was looking at also.

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

Okay.

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

Yes and except for the antimicrobial use and resistance information we stated these were emerging I believe. And then there was somewhere, it was probably in Section III or IV I think that Calvin had brought up the point about 2.1 being backwards compatible and we stated...

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

Right.

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

That we would prefer that version. I'll have to find the notes.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I think it might...

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

Rim?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Be one that's worth calling out at the higher level as well it was contentious enough.

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

This is Eric, I agree and as significant as 2.1 may end up being for our industry it is probably worth raising that as a meta issue.

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

So, I want to make sure that I understand, is there a suggestion that we pull that up as a higher level recommendation earlier in the summary slides here rather than here in Section II?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I would say I think its fine in Section II, but making sure that it's a little bit more called out in Section II.

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

All right, thank you. Are there any other comments on this slide? There are more detailed comments I think on the next, on slide 16. Detailed is the wrong word for anything in this slide deck, but some other highlights in slide 16 on Section II. Comments here? If not let's go onto the next slide.

So, on slide 17, and we had some discussion on slide...on Section III on transport, I did not summarize any of it here primarily because we made some...we had some discussion on our last meeting about actually removing this section from the document altogether as not terribly useful and largely covered already in services. Are there any concerns with not including any of that content here in this summary even though those comments are still in Kim's document?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

So, this is Janet, the only thing that I would have as a comment, and I think you can handle it as you're presenting that's fine you don't need to change the slide, but to make sure that the HITSC understands that we do consider transport to be vital to be specified but we just don't think the way that it was broken out it provided any real value to have it separate from services.

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

I think that's a good point. Actually I would probably disagree and say that we should go ahead and put a bullet in here on this slide to make that clear just so there isn't any...

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

This is Eric, I agree with what Janet just said as well let's put that as a bullet. I think that will be helpful to the ONC.

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

If there aren't any other comments Section IV I think is the next one in here. I will say that I found this somewhat difficult to summarize the discussion that we had on Section IV and I would certainly encourage any comments here. I think that we are missing in here some clarification on DICOM that came later after this deck came out.

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

Well, I actually got an e-mail from Solomon who is the Co-Chair of DICOM and the HL7 DICOM Imaging Workgroup to say that DIR is not the right one and he gave me full details and I sent it to Kim, it's like something 155 and it's got some other identifiers, and it's based on CDA, and it's closer...and DIR was really pre-CDA. So, that's one we should get in there because that's the best option to get reports...and the other one that was suggested last meeting, MDM, should also be in the list.

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

We did add MDM into the Word document, but Clem, I haven't updated from what you sent me this morning.

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

Did you get the whole details with the links and all?

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

Yeah, I got it, I just haven't had time to update it from when I received it.

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

Well, I would like to make sure that no one objects to that, but his statement was that this replaces DIR and DIR really isn't enough detail and isn't really a true CDA. Any...I mean, I like...if people don't think that is a good idea we should say it now.

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

Is everybody in agreement with what Clem suggested?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I'm not familiar enough with it personally.

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

And neither am I. I've never seen it used in practice.

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

Well it's a balloted DICOM standard.

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

So, maybe the right thing to do there is to add that to some of the discussion notes in Kim's document and specifically list that it is a balloted standard but that the Task Force doesn't have any experience with how much it's been implemented to date.

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

Well, I mean, the challenge is we don't get...well, I guess the MDM is okay, provides some...there is no specification for any reports, the best I can tell, for radiology in any of the 10 years of ONC and if we don't start now it will be another 20.

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

Do you think that this is not reflected in Kim's document and needs to be added.

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

Well, Kim didn't have...we had this...well, I sent her the note at like 1:00 in the morning I think so she didn't get that in, but she has the e-mail from him. I mean, I think it's a disgrace that we've left radiology reports out of medical records.

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

But we did add comments to that and we even...

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

No, I agree with...

**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**

I liked your comments but I think that we should not be...I mean pushing DIR which the DICOM has just made a better one that's all and it's CDA which people have a lot of experience with.

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

All right, well Clem, we'll review the comments in the e-mail that you sent out and we'll get something included. Are there any other comments or thoughts on this slide?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

This is Janet, I have a suggestion, oh, sorry...it's an easy one. There are three points in here that talk about ONC putting together a Task Force or a stakeholder group or a Workgroup you could consolidate those into a single bullet with sub-bullets and it would make it a lot more readable.

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

I agree, yeah.

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

So, this is Eric, I really agree with you that our recommendation to ONC regarding radiology and interventional diagnostic imaging should be that they convene another task group to focus on this, specially reaching out to those with expertise in this debate including RSNA and others. And there are some standards out there such as XDS-I that I believe are widely implemented, but I don't have enough experience to really provide that as an authoritative statement.

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

Well, I...

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

So, let's get the right people.

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

I don't know that we need the right people, I think we just ONC to take a position, that's just another way to delay it.

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

Well, that's not my goal. My goal is to say, I mean, I don't specialize in radiological images and it sounds like none of us on this call also do. And so...

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

Well there...

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

I mean if we have to make...

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

Well there is...

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

A recommendation, my recommendation would be to recommend XDS-I which I do know is in use but I certainly don't want to claim expertise on it.

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

Well, we've got to...I mean, I'd be for that too but I think there's the images and the report and the reports...the images, at least were mentioned, the reports have been left out of ONC.

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

Well, XDS-I encompasses both is my understanding.

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

Yeah, so this is Arien, again, I'd point out that MDM is widely in use for distributing radiology reports.

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

It's...

**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**

Well, I...

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

Agreed, so let's list those two MDM for HL7...

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

Yeah.

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

In the v2 world and for SOAP web services world XDS-I.

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

Yeah, I think XDS-I is mostly used for VNA and mostly used for the actual DICOM images.

**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**

Well, then I still plead for one more, just the pure CDA report, because CDA has so much purchase that if we don't get it on that side that may not get sent around, it may not be delivered as much.

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

Well, I think it's complimentary too, because XDS-I is a services interface not a content interface.

**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 so the...

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

I just worry...

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

...

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

This is Arien, I just worry we're making it up at this point as opposed to looking at what's been used in practice and we're making it up with...

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

Well it...

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

Within general, not a lot of practical experience.

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

Well, it's not any worse than ICD-10 is it? Come on we're doing...I mean, if there is...

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

But I think the point is well taken that, you know, us making recommendations based on a lack of experience or implementation experience doesn't make sense.

**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**

A comment...

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

Well...

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

That there is a need here that needs further exploration I think is quite appropriate.

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

So, Rim, I mostly agree the only tweak I'd add is I think Clem does have a good point of, you know, let's not kick the can further down the road either. So, what I would vote for is a recommendation that the ONC list XDS-I, also CDA as well as MDM as the best known available standards per this workgroup and then put in an explanatory footnote that we recommend that further engagement with the radiology industry is recommended.

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

That's fine. Well, they're going to go for the DICOM 155, whatever I named it, it's a...and the actual documents...

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

Well, DICOM is an underlying standard that's actually recognized by XDS-I. So, I'm not sure these are either/or.

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

It's not either/or, no, no, this is just...this is the next generation of DIR which they really don't think was that good.

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

Okay, so, Rim my recommendation would be to list those specifically that we've identified on this call as best available to the knowledge of this workgroup.

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

Yes.

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

And we recommend subsequent follow-up discussion with industry experts in this domain that way we have a specific standard list or listed (plural) and we also recommend that further engagement is warranted.

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

Okay, I like that.

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

I think that makes sense, thank you Eric. Are there any other comments on this slide? I want to try to get through the rest of this deck so let's go onto the next slide, please. This is some additional comment on security. Are there any comments here?

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

Just looking. Well, I definitely agree with the third bullet that calling out low-level security standards is not appropriate and points to the NIST as a much better practice because they'll be maintained and updated in a more contemporary fashion than we can through ONC regulations since they monitor that domain.

I'm not sure I'm following some of the other bullets though. So, I guess the bullet from the bottom, the second from the bottom about recommending security patterns that's something they've already talked about right previously?

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

This...sorry, this is Arien, I'm also not sure why we called...we point out FBCA.

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

It was brought up on our call Thursday.

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

Yes, so I think listing...so NIST would be there certainly as far as I'm concerned. FBCA might be a valuable list because they do have criteria for allowing for the recognition of certain, you know, CA's, Certification Authorities.

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

Yeah, but so does...again, so does DirectTrust, so does the CA/B Forum. So, there is...

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

Yeah, the CA/B's browser Forum.

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

Yeah, exactly.

**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**

So, we should...

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

All right so let's just leave NIST.

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

Yeah, simplest.

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

I'm sorry, I think I missed the recommendation there. So, do we eliminate FBCA? Do we eliminate all organizations from this? Do we try to produce a more comprehensive list? What do people believe?

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

Well, this is Eric, I would be in favor of leaving NIST and taking out FBCA.

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

That's...

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

And perhaps being...

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

...

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

And perhaps being more specific because it's not all of NIST, not all of NIST is germane but there are certain standards or groups and lists they maintain that are very germane such as the, you know, a list of approved vendors and modules that have been certified as being secure things like that.

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

Fill in the text. Could you spell that out so that makes sense to me?

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

Yeah, I'll be glad to if the workgroup is comfortable with such. I would for example recommend specifically NIST and then the FISMA as well as the Cryptographic Module Validation Program, and the 140 and they had a series of special applications dealing with security and healthcare security. Does that seem okay?

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

I worry about us being too specific.

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

I would as well. Do you think that there is utility in providing some examples just to clarify the point as long as we make it clear...

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

Oh, yeah, yeah, sure.

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

That these are examples.

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

Yeah.

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

Okay that makes sense or we could just make it slightly more general in saying that the ISA should point to applicable NIST, you know, security standards and leave it at that.

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

I'm fine with that as well. Again, this is meant just to be summary slides. I just don't want to raise a lot of questions inside of the summary slides. Arien, do you have a thought one way or the other?

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

No, I think recommending a process and then giving some examples is the best approach in a summary.

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

Okay. Are there any other thoughts on security? Let's move on then please to the next slide. There was a specific question on number 18 on HL7. Are there any thoughts here?

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

I'm not sure what it's really saying. It says, do this but don't do it. I mean, we're kind of going back and forth it's not certain to do but...what is the real point?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I read this as saying we're recommending that they call out a specific type right or not?

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

Well, give an example.

**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**

Like what?

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

So, here was the...here was what I remembered of the discussion and I think this was my point, but saying it's useful to say you should use ORM for orders, you know, ORM 2.5.1 for orders but it's also important to recognize that this doesn't get you that far relative to a more constrained implementation guide like the LOI for example. So...

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

All right, why don't you say that?

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

I think Kim's notes really do kind of speak to that.

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

Okay.

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

So, maybe we should just wordsmith the summary a little bit more.

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

Okay.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

One quick thing, optionality's is "ies."

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

I'll have to go back and review Kim's notes again because I don't recall what language was there but I think that if there is better language to extract into this slide we should go ahead and do that but make sure that things are clear in Kim's notes since we're citing that as the authoritative document.

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

Really just to be simpler I think all we're really saying for the main point is that implementation guides should be referenced as opposed to specific HL7 messages.

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

Well when available.

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

Right.

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

Yeah.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

When it's appropriate, this is Calvin, I did catch a...or there is an error further back in the deck on 15.

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

Are we done with this topic in which case let's go ahead and catch that real quick? Go ahead Calvin.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Yeah, the reference here says CDA we really want to refer to Consolidated CDA or C-CDA in the two top bullets.

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

Thank you.

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

So, there's also going to be a correction to, again, Kim's Word document.

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

Yes I think that was taken from Kim's document so, yes, we need to make sure that we catch that, thank you.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

You bet.

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

Let's return then back to the slide deck. Slide number 21 I think this is where we were and I'll be honest this is somewhat of a summary slide I'm not sure that this provides any real value and the right thing to do maybe to go ahead and remove this. It was meant to be a little bit of a litany of the very high-level things that need to be done in the ISA but I am all for removing this slide if it doesn't provide any value.

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

Well, this is Eric, I like it and I would add one more which is, if there is agreement, which is that we recommend that the ONC work with industry or if necessary fund standards development organizations to methodically remediate all identified gaps.

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

I think that's a good suggestion and I was going to make that one as well based on some of your earlier comments Eric, thank you.

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

Well, I misunderstood, I thought you said you wanted to remove the slide?

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

I was merely suggesting that as a...if people thought that it provided no value here.

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

But then we turn around and say we're going to keep it and add to it.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I like it.

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

Okay.

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

Yeah, so I'm voting to...

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

Well, I thought...

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

This is Eric, I'm voting to keep the slide and add a bullet about SDOs.

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

Well, I'd suggest reducing that statement about emerging standards because it's really a way to say don't use them and I thought we said...

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

Well, how...yeah, Clem, this is Eric, I agree. How about we just word it to recommend that the ONC help curate emerging standards.

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

I like that.

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

I think that makes sense. Are there any other thoughts on this slide? So, what I heard was that we're going to go ahead and leave this slide in.

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

The only thing I would change is wordsmithing instead of saying provide...

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

Yes.

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

Implementation guidance wherever possible reword that to perhaps say to recognize implementation guides wherever possible because ISA I don't think is...

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

Thank you, Eric.

**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**

Yeah, no, I agree. And this might be...if we are going to leave this slide in since it's near the end of the deck and somewhat of a summary wordsmithing this slide is probably going to be important just so we don't leave...

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

Yeah.

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

The wrong impression in people's minds. So if people have any other wordsmithing to apply to this slide it's probably a good place.

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

So, I think...

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

Good.

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

One bullet missing also, as far as I'm concerned, is to recognize the critical nature of identifying common vocabularies.

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

All right, thank you, Eric.

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

Maybe that's too detailed for this, for a summary slide.

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

Thoughts?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

I think it's a good idea to call that out. I think vocabulary is as important as your structures.

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

I think so too, so, thank you. I want to make sure that we spend at least a little time in the final slides, so let's go onto the next slide. There were a number of questions that the Task Force put to us, excuse me that the FACA body put to us specifically and I tried to give a very high-level answer to these largely referring back to material that we've already covered elsewhere in this deck so there is not detailed answers here, but I think that what I'm looking for is first of all that we believe that it's important to revisit these questions and answer them specifically or at this point are the answers so high-level that they're not useful?

And if we are going to keep them in here are the answers that we provide here sufficient or do we need to add material? So, I'll pause there and see if there is feedback.

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

Is the question about immunizations on another slide?

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

Yes, it is, I think it may be on the next one.

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

I'll wait. I think this is...

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

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

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

Go ahead.

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

So, Rim, this is Eric, so I like the first major bullet and the sub-bullets. The second one though to me I think we should go ahead and put a reference back to the work previously done in the other federal advisory committee about the maturity model and perhaps just reference the slide here in this deck where we discussed that in more detail.

So, I think the bullets here underneath the second bullet or the second major bullet are not really that useful instead we should just refer to the one slide we have that talks about the maturity model in more detail.

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

I'm perfectly fine with that.

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

And maybe just have a...

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

Any other thoughts on that?

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

See also.

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

Yes. Let's move onto the next slide I think that's where immunizations is.

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

And that was slide 9 if you want to make that edit.

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

Okay, thank you, Eric.

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

That is where we talked about the maturity model. Okay.

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

This is Janet one of the things that I thought I read in Kim's document was that even as we endorse CVX we said to provide MVX if known.

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

You did and I don't...I didn't think we all agreed on that that's what I wanted to discuss. So, the original proposal and the original...Meaningful Use 3 was that either use NDC or add MVX to CVX that's how I recall it.

And how it's come down is almost just using NDC sometimes use CVX other times and I think the most important thing is that CVX always be there like this first bullet says. I think the NDC says but I don't think there's an existing MVX use but Kim you know you more so you should tell me...you should teach us.

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

Well, with the...you have to...there's certain things that have to be done with immunizations like the lot number, the manufacturer, it has to be documented.

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

Correct.

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

So, I was thinking in the administration...because you may not always have the NDC because some people are just using that for inventory management, but you could have the MVX to put that in there because it's a required documentation.

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

But is it now? I didn't think it was.

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

Not in like ONC or Meaningful Use but when you give actual vaccine you have to document the lot number, the manufacturer, where the location of the immunization there are like five questions you have to answer.

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

No, I know that but I didn't think it was required to use MVX for the manufacturer. I thought you just had to say it.

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

Well that's a good point. You have to document it you may not have to do it with MVX.

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

Well, what I worry about is if we make that recommendation it will get so collided that we won't get anywhere and that if we say you've got to use CVX always they say, in the Regs or they're going to say, they said in the last round, that you've got to use NDC and it will be on the...it will be barcoded onto the package both for the inventory and for the dispensing. I would be happy if they would not throw away CVX ever, because no one is ever going to remember these NDC codes or all that detail.

So, I like these recommendations and I was worried about showing MVX because I don't think...it will either go back to, you know, NDC when you administer and maybe ask a patient use CVX and I can't see how you can reconcile a history that way.

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

So, is the consensus that we remove all the MVX language?

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

I'm not sure I'm convinced of that yet.

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

Well, the...

**Janet Campbell – Vice President of Patient Engagement – EPIC Systems**

Maybe I'm just misunderstanding.

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

No the problem is it is nowhere in regulations, it hasn't been in regulations and it's not likely to get in regulations if NDC is already prominent and I think it may noisy up our recommendation. Keep CVX always that's all. So, it will ignore it.

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

Well and I thought the consensus was that NDC was more for inventory management.

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

NDC is for dispensing not just inventory and they justify it...now don't get me wrong, I would rather it have stayed the way it was, but this seems to be a fast train going on the track and you've got all the other agencies saying it makes sense and I don't think we're going to get rid of NDC for dispensing and inventory management.

But I think we should retain CVX whenever they do a...and it could be part of the barcode if we just pushed them. So you'd always have CVX and when you did dispensing you can do the NDC.

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

Well, I don't...well, I think we have what you just stated that we have CVX for historical and administered immunizations. We have NDC for dispense and inventory management.

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

Well, I think that the thing you say...I think you said it in your document too the CVX I think is going to be a Godsend to the world because that's not what the direction of the regulation it's more vague it's like "yeah, you can use it maybe when you ask the patient about the historical stuff." But you won't have the historical stuff if the patient doesn't have any...you know what I mean. If at the time they give it someone else besides the inventory system doesn't know about it.

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

I guess I'm confused from the conversation what to do with MVX.

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

I think we should leave it out because I don't think it will get anywhere. It was discussed already in the comments in the last round of the previous round of Meaningful Use 3. You might look at it, maybe there's some hope, but they're not...I don't think we're going to get them to do three codes.

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

Well, I don't think NDC should be counted in. I mean, we make the statement but it can't be used for interoperability because the codes could vary. I don't know that there's barcodes on every package either.

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

Well, they make those claims. I don't know it either. I wouldn't be...I just think the train is out of the station on that and the best we can do is preserve CVX everywhere. But I'll go...whatever...you know that field so I guess I'd back down.

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

So, Kim, I think my question to you is do you know what we should do to adjust the recommendation on this slide based on this conversation or do we need to take some more action off line?

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

Well, let me just ask Kim, did you...have you read the last version, the version of the NPRM and the comments going back and forth for Meaningful Use 3, I think there's been two of them out?

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

I did it's been a while.

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

I think I got the sense that they...it was going to either be CVX and MVX, which I would have supported or NDC by itself, or NDC with this vague historical versus dispensing thing.

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

Well, I think you have to have the CVX. The MVX I think helps you meet your requirements of when you actually administer a vaccine and it's really a "nice to have" I would guess the MVX versus a "need to have" like with the CVX where you get the actual name in case there was some type of you wanted to look back...

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

Yeah.

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

For recall or something like that but...

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

We're running out of time here. What do we need to do in order to bring this to resolution so that we can report something out on Wednesday? Do we need to take some more discussion off line here or Kim do you think that you can summarize this discussion and that's sufficient? What do we need to do? And that's a question for the Task Force not just for Kim.

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

Or, this is Eric, alternatively, perhaps just indicate that this issue did not have a clear...we don't have a clear recommendation or decision.

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

Well, I think both Kim and I would agree on some of it and I'd be willing to cave and put MVX in to keep the first two. Because we're not going to get rid of NDC.

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

Okay.

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

And we've got to have...

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

So, we've got a solution.

**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**

Do you want to do that?

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

Yeah, I put in there MVX listed when available so we didn't make it mandatory we just said when available.

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

All right, then it's done, it's done.

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

Okay.

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

Okay, let's go onto the next slide. I want to at least touch one this because we...

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

Rim?

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

Specifically had a request to identify top priorities for 2016 and for the future and these are priorities that I made up based on what I heard in the discussion over the last few meetings. So, I think these are things that we do want to touch on because this is the only place that these appear.

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

Rim?

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

Yes?

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

This is Lisa Gallagher, I had one comment on the security bullet on the previous slide and it's just an adjustment to the wording.

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

Okay.

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

Do you want me to say it or I can e-mail it? Okay, so it says the ISA should reference the security work of other organizations and I would change that to say, should reference other organizations that make recommendations on security standards.

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

Thank you I like that much better, thank you. Are there any comments on priorities or I would really encourage people to think about this and send any comments in on their thought on priorities as well.

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

Well, we were very specific about the workflows that we...the ones that we thought we should not it wasn't just including all there was...I know Kim specifically called out the...there were two of them I think we called out that aren't ready and the other ones we thought were. I mean, this seems to paint them all with the same brush.

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

All right.

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

Kim do you remember which ones you called out for being cautious about?

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

It's...I'm sorry, I got lost.

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

Good standards, I thought there were two of the five that we called out for not rushing to. I think it was...

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

I know that I recalled seeing that in Kim's Word document so we can go glean those out if you like.

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

Okay, I would.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

This is Calvin, I do have to run, sorry.

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

Yeah and we are at the end of our time. Do we have a minute that we can at least take public comment? Michelle, can we open things up for public comment?

**Public Comment**

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

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

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

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

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

While we're waiting for public comment I do want to thank people for their participation today, it was a good discussion today and I apologize for rushing this so close to our report out. I would encourage people to send e-mail comments if they have any others that they didn't get a chance to make during today's meeting. Do we have any public comment?

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

No public comment.

**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**

Well, Rim, this is Eric Heflin, I just wanted to say that I appreciate the opportunity to be involved in this process and I commend the ONC for soliciting feedback on the Interoperability Standards Advisory which I think is one of the most useful documents that have been published. So, I appreciate the involvement and it's been an honor to be part of this.

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

Hey, Eric?

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

Thank you, Eric.

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

Rim, this is Lisa Gallagher I also wanted to say a particular thank you to Rim and Kim for all their effort on this Task Force. I Chaired a Task Force in January and it was a very grueling and arduous process and I really appreciate the work and background that they've put in.

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

Here-here.

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

...document.

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

Yes, we...

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

Thank you and I want to thank the entire Task Force all of the members that were very much engaged through this process and I really appreciate that. If there is nothing else then thank you all for your participation today.

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

Thank you, Rim.

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

Thanks, everybody.

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

Thank you, everyone.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Thank you.

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

Bye.