



## HIT Standards Committee Standards & Interoperability Task Force Final Transcript January 23, 2015

### Presentation

#### Operator

All lines are bridged.

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

Thank you, good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is the first meeting of the Health IT Standard's Committee's S&I 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 will now take roll. 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. Stan Huff?

#### Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Here.

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

Hi, Stan. David Tao? Holly Miller?

#### Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.

I'm here.

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

Hi, Holly. Jamie Ferguson?

#### Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Here.

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

Hi, Jamie. Joyce Sensmeier?

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

Here.

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

Hi, Joyce. Ken McCaslin? Mark Segal?

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

I'm here.

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

Hi Mark. And from ONC do we have Mera Choi?

**Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Yes, I'm here.

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

Hi, Mera and I also heard Lauren Thompson on the line?

**Lauren Thompson, PhD – Director, Federal Health Architecture – Office of the National Coordinator for Health Information Technology**

Yes, I'm here.

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

Any other ONC staff members on the line?

**Mazen Yacoub, MBA – Healthcare Management Consultant**

Mazen here too, contract support is on the line.

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

Hi, Mazen.

**Mazen Yacoub, MBA – Healthcare Management Consultant**

Hi.

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

And with that I will turn it over to Stan and Arien.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Thank you.

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

All right.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, I was going to start off this is Stan; I'm excited about this opportunity to work with this Task Force to look at the S&I Framework and understand where we want to go from here. Just as a little background, you know, a lot of you have been on...are on the Standards Committee and heard some of the discussion but there have been lots of changes recently with ONC and probably one of the important ones is that a lot of the funding that originally came with the HITECH Act has gone away and so there is a need to sort of relook and reprioritize, and understand where ONC can provide the greatest value. And certainly one of the considerations is to look at S&I and understand, you know, what the best approach is. And so if we could have the next slide.

The question that we've been charged with answering is, is there a continued need for the S&I Framework or an equivalent process to advance standards and implementation specification development. And then if...and so there is an honest question, you know, should S&I continue at all and then there is the additional question if the answer is yes there is still a need, there is still value to be obtained then are there things that we should do differently or a different way we could focus or ways that we could improve what's being done and if S&I is not the vehicle then, you know, what would we do to approach and discuss the needs.

So, I'm excited to participate, I'm excited for those of you who have agreed to participate as well. There was careful thought went into how to make this a representative group so that it was balanced in terms of sort of providers and vendors, and, you know, public interests and private interests, and some broad interests from standards development groups, you know, in particular wanting to represent HL7 and IHE, and that blend so that we make sure that we're not, you know, precluding any particular group and at the same time keep the group small enough that we can have candid discussions and move the work along. So, I'll stop there for my introduction and give Arien an opportunity to say a few things.

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

Great, so if we can go to the next slide. We're going to frame up a number of questions for this Task Force and really try to look at the niche that the S&I Framework sought to carve out, ask the question about whether that niche is still valid and important and if the S&I Framework as constituted is the appropriate way to fill that niche or if there are alternative mechanisms that we should be considering.

So, we're asking this Task Force to answer some of the following questions, number one, what standards development needs exist and how well are those needs met by the existing non-S&I Framework and that's inclusive both the private or commercial sector standards development needs as well as the federal standards development needs.

What stakeholders are engaged in those processes and how well are those stakeholders informing standards development and, you know, what kind of input is required from which stakeholders, are there some stakeholders whose input needs to be considered early on in process and you're not going to get success if you don't include them. We want to look at places where the S&I Framework process and other standards development processes work well and also areas where those processes have fallen short. Next slide.

And then we also want to consider the question of what jobs the S&I Framework was designed to do or has attempted to address. As some people know in my role at ONC I was the first coordinator of the S&I Framework and at the time there were a couple of urgent needs, so early on one of the areas was to accelerate and focus attention for some of the necessary standards for Meaningful Use Stage 2. And so things like Consolidate CDA got done as a joint HL7 S&I Framework initiative. The LRI initiative again got done with close coordination between HL7 and the S&I Framework and the S&I Framework really served as a forcing function, an intention mechanism to make sure that we got the work done on a timeframe that met Meaningful Use timeframes.

There have been S&I initiatives that are intended to drive collaboration or in particular funded interest of federal government actors, so for example, SAMHSA created the S&I Framework that ended up being named as data segmentation for privacy and ended up recommending standards for the CDA header to reflect some of the sensitivity of a CDA document.

There have been S&I initiatives that are intended to create artifacts for national interoperability for example the modular spec work that S&I undertook to drive modular specifications for what became eHealth Exchange.

There is an S&I simplification process and early on Doug Fridsma had intent that one of the artifacts of the S&I Framework should be models and tooling that could be of general interest to across standards bodies, HL7, IHE and others. I'm not sure that this work got done.

And then finally, there was a strong focus on the S&I Framework to get pilots and implementation underway, that is that there were existing processes to develop standards but there was a thought that particularly in the timeframes for Meaningful Use there was a need to accelerate activities for pilots and implementation. The original S&I Framework funding grant had some specific funding for pilots and implementation work. And there has been at least, in some of the S&I projects, funded pilot work.

So, one of the questions I'd ask us to consider is, are the jobs that S&I was trying to do still relevant and then as articulated on the previous slide is the S&I Framework as currently constituted the best way to achieve those jobs, can those jobs get done without the S&I Framework and get folded into the missions for example of HL7, IHE or other groups or is something like the S&I necessary and maybe we should reconstitute and refocus.

So, I'm going to pause and as Stan sort of laid out the charter for the group, I laid out a set of questions; I want to see if there are questions from this group on the charter and near-term deliverables for this Task Force. It sounds like we have crystal clarity.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

Arien, this is Joyce, just wanted to clarify that the results of this where will they go to?

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

Yeah.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

I mean, who will be reviewing them?

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

Thank you, so the...as with every Standards Committee Task Force we will, in this Task Force, create a set of recommendations, we'll push them to the full Standards Committee for consideration. I think there is going to be a timeframe slide coming up soon. We'll push them to the Standards Committee for recommendation, the Standards Committee is either going to say "yes, you've got it right" or, you know, push it back to us to redo it.

And then at some point the Standards Committee will hopefully accept the recommendations at which point they'll become a transmittal, they'll be formally encoded as a transmittal letter to the National Coordinator who, since this is an advisory committee, is free to take that recommendation and free to put it in the circular file although I think that's unlikely. I think the ONC really tasked us with this work because they have a real interest, and we talked to Steve Posnack, they have a real interest in figuring out how to optimize the money that they're spending and figure out how to optimize the mission of the S&I Framework. Michelle, did I get that right?

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

Sorry, it was perfect, thank you, Arien.

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

Great.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

Thank you.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Arien, this is Mark Segal, first of all great overview by you and Stan and the deck that was sent out was very helpful. Just a quick question in terms of expectations and what we'll have access to, I think Stan mentioned at the outset the kind of reduction in HITECH related funding, you know, in terms of at least the ONC funding for S&I Framework activities.

Will it be in scope for us at least to understand and will it be part of kind of future agendas to basically get a briefing on the kind of expected funding streams whether from ONC or from other agencies for existing or future projects? Because it would seem that this would be important in terms of, you know, our frankly answering some of the great questions that were framed up.

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

You know I think we can do some of that. I think, Steve has let us know that there is existing funding for running a couple of initiatives on the ONC public dime. VA and SAMHSA, and other government agencies, other federal agencies in the administration have coughed up money for specific initiatives.

And, you know, I think frankly if we decide that the S&I Framework is something that we should double down in and do a lot more in we might make recommendations that the ONC ask for more money or that we work with congress to find other sources.

So, I'd encourage us to take a mission and role first perspective and then look at some of the funding constraints, but I do, you know, I do think the realistic funding mechanism right now would be something like a couple to three projects and then some other funded projects from other federal agencies. And Mera I don't know if I captured that right?

**Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

No that's correct.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Thanks very much that's helpful.

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

All right sounds like we've got clarity on the charter and the key questions. I think, Michelle over to Mera is that right?

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

Yes.

**Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Next slide, please. So, here is the member list it's just everyone's name and who has joined the Task Force. So, we'll go onto the next slide. And here are the upcoming FACA milestones, I think you've all seen this before in one form or another and you'll see that pretty much everything...the roadmap is embedded into this work as well. Next slide, please.

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

I'm sorry, Mera, can I interject for a second?

**Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Sure.

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

Stan and Arien I don't know if you want to take minute to just...if everybody knows each other than we don't need to, but if people just want to introduce themselves so everyone knows who each other is and, it's up to you. Sorry about that Mera.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

No that's a great suggestion let's do that. So, this is Stan Huff I'm the CMIO of Intermountain Healthcare. I'm a member of the Standards Committee. My work has been primarily with terminologies and data exchange standards and information modeling. I'm also the current Chair of HL7 and I'm a Co-Chair of the LOINC committee. So, I'm sort of heavily steeped in standards matters, but...

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

HSPC as well, right?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

HSPC and CIMI, yes, so...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

You're the Chair of both of those, right?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Right, well, yeah and Jamie is on the Executive Committee of CIMI and so there is a lot of cross fertilization here, but, anyway that's a little bit about me. Arien?

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

Great, my resume isn't quite as storied as Stan's, but I lead the Data Platform and Acquisition Tools Group at RelayHealth Clinical Solutions. I've been doing health information exchange and patient engagement here for about 10 years, previously worked in Pharma doing clinical drug development information technology.

As I mentioned I took an 18 month leave of absence to work for ONC where I coordinated the Direct Project and the standards interoperability framework, and then one of the Co-Founders of CommonWell and recently kicked off, with a bunch of other folks, the Argonaut Project and sit on the HIT Standards Committee.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

All right, Jamie?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Hi, I'm Jamie Ferguson; I'm the Head of Health IT Strategy and Policy for Kaiser Permanente. I've had this role here for a little over 10 years actually. I guess I have a laboratory research background as well as data warehousing and data analytics, and so I serve on several different boards and committees with Stan actually including the Board of HL7.

I'm also on the Management Board of SNOMED and on the Executive Committee of CIMI, and on the Standards Committee, and also I Co-Chair the Semantics Standards Workgroup of the Standards Committee and I also represent the Standards Committee on the Strategy Workgroup of the Policy Committee.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Thanks, Jamie. Holly?

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Hi, I'm an Internist and actually I wear a couple of different hats at MedAllies which provides health information technology services including running one of the largest national health information service provider in the country. I'm the Chief Medical Officer and in my other role as the Medical Director of the Taconic IPA and PPR to connect professional resources I do a great deal of practice transformation work in the community where we're trying to move practices to enhanced healthcare quality and outcomes with decreased cost so enhancing healthcare value.

I work very directly with practices to achieve this and as a result am very familiar with the struggles that small, medium and large organizations are facing as they implement and use technology. So, I'm sort of that interface between technology and clinical medicine.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Great. David?

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

I don't think David is on today and I'm not sure if Ken is either.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, Ken did you join since we started? No?

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

I don't think so.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Okay.

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

So, Josh, no he's not on either.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Joyce?

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

The pressure is mounting. Thank you, my primary role is Vice President of Informatics at HIMSS and I've been at HIMSS for about 14 years now which surprises me even. My areas are interoperability and standards as well as the clinical informatics work at HIMSS.

I am also President of IHE USA which focuses on deploying IHE in the US and I'm a member of the IHE International Board. I'm also a member of the HealthWay Board and the CDISC Board. And my background is nursing informatics so that's really the perspective that I try to infuse into all of my roles.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Great. Mark? Mark?

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Sorry, I was muted.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

There you go.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, so here I am, so I'm Mark Segal I work for GE Healthcare IT. I lead our government in industry affairs function and have the pleasure in doing that to have been working closely with our various standards leaders many of whom, I'm sure folks on the call know, like Keith Boone, John Moehrke, Charles Parisot. I Chair, this year, the Electronic Health Record Association and have been heavily involved in the standards related activities of that group as well. Recently joined the HL7 Advisory Committee.

Also involved in several other industry policy bodies. I Chair the eHI Policy Committee. I'm on the HIMSS Public Policy Committee and then I'm also on the NQF HIT Safety Committee. I'm a Political Scientist by training if not practice and for some reason politic science issues keep seeming relevant in the world we're all living in. So, happy to be on the group.

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

Hey, Mark, you and I both that was my background as well, actually International Relations which is...

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

Hello, can you hear me? Hello?

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

Hey, who is that?

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

Hi, sorry, this is David Tao, I've been on the call the entire time evidently I dialed in with the public number and they put me on mute, I forgot that I have a special number. So, I've been on the entire time so I could do my intro quick if that's okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Oh, please do, yes, thanks, David.

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

Okay, sorry, I'll try to dial the correct number next time. David Tao, I worked 35 years at Siemens Healthcare, retired from there in 2012, the last nine years I was very active in standards efforts, interoperability like CCHIT, HITSP, S&I Framework, Direct Project, HL7. I sort of unretired in 2013 as an Independent Consultant to ICSA Labs and I've sort of continued the same work or participation in S&I Framework, HL7 and participation just as a listener in various Policy and Standards Committee Workgroups. So, happy to be here, thank you.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Thank you, I guess, Ken McCaslin he still hasn't joined? I thought maybe he would hear David's story and he's been on mute too all the time, but anyway, thank you for the introductions and then, yeah, I think we're then going to go to, yeah...

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

Back to Mera.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Back to Mera, yeah, thank you.

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

And sorry Mera to interrupt you.

**Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

Not a problem. So, here is the S&I Task Force draft work plan that we have scheduled out for this Task Force. We have about six meetings two in February, two in March, as well as two in January. The next meeting, which is next Friday, we hope to kind of review what we've discussed today and then consider some evaluation criteria for success and to evaluate some activities against the criteria.

And then for February we are looking to have a virtual hearing and hopefully we'll be able to discuss some options on that in the coming weeks. And then finally we'll have...we'll summarize everything in March and we'll have a phase one recommendation and we'll prep that during the March meeting and then present that to the HITSC meeting. So, questions on the work plan or anything else?

Okay, I think, Jonathan is next, so we're going to do an overview of the S&I Framework.

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Great, thank you very much and thanks to members of the Task Force for the opportunity to present today. Just as by way of a brief introduction some of you know me from pre S&I activities and participation in HL7 but within S&I I've been the Initiative Coordinator for the Data Segmentation for Privacy Initiative that was mentioned earlier and more recently the PDMP and Data Provenance Initiatives.

And now as the...I think the fourth framework coordinator I have the ominous task of following in the footsteps of Arien, Jitin and John Feikema as the S&I Framework Coordinator for Mera, Lauren and Steve. So, that's my background and if, even after today, there are any follow-up questions or anything I can do to support the Task Force always delighted to help. So, thank you.

So...I know many of you know this stuff very well so I'm going to go through these slides fairly quickly and then just pause and, you know, take questions along the way as you see fit. So, ONC kicked off the Standards and Interoperability Framework back in 2010 and it is an open collaborative community with stakeholders from both the public and the private sectors.

The third bullet here I think is an important one in that each initiative within S&I is focused on a specific and critical interoperability challenge but it is intended to be broadly applicable to a variety of use cases and user stories. So, not necessarily just limited to those that are used as the basis of the work within the initiative itself and we'll get into that in a little bit more detail here in just a minute.

So, developing clinically oriented user stories and use cases, harmonization of interoperability specifications and guidance, and real world experience, and implement to support through new initiatives, new Workgroups and pilot projects. And then, I think, very importantly, mechanisms for feedback, evaluation and implementation, and often times that feedback goes to the various SDOs or organizational groups that are participating in the initiatives themselves. So, next slide, please.

Okay, so I think this slide should be fairly familiar at least to those who have been participating in S&I initiatives, we used this slide and the next couple of slides in our launch materials. So, the value of community participation is the same for this slide and so we've put S&I Framework in the center here and it is intended and does create a collaborative, coordinated and incremental process for standards. It is guided by the ONC and does have input from the Federal Advisory Committees and is led by an open community of industry participants who are interested in serving the real world problems.

So, as I mentioned earlier, each S&I initiative focuses on a narrowly defined but broadly applicable challenge and it is tackled through a rigorous development cycle which will break down and show you in the next two slides and provides then input to Federal Advisory Committees for consideration. Okay, so next slide, please.

All right, so this slide shows a different representation with a little more detail building on the previous theme, so the functions of the S&I Framework include the development of use cases and functional requirements which are then used as input for the harmonization of core concepts and standards.

So working with standards development organizations S&I then typically evaluates standards and identifies potential gaps in standards or areas of overlap to produce implementation specifications which are intended to solve those requirements or those interoperability challenges that are described by the use case from the first block.

So, from there, moving further to the right we have reference implementation and then pilot demonstration projects. So, this is where the implementation specifications are tested, evaluated and that feedback cycle back into either SDOs or industry organizations takes place before, hopefully, moving forward to being finalized through certification and testing or in some cases through, for example, normative ballots within SDOs. And then underneath that in supporting all of those functions are various tools and services and architecture refinement and management that take place along the way. So, next slide, please.

The S&I lifecycle or S&I Framework key steps are broken out into a number of phases here, there are actually five phases, sorry for the typo. The first phase with pre-discovery is where the initiative synopsis is developed and the charter is developed along with, you know, definitions of success, what is it we're trying to achieve in terms of goals and outcomes, and this is done hand-in-hand with any co-sponsoring or supporting agency or organization, and then as the initiative gets launched it's refined with the community so that the initiative charter can be voted on through consensus with community participation.

In discovery is where the use cases are developed and that's usually done through the use of user stories and scenarios, and resulting in functional requirements for the use case which are then carried forward into the implementation phase and this is also where any risks or obstacles and real interoperability gaps or challenges are also captured.

So, in implementation candidate standards have been identified along the way, are evaluated. We use a, I think, Health IT Standards Committee generated standards evaluation criteria so that the standards can be truly and impartially considered by the community and then a solution plan or harmonization plan is put forward and a harmonized implementation guide is created. And I think this is really considered the technical spec that would come out of an S&I initiative and we often have very strong support from various SDOs and experts in the development of that guide.

So, as we move forward into pilot, as I mentioned before, the implementation guide or guides are then tested and there are a variety of ways to do that tools and so forth and manual testing and verification. And then that feedback that is generated through the evaluation phase measures not only the, I guess, completeness and accuracy of the specification, but overall the initiative success against its intended goals and outcomes.

So, this is the, I guess, baseline of the phases and planned activities and because each initiative is a little bit unique the community and the initiative coordinator and support teams usually tweak this a little bit and focus on those planned activities within each phase that are, you know, mostly relevant and significant towards the goals of that initiative.

So, in slide 13, in the next slide, this is a high-level snapshot of the initiatives to date. You can see that we have broken them down into three separate areas those which are active initiatives, those which are either community led or other agency led and then those which are now inactive or closed for example for being complete.

Out of those active initiatives you'll see, and I think you're very familiar with most of these, the data access framework or DAF, data provenance, CQF and SDC. The prescription drug monitoring program and Health IT integration initiative is nearing its completion, it's now in active pilot phase, and involves standards from a number of different SDOs so that one is a slightly different path as is the EU and US eHealth Cooperation. Blue Button Plus I think everyone is familiar with and the most recent one to launch was the eLTSS, the electronic long-term services and supports initiative.

Public health, LRI, LOI and esMD are all either community led or led by other agencies such as CMS leading esMD and then those initiatives which have completed their work within S&I but may still have ongoing activities outside of S&I are listed here as well and I think the Direct Project and DS4P are two that have been mentioned earlier today.

Okay, so, on slide 14 there was a question or a comment earlier about some of the funding. This shows some of the active initiative sponsors, so for example with Blue Button Plus the VA, ONC and the White House are all contributing and then just a little key to the legend here, the five or the dollar sign represents whether or not the...you know, there is actual funding or significant funding being contributed by that relevant agency or if it's a small dollar sign than its minimal resources.

So, another good example here the CQF initiative is funded and sponsored by ONC and CMS. PDPM, ONC and SAMHSA. And then SDC has PCOR, ONC, AHRQ, NIH and FDA. So you can see that there is a spectrum and there is certainly, I think, ongoing interest and opportunity in co-sponsoring initiatives moving forward.

So, the next slide talks to some of the value of the S&I Framework. So, it has produced and supported, and enabled key standards and implementation guides which have been used in the certification criteria for Meaningful Use, obviously Direct is a good example of that and provider directory services, Consolidated CDA and others that are listed here. I think they're all excellent examples of key outputs and demonstrate the value of the value of the work that S&I can do.

S&I is active in SDO meetings and supports and actually provide resources to speed up and accelerate some of the processes including a lot of the laborious tasks of ballot reconciliation and so forth. So, S&I is very interested and active in several SDOs.

So, the money invested in the S&I what does it get for you? It gets directional influence to push priority standards within SDOs, increases the speed to standard completion while being unbiased because S&I does work in support with various SDOs and of course it depends on the focus and the goals of the initiative.

And it does capture input from a very large and diverse community of stakeholders and without any membership fees that provides a real opportunity for active and open participation within the initiative working meetings.

So, on the next slide here, and there is just...and we'll be wrapping up in a just a second, and I'll turn it back over to you, but this is another representation of the support or the resources that go into S&I initiatives, so on the left hand side we have alignment with ONC priorities such as low, moderate, high and then across the bottom the unique impact of the framework, so the degree of platform reuse for example and these things combined help define the level of support that an initiative might get, so a self-service initiative would for example be able to use the S&I Wiki used for some of the meeting coordination activities like the WebEx and there would be some periodic touch points with the S&I Framework coordination team.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Jonathan?

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

A little...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Jonathan?

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Yes, Jamie?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

This is Jamie, just a clarifying question, sorry.

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**  
Please?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

On the title of this slide is the “we” is that ONC, so this is how ONC supports S&I?

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Correct, yes, thanks, Jamie for that clarification. So, the...and I guess, I don't know if Steve or Mera want to comment on that too, but it could also be considered the amount of support that an initiative gets so it could be that an initiative has strategic support or full support but that support comes, you know, financially from another agency whereas the S&I resources supporting that would be the complete suite. Does that make sense, Jamie?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah.

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Okay, all right, so there is...so you can read this, I mean, there is the spectrum there limited support, strategic support is more targeted and then full support has the full resources of, you know, the initiative coordinator, the support staff and everything else that goes along with it.

Okay, so I think that's actually the last slide, if there are any other questions I'd be happy to take them or I don't know Mera if there is anything you wanted to add?

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

Jonathan, this is David Tao with a question. I was aware sort of the...

**Mera Choi – Acting Standards & Interoperability Coordinator, Office of Science & Technology – Office of the National Coordinator for Health Information Technology – Department of Health & Human Services**

No, I think...

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

Self-service which was sort of the community led part and I guess full support, I didn't realize there were these two middle tiers and are there actual initiatives now that you would put under strategic support and limited support like, you know, I thought it was either...it was sort of an official initiative or it was community led which would be like the two edges, but I didn't know what the middle ones...are there examples of them?

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

No, I think that's a good question and I think that the amount of support, and this is notional, but the amount of support that an initiative gets may change towards the end of its lifecycle. So, for example if we have I think PDMP is a good example where, you know, it's co-sponsored or in part sponsored by ONC and largely funded by or supported by SAMHSA now that it's at the point where it's doing...the initiative is in pilot and implementation, and there are a significant number of pilots that are contributing and participating in the work if that activity continues on for an extended period of time it might change from being full support to strategic support or another example data segmentation, as it completed its full lifecycle within S&I it transitioned over to a self-service or community led initiative before being full sunsetted or transitioned over to the SDOs to maintain and support the standards artifacts that resulted from that.

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

Thank you.

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Thank you. Okay, well, thank you very much for the opportunity to present today.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Great.

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

Great, thank you, so I think now we're back onto the working session and yeah if you just continue and remind us of the questions that we posed. So, first kind of the existential question should there be an S&I Framework or, you know, the moral equivalent of an S&I Framework and if "yes" in what form, if "no" if there are still needs that the S&I Framework was fitting how should those needs be met whether through existing SDOs or SDO coordination processes or otherwise.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, do we want to tackle that first, get the ideas from the committee members and then...or do we want to sort of introduce all of the questions and talk about them all at once? How do you prefer to do this Arien?

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

My bias would be solving for, you know, does the S&I Framework play a unique role and...because if the answer to that is "no" all the duties can be easily maintained by SDOs without additional ONC funding I'm sure ONC would love to spend the tax payers dollars for other activities.

And then if the answer is "yes" then we've got the, you know, is it the existing framework, it is a reimagined framework or is it some other way of using ONC funding to accelerate SDO work for example.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, this is Jamie, if I can make a suggestion along the lines of what I think Stan was suggesting, you know, I've looked at the slides and I think in some of the later slides there are some questions about, you know, what jobs was S&I designed to address, you know, what are the industry standards development needs and so forth, and so the S&I is a particular model, process and framework for solving those questions, I guess, my personal preference would be to look at what it's supposed to do first and then answer whether this is the right way to do that as opposed to the reverse.

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

Yeah, that's exactly what I was suggesting. So, maybe if we can go the two slides down and these I think have been the main goals of the S&I Framework as I said earlier accelerate particular priority projects, find...have a mechanism for other federal actors to collaborate and create collaboration frameworks so one way of stating this is that if SAMHSA wants to get some work in privacy segmentation done does it need to completely reinvent the mechanism for engaging with HL7 and the community and IHE or is it more efficient to bundle process through some larger framework, create artifacts for eHealth Exchange, for Meaningful Use and for other programs, and then fund pilots and implementations. Is there anything you want to add Jonathan from sort of the current perspective of the S&I Framework?

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

Arien, this is...

**Jonathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Go ahead, Arien, I was just going to defer to you anyway, thank you.

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

Arien, this is David, I agree with this as far as the job. I think there is also something else and actually Jonathan sort of mentioned it in his slide, it's sort of like the process or the way it goes about the job and I think three key points that maybe aren't on this slide, one was the neutral body and I think HITSP was trying to do the same thing prior to that, you know, it was supposed to be standards harmonization as opposed to giving all of it to one body or two bodies, or whatever, you know, we mentioned HL7 and IHE but they're not the only ones, so, you know, who arbitrates all that, that was one thing.

The other I think was the participation of the strong emphasis on the clinician involvement not that they're uninvolved in the other bodies, they are, but I do think there is somewhat of a different slant maybe in S&I, there seems to be maybe a higher proportion of clinical people or, you know, end user type people versus technicians.

And then finally, perhaps the little guy, it seems like because you don't have membership fees anybody can participate, you know, you get, you know, that can be good or bad, but it does seem like it's trying to provide for the little guy whereas, you know, if you take HL7, you know, not to criticize, it, but, you know, big companies pay big fees and they get multiple votes. In S&I everybody gets...every organization gets only one vote. So, those are some process type things I think S&I is trying to broaden the engagement of stakeholders through those types of things but that doesn't change the job which I agree is the things you put down here.

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

And, David, you know, I think adding coordination or harmonization across multiple SDOs really should be on this list as well and then addressing balance of interest is probably something that we should consider in terms of...I think you're suggesting in terms of a process point.

So, if I can Mera, I guess ask you to make sure that we include those two points in our subsequent discussion, but let's sort of...unless there are objections let's treat those as included here and particularly that balance of harmonization across multiple SDOs.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, so this is Jamie, I agree that's important and so David I strongly agreed with some of what you said but I strongly disagree with some of your assertions about clinician and other participation.

I did have an opportunity to review with ONC staff, I think it was over the summer, the participation of people from different kinds of organizations on the calls and after the first couple calls on the S&I initiatives participation in the initiatives is almost exclusively vendors and system implementers and other consultants.

And essentially there is, you know, there is no representation, virtually zero, of clinicians, provider organizations, payers, clearinghouses, other kinds of stakeholders, consumers and so I think the lack of balance is actually one of the main problems that S&I has had and I'm not saying that this is true for voting necessarily but in the work of the initiatives attending the regular calls it's a vendor and consultant community...

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

Jamie?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

And so I think that's, you know, one of the...I think that's been one of the issues.

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

Jamie, can I ask, because I want to make sure that we don't end up litigating that particular point right now, can I ask that we first focus on the jobs that S&I is designed to do and then when we conclude that there are some unique jobs that S&I was designed to do then look at the how and I see balances...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Oh, no, that's, yeah, that's absolutely fine.

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

Okay.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

I was just trying to respond to the comment that...

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

Yes, absolutely fair point.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So, Arien, this is Mark, just...again, I'm not certain it's a job but I think it sort of is, and again, as you said without litigating the answer it seems to me that through, I can't remember, there is an executive order, you know, that basically talks about in general the government is supposed to use standards developed by standards bodies that meet certain criteria.

I think there is a sense that standards ought to be developed through, you know, a standards process that meets certain criteria and so one of the things it seems to me that we want to think about is the extent to which the S&I Framework does or doesn't, and again I don't think you would do a broad brush but look at particulars, enhance, have a neutral effect or detract from aspects of the standards process.

So, just by way of example, and purely that I could imagine an argument that says that the existence of certain S&I initiatives and the kind of work going on, on sort of priority problems for the field could actually reduce the extent to which a particular standards organization might engage and then in effect it kind of weakens, this would be sort of a hypothesis to be tested, you know, weakens the work and that in fact if some of the things are pushed back into the standards organizations, and as we know federal and state government for examples have been active there, that in fact it would strengthen those, you know, the work of those organizations. So, in any event, I'd say that...

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

Yeah.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

The basic issue of what's the impact of the S&I Framework on a national Health IT standards process writ large is something we ought to be examining.

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

Yeah, you're referring to OMB Circular A-119 which references an executive order whose number I can't remember.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

I am indeed, yes, thank you.

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

That calls for voluntary consensus bodies and voluntary consensus standards for use by federal agencies. Again, I think my proposal would be whether S&I meets the criteria or appropriate means of meeting the criteria for OMB Circular A-119 seems to me more of a how question and we should absolutely tackle it after tackling maybe some of the what it was designed to address questions.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Well, again, not to belabor it, but my point wasn't whether the S&I per se meets those criteria...

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

...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

It's to what extent does the work of the S&I promote meeting of those criteria across the standards process. So, I think, that's a little different and more of a macro issue.

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

Fair point, so maybe, Mera, if we can include that question as well in terms of...I guess I'd frame it as does S&I by itself tend to weaken SDOs in ways that run counter to the purpose of OMB Circular A-119 and now I have an Executive Order 12866 based on what you said right off the top of my head, but not anymore fortunately.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, I'd just say weaken or strengthen...

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

Yeah.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

I'd add both, but...

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

Yeah.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Absolutely, you framed it well, thank you.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, trying to follow the strategy you outlined Arien, this is Stan, I'd comment on the jobs if you will. My own thought is that there are two of these that are much more important and the other I might argue that it's actually...S&I maybe shouldn't do them.

So, one thing that I think that I would see it doing is the number two, focus collaboration on particular funded interest from the federal government. So, I think there is a real need, you know, for coordination that says, you know, if we're requesting information from providers for purposes, you know, for CMS to support, you know, clinical data to support claims and we're asking for data to the CDC for public health and other things to say, you know, to coordinate and say, what are the government needs, what are the legitimate overlaps, what areas do, you know, are particular interest to the federal government of what they should...you know what the federal government should coordinate within its own use and protect its own interests in terms of government programs and government departments and agencies.

And the second thing that I think, to me, is justifiable and value is in fact funding pilots and implementations that may not, you know, that may be hard to do in a good way through existing standards activities so that it's essentially accelerating creation of a knowledge base so that we're comfortable that standards are really ready for widespread adoption and for, if you will, mandate in regulation.

The other two things I would probably actually argue against, I think it's actually been a bad thing to have S&I create its own artifacts independent of SDOs.

And I also think that with Meaningful Use that focused attention it says, accelerate and focus attention, that one I guess causes me some concern too because it's led to the creation of things that are sort of artificial and interruptive to the workflow and all kinds of things that...yeah, I'm not sure that S&I has done good things there.

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

Stan...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, that's just my bias...

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

Yeah.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

On these things. So, I guess the summary would be, I think there is a need for S&I and we could argue some more about...and if we get into hearings we could argue more about what it is, but I think to my way of thinking there is a legitimate need but there are some things that I think I would clearly say that there are some...I would end up proposing some rather dramatic changes in the focus.

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

Stan let me...I want to go at the first item, I don't...I actually agree with you on providing means for government collaboration and pilots and implementation. I want to take you back to, boy, I forget what it was, it was late 2010 and we had the DoD and VA kind of tearing their hair out around the C32 trying to figure out how to resolve some of the core ambiguities in C32 and we were looking forward to Meaningful Use Stage 2 timeline and it was pretty clear that there needed to be some reconciliation work that was needed for CCD and for other important documents, structured documents that were associated with transitions of care.

And the S&I Framework ended up working with HL7 to fund a lot of ballot reconciliation work of the structured data or Structured Document Task Force and what that actually manifested in was funding Lantana and other organizations to do some of the heavy lifting in identifying some of the issues involved in C32 pulling it together into this Consolidated CDA specification guide and going through ballot reconciliation and to me that was the premier case of using ONC dollars to fund work to accelerate particular activities.

And I just want to pose that back to you as could that job have gotten done through other means? If the alternative to doing that would have been kind of rolling with the C32 in Stage 2 would that have been a good thing or a bad thing? I just want to pose that question back to you because I that's the...that for me was the archetype for this kind of activity.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, you know, should you know...can ONC accelerate by helping fund that? You know going to the case in point, and I'm reflecting this, you know, from my bias probably from an SDO, I mean, the kind of thing that happened...you know, the kind of thing that can happen is that as you contract with Lantana what happens is that, if you will, sort of the control and the intellectual ownership transfers from the standards developers to the contractors.

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

Yes.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

And so the view from HL7 or at least some...you know the kind of things that you hear from HL7, and I'm not saying the outcome was entirely bad, but work comes back and chairs of the committees go "where did this come from, who had input to this, you know, is this a consensus of the body or is this a work product of Lantana" and so I think, you know, the funding and help is good but where I worry basically is when the development of the standard becomes a work for hire and it's not clear who the boss is whether that's being run by the SDO or that's now being run by consultants that are working for ONC and that's where I have, you know...so that's exactly where I worry.

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

Gotcha.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

It's not that we can't use help in funding but if sort of the leadership and the thought leadership of that transfers to a government, you know, a set of government contractors you end up with things that actually don't have buy in from vendors, from the other open consensus body folks and so that's the concern you know.

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

Hi, this is David, I understand Arien's point and Stan's concern but I would...in this particular case having been involved with that all along, I know Lantana was coordinating, I felt like there was plenty of non-Lantana involvement that they didn't shove anything down anyone's throat, it wasn't like they're the only ones who understand it. So, I think it's a legitimate concern and the same concerns have been raised about Argonaut by the way, so, you know, the funding...but the funding doesn't have to lead to that and, you know, plenty of guardrails can and should be put in place so that doesn't happen, I really don't think it did happen with the C-CDA Project.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, this is Jamie, I wanted to go in maybe a slightly different direction back to Arien's framing and Arien I really like the example that you're using of the, you know, the C32 sort of back in the day, and I can tell you from our own experience here at Kaiser Permanente as a provider who shares maybe a million patients with the VA this is a big concern of ours and so we currently have C32 exchange established with VA centers everywhere we operate.

It was extremely painful because, you know, when we first tried to do it when we wanted to exchange a C32 with one VA facility that was that one VA facility and it was different at the next VA facility and so we've had that same pain.

What I would say though is that if we look at...if we kind of back up to the objective or say what the goal is, let's say we have a goal and there is a good goal of reducing optionality in standards implementation for the same use case.

And so what I'm thinking is that maybe on this, you know, list of jobs for S&I to solve reduction of optionality, you know, for the same use case is really a worthy goal. But I would also argue that transitions of care is not a single use case because a transition of care for a transplant patient is very different from a cardiac consult which is different from an oncology follow-up, which is different from a psychiatric referral, you know, and so when you're trying to take all those different scenarios and call it one thing than no one standard is really going to work for that.

And so, I think...but the goal, if we talk about it at the goal level of reducing optionality for a particular scenario that's really worthwhile. So, you know, I would rather sort of back us up to the list of jobs that should be addressed.

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

And then...Jamie, I want to push on this one a little bit because I think we were looking forward to Meaningful Use Stage 2 having some of the same requirements as Meaningful Use Stage 1 but, you know, for real this time and one of the requirements was being able to send a summary document and you could argue about the policy goal of sending a summary document as being nonsensical across multiple use cases, but at least the policy guidance was send a summary to include at least these data elements at transition and we were looking at the C32 as being really the only standard that we had available and we had the experience of Kaiser, the experience of VA, the experience of DoD that led us to conclude at the time that trying to do that on a nationwide scale was going to be highly problematic unless we reduced optionality.

To go to Stan's point, if we didn't like the S&I approach to it what would be appropriate ways of saying, hey for Stage 2 we know we need reduced optionality for this use case. We know the existing standard has known existing problems and we know that left to the standard SDO process whether it be IHE or HL7 or whomever that optionality is not going to get reduced in the timeframe that we need it to. How do you go about solving that job?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, so now you're back to sort of fixing...you know, what do we do to fix S&I and I would say let's make sure we have the right list of goals and objectives, and jobs for S&I to do.

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

I guess what I'm...I guess what I'm asking is...I guess what I'm asking is I'm positing that as a goal, because it was a goal.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, not that's a good one, but let's not go and perhaps design...

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

Fair point.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

A whole standards process around that one.

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

Fair point. So, reducing optionality and in particular reducing optionality around a known timeframe.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Can I break in, this is Holly?

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

Please?

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Thanks, and I don't know how many times I've said this and Jamie I think that you raise some very interesting and important points but my own experience in S&I was you've got to start somewhere and there was nothing. I mean, there was...I'm sorry, I don't mean to say nothing, but there was no standard and we were trying to achieve interoperability throughout the country.

And I agree with you that different information is necessary for different use cases but right now out in clinical care there is a huge proportion of the time when a patient is showing up either at a hospital or at their primary care physician after a discharge or at a specialist's office for a first encounter and that clinician has no, zero, information about the patient.

So, at the time when you think about a use case when a patient's transitioning across care environments and the recipient physician at least has an active medication list, the medication allergy list and the problem list that's going to decrease the 20% adverse events that are happening for the patient's being discharged from hospitals as well as for the high-risk elderly in the ambulatory environment. The statistics are 20% have adverse events.

So, I think, if anything maybe the last bullet here, focus attention on pilots, I think S&I did focus attention on pilots but less on national implementations where we did then say, okay, this is the next step and what do we need to do now, because this was successful but this needs work, this needs further work further tweaking.

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

Yeah, so going back to Jamie's point I think we can agree that one of the jobs to be done is reducing optionality for existing standards and then we can add...and doing so in some cases to meet frankly a regulatory timeline.

And then, you know, Holly, I think you're also pointing to this goal of enabling pilots and Stan has pointed to this as well as a worthy goal. So, I feel like we're making progress at least in soliciting what are some of the jobs that need to get done that S&I has played a useful role in providing so we can get to even...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, let me jump in here...

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

Yes?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Let me jump in and be a little provocative, because at this stage, you know, I think there is lot of...if we're in agreement that we want to go forward then it seems like we're all almost wanting to move to the next step and talk...but so to be provocative, is there anyone, you know, anyone on the committee that would say, you know, we just ought to do away with S&I? Does anybody want to be an advocate for that position?

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

This is Arien, I will be an advocate for...I believe at this point S&I is currently constituted, has not had the level of success that it needs but I would not be an advocate for going back to the previous process that did not solve for, at least the three jobs that I think we've articulated want to get done, the job of reducing optionality for existing standards where we know we have the need.

Number two is providing a path for federal partners to engage in the standards process.

And number three is funding pilots and implementation where I'd say that's been historically a pretty big gap relative to healthcare standards development.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

This is Joyce, I don't feel that it should be thrown out completely either, I think, we've made some...articulated some or you have articulated some good points and what areas of focus like the collaboration piece I think is essential. It's been a history of the SDOs to work in parallel paths and I think it's getting better, but I think there is an opportunity for that coordination level with S&I. I like the pilots and implementations as well.

But I think the piece I haven't heard thus far is national priorities, helping to identify and articulate what those are and that may related to Jamie's point about reducing optionality or others, but I think that's a very important role that will help get attention but not necessarily drive funding of a particular thing.

And then just one other point about the funding and the challenges there. I understand that there is less available but what I think has been very successful, from my perspective, is the people resources that have been planted into these projects from ONC and other agencies and providing that thought leadership and help with the heavy lifting of the work. So, I think that would be a way that S&I could drive that as well.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, this...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

This is Holly...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Go ahead.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

This is Holly again, another aspect that I don't want to get lost that David highlighted is the fact that it really is an open community.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

This is Mark; I'd say one job thinking about some of the things that have arisen with standards that came out of S&I whether it's Direct and getting into some of the practical challenges that have arisen about implementation and things that needed to be done that either weren't necessarily anticipated or were but were kind of left for others to do, or, you know, the kind of things that have emerged, you know, what I tend to view as just, you know, growing pains with C-CDA and some of the work, I know Josh isn't on the call today, that he and colleagues have identified again with variability and kind of earlier uses of C-CDA.

It would seem to me that either a job for S&I or a job that needs to be done by someone is for those standards initiatives that are really driven by the S&I to not just kind of label it sort of pilots in implementation but really to apply some of those tests, I know that Dixie Baker has been working on, around standards maturity and to be really sort of thinking through what are the things that need to be done to actually kind of effect kind of, you know, full production and implementation of these standards and/or kind of assess when they're ready for full implementation. That seems to me to be a critical part of the process and potentially a role in a kind of, you know, reconfigured S&I.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, this is Jamie, I think something else to add and I would echo Arien's comments first that, you know, there is need for something but it's probably not S&I as it has been constituted.

But I think that one of the areas that's important is transparency and inclusive stakeholders representation in the setting and determination of the priorities, in other words, the selection of priorities to determine what gets done, you know, and the reason why I think that's so important is that S&I has been in direct competition with SDOs for fixed resources for standards development because with a few exceptions there is a finite community of folks who work on standards development and if they doing it in S&I then they're not doing it in the SDOs. And so I think that means that the prioritization of, you know, what's important, what gets worked on and which are the projects that should be done, you know, needs greater transparency and should be in the list of objectives for the...sort of the new S&I if you will.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

Yeah, agreed.

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

That's a really important point it's one of the things that Keith Boone emphasized to me over and over again that the most scarce resource actually isn't money it's brains and there aren't that many of them and you've kind of got to concentrate the effort.

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

Yeah, this is David, I would totally agree with that. I mean, the competition is unintentional and it's tempting to be collaborating but the fact is there are only so many meetings and so many people that can attend them so that is a problem.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, what I'm hearing is that, yeah, people see a need for, if not S&I for something like S&I. So, people have talked maybe a restructure but, you know, I don't think people are saying there aren't needs that need to be met, you know, the things that we're trying to address they're...all of us would have one or more of those that would say "yeah, that's something that needs to be done."

So, if it's okay then I think we would say, okay, we've answered the first question which is sort of, yeah, there is a need for S&I or something like S&I and now maybe to talk a little more in depth about, you know, where things have been done well and, you know, where things have been difficult to start trying to frame, you know, how we might change or what would a new thing look like...

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

And before we go there...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

That would be...

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

Yeah, my proposal would be I think we have broad agreement on bullet two here focus collaboration in areas of particular and funded interests for federal government actors and focus attention on pilots and implementation.

I think Jamie has proposed a wording change for bullet number one that I would agree with which is accelerate reduction of optionality for necessary standards for maybe not Meaningful Use but high priority policy goals in a timeframe that meets policy needs.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, Arien?

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

Yeah?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

I'm sorry to interrupt, but I don't agree with number two, because what that says is that whatever any government agency gives S&I funding for is what the priority is.

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

Yeah.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

And I think the point of having an open, inclusive process for setting priorities is that because of the scarce resources there may be other considerations and maybe, you know, NIH research data input or, you know, formed data collection for registries is not the top priority for that group of resources and so I do think there needs to be something different there.

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

Before we get there can we get agreement on the wording for bullet one, you had a good amendment and I wanted to make sure I captured it well.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

On the reduction of optionality, absolutely, that's right.

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

Reduction of optionality for known use cases that are associated with well-defined policy goals. And I think we've got...I just want to post this out to the group, I think we've got broad agreement on that need and on pilots and implementations. I think we have broad agreement on artifacts for national interoperability maybe may have been a misguided goal. I want to pose that out to the group.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Arien, you're suggested change to the wording for the first bullet though I think overlaps with the discussion about open and input...open input to the areas of focus.

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

So...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, speak to that a little bit, this is Stan...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Because you've limited it to government policy and the area of focus that might be identified in an open discussion across the community might be other clinical needs besides just government policy.

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

I guess what I was...I wasn't intending to say government policy in the sense of SAMHSA or other agencies. I was intending there to mean ONC articulated policy for example from the Health IT Policy Committee or otherwise. Trying not to say Meaningful Use but saying Meaningful Use through other means.

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

Yeah, hi, this is David, I think for both bullets one and two I think the issue of government has been brought up as a possible stumbling block and I sort of agree because shouldn't we just say, like Joyce said, national priorities which is really a meld of government, private, yeah the Policy Committee is not government...

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

That's right.

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

It includes government so that's supposed to be our direction isn't it?

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

Yeah, that's right national priorities I think is well put.

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

Yeah.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So, Arien, this is Mark, two quick questions, one, as we're adding and revising the list are we focusing now on what should be done going forward as opposed to the way the major bullet is framed which is what was it designed to do? So, that's a quick question.

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

And again...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

And then I've got one suggestion.

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

So, that would be...I will pose this back over to Stan, but that would be my intent in clarifying the jobs to be done is saying, look we have broad agreement on these jobs that need to continue to get done and then we'll discuss how and I'm actually thinking we have an ask, Stan and I are supposed to present to the next Standards Committee, and I'd like to say we agreed on this and we're pursuing that so that's all I'm saying.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Okay, all right, so then my suggestion is sort of wording and concept, and it's the current bullet four and it relates a little to the point I was making on kind of on effective implementation is...when we say...I mean, focus attention is actually, it's not really a verb, because it's a verb and an adverb maybe, you know, whatever, but that's pretty weak and it would seem to me that in fact the goal would be at least something as strong...stronger to the point of say facilitate, which still isn't all that strong, but I think we want to try to move beyond a focus attention...

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

Yes.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

To again, at least facilitate pilots and effective national or production implementation or something like that.

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

Yeah, I like that.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Now, I like that as well and the other thing that I might add to four actually is evaluation because I think there is...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yes.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

There has been a terrible dearth of evaluation of the outcome of, you know, what's been done.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

I completely support that and even go to the extent of evaluation and iteration.

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

Okay.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

That the evaluation feeds further work.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

But that...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

I agree with that completely, sorry go ahead.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

Thank you, Arien, this is Joyce, I didn't quite hear what you said about the third bullet. I didn't hear the last like two words, so I couldn't understand if you were saying get rid of it or support it or what?

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

Sorry, it was around the third bullet where, create artifacts for national interoperability where Stan's proposed omitting this as a need because it can be more effectively done by existing organizations.

**Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Health Information Management Systems Society**

Agreed, yes.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Can we change it then to say engage existing SDOs to something a little...

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

There was a...David proposed the harmonization.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**  
**Information Management Systems Society**

Okay, that's fine.

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

In any particular areas where there is content and vocabulary, and transport needs where you've got IHTSDO and HL7, and IETF, and IHE that all maybe involved.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

The only thing is that the term harmonization implies an artifact has been created that needs to be harmonized.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, I agree.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

And that's where the issue lies.

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

Coordinate?

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Well...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

I think coordination is the coordinated development because then you're not...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

This is Jamie and I...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Creating artifacts that need harmonization.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

I have a suggested alternative that may take care of this, I'm not sure, what I would suggest is a bullet that says that the job is to coordinate and support existing SDO mechanisms to achieve ONC's goals or to achieve national priorities.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, I would do it with national priorities.

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

Yes.

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

Okay.

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

And this is David, I think that also since somewhere else the point about reducing optionality is going to be in there I think that combination will help because I think one of the problems...the reason these artifacts...some of these artifacts were created was to try to do that, you know, so Holly and I both worked on the companion guide for C-CDA and, you know, it didn't really control the optionality because it wasn't allowed to be normative it was only informative, but the whole idea was that left alone the standards cited C-CDA had a lot more optionality in it and needed a translation to MU, so, eventually that ended up in HL7 anyway where it is now but it didn't start out that way.

But the idea is that the job needs to get done of constraining the optionality for national priorities for national interoperability and ideally within the SDOs, so whatever it will take to get that done so that it's not just left undone is the key. I think S&I was trying to fill a hole there and maybe there is a better way to fill the hole but the hole still needs to be filled.

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

So, I'm going to propose a wording change because I've heard both of these as being subordinate to national priorities. So, my proposal is to support identified national priorities, reduce optionality for existing standards and coordinate and support work across SDOs.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Sounds good.

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

Okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, I like it.

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

So, do we have agreement on striking the create artifacts for national interoperability as a priority and then maybe we can go wrestle with the priority issue for government actors. We've got revise...I just want to be really process driven here, we've got a proposal from Mark to reword the pilots this way, facilitate pilots and effective production implementation and evaluate success.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Again, I think that you want to ensure that you're pilots and your implementations continue to feed the work that you're doing because I think that's where it gets hung up that it's not iterative.

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

Yes.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

That you don't find, okay, this isn't working let's go back now and refocus here.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, I want to support that point, I think, that, you know, evaluation of the impact is...you know, may rise to its own bullet because I think you want to look at the evidence of, you know, what the...what has been done demonstrating better patient care or cost savings or whatever the objective is.

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

Okay, so let's...maybe we can word, facilitate pilots and effective production limitation and feed learnings back to SDOs.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Perfect and SDOs and S&I.

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

Well, we're not...this is a job for...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Okay, SDOs is fine.

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

Yeah, we're not assuming...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

And Arien you had asked about the third bullet and as I listen to the conversation and think about what, you know, my colleagues need in the vendor community and frankly what our customers need, artifacts are obviously important and, you know, part of it is we heard about artifacts reduced optionality.

So, I would rather than losing bullet three, you know, I would replace the word create with again something like, I don't know if it's the right word, but facilitate or seek to ensure the development of needed artifacts and in fact that may even be a place to put in the reduced optionality.

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

Yes.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Or that...

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

We reword that too.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, exactly.

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

We can make that work with the previous point.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah that could be another sub-bullet under reduced optionality and I really like the idea of replacing create with something like facilitate.

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

Okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Now there were a couple of things people suggested too in addition to this list did we capture those and could we repeat those as well?

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

I think we captured them, so David suggested the notion of harmonize and I think we've captured that in our revised language for supporting national priorities. There is a balance of interest question that I think is a how question and not a what question. So, I think we've captured everything maybe we just pose that back out to the group to make sure that there is no urgent point that we've lost.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Arien, one thing on bullet, I think bullet two on the collaboration and, you know, the government role and this may or may not be appropriate for S&I but...and it may in fact be part of the, you know, the ONC strategic plan or what have you, but it does seem to me that at least there is a national interest or a government interest in having coordination among the various government players in terms of their effective engagement with the SDO process.

And, you know, in a past life I was more involved with sort of the ANSI X12 and, you know, I saw Medicare, CMS and State Medicaid agencies were pretty effective about gaining participants there and so that's a bit different than sort of what's here or that, you know, government goals should dominate...

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

Yeah.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

But rather at least ONC I think has an interest in having government goals appropriately represented in the broader standards process.

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

I like the way we've just reworded this because we've presumed the existence of national priorities and I think the objection to some of the work that's happened is that just because a particular federal agency wishes to pony up dollars doesn't mean that it's a national priority. We do then have the existential question of how do we decide national priorities, but...and then I like...so maybe we can strike that one because it's already covered in supporting identified national priorities.

And then I do like the notion of providing a, I don't know what your proposed wording would be, but providing a standard path or an organized path for federal partners to engage in healthcare related standards bodies.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

That's right and I think those are consistent, in other words, I'm not saying that the government priorities should dominate it's just that the federal government I think has an interest in effectively being able to articulate its own interests in effect in this larger process in support of national priorities. But I agree entirely with the earlier direction you identified that we don't want one government's ability to fund an initiative to really then define what the national priority is. So, what I suggested was a compliment I think rather than a substitute.

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

Yes.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, I...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

I'm just going...I looked at slide 15 and one of the things that, value of the S&I Framework and one of the things that kind of popped out was the notion that the ability to prioritize within the SDOs the new standards that were being driven through.

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

I think we've captured that Holly in the sense...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Okay, I think we have.

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

Of supporting identified national priorities. So, what we're now saying is to support identified national priorities, reduce optionality for existing standards, coordinate and support work across SDOs and facilitate consolidated artifacts.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Yeah, but my point is a little more subtle that the SDOs would prioritize this work so that they will...the speed for getting it through and processed will be enhanced.

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

Okay.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Which is not...I don't think we've said that yet.

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

Yeah, okay.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

And I think there is real value in that given that, you know, often the SDOs meet on a very specific schedule and if it's not on the agenda...

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

So...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, this is Jamie I have a comment that I think is related to that which may fit together with this idea of helping the SDOs to accelerate but it does speak directly to the process for setting national priorities and I do think that there should be a goal for S&I to engender or to seek to have a transparent and inclusive process for determination of the national priorities which then in turn would be those things that we would want the SDOs to focus on and accelerate.

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

Yeah, Jamie, I took it...I'm writing notes and I took an asterisk on exactly that point that if we're presuming the existence of national priorities it's incumbent then to have some well-organized process for noting the national priorities for which there are standards gaps.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Yeah, I think that specifically citing, you know, increased transparency and either balance or inclusiveness are important points in setting the priorities, because frankly one of the big criticism that was leveled previously against the process is it's a black box and you just take what you're given.

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

Yes.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So, I think this is very good. So, there is one thing that I would propose as an entirely new sort of focus or need and you guys determine whether you think this rises to the level, but one of the things that's frustrated me is that the...too often things are focused on specific projects and not on any discussion of what would be enabling infrastructure that should be invested in and coordinated.

So, my example would be that you've got DAF and you've got the clinical quality initiatives, you've got clinical decision support all of which have needs for value sets, needs for information modeling, you know, needs for maybe better data exchange or service layer and each project did its own thing and there was no sort of discussion what kind of infrastructure could we put in place that would not only advance those initiatives but would advance interoperability generally.

So, what I'm proposing is that there would be one of the jobs that S&I should do would be to review and initiate, you know, or I don't know what the right...develop a plan or actually develop infrastructure to support this rather than being entirely just oriented on a specific project of, you know, transitions of care or clinical decision support or some other but actually have a more strategic role in defining and promoting consistent infrastructure.

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

And are we talking about a “what” as in a job to be done or on a “how”?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

A “what.”

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

Okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

To focus...

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

What’s the job that’s not currently getting done not by S&I but by the SDOs and existing process?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

They’re not creating infrastructure.

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

Okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

You know, I mean, it’s happening in some sense because, you know, the value set authority got set up by NLM but it...I’m not sure we could say how that happened as being a coordinated or strategic thoughtful approach to that nor, you know, has sort of everybody’s needs and requirements I think been sort of systematically understood.

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

Okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

But I mean it’s my bias so you guys temper my enthusiasm and say, well I don’t think that rises to the level, I mean, I...

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

What I’m just trying to...Stan, this is Arien, what I’m just trying to correlated on is your earlier strong point-of-view that S&I should not be establishing artifacts and infrastructure that that’s the SDOs job to do.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Well, I said artifacts I don’t think I said infrastructure.

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

Okay and then maybe I just misunderstood that point.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, this is...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Just to take an example is provider directories and, you know, probably everybody has some familiarity with issues around provider directories. I don't think, you know, we're saying that it's either the SDOs or the S&I's job to create or manage, or operate provider directories but I think there is a job to promote the existence of needed supporting or enabling infrastructure so that the standards work.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, this is Mark, I agree entirely and I think you all said it better than what I was trying to say earlier on basically thinking beyond the creation of a standard to how it's actually used in practice and again I think that Stan...both examples the value set authority and provider directories, certificate authorities, you know, some of those things that again Arien you're obviously more than familiar with that were needed around Direct.

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

Yes.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

And not to develop them but to really think through in a sense the whole architecture around a particular standards and how it's used.

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

Perfect.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

And many of those are not things that are really within the scope nor should they be in the scope of an SDO.

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

Okay, so I've got support enabling infrastructure in areas not covered by SDOs and our examples are value sets, certificate authority or certificate processes, certificate policies.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Isn't that what DirectTrust is doing?

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

DirectTrust is doing that but I think it's just an example of something had to...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

So are we considering them a standard organization then?

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

So, I think Mark's just pointing that out as there was a need it wasn't getting done.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Well if they're doing it wouldn't that then just go into the implementation? I'm confused.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

I think it's just worth thinking about to...I mean, again I view that as related or part of the implementation but I think Stan's point of particularly calling out not just...I think there is...he had two points, one is call out infrastructure I think, I don't want to put words in his mouth, but the other is the fact that there may be infrastructure elements that are common to or cut across particular standards or particular kind of use cases and that for the S&I to kind of think strategically across the silos of particular standards about common infrastructure elements.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

So, making recommendations about...

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

Yes.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Standard-based infrastructure in implementation projects?

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, I mean, I would say making the recommendations around enabling infrastructure for...standards, just word it slightly differently.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

I'm sorry, I missed it, what was your wording?

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Making recommendations...or making recommendations about and/or identifying needed infrastructure to implement key standards.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

That makes sense.

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

Okay.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

That's all I have.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Do we also want the S&I to identify standards that are needed to support technical infrastructure?

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

I think, Holly, I would suggest that goes back to the national priorities question.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Gotcha, very good, it does.

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

I think this...Stan this is a good point because I think just from my experience also working, you know, at a software company, you know, generally product management, marketing, you know, they want feature function, they want things that are visible, that you can sell, that people will recognize, infrastructure tends not to be that kind of thing and so it often so happens that companies will, you know, different projects within even the same company or in our case within the same nation, will do their own thing, you know, and infrastructure will be neglected.

But I think we have to be careful in any examples because when provider directory was mentioned I thought well that was an S&I initiative and it's also a standard in IHE. So that one sort of exists now some people don't like that one, but nevertheless, you know, that may not be the best example but I think value sets, you know, overall is...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

So, I mean, what I was talking about there, David was the, you know, not the existence of a standard for it but the actual infrastructure operating that everyone can use.

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

Oh, like an actual...yeah...

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

The operational instance.

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

Right, got it.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

And I think Stan that's what you were talking about unless I misread you.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yes, that's exactly right, yeah.

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

Perfect, okay.

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

All right not the standards for the...I mean there are standards involved but the infrastructure itself, the physical...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yes.

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

Existence of it, yeah.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yes.

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

Good.

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

We have nine more minutes, I think we in this call have done a really great job at articulating jobs that I think we all agree need to get done and either because they span SDOs or because they aren't part of existing SDO missions need some way of getting the job done that would be appropriate for something like the S&I Framework.

I took a bunch of notes, Stan I don't know if you took notes and I assume ONC staff took notes but we'll try to frame up the final recommended jobs to be done, send it around by e-mail and make sure we've got consensus on it prior to the next Standards Committee meeting.

And Stan I would propose at that meeting that we say we got broad agreement on these jobs that need to get done, agreement that something like S&I...something needs to exist to get this job done. I think we raised a really key point on how national interoperability priorities get set and our next step would be making recommendations for how to better...how to more effectively get those jobs done.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, I think, yeah I think that's great. So, if we could...yeah, if we could send out to this group, you know, a printed copy of what we think we've agreed to and then we could confirm that we agree and then that would be a great thing to report out.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Arien and Stan just a point of information, I think in the note that came from Michelle it had talked about by close of business Tuesday getting answers from Workgroup members or Task Force members on unanswered like open questions. Is that in effect? It seems like we actually worked through key things we were wanting to so I'm just wondering is that still a live assignment because I'm trying to plan my early week.

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

I don't think so, I think we framed things up, Michelle I don't know if you have any perspective or Stan if you have?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, I don't think we need to do anything more by Tuesday.

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

Yeah.

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

Yeah, this is Michelle, I think, you know, just a quick update during Tuesday's Standards Committee call, but I think that's right.

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

This is David with just one last question going way back to the work plan, I sort of failed to comment earlier, there is a...the last thing on the slide was March Standards Committee meeting phase 1 recommendation which maybe I missed phase 1 means what? Is there a phase 2, a phase 3, what does phase 1 mean?

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

This is Michelle, so we're thinking that there might be, you know, an initial set of recommendations that would be...we're hoping to be completed by March but there might be additional work depending upon the place you all land and if there is additional work then that would probably be phase 2 it really just depends on where the group lands on their first set of recommendations and the reaction that we get or you all get from the Standards Committee.

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

Okay, thank you.

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

Our goal would be to make sure there is no phase 2.

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

Okay, reasonable.

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

Stan should we go to public comment?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, let's do it.

**Public Comment**

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

Operator can we 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.

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

Can we call it?

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

Yes, we're trying to give a little bit more time for people to call in, so, yes there are no public comments and thank you all for spending your Friday with us and we really appreciate you participating in this newly formed Task Force. Thank you so much have a nice weekend.

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

We'll get out...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Thank you.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Bye-bye.

**Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente**

Great, discussion, thank you, bye.

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

Thanks.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Thanks a lot, bye.