



**HIT Standards Committee  
S&I Task Force  
Final Transcript  
March 5, 2015**

**Presentation**

**Operator**

All lines are bridged with the public.

**M**

...fanfare for our meeting.

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

They want to bow or something.

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

Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 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'll now take roll. Stan Huff?

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

Yes.

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

Hi, Stan. Arien Malec?

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

Good morning...afternoon.

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

Hi, Arien. David Tao?

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

Here.

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

Hi, David. Holly Miller?

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

Here.

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

Hi, Holly. Jamie Ferguson? Josh Mandel? Joyce Sensmeier? Ken McCaslin?

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Ken McCaslin's here.

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

Hi, Ken. Mark Segal?

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

Here.

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

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

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

Here.

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

Is Mazen on as well?

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

Yes, here.

**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**

Okay, with that I'll turn it back to you Arien and Stan.

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

Okay.

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

Okay.

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

So Arien and I didn't say who was going to do what part here, but...so, I don't...do you want to go first Arien? Do you want to...or...

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

Since I did a lot of the editing on the recommendations, why don't you do the front part and I'll do the recommendations section.

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

Okay, so I guess we can go to the next slide that just shows where we're at in the work plan. We're on our second to the last conference call before we present our recommendations to the Standards Committee on March 18. So, we had the virtual hearing on Friday and then we're going to have one more session after this to look at the actual recommendations and actually the transmittal letter that represents that information. And so today I think we want to do a summary and some analysis and understanding from the virtual hearing, but then really begin focusing on the recommendations and then continue that next time. So, I think that's where we're at today.

So, next slide. So again, I won't spend a lot of time on this part but, we've said quite so far already about sort of what...that we think there is a role for the S&I Framework and then to say in details what jobs are to be done and evaluate the how and, etcetera and then final recommendations. And so that's again where we're trying to get to. Next slide.

Okay, so this is then...what we propose to do is maybe take I don't know, half an hour, 45 minutes to think about themes from the hearing and what...and then especially think about what from the hearing we may want to reflect in our recommendations, if we haven't already covered or talked about those things. So, in...this is a proposal about some things that were abstracted from the hearing, and we'll just kind of walk through these.

First item, even with balanced representation, every real world standards activity gets driven around a core group who are driving its success. Sometimes the interests of the core group may help ensure its success, but in other cases, they may drive away others who are keenly interested in the outcomes. So, yeah, there was an interesting...I guess just to give my perspective on that, there was an interesting perspective on balance.

Basically there was an argument that you can have a large group that's balanced, but in the end, work seems to always get done by a small group of three to five people who do actual writing and creation of drafts of things and that that's usually not so balanced. And there were also two perspectives, people who said, one of the wonderful things about S&I is that...the fact that some people who don't have travel money and don't have an opportunity to go to...have an opportunity to participate in S&I in a way that they don't have an opportunity in the SDOs. And then on the other hand there was Clem who was saying, he had to quit coming to a lot of meetings because the process was so slow that he couldn't spend the time to finally get the work done and so the people who ended up being there were people

who were highly motivated but representing perhaps a niche sort of solution or population and so it was ni...in a sense it was a nice sort of diversity of opinion about the virtues there.

But...so...and maybe I'll just go through these and I'll try and be a little quicker than I was just now, but, go through these and then we can talk some more about them. So some stakeholders commented that there was difficulty connecting standards development with clinical and workflow process outcomes that would be affected as a result of using the standard. S&I need perspective from clinicians on the frontline in order to maximize impact when standards are adopted.

Clinical and economic outcomes should be an important driver. And the S&I Framework is a consensus builder and accelerator bridging the gap between the HIT Standards Committee identification of needs and the SDOs codifying those needs in the standards. Need to move more tightly coupled SDO processes with S&I activities to ensure that standards are clinically useful and usable. So I'll stop there and invite I guess comment and discussion around those things.

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

Stan, this is Mark Segal, just to...I thought this was a really good kind of sum up. One thing I might extend or add to the last bullet, and I think it was something that Walter Suarez really raised well in his comments on one of the latter panels is I think we need to have a fairly careful delineation between the roles of S&I activities...S&I work and the roles of the SDOs. I think that's a bit implied in the prior bullet that focuses on the Framework as a consensus builder and accelerator, but I'd like to have some bullet that really talks about clarity on the different roles of...and the overall standards life cycle.

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

Yeah, I think that's a good point.

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

I think we do have that in the recommendations section, so maybe we can look at what we're proposing there and see if that gets at the concern.

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

Yeah and I think just Arien, just to follow, I think it's probably a good idea as much...where we can to have sort of traceability back from a recommendation to a theme. So I think...

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

Sure.

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

...that's actually kind of a useful back and forth, making sure we have recommendations that cover key themes and vice versa.

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

Yeah, so we did actually try to write in the recommendation section a set of findings. So let's make sure that, again we're...because our findings would come both from our deliberations as well as from the public hearing. So let's make sure in the context of the recommendation letter that we've got a consistent set of findings and that we've mapped those findings to a set of recommendations.

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

Perfect, thank you.

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

Um hmm.

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

Yeah. This is Joyce; I agree and thank you for that Mark. Also, I just think this last bullet, it's making it look like...sound like the standards are not...the only focus is clinically useful and useable and I see the word tightly...words tightly coupled, but maybe there's an additional word for alignment or some other...I mean, our only intent was not on the clinically useful and useable; it was more than that, it's like they're working in sync, that S&I isn't developing standards but they're working in collaboration with the SDOs. So, I'm not clear on exactly what words are missing, but I can...

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

Yeah...

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

...I feel like there are some words missing.

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

And Joyce, this is Arien; this is supposed to be a summary of the public hearing and should inform again findings for the recommendations. So I think we've got that in the recommendations, but let's just keep that point there and make sure that we're...you're re-raising it in the context of the recommendations. But if you don't think this is an accurate reflection of what was raised in the public hearing, let's make sure it's listed as a key finding in the public hearing as well.

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

Hi, this is David. I think the slide is a good representation of the hearing; again, it's not necessarily synonymous with what our recommendation will finally be. I think on the concept of balance, the first bullet, there were several, and I think mainly in the first panel, that talked about that and all sort of saying well, balance is good, but it could be overrated and it couldn't be the only criteria; you really want quality in the end whether it came from three people or 100 people.

But, I'm just trying to draw an analogy to my experience with just product development in general. So a standard is a product that's being...not a sale product, but a work product that's being developed. But you have different stages of its lifecycle, just like you do with software and if we thin...at least I think through consensus processes, different stage versus the early marketing requirements versus the detailed functional stacks or sprints, depending on however you backlog descriptions versus the code reviews.

And you don't have the same participation at every stage. You do have some continuity, maybe a product manager who shepherd's it along, but...so, maybe it's unrealistic to think that balanced representation means the same percentage of each stakeholder group is equally parts actively engaged all along, I think that's what they were saying, that's not realistic. But you do have, you know, you've got the opportunity all along, there are no barriers to full representation of all stakeholders and you do have

maybe the people that tend not to be involved in the detailed standards definition stage, maybe some of the clinicians who don't have the time for that, but they are both...they are in the front and the back ends, requirements as well as validation.

So I think that that might be a nuance we could put in balanced representation; it doesn't mean equal representation of all stakeholder groups at every stage of the lifecycle. But as appropriate...

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

Yeah this is David...this is Arien, sorry; David, this Arien; I agree with that. I think the key point here is let's make sure we're not driving away folks who have business ownership or clinical responsibility from the S&I Framework or the SDO processes, for that matter, because they...because the process is oriented more towards the folks who are passionately devoted to attending all of the detailed meetings and so, I think that's the key point for balance of interest is, let's recognize that, at least from the hearing, let's recognize that real world stuff gets done by small groups that are motivated and that we need to make...at the same time, make sure that that doesn't drive away business owners and clinical owners.

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

Agree.

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

Okay, anything on...we're going to have another couple of slides to show, but anything more sort of on the issues that were here, important themes that we didn't capture yet? Let's go to the next slide then.

So this just emphasizing sort of the pros and cons of rapid development; on the one hand you make rapid progress and you improve the standard quickly and on the other hand people may be frustrated waiting for the standard to stop moving before they implement. It's sort of the...figuring out the right dividing line between rapid development and getting true standardization where we start getting benefit from everybody doing things the same way, even though it might not be perfect.

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

I'm not sure as worded that that gets at the distinction, as you framed that...get the distinction because I think in the...if you look at OAuth 2 or other kinds of Internet based specs, you get a little bit of both; you get some people who wait around until the standard is done and then they just go implement it as endorsed by and as edited by the SDO. And you get other people who have a passionate business interest in interoperability and work to implement early on.

I agree with the way this is framed is that you have a work process that's worked well in the Internet world and then I think a couple of people said, well would that process even work in healthcare because most healthcare people want to have something that's settled before they do anything and it's really hard to settle something until you actually test it in the real world. So this is an interesting conundrum.

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

Well Arien and Stan, this is David. Is one difference though that in the Internet world as described by Brian and I forget the other guy's name but the MITRE guy; with the Internet world, with this rapid evolution, people...it's sort of market driven though, right? They're not forced by regulation to adopt a standard in an early stage and then forced again, a year later, to switch or to upgrade and then forced the next year to upgrade. So I think the regulation aspect is something that may be requires more

caution, both because of the limited bandwidth and the fact that people say, gee, we don't have time to do any development now except for meaningful users and smaller vendors in particular, things like that.

Whereas with the...it seems like, yeah, you may want to get on board with a rapidly evolving standard like the Internet, but you don't...you're not forced to, you're not given a black mark if you don't. So, I think that there is that aspect of constantly changing is different if it's voluntary versus if it's forced. And so that's why, in some of the FACAs, they caution against prematurely to lock in some standard that then we're going to force them to change in a year. So...

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

Yeah, I agree with that difference. Yeah, it's sort of like you can...if you're doing Internet stuff, you can sort of choose based on your business needs when you want to upgrade to the next thing and you're upgrade is usually based on the fact that there's new functionality, not that it's not backwards compatible.

But if you come into our sort of area and you're talking about sharing provider-to-provider or sharing...sending data from EHRs to public health or to registries, you sort of have to be more in lock-step; you have to, I think, choose times when you say, for...this is what we can sort of guarantee that communication will work if you're both at this level and so it is a little different sort of situation than the typical Internet sort of development process.

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

Yeah, let's make sure this gets into the findings section. I'm not sure I agree, Stan, with the exact way you'd framed this...

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

Um hmm.

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

...although there's clearly the network dependency that applies to standards development in general. But there's a huge difference between the flexibility that you get in let's say market-based or mission-based standards development versus regulatorily-based standards development that is...seems to be pretty profound.

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

Yeah, we've just got to...I mean, you'd like to introduce more of the Internet strategy as much as you can, but recognize sort of the boundaries that we have to deal with in the regulated environment.

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

Yup.

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

Umm, so...

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

That's a key finding for ONC policy as well.

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

Yeah. Let's move to the next slide then. So this is now sort of focusing recommendations that we think we're kind of rooted or recommendations we would glean from those findings. And so this...well, and in some sense I think sort of the clearest presentation of several of these requirements, I think, came from Walter Suarez where he said yeah, S&I should be helping with requirements, use case, identifying candidates, supporting pilots, etcetera.

And additional idea that, and actually is one that we've had for...I think from sort of our initial discussions, the development of specifications should be done with the SDOs so that we don't...yeah, we don't have two places where actual specifications are being done; one place being the S&I Framework and another place being the SDOs. But this division of labor where SDOs are developing the actual specifications that S&I is helping with creation of use cases and I would have said especially use cases that derive from government and coordination across government agencies and for specific purposes that the government has and that seems to be...would be a special role...

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

Right, or in particular, in our case the term for identified national priorities would be another one of those.

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

Right.

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

Yeah, this is Mark. I like the fact that we're using the word helping in that first bullet rather than sort of being the sole source. I think that first bullet with the addition you guys talked about is well-framed.

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

So, this didn't come out in the hearing and so it's misplaced in this conversation, but we haven't discussed this point. I've seen a tendency in S&I Framework activities to say, well I've got requirements and use cases and then I'm going to search for standards as opposed to an approach that says, I've got requirements and use cases and huh, none of these standards seem to do the right thing, so let me work with the SDO stakeholders to make sure that we're doing standards development that is more oriented towards what I need to do. So I worry a little bit about identifying candidate standards as implying that you're limited to the universe of things that have already been standardized as opposed to working with SDOs to identify candidate standards or opportunities for new standards.

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

So Arien, maybe to that point, that thought, which makes sense, can actually be built in somewhat into the second bullet on the screen. And I kind of...I would suggest two sort of tweaks; one, a little editorial but partially substantive and then one to your point. When it says S&I should act as a representative in the SDOs, I would suggest changing that to participant, because like representative of who...

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

Yeah.

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

...but I think what we want them to be is in some way an active participant in the SDOs, just like historically, and I've got more experience going years back in things like X12 where Medicare and

Medicaid were very active stakeholders along with, for example, other payers there. So I'd change that to participant. And then where you, in a sense that second bullet assumes new standards, it's almost...it's a little bit of...it assumes it's not a matter of identifying candidate standards, but in the new standard. And I would suggest that it be changed to that those views or whatever can be accurately represented in both...in the evolution of existing standards and work on new standards or something like that, to bring in that thought that it's not just a matter of matching a use case to a standard, but actually shaping how those standards evolve...

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

Yeah.

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

...or even what choices are made on what standards to develop.

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

So I...

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

This is David. I agree with that but I think that in fairness, I do believe S&I, at least several initiatives that I've been involved with, do not just say, well what's...how can we force...use an existing standard as is to meet this. I mean, they've often identified gaps and so I think if we change the first bullet to say identify candidate standards and/or gaps in standards, I think...

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

Yup.

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

...that's something they're already doing, and I think that's what we're saying. So, that would be one suggestion. But I think the other pro...here's a challenge I think for us with this recommendation, which I agree with in sort of a general sense. We speak of SDOs, of course there are several SDOs, so does S&I choose the SDO that they feel like, okay, this is the best match; in this case it's HL7, in that case it's NCPDP and this other case IHE and direct the effort there and then that standard now...I mean that SDO now has it and they take it to conclusion or...how does that go...how do we go from a generic statement like that to...how do they or how does somebody pick the right SDO and what happens if multiple SDOs think they all ought to do that one and...

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

It's a really good call out; just to be real clear, this is not our recommendation, this was recommendations that we heard from the public hearing.

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

Okay, got it.

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

We do have in our recommendations the notion of assisting across SDOs. That, by the way though, is a really key issue in particular in areas where, for example IHE doesn't develop standards, they develop implementation specifications and profiles. In many cases they develop those implementation and profiles based on HL7 standards, in some cases they build...base them on top of other standards

development organizations like IETF or OASIS or others and there is no process, so far, for the federal government to inject healthcare thinking into those SDOs. So, that's been another...that's been kind of a puzzler conundrum for a while. So I think we should maybe hold that thought and look at the recommendation...the findings and recommendations section and make sure that we get that appropriately inserted in there.

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

My only other comment on this was the last bullet which funding should be available for these pilots; that was strongly expressed by I think one panelist, maybe more, but I remember one saying that unfortunately there's a risk and a cost of doing this...

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

Yeah.

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

...and therefore people wouldn't want to do it. So was that...I guess...

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

Is that a finding or is that an opinion.

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

...was that one...

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

Right. Yeah.

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

...was that enough to be a consistent theme or...

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

We could just...we could change it to some suggest, some panelists suggest funding should be available for these pilots.

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

Yeah, I think so.

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

Yeah. Okay, so I...yeah, additional comments or questions. I think in some sense I think we're all anxious to get to say okay, what recommendations do we want to put into the transmittal letter then, to reflect these discussions. And maybe our time is best spent re-focusing on that and trying to perfect that as much as possible, as we've probably limited value in trying to capture everything here, but any other important things we want to try and capture here as recommendations that sort of came out of the hearing?

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

One thing that I...this is Holly; one thing I don't see that I believe Larry Garber suggested was support for appropriate clinician distribution to be contributing in S&I.

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

Yeah and again that's...let's frame that as some panelists suggest...

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

Good. Other things that we should include?

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

And...recall from your recap at the actual session you stated something about Open Source reference implementations, is that...it seemed like that was mentioned in a couple of cases.

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

Yeah, we probably should...we probably should include that as a finding from the public hearing.

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

Yeah, yup, you're right, that was a finding. People...yeah, we still might phrase it as some people suggested, but...that Open Source reference implementations can be an accelerated option, can be a...or maybe even a tremendous accelerator of adoption or something like that.

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

I think it was...yeah, I think there were two points; number one is Open Source reference implementations provide a way to rapidly implement suggested standards. And then number two is, they can provide a way to accelerate adoption.

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

Yeah. Good catch. Anything else?

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

And we're seeing that, by the way, in FHIR development where there are at least four now Open Source reference implementations and one of the neat things is, you put a revision of the DSTU and everyone's got that implemented and can test against it.

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

Yeah. All right.

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

All right.

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

Let's move on then and Arien, not that I've been too much direction here anyway, but we'll let you focus more then on the actual recommendations in the transmittal letter.

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

Okay, so first of all, a caveat. These are draft, very, very draft recommendations. They are based on the work that we've done and kind of memorialized in the PowerPoint slides that we put together, but they've got a lot of my words in them, which was my hopefully good faith attempt to sum up our deliberation, but needs careful review to make sure that it represents the consensus of the task force. So just starting off...and sort of second thing is, we've got, I think, a better view of the first set of recommendations and there's still a lot of stuff that needs some editing at the end. And I think you'll see

that there's been more careful thought and editing up front than there is for some of the work at the end.

So with that as caveats, number one is noted that we separated analysis of what versus how. I've used the term convening function; one of the things that I found myself doing when I was looking at the recommendations was if I used the term S&I Framework, it looked like we're essentially endorsing the S&I Framework as it currently exists and so wanted to make it a little more neutral and talk about an ONC convening...and ONC-led convening function as the term of art that I'm using.

Second paragraph, with the finding that standards development organizations and similar profiling bodies performs a set of essential functions, but there are key activities they don't fulfill including...oh, set of key activities they don't fill that are critical to support the development, adoption, use and maintenance of standards, implementation guidance and certification criteria that enable a nationwide health information technology infrastructure. That whole last clause is effectively pointing back to the HIT Standards Committee mission and the HITECH Act and it's trying to place the convening function not as a value in and of itself, but as a means to an end, which is enabling a nationwide health information technology infrastructure, as described in the HITECH Act.

Third paragraph, high level findings; two main categories, aligning efficient development of standards and implementation guidance to identify national priorities; second, ensuring such standards and implementation guidance are informed by working implementations in production use. Some additional activities are more effectively engaging federal partners and informing infrastructure and other needs. And this will...these findings we'll tee into more formal recommendations. I'm going to pause there. What this is trying to say is, sum up some of our key findings in terms of what a convening function should do.

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

Arien, this is Mark; a couple of thoughts on this. On the second bullet, again a little editorial but to your point earlier, I think it was you, about what profiling bodies do and how they're different than SDOs, I think the word similar in the first line of that bullet probably could go.

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

Okay.

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

More substantively in the second sentence in the second bullet, I guess I would be a little careful about just the declar...the declarative statement they do not currently fulfill; I would at minimum add in something like consistently. Because when you then get down to the third bullet...and I'd also just from an English standpoint, somehow do something with that second sentence kind of offline so that the key point isn't lost by the large clause that as you said links back to the FACA...to the broader FACA role.

But in the third bullet, I guess again I would be...say something like do not consistently fulfill.

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

Yup.

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

For example, I just don't know that we are prepared to make a statement that the SDOs aren't doing things that relate to identifying national priorities, unless we sort of treat that as this highly specific thing that only comes out of like sort of an ONC or federal process; and likewise on the working implementations and productive use. And then third, and I think to the point I made earlier, I mean my experience is that federal agencies are active...are, in fact, very active; maybe not uniformly in the standards process. So, I would kind of identify these as areas for improvement, for enhancement as opposed to kind of absolute deficits.

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

Fair point. This is really trying to set up the findings that drive the recommendations and so I completely concur with consistently, we'll do some offline editing to separate that second sentence in the second paragraph to make it less a complex set of coordinated sub-clauses. And then, again, consistently in the third paragraph as well.

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

Thank you.

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

Yeah, this is Joyce; I agree 100% with Mark's comments and thanks Arien for addressing that. I think it comes off somewhat negative, and I know we do not...I know that's not the intent at all. And I do think in a number of cases there is an attempt to address the national priorities, for example, there are a number of standards and profiles that the S&I Framework is working on in alignment with IHE as well as HL7. So I think there is some of that going on today, so we don't want to give the impression...

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

And Joyce, that's I think exactly the point is that we're...we were saying earlier on, it's not intended to be a negative, I think we were saying earlier on that the S&I Framework or similar coordinating function can be helpful in doing those activities.

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

Um hmm.

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

And that IHE is an international organization, HL7 is an international organization so, I think that...so, let's...taking the key takeaway, let's make sure we're wording this in a way that is positive, but reflects that a convening function can help align, not to assume that it won't otherwise get done. It will get done more efficiently and in a more coordinated fashion. Okay. So let's go on to the next slide.

Just want to make sure it belongs here, but wanted to, and I think Stan's been commenting on this consistently, wanted to do a call out to the Internet based standards development. David, you're point on the difficulty or potential conflict of standards implementation or adoption by regulation would probably belong here as well. And so, essentially first bullet setting up that we found that other sectors have a tight interplay between standards development and production implementations; the second bullet saying, not our mandate, but we encourage SDOs in the healthcare world to consider these

lessons. And third bullet, we consider essential that standards developed for healthcare be both pilot and production tested and lessons from implementation inform further refinement.

Again David to your point, we should add in language relative to potential difficulties in implementing that process in regulatorily defined standards adoption, which in many ways makes the pilot testing and production testing process prior to standardization even...or prior to regulation even more important, because it's not going to get done by the market. I'm going to pause here and a) ask people to look at these words or respond to them and b) respond to the potential framing of a third finding section relative to David's comments.

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

I mean aside from David's, I think that these bullets are...this is Mark; are well structured and captu...have a good tone.

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

All right. Now we go to the next slide which...oh, sorry, let me just make sure nobody else has any thoughts. All right, hearing none, let's go to the next slide, which are the actual recommendations. So therefore we recommend: ONC support a convening function that focuses on enabling activities, so key word is enabling. Recommendation: Support identified national priorities by coordinating across SDOs and supporting SDOs to reduce optionality and create easy to consume, consolidated artifacts.

Recommendation 2: Support production use by facilitating and funding pilots and effective production implementation; feeding learnings back to SDOs and evaluating success of standards and implementation guidance. Number 3: Facilitate effective federal participation. Number 4: Identify needs for infrastructure and non-traditional SDO artifacts. And these come out of our previous deliberations just framed as recommendations, although in my experience, you say something in a deliberation and then you frame it as a recommendation, and then you've got to re-look at it.

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

This is David. Is there another slide of these or is this the main...

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

These are not out only recommendations. So these are our recomm...so just to be clear, this first section is focusing on what the convening function should do.

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

Okay.

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

This is the "what" section.

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

All right. Then I do have a couple of comments I think that are missing. I know in the hearing, and I personally would...I think we talked a little more about front end, for instance clea...convening of clinicians for requirements, etcetera. I don't really see that much here. This seems more like once the standards there, better constraining it or production and pilot feedback, so it's more back end type stuff. I did feel like the convening function to help that...

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

Okay, great point.

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

(Indiscernible)

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

We do have later on in the requirements the notion of chartering as a best practice, but what I'm hearing you say is that this is a what function as well, so maybe in the first bullet it's clearly articulating outcomes and needs or something to that effect.

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

Right.

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

Yup.

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

And the other was I know we talked about this earlier but facilitating effective federal participation, we're calling out federal. And I'm...it always seemed to me like when I've attended HL7, for instance that gee, you have good involvement from SSA and VA and DoD, etcetera, etcetera. So, I mean yes, we want effective partici...federal participation but was that particularly lacking? And the second was, the other things that were said was about, for instance, clinician involvement, not necessarily federal but other stakeholder involvement. So I just wonder if federal was a strong enough point or strong enough deficiency that we really want to call that out as opposed to other stakeholder involvement.

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

I am happy to drop it, it's been there from the beginning...

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

Yeah like it there because the...so I guess a couple of comments. One is the fact that we include it doesn't mean that we didn't think it wasn't being done. This is a statement about the things we want it to do; so, I mean we should put things here, too that are things that have been being done but we want...we see it as appropriate to continue as a convening function.

And I think the reason I like federal there is that you could argue that there are many venues that...or many places where recommendations and requirements ought to come forward and where clinicians could go to their professional society or to other kinds of places where people of like mind can...requirements. But I think a particular thing that ONC should be is that place for federal people to come to say, what CMS needs and how does that relate to what the FDA wants and how does that relate to what CDC needs for public health.

I think it's a particular role that ONC should be in; so I like the emphasis on federal in this...in that particular requirement. It doesn't...it's not meant to be exclusive, but I think they have a particular role and that's why I would like it. But I mean, that's just my opinion, so...

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

No, I have no objection to this, but it did seem to call that out and I think if we add the point that I brought up just before this about the front end involvement, clinical involvement in the requirements, you know, use case type...then that will cover that. Otherwise I would have felt like that was sort of omitted.

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

Yup, fair point.

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

So Arien, this is Mark, just two quick things. One, are we clear that when we're talking about convening function we're talking about...first of all, are we clear we're talking about convening function being the S&I Framework or a successor?

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

Yeah, so I may need to better define that in the transmittal letter. The intent here was not to use the word S&I Framework because it, at least when I was reading it, it tends to read like the S&I Framework as it currently exists, so it's just intended to be a term of art that refers to the S&I Framework or other similar activity that the ONC might convene.

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

Because one issue here is it seems to me that there's a level of overlap varying by the recommendation, sort of the function between what is identified for the convening function and what the health IT Standards Committee does. And so I would just think about sort of S&I has operated or as it could in the future, where...as I've understood it, it's been more about individual projects and some of the tasks here seem to be kind of like, particularly the first recommendation, seem to be somewhat broader in scope. So I would just kind of think about that and then...

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

Yeah.

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

...as I look at the first recommendation, what you have there and sort of right after the colon, support identified national priorities, I think that the...that in itself, in other words, supporting, identified national priorities, I guess maybe what's missing is a bullet before reduce optionality which is to ensure kind of the development or refinement of standards to meet those national priorities. In other words it goes from high level to a little bit in the weeds...

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

Totally fair point. Absolutely fair point, so it's...so to David's point we're missing one bullet, to your point we're missing another one. So the first bullet we're missing is defining critical outcomes and use cases associated with the national priorities and the second bullet is, to identify existing standards or standards gaps, then we go to reduce optionality and create easy to consume consolidated artifacts.

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

Right, right.

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

Absolutely.

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

Yup.

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

Yeah, this is Joyce. I like that a lot. And I think just maybe a touch point is that professional societies and other groups have already developed use cases, which we shouldn't be boiling the ocean there, if we can leverage those, that would be helpful.

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

Sure, so develop or identify.

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

Yup.

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

Yup.

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

Okay.

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

And maybe even develop, identify or refine.

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

Yup; taking notes, assume I can read my own handwriting, which is always a...

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

One thing, this may be parking lot that we can wait until we get to the end, but I think my recommendation is basically to come up with some new term or new title for this thing, the convening function or whatever we want to call it. If you don't want to confuse it with the S&I Framework as it currently exists, we might want to decide, okay, what if it's called the S&I X, and define that up front...

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

You'll see...

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

...and then use that consistently the rest of the way, say we recommend a reframing of it to have a slight...a different focus...

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

Yeah.

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

...so we can decide that at the end, but I think in the end it would...in our recommendations could come early.

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

You'll see that actually two slides up where I identify a standards interoperability convening function...let's just once we do another turn on the transmittal letter text itself, please look at that carefully and make sure that it's framed up appropriately; great point. Let's go to the next slide.

So this first section deals with the "what" question we talked about. The second set of slides deal with the important discussion we had relative to prioritization of identified national priorities. So first, we deliberated on what an identified national priority should entail in order to drive an effective convening function, and I'm being very deliberate here of what it should entail in order to drive effective convening function and that really goes with the last bullet. We're not...it's not our scope to identify the national priorities or identify the process for national priorities, our scope is to clarify what must be true of an identified national priority in order to lead us to a successful convening function.

Second chunk of the first paragraph, findings; found that many S&I initiatives had been prioritized on the basis of federal partner with an interest in solving a particular problem. Others had unclear paths to achieve success criteria because of lack of participation from provider organizations, developer organizations who would implement the outcome of the initiative.

Second bullet, while many initiatives may have clear clinical outcomes if successful, we found that having a large number of initiatives at one time serves to dilute talented individuals from participation both in the convening function and SDOs. So just basically setting up why did we take on this challenge of what an identified national priority should look like is based on our findings. So I'll pause there and I think the next slide has the actual recommendations. But, I just want to make sure these words make sense.

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

So Arien, this is Mark. On the second bullet, a couple of thoughts on that; one is I'm not sure the point is just clear clinical outcomes, just because you could frankly have a clear negative outcome...

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

Yeah, yeah.

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

...but something more directional. And I'm also not sure I would just limit it to clinical, because I don't think...

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

Yup, fair point.

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

...all of what we're talking about is clinical. And so I think maybe if...I think if you beef up the first clause of that bullet, then you'll get the right counterpoint to I think what you're aiming for with this.

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

You're right. So Mark, what I was trying to say and poorly expressing is that there's a...this is the classic product management view, there are a lot of things that always want to get done. The criterion is not...it's a good thing to do, the criterion is, is it the most effective...is this the most effective portfolio of things to do that you can muster, given resources.

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

Yup.

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

That's the point it was trying to make and I agree with you, it's...that first clause is poorly stated.

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

But I definitely agree with point you're making.

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

Yup. Maybe I'll just be more directive about it that...just make that point that prioritizing initiatives based on it being a good idea to solve inevitably leads to diluted talent issues and like. All right, let's go to the next slide.

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

Wait Arien, can you stay on this for just a moment.

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

I'm sorry. Yeah.

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

On the first bullet, by provider organizations are you referring to organizations like the American Medical College or AMC or AAFP or other provider organizations? Or are you...should you also add healthcare organizations?

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

Yeah, it's limited...that clause is limited by who would implement the outcome of the initiative.

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

So I think then you mean healthcare organizations.

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

Fair point.

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

And it should be plural, right?

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

Also fair point. Okay, let's go on to the next slide. So, recommendation, and this is a big one, a convening function should ensure that identified national priorities meet the following criteria. All right, and this, the rest of this I don't believe that I changed from our previous stuff that we've looked at in PowerPoint. Priorities should be determined by a balanced stakeholder group representative of beneficiaries and developers of interoperability and should align with a strategy that has received broad public feedback; if successful, will lead to measurable and meaningful real world set of outcomes that will advance a given national priority. Should have a high likelihood of success and success might...high likelihood of success might mean has a reasonable path to scaled production implementation. There are key enablers who seek to implement the outcomes; take into consideration parallel efforts and consider and align with SDO processes and timelines.

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

Arien, this is Mark; as I look at "A" and "B," it feels like there's a little bit of a mismatch on how we're talking about the national priorities because if you look at "B," you're for example if I'm reading this right, an identified national priority would be, it creates healthcare value...

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

Um hmm.

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

...or it creates equity. And I would agree those are national priorities, but I'm not sure we need a broad convening function to kind of make the call on those. It feels like if you're going to have a convening function to...that's going to be sort of with a balanced stakeholder group to do all the things you're talking about, and focus on interoperability, that you're sort of focusing on priorities that are maybe a bit more granular.

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

Yeah. So, this tension occurs in our previous statement of it. What's intended is not that the convening function is determining the priorities or determining the outcome, not...determining that the outcomes will advance a given national priority. It's basically like a, and again I think in terms of portfolio management, it's a gate relative to should I take this on. And the first gate is, is there a compelling business case and the second gate is, is that compelling business case the top use of my resources.

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

Yeah, I mean, I think again it's that the recommendation at the high level focuses on ensuring identified national priorities meet the criteria. But I think what you're really saying is the convening function should ensure that projects...

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

Yes, that's right.

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

...meet the following priori...

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

Fair point; yes.

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

And one would be...and then I think that follows from, again, I don't think you want to say...like I don't think we need to have value in healthcare has to come as a priority out of a balanced stakeholder group. So I think it's just...

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

Yeah.

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

...the thoughts here of engaging who's...what's happening prob...I think needs kind of another look.

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

Yeah, so I think what you're saying is, the convening function should ensure that projects meet the following criteria and then the priority of the project should map to an identified national priority determined by...

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

Right. Even there, I wouldn't limit it to a national priority coming from a balanced stakeholder group because again, if it's a granular priority like maybe reducing cardiovascular disease by 35% by 2020, maybe that's appropriate. But I just...I don't know that every priority is going to emerge from this kind of model. So I think we just want to be careful there.

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

Yeah.

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

Maybe it's also that the convening function itself needs to have balance as well.

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

Yeah, fair point. It...again, I'm thinking of the first is a test; should I take this thing o...is this even worthy of taking on? And the point here, and maybe it's worthwhile being...was trying to express as the policy principle as opposed to a don't do this; the point here is that the priority should not be determined by one federal agency who wants to get this job done.

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

Right.

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

So I'm trying to express it as a positive and we might miss the important negative success pattern.

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

So I think it's not...again, it's not the national priority like value not just developed by one federal agency, although that's true; but in some ways I think what's more critical is that the priority among, as you said, the various things that could be done from a product management standpoint, it's that the priority among the potential projects comes from this balanced stakeholder review against these tests.

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

Yup. Okay.

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

Its David; it sounds like what we're talking about here like an entry criteria, like, you know, in any software project, in order to start...

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

Yup.

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

...coding it you have to meet certain things; you have to have a stack or requirements, etcetera. So that entry criteria on the one hand, yeah, that seems to be the main thing. Now as far as let's say you've still got...let's say you've still got 20 projects, all very well documented and defined, they all meet the entry criteria, then, I just can't do 20. Then there's something else, maybe that's where...

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

That's where...

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

...the balance is.

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

...that's where sub-bullet 3c, sub-sub bullet 3 comes in.

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

Yeah, okay.

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

Okay.

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

So this would say that whoever is the gatekeeper for this new S&I as far as what projects get in and funded, etcetera, it's like some...

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

And maybe we should...

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

...national priorities are coming from and they can possibly push back and say, okay, not ready for entry yet until we do this and then we'll...

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

So maybe we should be way more explicit about that, to Mark's point, what we're talking about is a convening function should ensure a consistent gating process to take on a new project. Such a project must meet, etcetera.

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

Yeah, I like that.

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

Hi, this is Holly. I'm just not really comfortable in "C" with the disconnect of the successes that are really unrelated to true healthcare measures or true healthcare outcomes of any kind.

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

So Holly, the way that I read this is, or the way that I wrote this is, the first two tests are tests that say, is this worth doing relative to national priority and relative to making a real dent.

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

Um hmm.

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

This third test says if we take this project on, will it be successful? And I think you'd agree that something might be worth doing if it were successful but it won't be successful. So as a classic example, we can design, I think your example of, and we can design a care plan that provides a comprehensive nutrition plan for patients, but...

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

Isn't practical.

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

...isn't practical, so no providers would actually implement the outcomes.

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

Um hmm. So I think that's in "B."

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

Well, and I think "B" says, I think somebody could stand up and say, hey, if every diabetic in America had a comprehensive nutrition plan as part of their care plan, we would advance the national priority. Anyway, so it's...again, it's intended as a gating test; the first two tests are, is this some particular organizations'...on some particular organizations' want to do list but isn't representative of a broader set of things...want to do? Second is, if we do this, is it going to actually make a difference? And the third is are we actually going to be successful doing this?

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

Right; but I guess where...for me where I'm having trouble is that it doesn't read or the way I'm reading it, maybe it's me, is that you could have project success without meeting your goal in "B."

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

Oh, no that's not the way it should read.

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

Well that's how it reads for me.

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

Okay.

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

And that's the disconnect that I'm talking about.

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

So, I think if we reframe this as an entry test, it's got to meet all of the criteria to meet the entry test.

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

Um hmm. Yeah, so I just think there's some tweaking, because I know that is what you mean, but I think there's some tweaking involved because you can be successful to "C," but "C" can be perfectly successful with the project but you haven't met the goal of "B."

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

Correct, correct. Yes. And that would be bad.

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

Yes. That would not be good.

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

Both would be bad. Yeah, so I think we agree that both...you could take something on that's tilting at windmills, not that we have...seen that before. Or you could take something on that's highly successful and won't do a damn thing.

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

Um hmm.

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

And we want to make sure that we're hitting all the criteria. Okay.

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

Do you see my point?

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

I absolutely see your point.

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

Okay, good.

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

Other comments? All right, this last section I think we'll find will peter out about halfway through. It's intended to look at the critical...so first is what we should do, what the convening function should do. Second is, and I think we're reframing the second as what are the entry tests for the convening function to consider a project? And the third section is, how should the...what are important considerations for how the convening function should accomplish its task? And as I said, it's much better thought through in the first couple of slides than in the last ones.

So, with that being said, let's go on to the next slide. All right...

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

Did the slide move? I'm not seeing it? Oh there we go.

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

I just...yeah. So first slide sets up some of the success criteria and negative success patterns; so as an example of a success criteria, establishing a clear charter and clear requirements. As an example of a negative criterion or negative pattern, fuzzy roles for facilitators, lengthy process or unclear timelines that drove off engagement, etcetera. So, and I will admit that this, in terms of a formal finding section, looks a little bit like hand waving, but hopefully the actual recommendations make sense. So, next slide.

We recommend ONC consider the following in the work practices for a convening function: Recommendation, clear chartering, driving towards real world outcomes. Every initiative accompanied by a charter lists real world outcomes and interim deliverables. Combination of both process and outcomes measures must be continually evaluated and each initiative must have a clear plan for how the outcome could be evaluated. I'll pause there and see if that recommendations makes sense.

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

Arien, this is Joyce, just semantics I think but we're calling them initiatives here and before I think it was projects.

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

Projects; fair point, thank you.

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

Whatever's the best term I think is what you should...

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

Yeah and I actually would prefer projects as opposed to initiative mostly because I think people already think of initiatives as S&I initiatives and again that kind of cognitive balance...

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

Yeah, project is fine with me. Initiatives can be pretty big.

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

Yeah.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Do we need...Arien, this is Ken McCaslin. Do we need to help refine some of these initiatives by saying that they should have a clear start and finish and that the beginning and end should not be more than a year or something like that to help reduce...

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

You'll see in the word salad section some of that, which clearly needs to get better edited.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Okay.

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

Completely agree that clear timelines, time boxing, those kinds of things are clear success patterns.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Yeah, I...

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

I think...this is David...I think you could time box phases, but it's hard to time box whole initiative because the whole middle section is not under its control, right? If you identify gaps in standards and you turn it over to an SDO to then develop that standard, you can't really time box that within S&I, I don't think. But I think you can time box various phases of it.

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

Yeah, although I say...

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

...comes after the pilots and pilots and that sort of stuff afterwards is also a little hard to time box from the outset.

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

Yeah, although I'd say that if you don't at least make an attempt to time box it...so I, just as an editorial, in my...with my perspective, if you have something that you...let's use Blue Button, because Josh brought it up. Blue Button Plus is something that I think frankly everyone looks at and goes, that's a great idea, but if you...if your middle part takes so long, it's actually indicative of a failure mode. Time boxing becomes an important was of saying, nobody actually stood up to pilot it. Or if you turn it over...if you work with an SDO and the SDO doesn't have it prioritized in their calendar, again that's a failure mode, not, oh; it's out of our control so therefore we shouldn't be accountable for those time boxes.

So, I agree with you sometimes that the time boxes sometimes can...some phases are going to take longer than others, depending on the amount of coordination that's required. I'd also say that if you don't time box it, you set yourself up to a process where you weren't actually looking for the failure signals when they're hitting you in the face. So let's relook at that when we get to that section.

Recommendation...second recommendation: Clear role for facilitation; we established it as a positive and then a negative. Recognized stakeholders should be the key material participants of the initiative and facilitators shouldn't drive outcomes or deliverables.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

So are you sta...again, this is Ken. Are you stating that facilitators should not be a voting participant?

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

I'm generally stating that as an exam...I'm trying to be intentional on the words and I may be failing at that.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Right.

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

There was a key principle that we don't actually want the facilitators to be writing the...driving what happens in the implementation guide itself. It's okay for a facilitator to be doing some editing and cleanup work, but it would be a bad idea if the facilitator is actually writing all the "musts" and "should" in the implementation guide, for example.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Okay.

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

I think...other principle I'm take, and I'm absolutely open to better words here.

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

I agree with that, but in our new model of the new recommendations for the scope of S&I, they really aren't going to write those at all, right? I mean, no one's going to write them...S&I they're going to go to SDOs.

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

Right.

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

So it becomes sort of a moot point, but I think it's okay, you know, it doesn't seem like it would even have to get exercised.

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

Well, I mean we've seen close collaboration between S&I and SDOs where you could have the S&I facilitator working with the SDO and that kind of stuff.

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

Well also there may be key deliverables that are not necess...that aren't related to what's going over to the SDO.

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

Yup.

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

Yeah, you're right Holly.

**M**

It seems like when you're dealing with implementation guides sometimes you're dealing with implementation guides across SDOs.

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

That's true as well.

**M**

Therefore the facilitation that goes on at S&I Framework really helps drive better behaviors between the SDOs.

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

Arien, I like that you...so this kind of goes back to the time box. I like that you have the implication in your second point that the group, so the...once the group is convened, that they will then define the timeline. But I think...

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

I think we probably should mention...as well.

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

...do we want to explicitly state that...it doesn't quite fit with the recommendation but what certainly fits...I'm sorry, into number 1?

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

Um hmm.

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

But it certainly fits that the facilitator's role will be to drive toward the defined...the group defined timeline...

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

Good.

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

...and that that's something that quite frankly, I would hold them accountable for and it's a different incentive for a consulting...consultant than to keep things going indefinitely.

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

Right. You want to...

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

But that's part of where they're being judged for success is holding the group to the timeline.

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

That's right.

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

So I think that should really be a little bit more explicit.

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

Okay, I am open to wording suggestions and absent that, I will take another pass at trying to clarify what I think we all understand intuitively.

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

You might...

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

You want your facilitators to facilitate not materially participate and facilitate does include driving people towards the agreed on timelines; it doesn't mean setting those timelines or writing the deliverables so that you meet the timelines.

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

Yeah, you could add a "B" under 2 there that sort of said the things that have just been said and appropriate activities for employed facilitators are to...

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

For example...

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

...project manage, hold people accountable for timelines, and communicate across SDOs, etcetera.

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

Yup.

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

So whatever the right set of those things are as appropriate behaviors that we want to encourage.

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

Absolutely. Thank you. I'm just giving...get a little set of examples; perfect. All right, let's go on to the next slide, unless there are more comments on this one. All right, here is where we get into word salad mode. I think we've already addressed rapid cycle implementation; I think there were some...I think the term rapid cycle implementation actually doesn't address what's required, because somebody, it might have been Clem or somebody else mentioned that it actually took a long time for HTTP/2 to get developed, but it did get developed in close coordination with implementation. And I tried to incorporate some of this in the material that we already saw.

This wants to talk about the role of the convening function in terms of the piloting and production implementation phase. So, as I said right now it's a little bit of misplaced stuff and has not been frankly edited at all. And then there are some important considerations in the second chunk relative to the...some of the key, and this was relevant to, rapid evolution of implementation guidance in conjunction with production implementation, considered against the key role of SDOs in terms of balance of interest.

So what this section wants to say is that...effectively what it wants to say is that pilot and effective production implementation is important. Such implementation needs to be closely tied to standards development implementation guidance development so that the standard and implementation learn from the real world activity. That it's helpful if that can work in close concert and that it's also important that there be a sta...effectively a stabilization phase where the slow and deliberate...the necessary slow and deliberative process of an SDO can kick in to make sure that it...that the SDO is performing its essentially function s. That's what it wants to say, it doesn't say that yet.

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

Arien, this is Mark, just a couple of quick thoughts. One is I think there may be opportunities to consolidate across recommendations 3 and 4, or at least the kind of reshuffle so certain points that go together are in one and not the other...

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

Yes.

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

...I suggest primarily editorial. I would be a little careful on "A." Other places in here and in 3-A, you say, consider a process where it makes sense and I think there are clearly good examples and I think we heard some in the hearing of sort of the rapid feedback cycles. But I'd be a little leery about just making the declarative standards development best occurs. I wouldn't soften it in terms of just...I'd have that there are likely to be many instances or something like that.

The other thing is...where was it, on 3-C on rapid evolution of implementation guidance, I think we need to be clear if we're talking about kind of the development of the implementation guidance along the way to kind of the stable, normative version...

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

Yes. And Mark, that's exactly the point that I was trying to make. And again, what I'd encourage you to do here, and I really appreciate your comments, is accept that this is unedited notes. What I think this section will end up talking about is the interplay between pilots and implementation guidance, convening organization activities and SDO activities, which I think are getting at all the key points that you're raising. So, I just want to make sure you've got that appropriately framed...

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

Got it.

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

Okay.

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

So...this is Stan. A couple of things; I mean, a couple, I think 3-A and B, for instance, are findings rather than recommendations...

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

Correct.

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

...we just didn't take time to get them moved the other place. And expanding a little bit on what I think the...if I were to say even a little bit more globally here, it is...can this convening function work with SDOs to look at innovative processes that lead to better standards development. And that's too general, but I mean another aspect of this, for instance, that comes to mind is, if we're developing other kinds of...as we talk about, for instance, I'm focusing again on infrastructure pieces, if we're developing value sets or something else, that needs a different process than an 18-month balloting cycle with resolution of negatives; that's not a...that's not the process you want to do when you're...if you're trying to maintain hundreds of thousands of value sets. That's not going to be a viable, flexible process.

And so sort of, I think, the intent and the examples that we have here I think are good, but maybe we want to broaden it a little more to say too that the overall goal is to think creatively together with the SDOs about how some...how other processes might be appropriate to getting to better standards faster.

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

Yeah, the section title, as we're discussing, wants to be the role of the convening function in the lifecycle from...out from...effectively from charter to effective implementation...

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

Um hmm.

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

...and we should frame that section with some of our findings and then include, Stan, your recommendation relative to appropriately fitting...working with SDOs to appropriately fit processes to things that want to get done. I was musing on Mark's comment on close coordination with implementation and wondering when that doesn't get done and realizing, well in security standards often times the right thing to do is have the mathematicians write a bunch of very carefully edited and thought through papers and look for highly theoretical attack patterns before you write your code. And value sets again are another example of that where nothing substitutes for a smart informaticist laboriously editing terms.

All right, I'm going to suggest in the interest of time that we go on to our next bit of word salad.

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

Arien, I'm sorry to interrupt; this is Joyce. Just a real quick comment and I know you're reframing that section but I would suggest to Stan's point about innovative practices for SDOs that we do not say, for example, under 3...now I lost it...

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

Okay, let's go back up one.

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

Yeah...3C, yeah, SDOs should consider changing work processes. I mean some of them may have excellent work processes this is kind of a broad brush. So just making sure we reflect that we want best practices...adopting best practices, innovative practices or something like that.

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

Correct, and you'll hopefully have seen that earlier on, and we may actually move that whole section down here, where I think I said something to the effect of a) it's out of our scope, but b) we encourage SDOs to consider their work practices in light of these learnings or something to that effect, not even presuming that they haven't, but...so, it's much more carefully worded earlier on.

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

Okay. Thank you.

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

Structure...this is David...structurally should we, in the end, break up the transmittal letter into first a set of crisp, actionable recommendations about S&I and then maybe as an appendix or something, have all the other SDOs should consider and so forth rather than intermixing them, because this...

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

Umm, yeah. So my perspective here is that the convening function is unlikely to be successful unless its appropriately situated in the full life cycle. That full life cycle includes SDOs, it also includes implementations and so this is really intended to...this section is really intended to talk about the function of the convening...the function...the convening function in context of the full life cycle.

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

Okay, but if there's something that's a dependency, like no matter what the convening function does, it's not going to succeed unless SDOs do something different, then those would need to be stated strongly versus oh these are just suggestions how an SDO might...

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

Correct. Yeah, that's right. And it's...it was an important finding I thought made sense to highlight, but let's...when we do the revision of the transmittal letter, let's look at where that text ends up and if you've got suggestions on where to move it, that's fine.

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

Arien, just being really practical; we just stated that we were anticipating...we changed from initiative to project...

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

Um hmm.

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

...which I agree with, I liked. Are we anticipating that a given project will be the entire lifecycle or it'll get passed to another group?

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

Well I think we've said initially that one of the key functions of the convening function is to feedback lessons from effective production use and implementation...

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

Um hmm.

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

...which to me argues for the project isn't done until it is effectively implemented...until it reaches its outcome.

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

Yeah, I tend to agree with that, but I'm just wondering then again, that can be very long, this iterative process and...

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

So we need a section also relative...I don't know if actually we do have it here, we need a section relative to calendaring and timelines and time boxing, because I think that's a really key...there may be phases of this but might be the overall program may be long and there may be sub-projects that are much more rapid.

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

That's what I'm thinking. Um hmm.

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

Yup.

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

And I think maybe making that a little explicit, is a good idea...

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

Yup.

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

...just so that anyone reading this would understand even if they don't have experience with S&I to date.

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

Correct, absolutely fair point. Let's go on to the next slide. Again this is just stuff. The first ones a...yeah, it's just stuff. Let's go on the...I think there's a next slide. Yeah, here we go. So the...so 6B, so this is miscellaneous recommendations. I think 6A is already encompassed in the chartering; 6B is what we were talking about in terms of time limits, project plans and processes; say this should be time boxed, say this should be appropriate to allow the project to move forward at the appropriate rate. Oversight processes and then I think D, E and F are a little bit of stuff, although testing tools and implementation guidance probably belong in the effective implementa...production implementation section.

So again, acknowledging that this is unedited, I would say that 6B and 6C are really important considerations that need maybe their own section. And Holly, your...the previous discussion that we had would belong with 6B and 6C.

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

So Arien on 6D...this is Mark; just one thought here is I don't think a formal consensus process necessarily ensures balanced representation and you don't necessarily need a consensus process to do that. So I think if we want both of those, which I think we probably do...

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

Yeah.

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

...then I would have those as two goals articulated in D rather than one kind of just naturally following from the other.

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

Yeah, so I was propose...maybe I didn't articulate my letters correctly. I was proposing that 6B as in Betty and "C" as in whatever "C" starts with, Charlie, that are the two that we want to keep. "A" is already addressed, "D" to me is a lower level how that I don't think we want to talk about. "E" is an important point but probably warrants discussion in the implementation and timeline cyc...so "E" and "F" probably warrant some consideration in the implementation timeline section. It's "B" and "C," "B" as in boy, "C" as in Charlie that I think are important considerations that we should be drafting a section around and include Holly's points in terms of projects with phases, some phases may be necessarily conclude at a more rapid rate than others.

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

Got it.

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

And then I believe now we've exhausted all of the word salad. So if we go on to the next slide, I believe we're down to public comment. Can we go to the next slide, please?

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

Yes, this is actually the last slide here before public comment.

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

Okay, great. Thank you. So I and Stan will take another pass at editing. I think this discussion to me has been incredibly helpful. And I think we've got a pretty decent path for putting together a better structured transmittal letter. What...let's see, when is our next meeting? Michelle remind me please.

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

I'm looking, but if Altarum can...

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

Friday the 13<sup>th</sup>, an auspicious day. I have some vacation through the weekend...

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

You're not allowed to take a vacation.

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

I know, isn't that terrible or what. But I can probably take a crack at editing on Monday and maybe a couple...Stan and I can do a couple of turns on Tuesday and try to get...I want to get the revised transmittal out in time sufficiently for review by this group so that on Friday we can do an effective revision path.

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

Arien, this is David then...process slides...updated in the next 2 or 3 days. Should we or can we, as other committee members, send you any more input...

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

Oh yeah, absolutely.

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

Okay. Should we look at the transmittal letter, because we weren't really look at the word document today, we were looking at slides, but...

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

Yeah, I think you should be looking at the transmittal letter, framing the transmittal letter on PowerPoint is useful to kind of break it out into chunks, but I think it would be worthwhile to edit with the transmittal letter.

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

Right. Of course I realize that the transmittal letter will be drastically changed even if we didn't do anything just as a result of today. But that's at least the...so I think you're saying that's the artifact to work on if we're wanting to propose editorial revisions in the next few days...

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

Definitely.

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

...so that you can...okay, thank you.

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

Yup.

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

This is Michelle. Mera, can we commit to sharing an edited version based upon today's meeting with the group and asking them to send back redlines to us and the Chairs.

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

Sure, we'll do the best we can.

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

So it sounds like you're saying, if you get out a real rapid update to the transmittal letter that incorporates some of today, then we should comment on that...

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

Yeah.

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

...instead of...

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

Let's try to get something...let's try to time box that. So if you can get something out by end of the day today or early tomorrow, that's great. Otherwise, just send out the document as it currently exists, maybe with some notes from this meeting and then give people the weekend to do the turn and then

Stan and I will pick it up on Monday. And Stan, I'm assuming that you want me to do the same work that I did previously, but if you want to take the editing pass and take lead on that, I'm not...I know you're...

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

Well, I've been very pleased with what you've done so far so yeah, I would continue to let you take the lead on that if that's okay.

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

Yup, no problem. I'll just be thinking about it as I am climbing in the desert of the Eastern Sierras, I'll be thinking about it a lot. All right, so now we've got process. Should we then open it up to public comment?

**Public Comment**

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

Lonnie, can you please open the lines?

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

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

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

We do have a public comment. I don't think the name is right, so for our public commenter, please state your name, the organization that you're calling from and you have 3 minutes. Please go ahead.

**Gary Dickinson – Director, Healthcare Standards - CentriHealth**

Hi, yes. My name is Gary Dickinson; I'm with CentriHealth. Just wanted to point out some of the work that we've done under the S&I initiative in the use case what we call S&I Simplification process. I think we sent some slides in several weeks ago and those were posted, I believe, in last Friday's...for last Friday's session under the, I think it was S&I background. But what we wanted to do today was just make a very short set of comments, some of which relate to simplification, some of which are more generally...more broad and general.

So we basically have...one of the challenges is that the S&I initiatives, as with their predecessors in AHIC and HITSP, these initiatives are often siloed efforts where we see requirements that are developed by one initiative that may be the same or similar to those of another, but often result in proposals that vary, in some cases very substantially, resulting in conflicts, overlaps and gaps. On a number of occasions we've seen conflicting S&I requirements that are actually driven into the SDOs with the intent that they be resolved there rather than within S&I.

From the standpoint of S&I simplification, we actually have a strategy which is to learn from prior efforts, such as AHIC and HITSP, to learn from the S&I initiative work, not to promote our own regimen, which again is focused on the strategy to build a framework for consistent infrastructure and build out through identification, cataloging and reuse of common components within the use cases to lead to uniformity in requirement specifications, standards and implementation guidance, software

development, testing and certification all the way to implementation. To ensure requirements traceability at each of those steps so we essentially have end-to-end traceability of requirements from the use case to the point of implementation. Of course those requirements may end up being modified in that course of...in that progression, but we anticipate that those would be or could be something captured in a the feedback loop.

And then, of course, to develop a suite of integrated tools for use case requirements, implementation guides and test methods; I guess there was some concern about our proposal in the sense that it was focused too much on the tactical operational kinds of things. But that actually resulted from our strategy, which we started in 2011; starting with the strategy we had to come to a point where we could operationalize it and make it tactical, and that what's we've attempted to do.

So basically in terms of your discussion this morning...this afternoon, the S&I Simplification offers a methodology for rapid cycle development promoting efficiencies, repeatability, consistency and uniformity across requirements from various initiatives. And we sought to give the initiatives an easy starting point where they could build from what has already been accomplished in other initiatives rather than defining something new on their own.

So we believe that the S&I initiatives and their use case scenarios should be driven from a common starting point, that is, in terms of the use case scenarios themselves; the point of service, point of care point where the health record is originated, which is obviously the source of truth, and continuing to each ultimate point where health data and records are accessed and used and where that truth...that source of truth is still fully evident, particularly for primary use. I don't believe many of the initiatives have taken that focus and is clearly a concern in the area of primary use of health information.

And just another point, not really just simplification, but from an international perspective, there is continuing frustration with US domination of the SDO development process and I guess the question is, what if every other country tried to drive SDO agendas with their own convening function? Thank you.

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

Thank you, Gary.

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

Thanks, Gary.

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

And we have no other comment at this time. So thank you everyone and hopefully we'll get something out to you at the latest tomorrow and then we'll ask you to provide your feedback.

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

Thanks.

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

Thank you, bye.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**  
Yeah, thanks a lot. Thanks for your hard work, Arien.