



**HIT Standards Committee
Semantics Standards Workgroup
Final Transcript
March 16, 2015**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Semantics Standards Workgroup. 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. Jamie Ferguson?

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

Present.

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

Hi, Jamie. Becky Kush? Andy Wiesenthal? Asif Syed?

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

Here.

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

Betsy Humphreys? Eric Rose?

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Hello.

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

Hi, Eric. Harry Rhodes? John Carter?

John Carter, MBA – Vice President – Apelon, Inc.

Good morning.

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

Hi, John. John Speakman? Larry Wright for Margaret Haber?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Good morning.

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

Hi, Larry. Mitra Rocca?

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

Present.

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

Rosemary Kennedy? Stan Huff?

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

Present.

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

Steve Brown? Hi, Stan.

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

Hi.

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

Todd Cooper?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Good morning.

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

Hi, Todd. And from ONC do we have Tricia Greim?

Patricia Greim, MS, RN-BC - Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Present.

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

Hi, Tricia. Is there anyone else from ONC on the line? And did we get Becky by any chance? Okay. With that, I'll turn it back to you Jamie.

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

Okay, great. Thank you, Michelle. So just a quick review of the agenda, and thank you everybody for joining this morning, bright and early on a Monday morning, or at least for those of us on the West Coast it's bright and early. So, our agenda today had to be shortened to 1 hour due to some conflicts so, we need to be focused as we move through it.

I'd like to go through the work plan just very briefly as a preview of coming attractions and then also I think we should have a fairly brief discussion of the summary slides for presentation to the Standards Committee this week, because this...these are comments that we've been over on multiple calls and had agreement on across all the participants; they've just been reorganized a little bit and a couple of words added, I think, that we can review. But I think that should go quickly.

And then the bulk of this call I think should be a consideration of input from the Content Standards Working Group which has made a number of comments that really are relevant to semantics and we want to, I think, have a review and discussion and consideration of potentially including those in our comments. I think that if we, let's say hypothetically we agree on some of the content standards comments being appropriate for us to make, I think that generally I probably should not change Standards Committee presentation, but it may change subsequently our actual recommendations.

So we'll...I guess we'll cover that when we get to it, but that's...at least that's my thinking is that we have some summary slides that are ready to go and we should go with those and then we can also consider other things. Is that agenda acceptable to everybody? Any suggested changes to the agenda?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Jamie this is Becky and I'm sorry I'm late, I just was on the call with the Content Standards Workgroup...

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

Great.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

...so, the agenda sounds fine to me.

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

All right. Excellent.

Betsy Humphreys – Deputy Director – National Library of Medicine

This is Betsy Humphreys also a little late, sorry.

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

Ah, hi Betsy, good morning. Okay, so then let's flip to the work plan schedule and just briefly note that we have the update with the Standards Committee this week. We do have another call coming up on Monday next week to finalize these comments and so if we're going to include the additional comments from the standards or rather from the Content Workgroup, then I think that's where we would finalize those. And then hopefully we'll have an NPRM or two coming out sometime soon and on to a whole new body of work related to that effort. Any questions on the dates or the work plan? Hearing none, okay.

Let's go to the summary slides then for the Standards Committee. So as you recall, Tricia had summarized our comments in terms of the areas where we found common themes as well as areas of divergent views or multiple views and on our last call or two, we really, I think, were able to clarify those things that had been listed as having multiple views. And so those have all been captured now in the common themes. I reorganized these into these four areas, sort of a loose organizing principle, the first one being items we've commented upon where additional things are needed. And so, I don't know if we should just read these or Tricia, how do you want to do this?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Umm, perhaps...I think you're doing a great job, Jamie, thank you. How about if we reflect on them and take comments as they are right now?

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

Okay.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Unless you'd like them read.

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

No, I...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Folks, this is Eric. If you don't mind reading them real quick for those of us who are joining just by phone, that would be lovely.

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

Ah, okay, sorry about that, I didn't realize that we had someone just by phone. So, number 1...so these are not in priority order, not in alphabetical order, but they're sort of logically grouped. So common theme additional focus areas are needed; one, we need a shared understanding of the importance of information models and terminology bindings. Two, need agreement on highly granular information models bound to terminologies for information exchange. Three, data standards, e.g. for performance or quality measures, should reflect the semantics actually implemented in EHR systems. Four, need

attention to challenges of data aggregation, for example for resolving duplicates, when data is assembled from multiple sources. Five, data provenance is critically important for semantic interoperability and for other reasons. Six, we reject the usefulness of NIEM related to healthcare interoperability. So that's the first slide with those six points. Any...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Can I say I found the document on my phone with the slides, so I retract my request to read them for any of the further slides. Sorry about that.

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

Okay. No, that's fine. That's great. So any need to discuss this or any suggested changes?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

You know it just reads kind of funny, Jamie, number 5, and other reasons.

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

Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Can you dot, dot, dot. I'm...it would almost be better to leave it off...

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

Um hmm. Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Or I thought either leave it off or I thought the important part here was to do provenance, but in a way that's workable...

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

Um hmm.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

...practical, pragmatic, umm.

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

So should we say perhaps instead it's critically important for data provenance to be workable and practical for semantic interoperability?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Actually that would work for me.

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

Okay. Any objection to making that change? Okay, so Tricia, are you, do you have the pen for this one?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

I do.

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

Okay, so I think then we want to say it's critically important for data provenance to be workable and practical for semantic interoperability.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Got it.

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

Okay. Great. All right; well then let's go on to the common themes slide number 2, two of four. So this is a group of things that we found items that were either missing or perhaps misconstrued and so the numbering just continues from the previous slide. Number 7...well, okay, sorry, not going to read these. So let's just take a look at this page and see if there's a need to modify anything.

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

So, this is Stan; I'm not sure I know what number 8 means.

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

Okay. So we had a discussion about measuring information availability and really I think it meant two wa...two things; one is, we need a way to understand when information is available for a patient, but also I think that for particular information sources, we talked about having a tracking mechanism to make sure that the needed data was made available appropriately and over time. Is that the way others recall this one as well?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Jamie, are we trying to capture that we want to have a way to measure progress or...this is Tricia. That's what I thought we were...

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

So Tricia, you had the...you did the transcription from the notes on this, is there anything else you can add from our discussion that I don't remember?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

I thought it was related to a metric for comparing whether we had achieved information availability in any situation or in certain situations. So I think it was the need for...

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

So a little more broad...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

...measurement.

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

...so a broader measure rather than on a sort of a...sort of spaces.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah, I thought it was more like how do we measure that we're getting or accomplishing our goal. And I don't know that we're capturing that here, but that's how I recall.

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

Yeah, somehow I don't remember this one, but I missed a call or two, too, so, it's possible that I wasn't...so...

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

Well, if it doesn't make sense, I don't mind striking it.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Is this the one, number 8 you're talking about, right?

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

Right.

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

Number 8, yeah.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

It seems to me that this was talking about how much data we could find that could be used for secondary purposes or something, the available information that we could use for a learning health system, but, I'm...that was my recollection. It doesn't look like that from the way it's written now.

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

No, this doesn't look like that right now at all.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

It sounds like the way it's written at least is not resonating with a strong enough conversation.

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

Yeah, so I'm going to make a recommendation that at least just for now, let's strike number 8 and then we'll think...why don't we put it on the parking lot and see if we can come back to it. Is that okay with everybody?

Multiple speakers

Yes.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's fine.

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

So, great question Stan, thank you. Let's strike this one for now and we'll consider coming back to it. Anything else on this page?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Twelve is rather redundant.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

This is Mitra, number 12 is duplicate.

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

Yeah.

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

Yeah.

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

Is that, yeah. Yup.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I would also...

Eric Rose, MD, FFAFP – Director of Clinical Terminology – Intelligent Medical Objects

Jamie...sorry, didn't mean to talk over someone. Ten and eleven both seem a little bit unclear to me, I wonder if they...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I was just going to say that 10 doesn't sound...10 should be minimizing stack and mapping into a standard because I just got off the phone with the content group and mapping between standards might be appropriate actually, but not collecting data in proprietary formats and mapping into standards I think is what we were talking about here.

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

Well I think the point and what our discussion was is that mapping is by definition imprecise and so...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's true.

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

...right. So if you can implement, so what number 10 was about was our recommendation that if it's possible to implement in the original documentation...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Right.

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

...the target standard, that's preferable to implementing standard A which then has to be imprecisely, and in some cases always inaccurately mapped, to standard B.

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

Right.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah or implementing no standards or proprietary work.

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

So in other words, if you want to have LOINC, then capture LOINC and don't implement ICD and then map it into...I'm just making up...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, I agree with...I totally agree with the principle, I just want to make sure it was well understood.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Actually, Jamie, this is Eric. If I had understood that that was emerging as a common theme, I would have spoken up about it at a prior meeting and I don't mean to derail us but I do think that there is a role for interface terminology and some of these reference terminologies asking providers to use them for documentation at the point of care is completely out of the question. I mean, if...

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

Right, so I...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

...could look at ICD-10 descriptions or LOINC descriptions, they're not intended for point of care use.

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

No, that's right, but that's not...so, one-to-one...essentially one-to-one synonyms are not the kind of mapping...so this is sort of mapping between standards as opposed to...so I would say that implementing a synonym is not mapping in this sense. So maybe we...clearly this needs to be reworded to capture the flavor of sort of mapping between standards.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, this is Betsy Humphreys. I think that I agree with previous comments, but the...there's nobody in the world who wants to speak LOINC when they're ordering a test, but on the other hand, or...the issue really is whether the interface achieves something that allows for a one-to-one mapping with the orderable test, to use that as an example. As opposed to something where you've captured something locally and you have something that is ambiguous if you actually are going to send a test to a lab and order something. I'll use that example, there could be others.

So, whatever is the most effective way, and I think this is an area where a lot of new solutions would be incredibly welcome, I mean in terms of ease of entry of information. I think the issue here is are you...whatever method you're using, are you achieving sufficient specificity so that you can, in fact, under the hood have a standard identifier and send a standard in a message. I think that's the real issue not...you know, that you actually have to show a clinician a fully formed LOINC name or something.

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

Yeah or a SNOMED fully specified name...

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, exactly.

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

...which, yeah, you would not do. So let's think about how we want to reword this. It sounds like we have agreement on a concept that is not well described in this point.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

So this is Eric, I agree with the one proviso that I would remove one-to-one since a lot of standard terminologies are disjunctive, you know, “A” or “B” and no clinician would want to have to select terms that are exactly synonymous with those. So maybe an approach that minimizes the requirements for EPs and EHs to do mapping of terms to codes.

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

So perhaps this...it sounds like we’ve really tried to include two different concepts in number 10 and maybe we can break those out into potentially separate lines. One is, we recommend minimizing mapping between different standards, because mapping is imprecise. And then the second one is, we support interface terminology that allows accurate, precise use of the target standard. How does that sound?

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Sounds great.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

It’s great.

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

Yeah, I think that’s good.

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

And so we’ll split number 10 out into two different items. I think the next thing that was mentioned is number 12 is redundant. I think that was on the previous slide and so we can strike that from this one. And then was there another question on this page?

Betsy Humphreys – Deputy Director – National Library of Medicine

Just on number 11, I just feel that when we are talking about “b,” right...

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

Yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

I just want that worded in such a way that we are not ruling out the effective use of health information exchanges as the source.

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

Well, so I mean certainly I think there are multiple models for this and one of which is that a third party entity, a health information exchange; so I mean, I think in “b” I’ll just say, we have seen multiple models, we’ve seen the model where health information exchange entity at a state or regional level can be the patient centered data source. We’ve seen cases where provider organizations across multiple

organizations have posted this. We've seen cases...we see cases where vendors, EHR vendors are hosting patient centered data sources. So there are multiple...

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, I just...

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

...data sources. I mean, does this wording that's there seem to preclude anything to you?

Betsy Humphreys – Deputy Director – National Library of Medicine

I don't know, I've just been hearing recently discussions where people say gee, the best model is the federated approach and we'll just grab everything about every patient. I don't know how we do this, you understand, without some...

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

Yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

...resolution, as if you can sort of send an email to everybody and every hospital or provider that's ever seen the patient can send back everything and we can assemble it and won't life be grand.

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

Well, I think, yeah, we have another comment on resolving those things, but...

Betsy Humphreys – Deputy Director – National Library of Medicine

I'm very happy with the notion that we all understand or make sure that we understand that there are different models and these models may very well involve some sort of entity that is aggregating data from multiple sources.

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

So how about if we perhaps tack on to the end of 11b, where it currently says access to data at its source, need shared access to patient centered data sources. We could potentially say, need shared access to multiple models of patient centered data sources. How does that sound?

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah or you could either just do it by saying e.g. and put a few down there.

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

So this is Stan. I was thinking that there needed to be clarification of "b" as well, but in a different way because I agree with what you said, Betsy, but the use case that I thought we were trying to enable here is the situation that for instance we would encounter at Intermountain as we try and implement accountable care organizations and we're caring for patients that are seen both at Intermountain and are seen at other University of Utah or the VA or other things. And the idea that for that patient, if we wanted to look at blood pressures, we could real time call a service and ask for that data from the VA or

from the U as opposed to setting up an interface that caused copies of data of their blood pressures to be copied to Intermountain and then accessed. And so that's what I thought "b" was aimed at not trying to think that I could do population research using real time service access.

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

So, yeah and Stan, I think that...what you've mentioned is actually yet another model of access to data at its source, right?

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

Right, that's...

Betsy Humphreys – Deputy Director – National Library of Medicine

So my feeling about this was I thought that what we were saying, that this seemed to be focused on Stan's case, which I believe should be supported where it can be.

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

Yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

But I just didn't want everybody to think that that was the only viable way to do this because I could imagine scenarios where the places that have the data that you need really are not necessarily equipped to do that on the fly and they may have set up some regional organization or work through a vendor or work through a larger whatever in order to very rapidly deposit data and then everybody interacts with the place where they deposited it. And I just didn't want us to act as if we were suddenly saying the only viable model is the one that Stan mentioned, even though I believe that that's a very good model under certain circumstances.

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

Right.

Betsy Humphreys – Deputy Director – National Library of Medicine

I can imagine circumstances where we would never get there, but we might get to something else that worked pretty effectively.

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

Yeah, so I mean my take is, we're...we see, again, multiple models that may be equally viable and we want to enable all of those, but they all have this notion of access to data at its source and the source can be it can be sort of the model that Stan mentioned. It could also be the model that was implemented in Indiana where you physically host the data about a patient in a central place that is the repository. And so there are multiple models for how you do this; so I'm not sure how to reword this to capture that flavor of enabling those different models.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Ah well, is something to...this is Eric; is something highly generic like multiple use cases should be supported, is that too bland? And if so maybe something referencing both push and pull use cases might be helpful. I think it's good to decouple the requirements in terms of use cases from the requirements in terms of technical implementation and I feel that the way its worded now is a little bit murky as to what its talking about and I would imagine we'd want to talk about supported use cases.

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

So I'm going to come back again and suggest shared access to patient centered data in multiple models to just to express that we don't want to preclude any of the models that we've talked about. And maybe we can add some...maybe there's somewhere else where we can add what I think Eric just mentioned which is that we need to have a variety of use cases that are enabled.

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

I was pretty comfort...sorry, this is...it seems to me that we were actually pretty close with the two statements we had there. I mean, when you're sharing data there are kind of two ways that you can do it and you can do what we normally do and right now with lab data and we copy the lab data from the lab into an EHR or into a disease registry or that sort of thing. And so I thought everything that Betsy was saying was actually enabled by what was said in "a" and "b" wasn't meant to supersede "a," it was meant to be in addition and the thing that I think is important to say is that what we are also trying to do though is basically enable real time access through services and that's, I think, an important statement.

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

So, yeah. And I think...so "b" I think is intended to enable that model, but also the aggregation model. So I think that...I don't know if we want to get that specific in terms of breaking out sort of federated data with services versus more of a data centralization model.

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

Or you might add a "c" and say, and combinations of "a" and "b" because I think everything ultimately is a combination of "a" and "b" or could be.

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

Um hmm, yeah.

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

I mean you're either...you can copy it into a place and then you can access it real time out of there or you can access it real time from the original source if you didn't want to co...it's all, I think that's...

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

That's...yeah, okay. So let's consider that so the rewording in that case, thank you Stan, I think this is maybe a way out of this. Is so the main point on 11 in this case would say, need to support semantic interoperability by multiple mechanisms including data exchange and access to data at its source. And then we would list underneath "a" and "b" as they are and then add number "c" combinations of the above.

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

Yeah.

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

So that would be much...that would make it more generic and more flexible.

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

I like it.

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

So Tricia, do you have that?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

I do.

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

Okay. All righty.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

And we're striking 12.

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

And we're striking 12. So we've struck 8 and 12, we broke out 10 into two items and we modified 11.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

The 10 into two items is so one, I'm a little concerned about capturing and...

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

Okay, so...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

...I ha...

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

Right. So I think the one item was we need to minimize mapping between standards because mapping is always imprecise.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Got that.

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

That's sort of the first one and the second one was we support the use of interface terminologies that allow accurate and precise use of targeted...target standards.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Thank you so much, I got that.

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

Okay. All right. And then we want to consider where we can potentially include the idea of supporting multiple use cases, so maybe that's another parking lot item, to come back and see if that could be added somewhere.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay.

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

All right. Let's go on to slide 3 of 4. Okay, so this area is where there were quite a few things that essentially we wanted more explanation on. I'm going to actually start on numbers 15 and 16. Did we have specific page references or table references for those Tricia, that we might want to add?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

I could find that.

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

Maybe they're in multiple places, but I think as we were going through, we said what the hell are they talking about in terms of technical architecture here and that's where this came from. So I don't know if those two need a specific reference or not.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. Yeah, I could insert the references on the slide...the table references, yeah.

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

Okay. And then let's go back to the top; so I think this was a recurring theme of quite a few comments, especially at the outset that the roadmap lays out a lot of goals and objectives without really saying how they're going to be achieved. So that was...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Amen.

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

...number 13. Number 14 was to specify that the area of coordinated governance was a particular concern of ours. And then Becky, I think number 17 was something you had some comments on. Is this worded okay?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Umm Jamie, I would say it's not composed of standards...

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Common data elements can be standards, but they're not in and of themselves...I mean, somebody could come up with a CDE but it's not necessarily a standard.

Betsy Humphreys – Deputy Director – National Library of Medicine

In essence it's not all common data elements are standards.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's a better way to put it and it's shorter.

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

And is this....this is Stan again, is this...when you say common data elements, are we using it in the special sense of 11179 or sort of the more...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

No, I think the idea...

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

...common...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

...behind this statement was that they're...not all CDEs follow the 11179 format. There are lots of redundancies out there of things called common data elements and I think we...need that to hone in on what exactly is a common data element and what are the criteria? And how has it been vetted and...

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

Well there...I guess there are two things that I'm...that I...when I hear common data element, sometimes if you're using it in sort of the lay frame, it's a synonym for like a minimum data set or some guidance about what kind of data should be collected. And then the other kind of common data element is where

you have...you're trying to create some formal definition of sort of the coding and representation of a particular thing like a blood pressure or a heart rate or a temperature, or...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

I think it was the former in...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

But I think that's the confusion is that it has so many different meanings that people just keep throwing the word around and it's used in too many different ways.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Well wasn't this in reference to the common data element list that was part of the interoperability roadmap document?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

No, that...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Oh.

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

I thought it was, no I thought this was specifically about that list.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Which would be the first example of what Stan was saying.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's an example of the confusion. That was called a common data set.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

(Indeterminate)

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

So le...yeah, let's see how we want to reword this one then.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That was called a common data set, which isn't even really a common data set, it's a common...it's not data, it's...yeah. So how should we reword this because we're already showing why it's important.

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

What...maybe somebody could say what or Becky, maybe you could say what you thought we were trying to express here, just use other words and...use your own words to say what you were hoping to say here.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well, for example, on some of the projects people keep talking about CDEs as if they're standards and they're not necessarily standards unless they've gone through an appropriate standards development process and been vetted and they're not redundant and they have certain criteria like you were mentioning, Stan, like maybe they're formed like ISO 11179, but there's a lot of redundancies and I think it's important, maybe there's a recommendation that we define what exactly is a common data element and how...what's the process to make sure it's a standard. And then that other comment would be around the common data set proposed in the roadmap, which is also...it's referencing some standards but it's not, I don't think it is where the specificity needs to be either and that was the discussion we were just having on the content data standards group.

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

Okay, so it sounds like we can break this out into two...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah.

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

...perhaps two different comments and then Becky, do you want to suggest the wording?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Maybe I should think about it, Betsy had one earlier about not all common data elements are standards.

Betsy Humphreys – Deputy Director – National Library of Medicine

Well that seemed to reflect what was being sent in this remark in this thing, but...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Right and then the second one is the common data set needs to have more specificity and it should be harmonized with other common data sets that are out there. The second one about the common data set that's named by ONC was something that we talked about at the very beginning, I think. I don't remember exactly what the comment was, but it doesn't seem to be sufficiently vetted to be a standard. Did we get something out of that or should I keep trying?

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

Well, I think that the second one, I think you said it that the common...I forget the precise term, is it the common data set from the roadmap, is not sufficiently well vetted.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

No, there's two there; one about common data elements aren't necessarily standards and one is that the common data set in the roadmap needs to be vetted more broadly and harmonized with other standards.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

If we separate them out, what I captured is common data elements are not necessarily standards. And the common data set from the roadmap needs more specificity, needs vetting and needs harmonization with other common data...

Rebecca D. Kush, PhD – Founder Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Other such...yeah, other common data sets. Is that what it's called Tricia, the common data set in the roadmap?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

It's called the common meaningful use data set...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Okay.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

...and there is a move afoot to remove the meaningful use tag.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Okay. Thank you.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, for that first one, is there an action out of that? When you look at...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well maybe the action is we really need to define what we mean by a common data element.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right, but I think it should reflect that in the wording. Right now it's just kind of an observation.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's right.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, we need to clarify the meaning of common data element, which may be standardized but is not a standard in and of itself; something like that.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I mean what Stan said is where I would start is that it follows 11179 ISO or...

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

I like that because it's more specific.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yes, absolutely. Absolutely.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

...I mean, the other thing that Doug always said is that a common data element needs to be structured so that when the data come in, you get the right data in the database and not have part of it hanging off in the question that was asked to get the data.

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

So Tricia, can you...if you were to write this now, what would the two comments be that you have?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Need to define what is meant by common data elements paren common data elements can be standards but they are not necessarily standards.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I think that part can just be removed because if we express what we said in the beginning...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

...common data elements are not necessarily standards and we should say a definition needs to be developed, preferably around ISO 11179.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Got it. So it would be common data elements are not necessarily standards; a definition needs to be developed, preferably around...

Betsy Humphreys – Deputy Director – National Library of Medicine

Around...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Based on or around ISO 11179.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Based upon, okay.

Betsy Humphreys – Deputy Director – National Library of Medicine

Around a very efficient implementation of ISO 11179 because there are more than one and some of them aren't.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. A friendly amendment, hmm, okay.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Okay.

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

Okay, good. I...that sounds good to me. All right, so we're back on slide 3 of 4, is there anything else on this page or can we go on to the next page.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Next page.

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

All right. So these were a couple of comments on the need for ONC to coordinate with SDOs and I want to make sure that we have the correct name of the JIC in number 19. I added "a" and "b" on number 19 and I want to make sure that's okay; but we did discuss these different cases for better coordination both in terms of reducing overlap in the use of standards and improving coordination between SDOs. But also the need for closer coordination of an operational nature, hopefully to seek to align release schedules so there aren't conflicts and things like that to actually improve operations of the implementation of the terminology standards. So I want to check with the group...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, Jamie, I think...I'm looking it up, but I'm pretty sure that informatics is not...I'll get you the name. It's the Joint Initiative on SDO Global Health, oh, Informatics Standardization, that's what it is.

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

Okay.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's right.

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

So I'm not hearing any nays on "a" and "b" or any other comments on these.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Nope.

Betsy Humphreys – Deputy Director – National Library of Medicine

We just have to...this is Betsy, I'm really in favor of this global harmonization, I don't want to even say that, global standardization, I'm very much in favor of it, as long as people don't use the fact that various key organizations are not ready to move forward internationally as an excuse to delay everything.

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

All right. Okay, so those were the four slides and then as amended, for presentation to the Standards Committee. We did capture a couple of parking lot items in that discussion. We have limited time left for this call and so I'm not sure the best use of our remaining few minutes here.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Jamie, this is Tricia.

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

Yes.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yes, thank you. Would it work to implement an email response for comments on those slides?

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

On the Content Standards?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Um hmm and collect them for the next...

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

If you could...perhaps if...yeah. I think that sounds really efficient, I like that idea. Let me ask if you could please inform us, which parts of those slides are we supposed to pay attention to? I noticed that some parts were bolded, other parts are in red, what are we supposed to comment upon or consider?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

That is how we received them. Michelle, do you have any insight on what the meaning of the colors or bolding typeface, was there any meaning to that?

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

I don't think so, I think that's how the workgroup responded, and so, it's just...

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

Okay. All right. So I think then the homework assignment for our workgroup is to read and consider the comments of the Content Workgroup and see what, if any, of that we would want to echo or include in our own comments or anything that we've said that we might want to modify as a result. And we'll do that by email and then there's another call of this group a week from today. Sound good?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Sounds great.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

What...I know that I got the agenda and slide deck, Jamie, out an hour before our meeting, which doesn't work. What would be the timeframe for collecting the data and getting combined deck back out?

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

Well, if we're going to discuss that on the call a week from today, I'm going to suggest to give you Friday to pull it together that we say, close of business on Thursday would be comments to Tricia.

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

This is Michelle, I think Wednesday might be better, if possible, just so that we have time to actually get materials out before the meeting, if it's on Monday. Because we should really get materials out on Friday.

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

Ah yes, okay. All right.

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

Sorry.

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

No, that's okay. So...

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

So we'll follow up with an email of the timeline and what we're asking for everyone to do.

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

All right. And...but...so I think then in reality what we're saying is by the end of the Standards Committee meeting this week, get any email comments back to Tricia on these items.

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

Well we can be flexible with close of business, but yes.

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

Right. Okay. Okay, why don't we open up the lines for public comments and then come back for any closing remarks.

Public Comment

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

Operator, can you please open the lines?

Caitlin Chastain – Junior Project Manager – Altarum Institute

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

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

It looks like we have no public comment.

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

All right. Well, thank you everybody for participating today. Any closing remarks Becky from you?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

No, I'm...I don't have any. I'm good, thank you for leading this, Jamie.

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

Okay, well thanks everybody for participating. Look forward to getting your comments and remarks back on email and I'll see many of you at the Standards Committee meeting or other meetings this week.

Thanks again, talk to you later.