



**HIT Standards Committee
Semantic Standards Workgroup
Final Transcript
April 1, 2015**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is 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 will now take roll. Jamie Ferguson?

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

Here.

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

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

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

Yes, here.

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

Hello. Betsy Humphreys?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Here.

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

Hi, Betsy. Eric Rose?

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

Eric is here.

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.

I'm here.

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

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

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

Larry communicated that he couldn't make it for Margaret.

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

Okay. Mitra Rocca? Rosemary Kennedy?

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

Present.

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

Hi, Rosemary. Stan Huff?

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

Here.

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

Hi, Stan. Steve Brown? Todd Cooper?

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

I think I saw an e-mail from Todd also that he couldn't make it.

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

And Trisha Greim from ONC?

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

Patricia Greim is here.

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

Thanks. And anyone else from ONC on the line?

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi, Mazen Yacoub is on.

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, I'll turn it back to you Jamie.

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

Okay, thank you.

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

Asif is here too.

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

Sorry?

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

This is Asif, Asif Syed, AMA.

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

Oh, hi, I thought we heard you earlier, yeah, do you have him?

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

We got you.

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

Yes, okay, good, great. Well, thanks for joining everybody today. This call will be slightly abbreviated from the original time slot of 90 minutes I'll cut it off at 60 minutes due to some other engagements. So, we'll try to move through the agenda efficiently.

What we wanted to do today is really focus on two things, one is to wrap up our Workgroup comments on the interoperability roadmap and there are some new items to review there.

And then we also wanted to discuss our plan of attack for comments on the certification NPRM which has some substantial comment or rather some substantial content on semantic standards that we probably want to review.

So, really it is just those two things for today. Is that agenda okay, is there anything else that we need to cover before we get going? Any suggested changes to the agenda?

Okay, hearing nothing for those who did not have a chance to attend we did review the comments developed thus far in terms of the common themes and the write up that we reviewed on our last Workgroup call, we did review that with the Standards Committee.

I thought there was good discussion although not lengthy discussion and I guess there were a couple of questions that were sort of perhaps fundamental questions about how terminology systems work but I don't think there was any lack of agreement or support for the comments that we presented. And so Stan I know you were there and Michelle, is there anything else about the committee review of those comments that you want to mention?

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

Nothing comes to my mind.

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

I can't recall who else is on the call who was in that committee meeting?

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

I think that's everyone actually.

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

This is Eric, I was at the meeting.

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

Oh, yes, I'm sorry.

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

I don't have anything to add though.

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

Hi, Eric, okay, all right, good and so what I suggest is that in terms of reviewing our Workgroup comments there is no need to review those things that we, you know, finalized previously and have already reviewed with the committee and so I think that we should just move onto the new proposed comments that have been submitted which is on one page and I think if we flip down a couple of pages on the presentation, one more I think, there we go.

So, I'm not sure these are additional themes, I think that these are some additional comments that were received and really this is what we want to discuss for this agenda item. And so I guess I'll start the bidding with the next to last item, which sounds like Becky, but I know that this is...maybe this is a theme because there was some discussion and I thought we included something along these lines in our other comments that the common clinical dataset requires more vetting. In fact, let me see if I can call those up separately, hang on just a second.

Okay, so, yeah the other theme that we already presented was that common data elements are not necessarily standards, a definition needs to be developed preferably based on ISO 11179 and then comment 17 we said that the common clinical dataset from the roadmap needs more specificity, needs to be vetted broadly and needs to be harmonized with other common clinical datasets. So, I think we already have the essence of this comment in our other presentation and so maybe we can just strike this one if that's okay with everybody?

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

Yes.

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

Do we need to use tobacco as an example or are we okay.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I think we're okay myself, but...

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

Okay. Well, let's see, maybe we can go up to the second bullet, requirements to align with multiple standards for the same information is duplicative. I'm not sure now what specifically this one is talking about. Different standards for different settings of care I guess.

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

I think it was...Jamie, I think it was an emphasis that the last sentence basically that there were conversations last meeting about the concern that semantics should not be setting specific.

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

Well, and, you know, so again, so I'm looking at our previous presentation, we have point number three data standards, e.g., for performance or quality measures should reflect the semantics actually implemented in EHR systems that one we might be able to expand to include the idea of public health and consistency across settings.

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

Sounds good.

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

Yeah, I think that that's something important to say that is, I mean, you know, if you're dealing with...if you're sending say culture results whether you're sending them to the CDC for public health purposes or whether you're sending them as part of clinical data that CMS wants to justify claims and billing you should send it the same way. We don't want a different standard for those two different circumstances.

Well and you could throw in and if it's going to some part of learning health system as part of the data that should be in a secondary use sort of situation where we can do population health about that then, you know, all of those should be consistent regardless of...lab data should be lab data...

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

Yeah.

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

Wherever we communicate it.

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

So, I'm going to suggest some language to modify our current recommend, yeah, I guess recommendation comment number three. So, I'll say data standards for example for performance measures, quality measures or public health as examples should reflect the semantics actually implemented in EHR systems and then a second sentence to say, or maybe this is really a separate point, that semantics implemented in EHR...semantic standards rather implemented in EHR systems should be the same across settings.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Here, here.

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

So, I think that does...I think that kind of fits together in two sentences as one comment.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

This is Betsy and, you know, it is a very important thought and it has, as we all know, big implications because I think in some cases we really have to redesign quality measures so they can in fact be measured by the data that we're actually collecting in EHRs.

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

That data that exists, yeah. I'm certainly strongly supportive of that comment. So, is there any objection to combining those two statements in a revised recommendation number three?

Okay, so hearing none we'll go onto the third bullet on the page that is displayed, additional themes, suggested vocabularies and code sets do not align well with widely used research and clinical standards including those defined by US and international agencies and SDOs such as CDISC.

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

This is Eric I remember this coming up on one of our Workgroup meetings and in particular measure was mentioned.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

This is Betsy, I still feel pretty strongly that we're dealing here with requirements that will affect certification of all EHR products and I just don't think it is reasonable to impose, as a certification criteria that these EHR products can also handle standards that have been prescribed for in some ways narrow requirements within, you know, drug testing and regulation.

I think that maybe there will be people who will create value-added products for the marketplace and that will be terrific that can handle both those required for Meaningful Use of EHRs and other requirements that are specific to clinical trials and drug testing and drug relations. But I really don't think we want to act like these things must be also accommodated.

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

So, I agree with that, so I'm coming from a slightly different angle though and that is that, you know, as an operator of a large electronic health record system we have semantic standards that are implemented for primary care or secondary tertiary care of population and care coordination including some form data capture for registries and, you know, safety and things like that and those really are different data that are used for direct care and population care than the research data standards.

So, I do hear from researchers, well the data that we want isn't in SNOMED and that's because the data that they want frequently we would consider to be derived from calculated or calculated from extracts from direct care data and it's not something that really is used in the direct care process so it's something like...so it's answers to questions, you know, was aspirin given within a certain timeframe or something like that. Those are...that maybe a data element but it's not...it's something that's calculated from the standards that really need to be implemented in the EHR.

And so it's that sort of the fact that it's derived or calculated, or extracted from chart review or some other process that's sort of where the research data comes from in my view. And that should not...so I agree it should not be part of certification.

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

I agree, too, this is Eric.

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

So...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I think we had commented about this that this area might be one where mapping or conversion at some point in the process maybe not out in every physician's office and in every hospital, but where the data are aggregated from all the sites of the trial or upon submission to FDA or whatever that this would perhaps be a more effective and efficient way of dealing with this than the notion that we somehow support these directly out in EHR-land.

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

So, now one thing I wanted to note on this bullet is that this does talk about widely used clinical standards and I'm not sure that's correct.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, I don't...I'm just unaware of these widely...at least if we're talking terminology, I am unaware of the standards...

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Or that they are widely used in, you know, regular healthcare. I mean, I'd be happy to hear about them if they exist, but I don't know what this could refer to.

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

Me neither, this is Eric.

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

Okay, so it sounds like we have agreement that we're not going to incorporate this comment in the Workgroup comments.

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

Agree.

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

So, I think unless we have Todd or Mitra, or Rosemary on the call and I don't think they are.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Rosemary is here.

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

Sorry?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I think Rosemary is.

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

Rosemary is on the call.

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

She is.

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

I'm on the call, just getting...

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

Okay.

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

I'm not on line, I'm getting on line.

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

So, Rosemary your name is attached to a bullet point that says placeholder to add UDI text to be supplied by you and Todd Cooper, and Mitra.

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

We have a message...

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

Yes.

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

That Todd has acknowledged that he had homework and that he wouldn't be able to be on this afternoon and he is re-promising to distribute to the group before close of business Friday and he wanted to communicate this along with his regrets and encouragement that if anyone else is interested that he is...to please pass their names onto him. I think in addition to Rosemary and Mitra.

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

Okay.

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

And Todd will send something out and we will get it by end of business day this Friday, is that correct?

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

That's what...yes.

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

Fabulous, okay, thanks.

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

So, if anybody else wants to be on that distribution please announce that now and I will make sure that he gets that information.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, Trisha, this is Betsy.

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

Yes, Betsy?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I'll take a look at that or pass it over to the people since we're engaging...

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

Sure.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

FDA and producing the database that is going to make these...

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

Okay.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Available, yeah.

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

Perfect.

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

Okay.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I have been told this is now...that thing will be publically released in May. It is FDA's decision on when the public release takes place and that is what our latest understanding is.

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

Okay, now, just with regard to UDI I just...so I guess Rosemary this is...and Betsy this is for you, we did, I believe discuss in this Workgroup, it's not in our comments, but we did have a discussion about some of the difficulties with implementing the UDI and just the fact that it is sort of three different standards with different barcoding, but that's more of an operational concern and not really a semantic standards, well, I don't know maybe it is, it's sort of just the...we talked about the operational difficulty of having to have three different scanning technologies in an operating room and having nurses trained in, you know, which is the right barcode to scan and so forth.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

That is an operational challenge. I thought this placeholder was related to not just that specific aspect.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Anyone that...

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

I mean, I guess...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

...

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

I acknowledge that this is an operational challenge and it probably should be a comment but I did not think it was really for this group in the semantic standards space.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Right, yeah, we...

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

Now one aspect...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I would agree.

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

Just thinking that through perhaps a little more, one of the things that was mentioned was a recommendation that the certification rule could specify just one of the standards namely GS1 for the specified purposes because there is no...it's just for implants, it is not for blood banking or other things, so in fact I think there was a question really could the ONC rule specify for certification just a subset of the UDI standards.

So, in other words could it say that, well, for implants we really want you to use GS1 and this particular barcoding technology?

And so I don't...I remember that being raised, I don't remember hearing anything back whether that is within the purview of ONC to specify within the FDA standard. Is that making sense to folks?

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

I think...I'm not sure the boundaries of ONC...yeah, I think that the recommendations of the roadmap and the recommendations of the NPRM may...we may be looking at two different things here.

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

You know what you're right, so, I'm onto the next topic of I guess the NPRM comment, sorry.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Well...

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

So, we have a little latitude to recommend advocating ONC actions here in the roadmap that, yeah, maybe broader than what we can do in the NPRM.

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

Okay.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, I mean, the thing about the NPRM and the thing about this UDI in all of this is that for it to be recommended...for it to be included in NPRM requirements or, you know, in rule requirements it...at least in terms of drafting what's available now, it would have been...there would have had to have been more there, you know, right now this information is not publically available to anyone yet.

So, I would have assumed that this would affect the degree of specificity that you could refer to it, you know, in a proposed rule.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

As opposed to the roadmap or the...you know, going forward where you could say, well this is where we want to go with it, yeah.

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

Okay, so I guess Rosemary that's...and Betsy that is feedback perhaps for you to take into the discussion group that is going to I guess review and potentially revise the comments that Todd will supply. Is that okay?

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

And I will...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

That's fine.

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

I will make sure Todd knows to include you Betsy. So it's Betsy, Mitra and Rosemary so far who have self-identified.

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

Okay, great. So, the last comment on this page, the last new comment then for the Workgroup to consider is on page 79 second to last paragraph changing sentence to LOINC for laboratory tests, vital signs and other observations. I do not have in front of me what that reference is on page 79.

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

I believe it just includes laboratory tests and I believe this was an attempt to be accurate.

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

Okay, so that sounds appropriate because obviously LOINC is indicated for vital signs and other observations elsewhere but perhaps not there. So, that sounds like more of a consistency or copy/editing fix.

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

It was one of the recommendations from the Content Workgroup members.

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

Okay. Any objection to including this as one of our recommendations? Okay, hearing none I will take silence as agreement and I think we're done with this agenda item.

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

Great, congratulations.

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

Okay, so that concludes our comments on the roadmap for this Workgroup. And now we can go back to the certification NPRM to talk about our approach to that. Before we enter into that discussion I want to apologize both for myself and for Betsy because both of us have really hectic schedules outside of the committee in the next 60 days or so and so one of the things that I will be asking for is for those on the call to volunteer to lead some sections of the Workgroup assignment so keep your calendar in mind and I hope that everyone will be able to volunteer for something as we go through this.

So, Trisha are you going to walk us through this? How do we want to do this part?

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

We need to cue up the other slide deck, thank you. And this is just a membership slide, next slide. Michelle did you want to walk us through these slides or did you want me to take them?

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

Why don't you try and then I can step in.

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

Beautiful, thank you, okay, so this is just a recap summary of the fact that...of what we've talked about previously that the bills that become laws now rely on federal agencies to actually implement those laws through regulation which we also refer to as rules and just a recap that agencies who are implementing rules, such as ONC and CMS, consider public input as a very important role and that we are now in the opportunity, the 60 day opportunity, for soliciting and receiving those comments from the public.

So, HHS is seeking public review and comments before finalizing the regulation as Betsy alluded to in our previous discussion this is not a time to add things because, you know, this is the opportunity to perhaps modify things. So, in terms of scope those are our constraints because adding things would subvert the whole idea of the notice of proposed rulemaking and the opportunity for comment. Are there any questions about that approach and Michelle, please correct anything that I may have misspoken.

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

No, you're doing a great job.

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

Okay, so thank you, any questions?

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

One of the things I have heard, this is Eric, one of the things I've heard colloquially and I just want to make sure is correct, is that I used to think that it was just the regulation text that had the force of law in the final rule, my understanding it is actually...if the regulation text is ambiguous and the preamble clarifies it that the preamble is considered to also have the force of law and thus what we have to...basically when we are reviewing this stuff we have to read the preamble and comment on the preamble not just the regulatory text. I just want to make sure that's correct.

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

That is a question for Michelle.

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

Yes. Yes, you want to read the preamble.

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

Okay, so the preamble states the intent of the regulation and that is controlling is that it?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Well, there is also the issue, this is Betsy, I have unfortunately more experience recently in Regs in another area that I would like to, essentially in the preamble you are sort of required to lay out alternatives that you've considered and explain why you picked the one you picked.

An alternative that is explained in the preamble can actually end up being part of the final regulation based on people coming in and maybe disagreeing with the choice of it or providing more information, do you see what I mean, in support of another alternative.

What can't happen, and I think this is what Trisha was saying up front, is if something is not addressed there at all like there was no requirement or no even discussion of a requirement related to a UDI or something it can't show up in the final Reg because no one else had an opportunity to comment on it. Do you see what I mean?

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, the thing is that it is not unheard of to have something in the preamble say, well we considered this and we weren't sure and this is...we're asking for more things or we decided to do this but this was another alternative and maybe to have things in the final rule, you know, be closer to one of those other alternatives.

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

So, one of the things that would be great for the Workgroup to have is some way to identify...if we're going to divide and conquer on the regulatory checks to indicate what bits of the preamble correspond to what bits of the regulatory checks. Because it sounds like we'll have to read those and consider them carefully.

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

Yeah, so, I mean, this is Michelle, I'd suggest to read the entire preamble and then dive into the sections which we'll get into it just provides a good context for a lot of the thinking. So, although there are certain sections assigned, which you will see, and there is a lot in this rule, as we all know, and so we tried to divide and conquer across the different Workgroups, but for some of the things to get a full grasp of the intent you will need to read the preamble and there are...some things are mentioned multiple times.

So, you'll see we identified a page number for a starting point but it doesn't mean that's the only place that item might be discussed so we can get into that in more detail when we review the assignments, but there will be a lot of reading. We're trying to focus your reading I guess is the intent.

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

Thank you.

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

Yes.

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

And thank you Betsy for that nuanced reminder of how this is intended to work. Next slide. So, this is reminding us of the process the publication happened...well, we're...anyway we are in the 60 day now.

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

Yes, just into it.

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

Yes, just into it.

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

Yes, it started Monday.

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

I was thrown off by April 1 date there, but, yeah.

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

That's our meeting date.

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

That's our meeting date.

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

So the meaning of this slide is to discuss how we thought it might be a good way to go about responding for this Workgroup. If people have other ideas we're certainly open to them, but there are a lot of items to discuss so our thought was that we would divide and conquer and form small groups. So, today we're discussing process, we're hoping that the small groups will then work off line and come back and report out at future meetings.

The deadline for the Chairs to bring back the comments from the Workgroup is May 20th. So, I think as we've discussed on previous calls it's a very rapid turnaround time, we know it will be very taxing on your time, but we apologize in advance but we also appreciate your dedication as we go forward. Sorry, Trisha, next slide.

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

Oh, no, thank you.

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

So...

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

And so...

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

As we just discussed there are all your assignments, sorry, go ahead Jamie.

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

Yeah, no, I was going to say, so you see...in red you've added additional items per my request, well in the meeting of the Co-Chairs I noted that looking at the assignments to the Content Standards Workgroup they were assigned review of a bunch of semantic standards and I said, well, you know, the Semantic Standards Workgroup really ought to review the semantics and so that was my request.

And specifically there are some implementation guides or implementation profiles where in addition to the structure of the content the profile or implementation guide also specifies the use of particular terminology, coding systems, value sets, code sets, etcetera and so where those things are embedded in the content standard I think it's incumbent upon us to review those and I really hope that we can seek, again, the kind of consistency that we talked about in our roadmap comments so you don't have, you know, for example, you know, different implementation guides that are supposed to have the same data but for different purposes they specify different terminological standards.

And so that's the general category. I didn't go through and add all the instances of that but there were a number of those that were listed on the assignment sheet for the Content Workgroup.

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

This is Eric and sorry, I apologize if this was already stated, but is this the Meaningful Use NPRM or the CEHRT NPRM or both?

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

The Certification...

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

The Certification NPRM.

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

Okay.

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

Certification NPRM, yeah.

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

Okay. Am I missing it or is CPOE missing from that, from this list?

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

Well, that was on the Content Standards Workgroup list.

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

Oh, yeah, well, we...yeah, I agree so we've got to...

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

So, that...

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

I mean...

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

You know so all those areas where CPOE says, you know, use this terminology system and, you know, this even this particular value set well then we need to review those I believe.

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

Absolutely agree.

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

So, maybe that's group three.

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

I wonder if, I'm just talking out loud, Jamie you can say no, I'm just kind of thinking, you know, the Content Standards Workgroup is planning to form small groups as well. I wonder if we could have a combined small group with your group and their group.

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

Right.

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

Just thinking out loud, we could say, no, too, but...

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

No, I...

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

If not we'll add a third group here.

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

I think that would be...

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

I think that's a brilliant idea Michelle.

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

No, I really do think that's a good idea because, you know, we want to have comprehensive understanding across the different Workgroups and hopefully achieve consensus across the different Workgroup perspectives, but also just the sheer volume of material and the short timeframe means that, you know, we're more likely to get a sufficient quantity of expertise on those discussions if we do it that way.

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

I'm going to show my lack of awareness, Jamie, in the Workgroup breakout for the Content Standards Working Group are those e.g., implementations...

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

Well, I think it was Eric who said; where it says CPOE those are recommending particular implementation specifications that include semantics. And so there are, I don't know, half a dozen of those and I can't recall...I don't have the Content Workgroup page in front of me, let me see if I can find that.

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

So, I have it in front of me, if I read the topic areas I think it will be a nice mix if we join the two groups, but I'll defer to all of you so, you know, just quickly reading they have the med/allergy list and then all of the CPOE items, and then drug-drug and drug-allergy items, drug formulary, ePrescribing, structured and codified sig, and then lab tests, the values and results, transmission of lab tests and then there are a few questions that didn't really have a place so we stuck them in that group, but would that work?

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

Well, I don't think I heard anything there that doesn't have semantic components.

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

Exactly.

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

Exactly so I think...

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

My concern is are they all grouped together? Are the other groups...do any of the other groups for content include semantics that were...or is this the one?

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

So the way that we broke them out, just to give you an idea, so that group has all of those items, we tried to put things together that seemed like logically made sense, group two for them is CDS and quality measurement and then the other group is looking at the C-CDA. So, obviously there could be semantic items within those, but...

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

Well, there are.

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

Yeah, but so the problem is this is why we divide it across two groups just because there is so much work so that's my only concern is that there is a lot of work if we had both...if we could figure out a way to combine the effort I think that would be best, but we can certainly figure it out I'm sure.

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

I guess it's really unfortunate that, you know, you have a Semantics Standards Workgroup that's not reviewing a very large quantity of the semantic standards that are being proposed. So, it seems to me that we should have members of this Working Group as a part of all of those reviews that you just mentioned in both of those groups of the Content Standards Workgroup. So, I'm not sure how to do that.

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

Maybe we could identify a few folks from this group that would be willing...not forgetting the fact that there are other items assigned to this group as well, so we will need people to take on what's in group one and group two on the screen and then maybe the remaining folks we could divide and conquer across the Content Standards Group, just a suggestion, I really...we're happy to work through any process that makes sense if others have better ideas.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Well, it's a tough problem, it's always been hard for me to figure out what about content was not about semantics, but there you are.

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

Yeah, yeah, well, you know, and I'm sorry Andy is not on this call because, you know, what comes to mind for me is, you know, throw it all in a blender and divide it up equally between the...so including the members of the two groups so that we have a good mix. Because, you know, I see things on here that I think also have content components.

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

Yeah, I mean, it's really hard to divide the two.

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

...yeah the transmission to public health agencies, I mean, so...

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

Yeah, I mean, this is Stan, when we very first saw the creation of the groups I think there were several of us who said, you know, I don't know any definition that would allow you to put some of these things in semantic and others in content, I mean, it's all...you need both aspects to come to a consistent representation and so anyway we're seeing sort of some practical fall out from trying to divide it.

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

This is Trisha; Michelle, from a practical point-of-view, could we go back one slide, these are the dates here on the bottom row, April 17th, 21st, May 18th, May 11th those are the dates we've set aside for connecting...

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

I think the 11th needs to be deleted, but yes.

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

I'm sorry?

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

I think the 11th is a mistake.

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

The 11th is, oh, yeah, that looks like a mistake, okay. Okay. So, these are the dates and, oh, those are dates for report outs, okay, yeah. I was just thinking that if, you know, that perhaps if we could look at scheduling times to meet that folks could self-identify a little easier related to their schedule, but I guess another way to do it is just once people self-identify what groups then just schedule around that. I'm just feeling overwhelmed by the timeline and the content.

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

No, I'm really at a loss because I think it is essential to have the members of this Workgroup included in those so called content standards deliberations and so I'm not sure how to do that.

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

You know like I said, we can identify people from this group and invite them to participate in all of those calls. I don't think I have a better solution than that though.

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

Yeah.

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

Well, this is Eric; I think that's one solution. The other solution is that we have potential duplication of effort which would probably also create an additional burden on staff to reconcile the inevitable, you know, diverging comments on the same bits of regulation, but, I mean our Workgroup could simply take it upon ourselves to identify anything where it seems like a semantic standard is mentioned just, you know, work on our own to provide comments on that.

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

Yeah, I guess as a practical matter that...I mean that's what happened last time as well, right?

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

I'm okay with either approach.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Is there anything that we look at that is not considered content by those of us who think about these things? If not then we could just have it all together. Have one soup.

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

Yeah, possibly we...we'll have to talk to the Chairs of the Content Standards but possibly we could leverage all meetings between Contents and Semantic Standards and just make this a combined effort, you know, put the whole list together which is long between the two groups.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah and say we're going to discuss it on these different days and everyone is invited if they think they're a part of that.

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

You know I like that approach better if we could make that work.

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

We need to talk to the other Workgroup first.

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

Yeah.

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

And talk it through with them, but, you know, it's something that we can work on off line. So, it doesn't sound like we're going to come up with a good solution today, at least on the call, we were hoping to take volunteers and start to assign people to groups so that we could start to get to work just because the turnaround time is so short, but it sounds like we'll need to work with the Chairs of the Content Standards Workgroup and come up with a new plan.

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

Right.

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

I guess I'd just ask that if everyone could be patient, if there is an area that people are very interested in participating in and you already know that and it's, you know, listed in...for this group we certainly would love for you to sign up for that now, otherwise we'll...

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

Well, but, you know, I also think...

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

...a new approach.

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

So, Michelle, you know, it also comes to mind for me that while we sort out sort of the group logistics, if you will, between the different group assignments, in the meantime as individual Workgroup members everyone on this call, everyone in this Workgroup can take a homework assignment to scan the NPRM for anything in the nature of semantics standards that deserves a comment no matter how and where it was assigned Workgroup-wise and jot down your comments and submit it for Workgroup discussion and then we can figure out how to sort it out as we come up with a plan but this doesn't mean that people should not be looking at the NPRM and commenting upon it within the Workgroup.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, I agree with Jamie entirely as, I think it was Michelle pointed out before, maybe it was Trisha, you can't get this unless you read it, so everybody has to read it or they're not going to be able to provide informed comments anyway and this is, you know, in and of itself not a trivial homework assignment.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And while you're read it you can identify the things where you either think "boy that's great" or "what were they smoking" and...

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

Right.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And put those down as things that need discussion.

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

Yeah. My phrase for that is "I want your meds." Okay, so that sounds like a homework assignment for everyone in the Workgroup and then stay tuned and Michelle and Trisha I think, you know, we can work out the logistics; maybe we can set up a quick call among yourselves and the Workgroup Chairs together just quickly to talk about this idea.

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

Yes.

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

Yes, we will certainly try to do that.

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

Okay.

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

An administrative call is the request?

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

Right.

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

Okay, thank you.

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

Yes as soon as possible.

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

Thank you, Jamie.

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

All right.

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

It is 12:53 shall we go to...

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

I think we should go to public comment.

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

Public comment?

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

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

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 listening via 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

There is no public comment at this time.

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

Okay, well, we have actually a very large homework assignment for everyone, so I do appreciate you spending some time with the proposed rule and flagging those areas that are deserving of discussion. And I think we're done with the agenda for this call.

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

Thank you, Jamie.

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

Any closing remarks or questions from anybody?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Bye.

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

So, hearing none we're adjourned, thank you.

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

Thank you.

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

Thank you.

Public Comment Received During the Meeting

1. I have a question about the documents. And also the draft