



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

May 6, 2016

Presentation

Operator

All lines are now bridged.

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

Thank you, good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the HIT Standards Committee's 2017 Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of the today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Kim Nolen?

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Hi, Michelle, I'm here and Rich is joining right now.

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

Thank you. Christina? Christina we've had you on the phone for a while today.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yes, you have, good afternoon.

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

But, thank you. Christopher Hills? Clem McDonald? Dale Nordenberg? David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Here.

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

Hi, David.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Hello.

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

Eric Heflin?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Eric Heflin is here.

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

Hi, Eric. Kin Wah Fung?

Kin Wah Fung, MD, MSc, MA – Staff Scientist, Lister Hill National Center for Biomedical Communications, National Library of Medicine

Hi, Michelle, I'm here.

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

Hi, Kin Wah.

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

Mark Roche? Michael Buck?

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

Here.

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

Hi, Michael. Michael Ibara?

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

Here.

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

Rich Elmore did we get you yet?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hi, I'm here.

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

Hi, Rich, perfect. Robert Irwin? Russ Leftwich?

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

I'm here.

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

Susan Matney? Hi, Russ.

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

Hi.

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

And Tone Southerland?

Tone Southerland – Director of Implementation – Ready Computing; Co-Chair, eHealth Exchange Testing Workgroup – The Sequoia Project

Here.

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

Hi, Tone.

Tone Southerland – Director of Implementation – Ready Computing; Co-Chair, eHealth Exchange Testing Workgroup – The Sequoia Project

Hi.

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

And from ONC do we have Nona Hall?

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

Yes, Ma'am.

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

Hi, Nona and Chris Muir?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes, I'm here.

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

Hi, Chris. Okay, with that I'll turn it over to Kim and Rich.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Kim, go ahead.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Okay, thanks, everyone for joining us on a Friday afternoon. This is our second call and we took the comments from last conversation, which I believe was in April, and put them together and tried to come

up with some groupings for focus areas for the group and so we wanted to go through that today and develop a plan for our next sessions that are coming up. Rich, any additional information?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

No, I think that's good, I mean, the other thing...the feedback we have taken from the group was, you know, asking for some clarification on, you know, kind of the purpose of the Interoperability Standards Advisory and so we have some feedback to share with you on that and I think that will also help the Task Force as it's going through its efforts and, you know, I think that what we really value for today is we took the feedback we got on priorities, as Kim said, we tried to organize that some and say, okay, here are the things that we're going to try and tackle for 2016 for the ISA.

And we want to make sure we've got the right priorities, you know, it's time bound, it's resource limited to, you know, a group of experts that we really appreciate your participation, so we want to make sure we're picking the best spots where you'll have the most impact and value back out to the community by the work that's being done.

So, you know, setting it up...this call in particular is important as we try and set up the work of the Task Force and what is it that we're going to try to accomplish. There are, you know, a large number of areas of opportunity and for improvement, and so we want and try to make sure that we're picking off the ones that we think will be most beneficial. So, with that in mind I think that's what we're going to try and turn to today. So, if we want we can go ahead onto review the purpose, we can go onto the next slide.

Okay, this is the membership, can you go onto the next slide, please. So, the charge was to, you know, submit recommendations back to the Health IT Standards Committee just what it should be considering in terms of the 2017 Interoperability Standards Advisory including taking into account comments from the public process. Next slide.

And now we're onto the ISA purpose, so the ISA basically is meant to serve several purposes, this is in the current document, it's meant to provide the industry with, you know, kind of a single go to place for the list of standards and implementation specs for, you know, clinical health information interoperability and to reflect the results of ongoing dialogue and debate and consensus among stakeholders when there might be more than one standard or implementation spec that could be listed as best available and then also to document known limitations, pre-conditions and dependencies and security patterns among the referenced standards. So, this is kind of in the ISA.

And then I went back to...after our last Task Force and some of the questions we had gotten from the Task Force members to talk to Steve Posnack at ONC and ask him for some additional feedback. I think that has been shared with the Task Force as a separate document but just out of that I thought it was, you know, just worthwhile highlighting that in that, you know, he really talked about the idea that ONC is poised on, you know, various policy cycles to begin a pivot that will enable the ISA to be further matured and looked to as the basis for subsequent policy-making.

And so, you know, in an ideal world using ONC regulations as an example to be able to go the ISA as an authoritative resource from which they could make regulatory proposals for future certification criteria. So, you know, I think as much as, you know, the ISA as a kitchen sink of standards wouldn't be helpful in this regard and so as we think about, you know, what it is we're trying to do this year, you know, I think

understanding, you know, in as an objective fashion as we can, the trajectory of standards in light of an open API world, as an example, is going to be important. I mean, some will become potentially more or less important as a result of some of those changes that are happening amongst healthcare stakeholders. So, that's just an example.

But I would encourage you to take a look at the write up that we did get from ONC, hopefully it addresses, you know, the Task Force question on this and underscores the importance of the ISA as an organizing document that...whether you agree with it or not is a different matter, but that it is an organizing document that is pointing directionally towards standards that may eventually end up in regulation if they're not today.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Hey, Rich, Chris...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, I don't know if there was anything you wanted to add to that?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, no, thank you very much, I appreciate it and I think you gave a great overview. I guess just a couple of thoughts, one, just to kind re-emphasize, you know, when the ISA first came out we were kind of playing a little bit of a catch-up because, you know, the regulations for Meaningful Use and the certification and support of Meaningful Use, I should say, you know, were out and, you know, so we were going to those first kind of to see what should be included, but now that we are kind of getting a rhythm we've had one full turn of the crank of developing an ISA we really hope and believe that the ISA will actually be driving the things that end up in there in the future as opposed to, you know, the first year kind of, you know, just reflecting what was already, you know, in regulation.

So, in the future when we have future certification Regs and those kinds of things, you know, the process will be that there will look towards the ISA first, you know, and checking those things.

A second thing too I would also like to add, I know sometimes, you know, like the large EHR vendors, the large provider organizations like Kaiser Permanente, just to throw one out just randomly, you know, those kinds of groups they might not see, you know, as much of the value as others would see in something like the ISA, but, you know, we're talking to a lot of different stakeholders and you have to remember ONC, you know, just has many, many, many different kinds of stakeholders, you know, there are lots of reasons why people, you know, are encouraging us to continue with the ISA.

And in that one-page document that we shared with you there is a list of bullets kind of in the middle of it that describes some of the uses that we either see people doing or they tell us they are planning on doing such as, you know, referencing standards that are found in the ISA within RFPs when they procure an HIT system or, you know, using standards from there, you know, as reference when they're developing grant programs, you know, again using standards in the implementation specs when they're developing a local HIE or they're having to quickly, you know, develop something to react to a public health concern, you know, just different things like that.

You know people, you know, are either anticipating or beginning to use the ISA in those regards and so, you know, for some of the developers who have been in this space for a long time I kind of understand where you're coming from, I mean, I do understand where you're coming from, but also you have to remember that when developers are coming, you know, new into the market and there are several and especially when they're looking at doing consumer Apps and those kinds of things, you know, over time I think, you know, this will become more helpful to them. So, that's my two cents on it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David; I don't recall seeing this document that you are mentioning. Do you know when it was sent and what it was titled?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, it was sent with the meeting materials for this meeting, I think it was either late last night or this morning, let me look up the e-mail and it's just entitled ISA Purpose. Let me look to see when it was sent out.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I was sent out yesterday at 5:43 Eastern David and there is a Word Document called ISA Purpose.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, all right, I didn't get that that's what that was about, all right, thanks. I mean, are we going to debate some of this or are we moving onto other subjects? Because, I think that you covered a lot of ground not all of which is necessarily something we all probably agree with.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so, I guess I would leave it this way, I mean, the goal of this group, the mission of this Task Force is to, you know, come up with the right updates for ISA for going into 2017, and so we want to make sure that we, you know, put the right energies on the right things and I think to the extent that, you know, you think that there are clarifications at that fundamental level that are important to making sure we hit the right priorities and address them in the right way then, yes, I think we ought to think about it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean, so I'll just make a couple of high-level comments and if there is interest in going further we can, if not, I'll, you know, pursue it through other channels. The notion of "best" best be used to fulfill specific clinical health information, I mean the current list has pretty much a kitchen sink's worth of everything some of which have never been used and hardly anyone that I know would consider them best for any particular purpose. So, I don't know that the word "best" could be applied.

Number two, I don't know that there is any process that vets what gets put on this list. If it's going to have regulatory impact, you know, it would seem that some kind of a process, you know, like, I don't know the Standards Committee would lead to the description of what was considered "best for purpose" to be put on the ISA. You know what's there now is a catalogue of balloted standards, a subset of a catalogue of balloted standards that are relevant to some part of healthcare that's a far cry from best.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think that's right and perhaps rather than...I'm not sure if you're arguing that the criteria isn't what we should be...is the wrong criteria or whether it's an area for improvement in the ISA?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, it's a little bit of, if ISA starts to have regulatory, you know, pre-regulatory power, I think we've been using sub-regulatory, but I don't know what that means either, then we need a more rigorous process to determine what gets included and what gets removed from the ISA because all of a sudden it starts to really matter if it's going to end up in regulation.

If on the other hand, ISA is an FYI to orient someone to what's going on in healthcare standards but without any necessary implication that if it's on this list it's really important or you should put it in your RFPs then that's a different thing.

So, which is it? And if it's the former, which it sounds like this document says it is, then I think we should be debating the process to get things added and removed from the ISA.

If it's the later then let's talk about how to make it a really useful document. Do you see the distinction?

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Yeah, I do, this is Kim, all right. Do any other members have thoughts on that?

Tone Southerland – Director of Implementation – Ready Computing; Co-Chair, eHealth Exchange Testing Workgroup – The Sequoia Project

Yeah, this is Tone, you know, I agree we have to pick an "ask" go down that path if we're going to be effective with this, right? If we don't it's a little too nebulous and, you know, I think I share your concern, Dr. McCallie, that, you know, we're going to have a hard time...we're going to debate things, maybe this is my concern, we're going to debate things, you know, and not really solve anything if we can't say "hey, this is pre-regulatory or regulatory-driven in nature" or it's more from the implementer's perspective, you know, what's best to kind of help the industry and help those out dealing with interoperability issues and I agree.

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

Well, I think his...this is Clem, his position is that we're kind of mixing messages. If this is best we've got to change it I think and that may take a while. If it's just sort of informative we should soften the purpose.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean, this is David, that's the spirit of what I'm getting at and it's just a which...

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

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Which direction is it? I think it could become a powerful and helpful tool for orienting newcomers to the field, but as such, I don't want to...I wouldn't want to hint that if it's not on there it can't become regulation or if it is on there it might become regulation. You know we have the Standards Committee for that process, that's their mandate...

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

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Not the ISA.

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

This is Michael Ibara, I actually...that's my concern, actually not for the implementers that know their way around this stuff but actually for those very people that are newcomers to it, if they don't understand what exactly this is, if they think that the purpose, even if it's not, if we're not clear and they think the purpose is it is pre-regulatory or something like that then we're going to influence a large amount of people in the wrong way having them believe that this is somehow better and required versus just informative for them.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I don't think there's any statement about it being required. There is a statement about, you know, kind of best for purpose. I guess maybe what I would suggest is that we treat the stated purpose on face value, we can provide that feedback, ONC is on the call as well, we can provide...ONC can consider if there is any refinements that they want to make to that and Michelle and Kim if you agree, Chris, should we proceed on the basis of the purpose as stated? And I think, to your point, David, you know, there are certain standards that are out there, whether they get removed or whether they get somehow notated that they are, you know, not best is part of what we should be deliberating about.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

This is Christina...

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Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Hi, this is Christina, I just wanted to chime in, I think what I took away from this is it's a growing and living document that we're trying to look at what we know as some of the best standards or standards that are options if people are trying to achieve certain goals, it doesn't necessarily mean these are mandated but you can go to it as a resource and some of these things may or may not be regulated.

And it also rolls up into the Standards Committee so we give it to them and then they decide what to do with it as next steps. So, I would say it is more like an inclusive document where you can find information on any goal you're trying to achieve.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

And this is Chris Muir, I would just say I would agree with you and the way you just described it.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

I think the concern though is there are terms in there that it leads to a regulatory process so that's what I heard in the first part of the conversation.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, so let me address that a little bit. So, just because it ends up in the ISA does not mean that it will end up in regulation only that we hope that we've vetted enough of the standards and implementation specifications ahead of time so, you know, for the different interoperability purposes, that when regulators go to look for standards, and we were just using the certification process as an example, it's certainly not the only regulatory thing that could happen out there or, you know, an ONC isn't the only one that develops RFPs and stuff, that they do have a place to look to see where all, you know, what are the standards that, you know, most people are using for this purpose or that this group and this process has vetted as...and I can understand if you want to change the term "best available standards" you know that's the kind of feedback we were hoping to get from you all, you know, and also improvements to the process and stuff. So, you guys are talking about the right stuff.

But, you know, that's kind of what would happen, just because it's there doesn't mean that there is any binding authority on the people to...on just the casual reader of it nor on the regulators that they have to use it just that it's a resource for them to look to as they work on those things.

So, that's why we call it sub-regulatory. I feel comfortable with sub-regulatory, I'm less comfortable with pre or regulatory.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

So, where we have one, two, three should we have a fourth statement to say, this is not for regulatory purposes or something along those lines, or some type of statement? Because I think there is...what I heard was a little bit of confusion with how that "in addition" statement. And David, correct me if I'm wrong, but that this document seemed to be posing...there are two paths it could take, one that would lead towards regulations and one that was more for implementers or people who were looking to find somebody who had certain capabilities or who was new in this space for development. So, it seems like there needs to be some clarity, I don't know that I've heard it yet.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David, I think, you know, looking at the document, the purpose, ISA purpose document, I mean, simply by removing the word "best" in bullet number one would go a long way towards, you know, allaying one of my concerns is that somehow this is a vetted list of "best" because I don't think it's that.

I think the other two bullets are actually pretty accurate, it captures ongoing debate and dialogue, known limitations, preconditions and dependencies that seems like a valid purpose and I believe it's in some of the setting discussions in the document itself it gets very close to that.

Maybe what we need is to take that word “best” out and then consider adding a bullet point four to be crafted that clarifies the relationship to regulation and if sub-regulatory is the best phrase then maybe, you know, a layman’s definition of what sub-regulatory means, you know, could be added and that’s something we could react to.

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

This is Michael Buck doesn’t the current ISA describe some of its relationship to regulation? I was just reviewing it myself and I thought some of the wording that was there may help rather than starting totally from scratch. It seemed like some of these concerns were already, you know, baked into some like page 6 or some of the other areas there, some of that language might already reflect some of that idea where it sits as far as regulation.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David, I would hate to start from scratch, I agree, if it’s in there that’s great, I just didn’t see it in that one-page document summary that was, you know, provided to us to clarify.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Okay...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

One of the things that we put in our...corporate response to the ISA RFI was the suggestion that the other document that’s being maintained that documents people’s actual use of interoperability standards to achieve, you know, purpose in the real world, I forget what the name of Steve’s Blog that captures that information, but, you know, that information is extremely helpful because it lets people know, you know, who to talk to, to find out how a standard works and what the limits are and what the strengths are, and I could imagine the ISA being merged with that to create, you know, the living document that I think someone referred to earlier, that captures, you know, not only a list of these things with links to, you know, their sources but also where people are actually using them and it’s something that could be kept up-to-date on a fairly regular basis not necessarily just once a year. That, again, puts it in the, you know, FYI category more than the sub-regulatory.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Chris, do you know which document David is talking about?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, well, it’s not really a document; I think what he is talking about is the interoperability proving ground is that right?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, yes, yes.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, so that's really more of a table, but he's right, I mean, so what that is it's like a web form that people fill out and it captures, you know, like a handful of pieces of information about an interoperability project, you know, and people implementing standards and what has been their experience with it and, you know, it's searchable, you can query it and find out and you can...people who put it in can tag it for different things like FHIR if it's a FHIR project, etcetera.

And, yeah, so, you know, we hope people will go to it when they are doing their own interoperability projects and find the contact information, learn from each other, become inspired by each other, you know, all those kinds of things.

And, so yeah, David is right, we think it is a really helpful tool. We do plan to look through that as we develop the ISA, you know, to find out things, you know, that may help inform the ISA. But because it's not really a document and it changes constantly, you know, we see them as a little bit different. It would be interesting though to hear more of his ideas on how it might be merged, but at this point we haven't really thought about any of that, of merging them. We have thought about making the ISA more interactive but that's still a ways far off, but anyway, yeah.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Can you send us that link to the group so we can look at it and...

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Absolutely.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Because we could put a comment in here with a link in the ISA document for 2016 or 2017 so that people could refer to it and as they're looking at a standard in ISA they could link over there to see who had used it maybe, I'm not sure, because I'm not familiar with it, but...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, yeah, so, this is David again, the notion of a more dynamic document is sort of what I'm getting at, I mean, this stuff changes, you know, fairly continuously, you know, we've...particularly with MIPS and MACRA now, you know, lord knows what we're going to see necessary to deal with that complexity.

If you can only update the document every year it is going to be almost be guaranteed to be behind the times although maybe that's an advantage from a pre-regulatory point-of-view because then you don't regulate too quickly.

But the thought of a more live document is part of the suggestion that we made coming from Cerner and really sort of more almost like a Wiki or Wikipedia kind of thing where, you know, presumably curated so that you don't just get people coming in and junking it up, but something that links to active use of the standard about the use of the standard controversies and the use of the standard in a way that's a little bit more flexible than what's in the document now.

You know so to use the example that I think we used on...that I used on the first call, someone asked me about, you know, encoding medication, encoding allergens that aren't medication allergens and the document lists a bunch of value sets that could be used but doesn't have any way to clarify what the strengths and weaknesses of those value sets are or the controversies around them and it was really very unhelpful in answering the question that my colleague had about what should be used, and, you know, we were able to dig around and find some stuff that helped, you know, clarify what the choices were and why it was not yet codified in regulation, why they was still argument and controversy but we didn't get to it from the ISA. And it seems like over time the ISA ought to be more useful for helping somebody track down stuff like that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, so, I'm going to just try to break this down a little bit so that we can try and make some progress. There were a few different points that were suggested, one point was to make it more interactive rather than a document. And maybe what I can, Chris, ask you and ONC to come back with, you know, maybe if you have any suggestions on resources or tools we should be looking at to accomplish that I'm sure there is something there that we can consider that, you know, the Task Force would be happy to do so.

There was the question about including kind of a fourth bullet around...that clarified the regulatory status of that and I think Mike Buck had indicated that there already is a section on page 5 that effectively does that, so we could either move that into the purpose document or just know that it's there, but in any event, I think it is already kind of clarified that it is non-binding and ensures to provide clarity, consistency and predictability for the public, etcetera.

So, best available standards, which was the other suggestion was...so we can, you know, certainly address that. The other proposal was to remove the word "best available" and if I look through the purpose, the ISA, you know, just best available comes up a lot and so, I mean, that seems to me to be...I'd kind of hate to have our aspiration to be something that we're trying to no longer shoot for the best, but I guess I'd leave it to the Task Force as to...you know that's a big change in the intent.

So, really the question is, do we go with what ONC has said the intent is and try and make the big change to the ISA so it is clearer what "best" means or vice versa are we removing...the proposal was to otherwise remove "best" from that first point and I would like to hear from the group what they think.

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

This is Mike Ibara, if we leave that in my concern is what is our process by which we're going to determine that?

Tone Southerland – Director of Implementation – Ready Computing; Co-Chair, eHealth Exchange Testing Workgroup – The Sequoia Project

Yeah, so this is Tone, so I have an idea, so I'm just looking at the ISA and looking at the different fields there is standards process, maturity, there is implementation maturity and adoption level. And implementation maturity there are only two options, there is production and pilot.

But in my mind and in my experience, you know, a production implementation of a standard, you know, that's only got one production implementation is very different than one that's...and it's only been out for six months, it's very different than one that has been out for, you know, 12 years and has hundreds of implementations.

So, I'm wondering if we could probably, as part of our work here, focus on expanding that implementation maturity criteria and then that would help to address the concern around, you know, this feeding into, you know, regulatory stuff in the future because it gives us a little bit clearer picture of the standards that we're assessing.

And I'm not trying to change the topic and have us drill down into that rabbit hole, you know, I'm trying to stay in respect with what you're asking for Rich. So, you know, I think we can still keep the word "best" in there but maybe take an approach like that to provide a clear assessment of the standards that would feed into any, you know, decisions for regulatory efforts to adopt our work here in the future.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

How do people think about that? That's an interesting comment, we could make a comment...it's not that we have to do all of this, I think that's an important thing to remember too, we can just put comments like we would like the ISA document to be more interactive, we think that implementation maturity should be expanded to quantify the number of implementations. So, we can make statements like that as our recommendations and then it's up to the ONC to take those in and consider them and then make the changes to the ones that they feel best need to make the changes.

And I can say, having co-chaired this last year, they really looked at our recommendations like that and took them into consideration and incorporated it into this year's 2015 statement or document and so I think if we have things like that it's good to talk about them and put them down as recommendations and just remember...because I remember at one point last year I was e-mailing Rim, he was the other co-chair, I'm like "oh, my gosh, how are they going to do all this" and he was like "well, they have to do it we just make the recommendations" and so I think that's an important point for us to remember too, we're just...we want to recommend to make it the best document and the most useful. So, I think any suggestions like that are very welcome.

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

This is Russ Leftwich, I agree that the implementation maturity and the implementation level as well are problematic, I'm not sure that expanding the possibilities improves it though. I think it's very subjective, it is very context and use case dependent and I think it's misleading in saying that a base standard like CDA is widely implemented is not useful information.

So, I agree that this is something we should discuss and hopefully make a constructive recommendation about, but I really think the whole...the subjectivity of saying something is...the implementation level is at a certain quantified level and there is really no way to measure that and it varies from standard to standard.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, just to be controversial, this is David again, I mean to me that's the best part of this actually and the subjectively I agree is there and the use case concern that you raise is a really important topic I want to come back to in a minute, but, you know, that came out of intense work on the Standards Committee a couple of years ago to put together a maturity matrix for standards and it was widely discussed and agreed upon that, you know, it is a 3 x 3 quadrant and you do the best you can to slot something in.

And I think the value of that is it gives you some concern if a standard is listed as best available by the rubric of this document, but the deployment or implementation is considered, you know, non-existent or pilot, or something like that, that's important information to know and if somebody is such an outsider that they're actually depending upon this document to make those kinds of decisions like putting it in an RFP then they should know that nobody is using this.

Now, you know, so I think that's actually very useful information and it's one of the reasons that you can actually qualify the best available and what it really means it best known or something like that because it's not implying best for use case because some of these standards have never been used so how could they be best?

So, anyway, I wouldn't want to throw that out. I would expand.

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

Well, I think the whole maturity model doesn't apply to everything either and my comparison is the iPhone and some of the standards that have been developed to meet the technology that has evolved very quickly are being adopted very quickly and saying it's immature is like saying the iPhone 2 was immature when it came out and sold millions of units because it did something you couldn't do before and we now have learned that the iPhone N+1 is always going to be better and have more functionality but it's different from saying that the latest model is a pilot.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, that's why...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

This is Mark...

Russell Leftwich, MD – Senior Clinical Advisor, Interoperability – InterSystems

There is...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That's why these things are graded on more than one axis, some of the standards inside the iPhone may in fact be immature but they're certainly in widespread use and that's valuable knowledge, you can make your mind up from there. I mean...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

This is Mark Roche, I think that there is the difference between providing the data and providing interpretation of that data and if we say that something is widely adopted it is bound to different interpretations by different people in different domains.

So, maybe one of the things we can consider is providing the actual facts, the numbers from the field either from research organizations who have had conducted a research in the field and to understand, you know, in how many institutions is the particular standard used and how is it used and to provide the actual data to the users and then provide based on that data conclusion.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, we tried to do that on the...I was on the workgroup that developed the maturity model and, you know, there are a few standards for which you can actually pull that off but most of them it's just too much of a burden. So, we fell back to, you know, broad categories, you know, basically three choices, you know, not much, a reasonable amount and a lot because that's about the best you can do.

The other thing, I mean, you know, I don't think anybody should take those categories any more seriously than they are as information providing. You could say the fax machine is an incredibly mature and widely deployed standard but none of us would advocate the fax machine is a way to solve any of these problems, right? But at least...so you take it with knowledge, but if somebody is proposing a standard that's never been used you should know that. That might mean that it's not proven.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, so I think that's a good point. I guess to piggyback on, you know, iPhone or fax, you know, there is always statistics that can tell you how many iPhones or faxes you have sold in a given nation and that gives you a gauge of how successful you are, how successful that product is, how usable the product is.

You can also say, you know, in terms of...specifically in iPhone what versions of Bluetooth are implemented, you know, in which devices and, again, we get the numbers, we get explicit numbers and we can make some reliable interpretations based on the numbers.

I guess maybe we can revisit whether we can, at least to some extent, provide information to our users along with the interpretation of that information.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, this is Rich, you know, this has been kind of a meta-conversation and an important one because it kind of provides foundation to what we do and, you know, I just want to make sure that we're mindful of the need to also address, you know, kind of the big questions and the big priorities in our field not in the iPhone that are out there and we've got to get to those as part of, you know, this dialogue today and make sure of the priorities and we do want to make sure that we do that in the context of understanding what are the goals, what are we trying to do with the ISA.

So, I'd like to try and stay with, if we can, please, just any other feedback from folks on the Task Force as to this question about, you know, whether best available is...which is the criteria that ONC has set and it is stated in the ISA is it not realistic or are we going to do the hard work on the ISA to align with that best available. And there was a suggestion made as one way to do that, some other suggestions, but can we just focus on trying to get clarity on that question.

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

This is Mike Ibara, from my benefit can someone state, in a sentence or two, what is meant by "best available?"

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

Again, I would look, if it were me at the definition...they spent a couple, a page or two defining best available in the current ISA guide on page 5 that would be...

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

Yeah, actually...

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

Where I would start as a group.

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

Right and I did start there, but my question is if it takes a page or two to define it then rather than...should we be referencing just that or is there a way to sum that up and if not should we be calling it something else?

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

One of the things we can do, if y'all want, is I can take these comments and notes and summarize them into statements that were made or recommendations and we can send them out over e-mail and people can correct them and then on the next call we can take five minutes to look at them and make sure there is not any changes and that could help facilitate some of the conversation too and we did that last time and it worked really well, we tried to summarize everything into overarching statement circles or recommendations and then everybody had an opportunity to tweak it so we could take some of these things like adding a fourth bullet, tweaking the word "best" expanding on the implementation piece of it or production piece of it and put those into overarching comments with recommendations and then everybody could refine them based on what we initially started with. How does that sound?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think it's useful to try to summarize this far reaching or wandering conversation. I think, you know, I brought up the issue about the word "best" this is David again, and I'm not...I don't think it's a show stopper I'm re-reading the text on the bottom of page 5 and the top of page 6 and I think ONC was in fact trying to grapple with the inadvertent implications that might come from the word "best."

So, maybe my position would be that we may want to expand that clarifying text a tiny bit and I'm in particular saying that, you know, the thoughts that occur to me are just because a standard is on this document doesn't mean that it is fit for the use that it's listed under if it hasn't been proven yet and it doesn't mean that if a standard is not on this document that there isn't another standard available that maybe should be on this document.

And again, I'm worried about this from the regulatory point-of-view. If something, by being on this document, affects a choice for regulation than the document matters immensely. So, we have to be careful about words like "best."

So, I don't think we should try to remove the word "best" I agree it's too deeply woven in here, but maybe a little more clarification on what "best" does and does not mean.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, well, I think that's helpful, David. So, Kim why don't we take your suggestion could you and let me see...Kim could you maybe put something together and get that out to the group and we'll...

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Yes.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Get some feedback.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And we'll kind of focus on, to Mike's suggestion, the page 5 documentation to see if there is anything additional there that needs to be added.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Yes, I'll put those together and will send them out and then if everybody can respond back with any changes we'll modify it for the next call and then we'll take a couple of minutes at the beginning just to go through it and come to consensus with what we came up with.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

But directionally, just in case anyone lost the thread here, I think what we're saying is that, you know, what has been represented in the ISA is directionally still what we're trying to accomplish, there may be some clarity required because of the sub-regulatory aspect, you know, first look aspect of it for policy purposes that's fine. I think that this may influence how you look at and make decisions about the changes that are needed for this coming year, but we'll be headed down that as the path.

Can we move ahead to the next chart please? Chris I don't know if you wanted to give feedback on comments that we received?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, I mean Brett just asked me to quickly just go through and let you know what kind of organizations that we received comments from and this just kind of breaks it out. We received a total of 33 or 33 entities provided public comments and just to kind of do a quick comparison, I think we had like, Nona maybe remembers, I'm doing this off the top of my head, but it was like 62 or something a year ago when we went through this process and then last fall when we did the second round of public comments I think we had like 64 or 66.

So, our public comments have dropped about in half. We're not really sure why that is. We were hoping that is because we've been responsive to a lot of the public comments and the document, you know, changed drastically based on public comments from a year ago, if you remember what the first one looked like it was probably like ¼ of the size or something, and so...but anyway, you know, we received quite a few less entities that provided public comments, well you can see kind of the breakdown of the different kinds of organizations that have applied and there probably could be a couple of asterisks here, you know, some organizations, you know, really could be, you know, placed in more than one category but we did our best to kind of, you know, show, you know, what it looks like. So, any questions about this or any clarifying questions or whatever?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

If we go onto the next slide I think there is a little bit more for you to kind of level set on there Chris.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, so, yeah, this is really good, so this one also should have kind of an asterisk on it. So, we kind of found also through this process that it kind of matters on how people provided their public comments. So we gave people the alternative to fill out a form, it was actually an Excel spreadsheet that was preformatted and everything, if they used that then there really wasn't like a field or an area where they could just give us like free text and so if they filled out the spreadsheet there wasn't really an area for them to say things like "oh, you know, this is better/Brett" or you know "we really appreciate ONC's work on this" and "this is how the ISA is helping us." You know there was just really no place to put that so if the people provided their comments in a letter format or a PDF, I mean, you know, a PDF or a Word format, and it was more free text nearly everyone provided some generally supportive comments.

If they used the spreadsheet it was really kind of hard to tell, you know, how supportive they were. We felt like they were probably supportive a lot of them because, you know, they took so much time to provide such great detailed comments, but, you know, we really couldn't say "yeah, they're really supportive" because they put, you know, hundreds of hours of effort into this, so we just listed them as neutral this time around.

Usually we have at least a few people that are telling us "hey, you're going the wrong way, you're destroying the economy" or whatever you know, but we just didn't get anything like that this time. So, just a description of what that represents.

And then I think there is one more slide maybe, go to the next. And Brett just asked me to pull out a few comments of support just so you have a flavor of what that looks like. I think the real notable one is the third bullet, the Jersey Health Connect, they say by following the ISA they anticipate, you know, receiving a return on investment, but, you know, these are the kinds of comments that we receive when people do give us comments. So, just for more flavor of what that looks like.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think the take away I had, based on the summary, was that there wasn't a lot of, you know, priority actionable comments for the Task Force. There were certainly comments that need to be addressed by staff as they're going through, you know, an update, you know, but they tended not to be necessarily the kinds of areas of debate or priority that we got feedback from this group on in our last call and subsequent to that as to what, you know, priorities we ought to address. So...

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Okay...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Is there any acceptance to that which you want to call out Chris?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, so, yeah, I would just kind of clarify or qualify that. So, you know, we actually received tons of great feedback and a lot of things that we plan to act on. You know the challenge that we have where we are opportunity rich here and, you know, we've listed the things that seem to be...that have kind of carried on from last year, because, you know, some of these comments are, you know, sometimes somewhat consistent from time-to-time, you know, from year-to-year or from public comment period to public comment period is probably more accurate since we do it twice a year, and so we tried to fault those things that we feel like were priority because, you know, that's what we're hearing the most.

There are some great substantive comments that we received, you know, and so I don't want to downplay that at all, but if you were to try to address everything that came in, you know, I mean, you'd be doing this for probably a couple of years or something so we had to prioritize and do the things that we hear about most often, but it doesn't mean that there aren't any other great comments and something that a Task Force might see the following year or something like that.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, this is David, that, I mean, that comment kind of makes the point about the process or lack thereof if you say there were hundreds of comments that would take years to process presumably those comments were substantive as to the content of the document itself and if those are sub-regulatory then it sounds like we don't have a process because you're basically saying you had lots of input that you can't accommodate.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Well, I mean, so a lot of the...yeah, so if we were to run everything through the Task Force that's true and in fact there are some things that were carried over from last year and we put that in the document, I mean, so if you look in towards the back of the ISA we even list, you know, some of the things that...let's where it is, it's Appendix 3, if you take a look at, I think it's Appendix 3, but anyway it has a huge list of things that we added in. I was thinking that we also had a list somewhere where things that we didn't get to yet, but we do try to accommodate all that so that people are aware of what's going on and, you know, where things are standing.

We do, you know, address some of the comments outside of the Task Force process and we put them in and have the second go around of public comment on them of the things that we added and as a matter of fact...

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

Chris this is Nona...

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Section 4 are some things that we are anticipating adding into the ISA based on public comment that had not been vetted yet through the Task Force or whatever, so, yeah, we are...we do have a process and we're trying to accommodate all of it. It sounded like Nona wanted to add some flavor to that as well.

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

Yeah, Chris, you're exactly right, Section 4 is projected additions to the ISA so that is something that starts the process of what might be coming into this one. Section 5 is the questions...the feedback of which then there were comments and then you're exactly right, Appendix 4 is where there are a summary of things that came in and to what degree how we regarded them and what was viewed as either a constraint or what might not be applicable, but there full view of those kinds of things in Appendix 4.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And that transparency is commendable and, you know, it should always be there, I appreciate that, but, you know, what if Cerner lobbied heavy for the removal of some particular standard because we thought it was a bad standard and some other vendor lobbied heavily for the promotion of that standard to being the, you know, preferred standard, what's the process that determines that is it just up to how many votes you got, how strongly worded the objections were or...I mean, who decides what gets added and left out?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Well...

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

Chris, if I may, this is Nona again.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, go ahead.

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

I was just going to say because we are an extension of the Standards Committee and part of the process is that what the Task Force deliberates on and then becomes recommendations every single bit of that becomes something that is presented to the Standards Committee, so they are in the picture and then lend support to what were viewed as findings and recommendations to be acted on.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I don't know, Rich is that...you're comfortable that this process works well enough? I mean, most of these are not regulatory issues they're pre-regulatory or sub-regulatory. Are you guys weighing in on these things?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, well and I think that's the reason I made the comment I did, I wanted to kind of get feedback from the Task Force on it. You know I think as we get into next steps and into the particular areas that we want to address some of those are the result of comments that have been received from public, some of those are the result of feedback from the Task Force and, you know, we're going to do our...kind of our

best to go after what we think is the most important areas for improvement. So, if in the process of going into those, delving into those areas, we want to go back into the comments I'm sure we can get assistance from ONC to get back into relevant comments.

But I would propose that we try and keep moving ourselves towards, you know, what is it that we're actually going to try and tackle this...we talked about the criteria at the beginning of the call, I think we made good progress on getting some clarity around the definitions and purpose there, we'll wrap that up with the next meeting, at least fire it up, we know directionally where we're going to be able to now start talking about, you know, what are the priorities and, you know, we have a timeline for recommendations back and, you know, we all have things that we're doing here in that timeline that we've laid out for you previously.

So, if you go onto the next chart for a minute, what I would propose to do is to take us into the discussion of what are the priority focus areas and then from there once we've had a chance to chat about this a little bit, we try to group them into some groupings that might travel together and then ask for some assistance from this group to start to make some progress in those areas and again what we're looking for is, you know, what improvements should be made to the ISA in the areas that we think are of priority importance.

So, let's talk about that to begin with, you know, there are...if everyone has the Task Force priority focus areas up there were a set of recommendations that came back that we think represented, you know, kind of a good list of feedback from both commenters and from the Task Force and I'll let you read it for a minute, I'm not sure whether or not we want to go through each one today versus after you've had a chance to consider some.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

But any comments or thoughts on these as priority focus areas for the Task Force?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Rich, just a question, this list was curated from the comments that came in through the RFI process or are they coming from the Standards Committee or...I didn't understand how you got on this list here?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so they came...so the ONC staff came back with some recommendations that came out of comments from the prior versions.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

And also, I will have to say they were listed in prior versions and also...but I can confirm that they are also in current versions as well.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Okay, that's a good list I just didn't know where they came from, thank you.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah and then we sat down with Arien and with Lisa who were both part of this process last year and are now the chairs of the Standards Committee and asked for their feedback on what priorities and what questions and all of that to get their input.

We then asked the Task Force, at the last meeting, for their input on priorities, we got some feedback back, we had suggested some in the call.

And so this is a curated list from the chairs and ONC staff back to the Task Force for your consideration from those sources of input.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

This is Mark, Mark Roche, the first bullet point I like that it is so prominent, the very first spot the name value pair or the data elements I would say, does that include the review of existing code systems and code system subsets?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I was going to ask what does it mean, so maybe I'll chime in, I'm curious as to are you saying name value is a good idea or a bad idea, or are you trying to match them up better? What's the question there?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think that the...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

The...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Go ahead, go ahead Mark.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

I'm sorry I thought the question was directed to me.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No, no, back to ONC really. By putting that on there what is beneath that tip of the iceberg there? Is it which name value pair approaches to use in what settings like when do you use LOINC versus when you use SNOMED is that what they're debating or is it the value of the simple name and...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

The...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Value is inadequate and you really need structures like CIMI or something? What's the question being asked I guess is what I'm wondering?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

I...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, I did ask this question, and I do have some feedback from ONC if you want that or Mark it sounded like you were going to...go ahead.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, I was about to say that the way I interpreted this is that the extension behind the name value pair or the question/answer pair I'd say is the definition of the data element and the data element as defined is what is the question and what is the value and one example is the question is it can sometimes be structured as a SNOMED and the value is a LOINC. So, that's how I read the examples, but we could also go further and say for some of the domains we already have existing set of terminologies that we have defined for data elements such as for problems we identified, problem value sets or other data elements we have other code systems and code system subsets, existing standards sometimes allow multiple code systems for a particular data element.

So, my question was, do we intend to, as part of this first bullet, also refine the code systems and code system subsets for certain...let's say for data elements that are in the common clinical dataset?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That to me sounds like a value set question, value sets question, in other words which values to use for questions and which values to match...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, it can be a value set, it can be a code system, it can be either depending on the data element.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I think I'm using those to be the same thing a value set is a list of codes.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, I would just say maybe we complete this portion of the discussion by simply asking, as our feedback, back to the ONC that they provide clarification on this particular item.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so I asked that question and the response that we got, I don't know if this is helpful or not, from Brett who unfortunately was unable to make the call, but, yeah the concept of LOINC posing the question has been discussed already in SNOMED representing the answer or observation paradigm. And that applies to different interoperability needs and the question that ONC wanted the Task Force to address is how best this relationship should be presented in the ISA.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't quite understand what that means.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, so, if I may, this is Chris Muir again, so we tried to show that relationship in the ISA, you know, in the 2016 edition but the feedback that we got in...and of course we were encouraged in previous things to, you know, have both of those in there, and when we got the feedback is that no one, I shouldn't say no one, but a lot of people were unhappy with the way that we have tried to illustrate the LOINC versus SNOMED, you know, the question versus answer you might say and so, you know, they didn't like the wording or, you know, there were a lot of things.

So, as we go and address each of these we can provide the actual comments, you know, to give some texture because sometimes, you know, when you see the actual comments it helps with some of the nuance of what's being asked and we were trying to summarize several comments with each of these bullets.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well, this is Eric; I think that would be very helpful from my perspective, thank you.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And, I mean, this is David, you know, my concern is, you know, these are highly use case specific and if the concern that people had in the past was that you tried to be too generic about it then I can see why they were unhappy, but there are plenty of times when LOINC is the question and the answer, there are plenty of times when SNOMED is the question and the answer and there are probably...and there are obviously plenty of times when LOINC is the question and SNOMED is the answer but it's use case dependent and it's all bad, but that's another point. There should be a much better way to do it.

But, so I just think, you know, yeah, we need to understand whether it was about a specific use case that people had concern or whether it was just that you weren't communicating clearly across the use cases.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

The actual comment is on page 69 I think of the document in number eight. But...

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

Yeah, this is Michael Buck, I think what would help me is seeing these areas like I was...I know there are things about preventative health and population health, population queries for population management, is that each of these focus areas where it meant to address a specific set of comments found within that as well as review what is already called out in the ISA?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so for the most part each one is different but for the most part I would say a lot of these were representative of gaps in what the ISA was covering in terms of the feedback that we received, areas that, you know, maybe standards should be called out that have not been covered in earlier versions.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Rich, when you referred to page 69 what document was that in?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That's the 2016 ISA.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Section 4, number eight.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh, I must have a different number, okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I mean, yeah, let me see if I can get to the one that...let me see if I can find it in a different copy of the document.

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

It's page 69 of the PDF, it's 68 of the actual document on the 2016 ISA that I just...I don't know it's the one that I Googled and downloaded just now.

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

This is Nona, if you've got the ISA opened some examples were on page 53 and it goes to 54 so you actually see it in practice with a couple of interoperability needs. So, if you'd like to see examples and perhaps we can help for the next meeting to show where those examples are with the question and the answer and then you can see if it was a matter of use case applicability but those are a couple of examples.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Okay, this is Mark, yeah, looking at the examples now, yeah; it's limited to some domains like representing patient's sex at birth that's what you're probably referring to right?

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

That's right, at least...

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Okay.

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

A couple of examples.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Yeah, so, yeah, I think that's a good bullet point to have and I guess it would be valuable to get the actual...to read through the actual feedback again. But I guess what I was getting at is that there are instances where we have other code systems beyond SNOMED and LOINC such as RxNorm, ICD-9 and ICD-10, CPT 2 and many, many, many others for different domains and so for example for medication we have several clinical coding systems and so my question was whether the first bullet point would include refinement and a review of the existing code systems beyond LOINC and SNOMED, and that are associated with the data elements at least in the common clinical dataset.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And it's David here, I'm curious as to whether the expectation is that we would actually clarify the actual codes to be used in each of these which would be, I suspect, a huge amount of work, I mean, gender alone is a massively complex thing and newly controversial, well, not newly, but emergently controversial. I mean, so is the request to us to clarify or just to improve the documentation? I mean, we don't have enough meetings to go through all these.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think the question, Chris I'll let you clarify with Brett, but the question on this one was how it is best represented in the ISA.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, I suspect because, I didn't talk about...to Brett specifically on what he was hoping to get from this specific one, but obviously, you know, there will be time constraints and so, you know, if you could help us on some of this of course we would always take if but if you're not able to, you know, we'll, you know, certainly want you to address at least how kind of the higher level, how it is being reflected, how we're using the wording, you know, in the ones there listed, you know, that we are accurate to the way we're describing those relationships, you know, the back and forth between SNOMED and LOINC.

And the thing that Mark brought up, you know, there are other value sets that could be added into as well depending on the use case. Unless...at this point I would say probably no that we're not looking for that right now unless Brett has a couple of specific things that came through public comments, but we know that there are more out there, but we just only have so much time and, you know, we don't need to look for work.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David, I mean, just, you know, take one example of, I think the frustration that I'm feeling by this, is like, you know, I don't know what page it is, 56 on my version anyway, nursing, interoperability needs representing nursing assessments, I mean, you know, that's a running battle in the nursing community for 20 years, I wasn't aware that it had been resolved. It is certainly not captured here and nor are we going to resolve it with our limited amount of time.

This is where this has to be more of a living document with, you know, some disclaimer that explains the controversies and the competing factions in the nursing community with their different approaches to this.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Right and that one in particular, just for your information, ONC has actually been working with the nursing community to be able to publish this as it is and we are continuing to have ongoing conversations with them. But we're relying on the...I'm trying to remember the name of the association, the American Nursing Association, do you remember Nona what association that was? I'm not working directly on the project.

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

So, yeah, I was on mute, that is exactly right.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, yeah, so we have a whole effort working with them to resolve some of those issues within the nursing community and all the different code sets that they have and to standardize on, you know, LOINC and SNOMED, and make sure that there is cross references to all those other code sets.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, the point of the list at this point was to try and come up with the topic areas that the Task Force believed were the priorities and then to be able to, you know, dig into those to decide...to understand these issues, to understand what is reasonable to, you know, what's important to try to accomplish and to make recommendations on those elements.

So, we don't necessarily need to...we need to understand what the problem area is, the question is I think, you know, whether it's a gap or whether it's something different, but, you know, really the hope here is that if we're able to, you know, get...understanding of these then we can ask for individual Task Force members to come together and come back with recommendations to the full Task Force in these areas after some, you know, deliberation and research.

So, the question on...the first question is making sure that these are understood enough so that you get what the area is that is being covered, but the second then is, is this the right list of priorities or there other things that you'd want to see added to this or ones that, you know, you think that are on here that just aren't that much of a priority at this point.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Hi, this is Mark, I think it's a very good suggestion and I'll be very happy to provide you more feedback on that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Mark and your response was to?

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

To the first one, I'll be very happy to provide you more feedback on the first bullet point and to clarify, you know, the name value, pair attribute value set and suggest a couple of other things to consider.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

Does that sound good?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so as we go forward we had...absolutely, and as we go forward we have some suggestions on how to kind of organize ourselves for that, you know, I think at this stage we haven't quite gotten through the list of Task Force priorities, I think if we can at least try and agree on what this list is we have a call on the 10th I believe it is where maybe we can work on assignments and, you know, establishing follow-ups for the group, but maybe if we can just concentrate here for a minute, as you look at this list of areas either as areas that need improvement or areas of gaps in the ISA as it exists today are there items that you would add, subtract or clarify from this list.

Mark Roche, MD, MSMI – Chief Medical Information Officer – Avanti iHealth

So, this is Mark, I guess I would rephrase the first bullet point to state the focus on data elements and data element values and refining those associations, name, value, pair and LOINC, SNOMED is an example of that. It would expand to...it would expand the focus to those data elements that are not necessarily encoded using LOINC and SNOMED but that are still included in ISA, in previous ISA.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Rich I wonder, since we're six minutes away, I wonder if we could put these in an Excel sheet or something and have people mark the ones they think should go in there and then if they are interested in them they could check, if they're interested, to be part of the group to work on it and then as we have the call on the 10th we could have people grouped up and everything if they could get it to us by Monday afternoon I guess, we don't really have a lot of time since it's Friday afternoon.

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

And this is Michael Buck, I think some of these, like for example again, preventative health or clinical document types, I mean, those are large areas of potential discussion, did ONC have something in mind or some parts of the document in particular or comments that were made to focus down what those groups might try to work through?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, I mean, I'm not prepared at this moment to give that to you but we do, we have comments that back these and so Brett could either provide those or summarize those for you as you get to them, but unfortunately I don't have those in front of me.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean...

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Nona do you...go ahead.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I was just going to share the concern is that each one of these could be a full blown S&I, you know, half year project on their own with 30 or 40 stakeholders, these are huge subjects for the most part and I don't know what a small group would be able to do in a couple of meetings.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I mean, we would be able to help you focus with the comments and stuff.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, David, is your thought that from this realistically it's...you're going to have to down select further to have a reasonable shot at having some decent work product at the end of this?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, yeah, again, I don't know what the underlying questions were but I think some of these like, you know, bullet number two, you know, sort of shifts toward API-based interchange, that's a generic enough question that you could lay out some high-level principles that are probably fairly useful to people, in other words, how do you think about this, you're not trying to solve specific use cases but you're just laying out, you know, the broad approach that's going to be necessary.

On the other hand some of these like, you know, population queries for population management, I mean, what can you say about that it's an immense space. Research related secondary data use, it's immense. So, I just don't know the scope of the questions that our workgroup can inform on but maybe they can clarify that for us.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

So, maybe on the next call, Chris, could we have a little more clarity around each of these bullets?

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That would be great.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, so Kim in light of that what would you suggest as a next step there?

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

I will do the summary that I mentioned in the beginning; I think we need some clarity around these bullets. I think, Chris, like when would y'all be able to have that to us if our call is on Tuesday? Is that reasonable to ask to have that by that point or...

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I mean, that's what we'll shoot for, yes.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Okay. So, Rich, I think what we could do is we could have those summaries that we mentioned and then maybe we could have some more details around these and come up with an action plan from there on Tuesday with these priority focus areas. Is that what you were thinking?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

It sounds good.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Okay.

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

This is Michelle; I think we need to go to public comment.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

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?

Lonnie Moore – Virtual Meetings Specialist – 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 queue. If you are on the telephone and would like to make a public comment, please press *1 at this time. Thank you.

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

I know David Tao has a comment, I think he is going to call in and make it, I'm just checking to see if that is what is going to happen, yes, David Tao, as a reminder David you have 3 minutes to make your public comment, please go ahead.

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

Thank you. This is David Tao from ICAS Labs, I appreciate the work done by the ONC staff to curate the comments and produce the 13 categories and I doubt that the work done by all those 33 commenting organizations can be understood though without access to the raw comment, so I'm glad it sounds like you will get that access.

But I also recommend that the Task Force, someone at least, consider the comments that aren't...that don't fit into those specific 13 areas, those outside the box comments might be valuable to spark

innovation and some new topics. One example, mobile health a rapidly emerging area and it's a lens on existing areas which I don't think were considered in the ISA as it stands that mobile health can introduce new requirements, might need new standards or different uses of existing standards. So, I was surprised as it's not listed in the priority focus areas. So, my recommendation is that someone at least cover anything that wasn't categorized in those 13 and make sure they are not missed. Thank you.

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

Thanks, David and David also submitted his comment via chat so we'll send that around to the group. And it looks like we have no other public comment. So, thank you all for staying with us, as it is getting later on Friday afternoon, and I hope you all have a wonderful weekend and we'll be back in touch with the next steps.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Thank you, Michelle.

Christopher Muir, MPA – Director, HIT Infrastructure & Innovation – Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes.

Kim Nolen, PharmD – Clinical Informatics Medical Outcomes Specialist – Pfizer, Inc.

Thanks, Rich.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Thank you, Michelle.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks.

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

Thanks everyone. Bye.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Bye.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Bye, everybody.