



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

June 2, 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 Health IT 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. Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Here.

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

Hi, Rich.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hi.

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

Kim Nolen?

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

Hi, Michelle, I'm here.

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

Hi, Kim. Christina?

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

Hello, I'm here.

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

Hi, Christina. Christopher Hills? Clem McDonald?

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

I'm here.

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

Hi, Clem. Dale Nordenberg? I know Dale is here.

Dale Nordenberg, MD – Chief Executive Officer – Novasano Health & Science

Yeah, hi, this is Dale.

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

Dan Vreeman? Hi, Dale. Dan Vreeman?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Here.

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

Hi, Dan. 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. Eric Heflin?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I'm here, good afternoon.

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

I'm here.

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

Hi, Kin Wah. Mark Roche?

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

Here.

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

Hi, Mark. Michael Buck?

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

I'm here.

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

Hi, Michael. And 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

Hi, Michael. Robert Irwin? Russ Leftwich?

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

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

Hi, Russ. Susan Matney? And Tone Southerland?

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

I'm here.

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

Hi, Tone. And from ONC we have Brett Andriesen? Is there anyone else from ONC on the line?

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

Nona Hall.

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

Hi, Nona.

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

Hello.

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

Okay, with that I will turn it over to you Rich and Kim.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, thanks Michelle. So, since we met last a couple of items just of note and to make sure everyone is aware of them. Number one, the ONC annual meeting, which I'm sure everyone had some visibility to, I was there yesterday with Kim and Chris Hills, Chris Muir. And Steve Posnack gave an update, listening session panel on Interoperability Standards Advisory. We got some good discussion and feedback from the group that was there.

And also, since our last call we've gotten some very thoughtful comments, I don't know if they've been published yet out to the Task Force or not, both from Dan Vreeman and from Clem McDonald, that I think would be important for Task Force members to, you know, take a look at. So, just want to thank them for their extra efforts and will certainly help us as we move along through this process.

Today the goal is to be able to reflect on some of the recommendations that had been proposed by Task Force members in our previous sessions and then to get into the conversation of best available designation and, you know, what kind of...what we think about that.

So, Kim anything to add to that or do you want to go into the conversation?

Karen Nielsen, MPA – President – Nielsen & Associates, LLC

That sounded great. I think we should go into the conversation.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, if we can go to, let me see, I think just...just go I think directly to the Task Force charge on chart number five, so just as a reminder we're basically going to do this in two tranches, one was an extension of being able to provide recommendations for the 2017 version of the ISA to the Standards Committee in July and so we've got our work cut out for us in June to, you know, get those recommendations prepared. And then we'll have a phase 2 after that where we can, you know, consider other items from the priority list that ought to be considered for inclusion in the projected edition section of the ISA so that will take place after the initial set of recommendations.

So, with that let me turn it over to Kim, we're going to kind of go through, you know, recommendations that have been made by Task Force members and let's see if we can get the feedback from this group as to whether that's something we want to move forward with.

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

Okay, thanks, Rich. Next slide. So, what I tried to do is I went through all the notes and the conversation that we had on our last call and I tried to group them into trends or categories and I have no personal attachment to any of these statements so don't feel bad if you don't like something about them. They are here for a reaction hopefully. I tried to capture the themes and the thoughts that were coming from everybody on the Task Force if I didn't just let me know and we can change it.

This first one was one that didn't really fall into the scope or the structure, or the characteristics but it was a public comment and we had some discussion on it so I did put it in here just as a general

discussion on them that came up and I'll just read it out loud and we can get feedback if we need to keep it in here, not keep it in here or adjust it in some way.

The ISA Task Force agrees that patient matching is a critical factor in achieving interoperability but patient matching is not achieved by a specific standards today and should be discussed from a policy perspective. So, I'll just pause and get feedback on what we want to do with this proposed recommendation.

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

This is David; I think this might be something we would consider in our second tranche of areas where we could suggest additional work needs to be done perhaps. I think, you know, it's a complex space and countless meetings about it even proposed regulations that got clipped out of the 2015 edition around standardizing the way names are represented because the standards they picked weren't very good.

But I think, you know, there's two things at least, there's standards for the data that is submitted to a patient match and then there may be a potential standard for how you actually should do the patient match, but I would say those are things that are candidates for ISA standardization, but in the future.

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

Well, Dave, there's another dimension and that is the identifiers that they have removed from what was recommended by HIT in the past round. Now they've only been...they actually discourage use of the last four digits of social security which is like a 300,000 per patient, you know, I don't where that's come from. It's going to make it really hard to match if you don't have a couple of identifiers that are sort of random.

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

Yeah and...

M

...

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

I still think there are clearly, you know, there are a lot of policy issues like that but at some point if we're not going to ever have a real, you know, robust identifier system you're going to have to specify some constraints on the data which would be a...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric...

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

...go ahead.

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

Yeah, I'm not disagreeing with that, but I think that what we've done in the last two years is really harmful to matching. Our studies you couldn't really match well, I mean, not at the level you want for patient care...

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

Yeah.

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

Without some unique part of a unique identifier anyway.

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, Kim, this is Eric Heflin.

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

Yes?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I largely agree as well and the only tweak I would suggest we make to the statement is that the policy dimensions could possibly be broken down into several sub, you know, categories such as those just mentioned and then I think really one of the most critical, from my perspective, is also data quality because even the standards out there that exist today such as XCPD and HL7 v3 queries are sufficient in many cases. What's insufficient is the data transmitted using those standards, data quality I mean of the data transmitted...

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Using those standards because no matter what standard we have if the data quality is resulting in data that's out of date or incomplete, or incorrect then the standard is not a limiting factor on patient matching overall quality.

So, perhaps we could make this a multi-dimension issue where you have say several bullets of broken and indicated down below your current statement which I do agree with.

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

But remembering this is...

M

I...

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

Standards Advisory not a problem solving discussion about...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Exactly.

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

Patient matching.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, I'm not...

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

Which, you know, consumes week long meetings.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Agree, but my recommendation though could be back to others such as...

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Our parent workgroup that we think this is a policy issue that should be vetted from their perspective in terms of dimensions including data quality, patient matching algorithms, standards at their level and standards of course...

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

Oh...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

May be within our domain.

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

One way to maybe stand both of those is to consider that there might be standards to assess the data quality, you know, in other words rules about numbers and names, and things that you could specify as, you know, a standard that you could say, this is not an adequately specified name or a number, it doesn't make sense as a phone number or something like that. Now if people want to misrepresent themselves you can't fix that with a standard.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Right.

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

Of if they don't remember their street address or something.

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

This is Mark; I think it may make sense for this group maybe to consider the explicit data elements that are used for patient matching and to discuss the format and any vocabulary bindings associated with some of them whether it's a prefix or a suffix and maybe for date of birth the level of precision and the way it's presented. I think that falls within the realm of this group.

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

But I think that's what a standard would do. This group doesn't write standards. This group, well, this process identifies...

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

Yeah, but we recommend.

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

Sure, but...

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

We recommend what the next standard should be.

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

Not in that...well, yeah. I mean, there are standards that attempt to do exactly that there just not on our list yet.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

David, I had a question for you on this. So, my understanding is that CommonWell has some implementation specifications that are in this area that relate to, you know, kind of durable patient identity. Is there anything in terms of what's been published by CommonWell that is potentially referenceable here?

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

Rich that's a good question. I don't know off the top of my head what's been published. All the specs are published so it's probably derivable from the specs, but I don't know if it's ready for consumption with this question in mind, in other words, I think you'd have to dig into the specs to figure it out.

And one of the things that CommonWell tried to do, and I'm not sure it's going to be successful due to the workload burden on the registration process, but by being an opt in service we could opt into a more aggressive list of identifiers, self-provided identifiers, that would address some of Clem's concerns like the use of the last four digits of the social security number or a hash of the driver's license, or cell phone number things that might be questionable in some settings that's done on the non-voluntary basis, CommonWell said, let's make this voluntary and then, you know, the patient can provide as much information as they are able to help match the records.

But that's, you know, a good theory, implementation, it's just hard to get that explained to somebody standing at a registration line so I'm not sure how...

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

Actionable it is. We're still trying to figure that out.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, Rich, this is Eric Heflin, the Sequoia Project actually has, and I was deeply involved in this, published a paper that actually addresses a use case maturity model and minimal acceptable practices not best practices minimal practices and that paper has actually been out there published in draft format so it may speak to some of these issues and I'd be glad to provide a link if you and Kim would like to consider it's applicability for this.

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

That would be great.

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

And I there also...there are some standards from the claims side of our world that, I forget the organization that publishes them, that were proposed in an early round of the 2015 edition certification. I think they were rejected but there's more than one list of these things out there.

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

So...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

The other thing I'd like to add to this discussion too is there seems to be kind of an implied assumption that I think we should challenge which is we're really...so far have been talking about attributes so that really implies to be traditional patient matching. The world really is bigger than that now. For example, there are ideas of using concepts from anti-money laundering which uses network linkage-based matching such as we know this person partially as defined by the network of entities it has in that case, a financial, in our case a clinical relationship with such as matching a patient partially based on the relationship to providers or facilities.

In addition there are also workflow considerations and staff incentive considerations as well too that I think we should incorporate into the scope of any kind of patient matching discussion to broaden this.

And then the final thing, I think patients themselves can have a very valuable role in patient matching. One thing that's been envisioned for example in our paper was including a patient matching strength test just like there is a password test and so enlist patients as allies so that whenever they for example have a portal or they're in front of the registration clerk they can actually...the clerk or the portal could say, you know, if you gave us these additional bits of information we could actually increase your match quality, in other words, your distinctiveness from x to y, you know, from good to great. So, I just wanted to comment...

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

And we've actually...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

That I think we need to expand this beyond just traditional attribute-based patient matching.

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

Yeah and I mean CommonWell has actually implemented that later thing we call it level of link assurance and we give the patient a chance to verify the links and to clarify the mismatches that occurred using traditional algorithms so they can clarify “no that’s not me that’s my father” or “that’s not me I don’t know how that got hooked up.” So, I think there’s a lot of options, the opt in nature...

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

But...

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

Of an approach lets you, you know, solicit more information and the patient can provide things that you might be uncomfortable collecting in a non-voluntary setting. The tradeoffs of the network approach are around the privacy issues, you have to have access to a lot of data that is exposing, you know, network analysis kind of stuff. But the point I think here is...

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

Well...

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

This is a standards advisory, right, we’re not trying to solve the problem we’re trying to clarify that there should be some standards identified that do solve the problem or propose to solve the problem.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Right I think we’ve identified one gap too potentially which is there may not be standards out there related to anything beyond the conveyance of attributes from Point A to Point B.

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

Right. And maybe something about the quality of those attributes because I think the billing thing...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Exactly.

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

Specifies the, you know, minimum number of digits and things like that...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

Birth date and stuff like that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think that this statement, based on this conversation, needs to be maybe thought about a little bit deeper. I don't Eric it sounds like you have some prior experience with this, but if there are, you know, standards that we can point to for a part of this I think we should maybe clarify what those are and in addition to where the gaps are...

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

Well, I think...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Is that something you might be able to help us with in terms of maybe, how would we refine this statement?

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

Well it seemed like the thing that David brought up the CommonWell thing whatever that is we should expose it. It sounds like some really good ideas that won't be politically rejected and could be quite helpful.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Agreed, and this is Eric, I agree and there are also some other standards we can bring in the scope to your point Richard and I'll be glad to provide a list of those for vetting by the full committee at least the standards I'm aware of.

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

And Rich there was a two day conference, I don't know if it was last year or maybe it was 18 months ago that ONC held on this topic I'm sure there must be notes from it in ONC somewhere and I'll bet you that many...

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

I remember that.

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

Yeah, many of these things were probably exposed.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah so, yeah that's a good point David, this is Eric, they also released a corresponding white paper that's been published by the ONC too.

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Unfortunately, it leaves a lot of, you know, stones unturned.

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I think it was mostly focused on the problem as opposed to concrete implementable solutions but perhaps it could at least be referenced.

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

Dave you mentioned...

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

Brett is that...

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

This I can't find it on the web is there actually something published or could you get it passed up?

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

I'm not in front of a...

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

Brett is that something...

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

Yeah. Eric?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

For CommonWell or for the ONC conference?

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

No the CommonWell one.

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

I can send you some links Clem I don't have them in front of me right now.

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

Okay, great.

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

There is a specification page that is available from the main website. I'll have to go and look it up.

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

Thank you.

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

David could you send that to Rich and myself also?

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

Sure, sure.

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

Thank you. And then Brett would you be able to forward out that summit that David was talking about with the patient matching? Like their white paper?

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

I will take a look for it and send it out.

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

Okay, thank you.

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

You know...

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

And...

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

One more comment that just I remembered that I think yesterday or the day before yesterday CHIME awarded their two winners for the patient identifier challenge, their XPrize-like challenge and I haven't been able to find anything about either of those, but that work could generate new candidates for inclusion here. I don't know if it will go anywhere or not but they had 133 proposals and they picked the two best so there could be something interesting from there.

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

Oh, that is interesting. So, where...David at the beginning you mentioned this might fall, like where should we put this in the ISA document once we get it crafted together properly?

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

Well wasn't...wouldn't this fit into what we were calling the second tranche, you said the July phase 2 discussion and recommendations around priority list...

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

Okay.

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

For inclusion. Wouldn't we just put...

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

Okay.

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

It there that we should address...

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

All right.

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

Patient matching standards. That was my thought.

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

All right. Okay, that would be perfect if that's good with everybody else.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, well, partly, I mean, I think...if we're able to identify parts of this for which there are standards we should probably bring those into the main document now, right? I mean as opposed to in the future. But if there's...

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

I'd...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Where there were gaps like, you know, matching methodology or, you know, some of these other things we've been talking about then I agree with you that would be kind of the second tranche of additions.

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

I was understanding, maybe I don't understand what the phase 2 July discussion is. I thought that was recommendations for things that should be included in the main part of the 2017 edition, which is what I thought you had been proposing.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

It's a...

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

That was my understanding too and I don't know what we could recommend with...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so let me...so let me just clarify. So, there are three sections which are the reference standard in the ISA and then there's, you know, kind of a preview of potential editions for the future, section 4, which is, you know, proposed editions as kind of a signaling of things that should be brought into the ISA.

But, I guess my point is if there is something here and there may or may not be, but that partially addresses some of these requirements that's available for reference now, you know, we can recommend that it be included then.

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

I think it's all too fuzzy, you know, everybody is talking about different things. I think you should say...

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

Well...

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

It's important.

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

I think this is the issue that, you know, we discussed in an earlier round of our sort of musing about what is the ISA and in particular what is the role of the Task Force. I don't think we have an adequate representation or process to actually pick best available standards for something like this. I mean, we have a smattering of knowledge, in Eric's case probably deeper knowledge than most people but certainly not comprehensive of everybody.

So, are we supposed to make the decision of which standards should be included or do we kick that back out to a broader process as yet I think undefined for ONC to shepherd through an appropriate standard? I don't think we have the knowledge skill or time to actually come up with this list. We can put candidates on the table but best available implies some kind of vetting.

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

I agree.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, my vision is a little different, respectfully. I think in regard to this issue what we could do is say these as our group with our expertise, individual expertise, feel that this is actually a list of candidate standards or technology and standards that the ONC should consider and I think we can come up with that initial list and then it's up to them to vet as they see appropriate in our current workgroup to vet it, but I think we can at least advance a list of those standards and technologies we're aware of.

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

But now are we talking about...

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

Well...

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

Patient matching? Because I didn't hear anybody pull the list.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I was.

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

Well, there's no list on the table. What are we going to agree to?

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

Yeah, yeah and this is where we get back to this conundrum around what does best available mean? I mean is it the best list of available standards maybe that's what it is?

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

Well...

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

Is it...

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

We're going to get that.

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

The best known standards? But don't you see how it is sort of relevant to this discussion? You know throwing things that we...

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

I think...

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

Happen to know about on the table I think that's a valuable exercise for other people than to dive in and figure out what's worthy and categorize it and all that stuff but we're hardly...

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

Well...

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

Performing an assessment.

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

I don't think we have to boil the ocean, but I think we can have a balance between the knowledge that we're all capable of having and give...sometimes it will be casting out like you said David and saying we recommend that you throw this out to experts to do this, sometimes we may have some suggestions. So, I think there's a balance there and we did that last year too because you're right, like I don't know the exact number of how many people are on this committee but we each have our individual spaces or domains that we have knowledge in and it may not cover everything. So, I think there is a balance there.

But I can put some stuff together around this and then...we're going to get to the best available in a little bit so I would encourage we keep that conversation for that time and then let's get through these pieces so that we can move onto the next section because this has been really productive to talk about this one thing and get some information back that we can take back whether it's specific standards or it's casting

it out. I think that's what we're supposed to do to give back to the ONC, but at least that's how I feel about it.

Christopher J. Hills – Team Lead, Standards Engagement Team – DoD/VA Interagency Program Office

Kim, this is Chris Hills, I would agree with you I think that's what we need to do.

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

Okay, thanks.

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

We just have to keep...

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

When I mentioned...I'm sorry what?

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

Go ahead. No, I just...keep in mind the downstream consequences of getting on this list it effects procurement and regulations. So, these are not lightweight decisions.

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

Okay.

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

Okay, so, I agree, this is Mark, I agree with Kim and maybe we can put in a context and say, well, these are the lists that we came up with to the best of our knowledge, this is not an exhaustive list there may be other applicable standards that may need to be considered but I think...if at least we come up with a list that will kind of focus ONC on what to do next.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric...

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

And as long as we're not exclusive.

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

Well, I think our problem is...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I absolutely agree.

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

We're a committee supposedly asserting that we agree with this and there's no list anywhere in sight so how are we going to...and we've got three more weeks, so why are we going to add this thing?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, I completely agree with Kim and I think it was Mark's comments that we should create a list to the best of our knowledge and then capture this action and move on.

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

Okay, so let's see what it looks like and I mean we're going to bring this up for consensus so it's not like just because we're moving on doesn't mean that we won't have more discussion around it, but I think once we see it in words and what it says then we can tweak it so that it fits everybody's needs and wants for this Task Force. Does that sound good?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes.

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

Well, I still worry that we are talking about a myth at the present time. There is no list in front of us, we've been given nothing to read and we're going to agree to...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Clem, it's Rich, Eric took as a takeaway to come back to the Task Force with, you know, his thoughts on that and so you'll have something to react to before anything goes any further.

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

All right.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And just to be non-mysterious there are probably others but the short list I have in mind is XCPD, HL7 v2 query, v3 query and FHIR-based queries based on patient demographic traits and/or identifiers which includes PIX and other similar standards and I'll have a complete list in writing to react to but just so you have something tangible Clem to think of.

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

That makes me feel better.

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

And this is David, I would again point out that, you know, there's a lot more to patient matching than just the identifiers and even the quality of identifiers, there's approaches, there's, you know, notions around what statistical tolerance is acceptable, how you would measure that, I mean, there's a lot of stuff here so...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Absolutely.

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

I just don't want us to underestimate it.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

There...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I completely agree there is a trace like completeness, stability, comparability over time, correctness additionally, there certainly are other considerations. So, I don't think anybody is arguing to the contrary David, I completely agree with you.

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

Yeah, no, I didn't take it as a contrary it's just I want to finish the thought, I mean, I'm looking at the ONC's white paper on this, I mean, all these things got touched on and this was a year and a half ago, you know, we can reference it in the ISA, I don't think we're going to necessarily change anything. So, let's...but we ought to link to these things it should be here somewhere. I agree it ought to be added.

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

Okay, can we go to the next slide? Okay, this was in our ISA scope discussion and there were two main themes that came up from there and again I'm not personally attached to any of these so feel free, I just tried to put it into some statement that reflected upon all of the discussion that we had.

The first one is the ISA document should focus on data, standards and interoperability needs for certified, that should be EHR technology or have y'all changed that word? And will, when appropriate include an appendix which references authoritative sources for other standards in healthcare including security, administrative, research, clinical trials, etcetera. Secondary data use for ISA purposes will be defined as the reuse of the same data that is selected for clinical care.

So, that was sort of...that was your definition Clem that you gave us in there and then I tried to take all the conversations and put them into a statement.

And then the second bullet is ISA should include standards for interoperability which connect technologies outside the EHR creating a path where data can be put in once (primary use) and used many times (secondary use).

So, Christina I tried to capture some of your comments that you made with the technologies that are beyond the EHR and then Mark I think you made the comment about put in once and use many times so I kind of blended them together.

So, those were two of the recommendations for the ISA scope that we wanted to add or that we discussed and possibly add so I'll open it up. If y'all want to focus on one...

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

Kim?

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

And talk about it and then focus on the other or how would you like...

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

Kim, I like...

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

To address them?

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

I like them both.

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

Okay.

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

I think maybe you should focus but I really think that they're defining and appropriate.

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

Okay.

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

This is Christina I would agree with that.

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

You may have an easy time on this one.

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

I know I'm scared to ask for other comments.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, Kim, this is Eric Heflin, I agree too the only addition I would make to this is that ISA should also have a statement authored by this workgroup indicating gaps we are aware of.

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

The Apps?

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

Gaps.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Gaps.

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

Oh, gaps, I'm sorry.

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

But that's sort of the phase 2 thing.

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

I think that secondary. We haven't done the first work well enough when I'm looking through some of the errors in the current one.

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

So, Eric could you just kind of voice out what the statement would look like and then I can have time to...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Sure.

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

Work on it, yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

ISA should include a section identifying industry gaps that exist as per the workgroup's recommendations.

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Or something to the effect that, you know, the workgroup during its various discussions have identified the following areas where standards are likely to be valuable but are not known to exist and one example of that is our previous discussion about patient matching data quality where I'm aware of informal or academic research but I'm not aware of any standards in terms of assessing patient match quality or the data quality that goes into patient matching even though it's a well-researched area I don't believe there's a standard related to that.

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

Okay. So, what we'll do is I'll add that statement in there. We'll send this out for everybody to look at but we won't review over this again unless somebody e-mails back. Does that sound good to everybody?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, it sounds good.

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

Okay. All right...

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

I like what Eric said in that first sentence but I'm not sure we understand it all so we will get a chance to see how it comes out.

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

Yes, everybody will get a chance to see how...we can look at one if y'all want to but we'll definitely send it out for people to react to.

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

But I think the first two are for sure keepers and the other one sounded right but I didn't see it in writing.

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

Okay, all right, next slide. So, on the structure there were two main themes that came up or two bullets that we put in here, the ISA document should continue to evolve creating a more dynamic document which links to websites like the Interoperability Proving Ground demonstrating interoperability use cases along with linking to known profiling entities which coordinate standards listed in ISA to address specific clinical needs and use cases.

The second one is the ISA Task Force recommends adding a category under standards process maturity of "ballot in development" but not include speculative standards in discussion. That second one I don't know if I worded it completely correct so that was part...

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

I like it.

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

Okay. And the first one Dan that pulls in some of the stuff you sent in on the e-mail with linking with a website and then also a lot of the comments that were made during the discussion. So, I'll pause and let people give feedback on those.

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

So, this is David, I...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well, Kim, this is Eric, I like both of them.

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

Oh, go ahead, Eric.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Oh, I'm sorry, I was just saying, Kim I like both of them, this is Eric.

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

Okay.

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

Yeah, and its David, I think the first one is related to the notion that we talked about way at the beginning that, you know, the phrase a "more dynamic document." I was using the phrase Wiki-like, a

curated Wiki where, you know, updates or additions or links to relevant emerging things could be submitted and then curated by ONC and added so that it's not a static once a year thing. So, I don't know if we want the word Wiki-like or anything like that or curation in there but the dynamic part is the key.

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

Okay.

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

This is Michael Buck; I like that idea as well. I reviewed one of the websites that was sent by one of the public commenters, Jorge Ferrer, with the consolidated health and rheumatics group on their site, where they did a lot of the review of the standards a number of years ago, they included a lot of the different federal agencies that had piloted and used each of the standards in the document that they had. So, I think for us to do that nationwide would require a more Wiki-like semi-vetted process where we could actually...it would be nice to know where this is being used. I think that would be highly valuable information.

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

Yeah, totally agree.

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

This is Kin Wah so I agree with the idea of making it a dynamic and linkable document and just another example where this would be useful would be linking to places where people can find value sets that are mentioned in the document like the NLM's Value Set Authority Center would be one resource.

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

Okay.

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

This is Michael Ibara, can I...just a clarification here, I think this is a great idea the more Wiki-like document, would we be trying to reproduce that sort of structure here and keep all of the stuff we've got in this or would we for example be trying to point to other sites that might be more keeping up better on emerging standards and drop that in this document?

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

I think...

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

I think we handled the emerging standards in the other statements where it said what could or shouldn't be included and those words seemed good and it would allow them or not allow them depending on how it fit those specifications...

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

Well, one of the...you know one of the goals of having the category about maturity is to allow discussion or allow mention of, I'll call it an emerging standard, because you can put it there knowing that you can categorize it as emerging or speculative or, you know, whatever the right phrase is.

I mean, you know, that's exactly what happened when the ONC jumped into figuring out the 2015 edition certification requirements with respect to FHIR, at the time the debate happened FHIR was quite immature and speculative but it was so promising based on the number of people who were beginning to experiment with it that it got mentioned in the preamble and got added to the ISA even though at the time it was added it wasn't deployed anywhere.

So, I think there will be other cases like that where something is emerging, we want to list it, you want to encourage people to actually investigate the best new emerging standards but we have a nice way here to categorize it so that you're not misled, you don't think it's more mature than it is. So, I don't have a problem with speculative standards as long as they are categorized properly.

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

Well...

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

So, even with...

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

That will come up in our best available discussion too.

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

Off that last...

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

Well, I like the word of not including speculative and there were words in there allowed the flexibility in the previous couple of slides. And actually...

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

No, I'm saying speculative is okay...

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

It may have already been...

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

If you just categorize it that way maybe we're disagreeing on that.

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

Well it's the risk of just...you've already been in another discussion, there's a lot of stuff in the ISA now that maybe we both wish shouldn't be there so do you want more of that?

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

Well, yeah, I mean that comes back to when we get to our best available discussion what the heck does it mean to be listed in the ISA, but it looks like we're taking a perspective of you can never have too many things listed in the ISA, so what you need to do is categorize them.

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

Well, I think...yeah...

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

Are they in use anywhere?

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

Yeah that maybe...that maybe a solution, but I fear it won't happen and I think you can have too many things. I think it now has too many things. I think it's just like a blizzard for anybody who is trying to figure it out.

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

So, David, are you suggesting take out after...and just have the first part of that bullet but not include speculative standards in discussion is that what...

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

Yeah, I would...yeah, I would say something like, recommend, well do we have to add a category? Yeah, okay, it's a category under standards process maturity of ballots in development and I would...and any other categories of emerging standards that are necessary to describe the standard. In other words, what the heck is a speculative standard?

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

Yeah, but I like what you just said.

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

I know...

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

It's a contradiction in terms so...

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

It was what was said on the last call so I'm not sure. I just put that...

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

Well, it's not...

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

...HL7.

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

Yeah, but the goal of adding these categories was to allow mention of things like this that were not in total widespread normatively vetted deployment because we know the world changes all the time and new ideas come onto the horizon, you know, so FHIR effectively got added to the preamble of the federal regulation when it was draft standard ballot one, that's really early in the standards process but it was so...

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

Yeah but...

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

Promising people wanted to add it. So, I think that's valid. I think that we should support that.

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

But at least, yeah, but we already said in the previous thing balloted, many early ballots was counted so that would have made it under that specification. Speculative sounds like things we're not even sure exist as standards.

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

Well, that's why I...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric...

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

The word speculative because what does speculative mean? It doesn't mean anything.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, this is Eric, one tweak I think does seem prudent is to decide if we want the bar to be balloted for final text status or balloted for trial status, you know, depending on the organization that may have a different actual label, but most standards have at least the concept of a standard for trial use versus a standard for production use and so I'm curious if we can modify this statement to clarify and my recommendation would be, if everybody else agrees, that it be at least balloted for trial use.

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

I would agree to that.

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

I would agree to that as well.

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

David?

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

I think the concern...I mean, I like the spirit of that, this is David again, the concern I have is the minimal requirement for being included in regulation does not, you know, require ANSI process it just requires an open consensus process and I would be a little reticent to include things like for example Direct which did not go through an ANSI process but did go through a consensus process but didn't use...it may not have used the standard lingo of balloted for draft use.

I just would be cautious that we have to be careful not to exclude something valuable and useful that qualifies for regulation even if it doesn't go through the ANSI naming scheme like Direct.

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

Well balloted for trial use...oh, is that kind of copyright ANSI?

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

I don't know but if we're putting it...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

No.

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

As a criteria...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I was using...

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

Well, I...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric I was suggesting it generically that depending on the standards body or consensus-based body that their equivalent for something that has been voted for at least trial deployment be the threshold for inclusion with the ISA.

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

Yeah, I think that's reasonable.

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

Well, what is there a difference between trial deployment and pilot deployment?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

There are probably several different nomenclatures I would equate those. I also would...you know there is trial implementation status, there is trial use status depending on the standards body and pilots, I would equate those all to be the same.

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

So, I'm happy that you would equate those but we're writing stuff that has federal authority behind it so do we specify a list of all those terms and have ONC propose language that we could go and agree makes sense. I'm just...you know this stuff is a lot ammo here, right. Those all...all those terms sound good to me but we haven't listed them.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, I think we can come up with some language; this is Eric, with some language to list the concept as opposed to necessarily listing a specific standards body nomenclature. Would that make sense David?

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

Yeah, that's exactly...I'm just anxious to get that language not too specific that concept. We have to have language that is broad enough so that...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Sure.

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

The things that we know about that we think ought to belong do in fact belong.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I'd be glad to...

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

So, I think we are totally in agreement on the spirit it's just the language, the words.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Sure. Well, sure, I'd be glad to take a first stab at that and give everybody a target to react to and shoot down if you'd like as far as that language.

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

That would be great.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay, should I just send...

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

That would be...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

That to you Kim and Richard for you to vet and...

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Incorporate as you see fit and re-disseminate prior to the next call so we can discuss it at the next call appropriately?

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

Yes.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay.

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

So, there is already a...I'm just looking at the document itself here, they have standards process and maturity is that the space that we're slotting things into?

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

Yes.

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

Okay. All right, so Eric, be sure to look at that and react or modify with respect to what's already out there.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Great, thank you.

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

Because I think you can add to it, I think it needs more, I think it would be good.

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

Okay, are we ready to move on?

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

Yes.

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

Okay. Next slide, please. Okay, the ISA characteristics, there were six and so some of our recommendations that we discussed were the adoption level bubbles need to be more incrementally defined so the reader can quantify how much adoption difference has occurred between each bubble representation and then I just put an example, and Clem this came from you, one bubble is less than or equal to 10; two bubbles is 10 to 20 implementations and then there was also a comment about one consideration could be to have a descriptive field of what is known about adoption level.

The second bullet or theme that bubbled up was the ISA Task Force recommends linking the maturity assessment to known published criteria about the standards either from the SDO itself or to other known evaluation entities like IHE. And this was a discussion that I believe Eric, David, Clem and Dan all had some input on for that piece.

And then we got one comment from the public comment that I added in here, I don't know if y'all read it, but it said to include in the descriptive text of each standard the year the standard was released and the depth of changes that occurred between this version and the last version similar to citation and they gave an example like this one was 2013, there were minor updates, the previous version was 2010 and the inception year was 1997 so you could kind of have that historical perspective that, you know, the standard was started in 1997 and has made it all the way to 2013 with its updates and the last updates were minor and I thought that was kind of a nice characteristic around a standard, but, so I put it here for feedback.

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

Can we take them one at a time?

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

So...

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

Yes, do you want to start with the first one?

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

Well, the adoption level, I think the bigger problem is not the quantification but the truth of it, you know, I think some of the things we're assumed to be widely adopted because it might have been recommended or required but I think some of them were really off in terms of what they were ranked. I made some specifics in my comments, but the bigger problem is just the accuracy and I don't know how to...some text comments around it, how do they decide it would be at least...would be the most helpful. If the quantification...

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

Well, so...

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

Is just made up too it's not going to help much.

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

This is Mark, isn't this...

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

So, this is...

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

What the second bullet point gets too is the sources of the data that were used to assess the level of adoption level.

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

Yeah.

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

Maybe they get the information from the SDOs and IHE but I'm also thinking of some other independent organizations that are not affiliated with actually standards development organizations that develop the standards but who evaluate the adoption across the, you know, EHR vendors.

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

Yeah, yeah I think it does. So, I'm not against the quantification...

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

But...

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

But I don't think it will change much.

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

Yeah, so this is David, I was on the Task Force that came up with this, Dixie Baker's Standards Maturity Task Force way back, I don't know five or six years ago early in the Standards Committee process, and, you know, what our goal was, was to avoid relying on standards that were mature from a balloting perspective and maybe even from a duration on the books perspective but which had never been used outside of very limited pilots and we all could enumerate a whole bunch of standards that fit that category.

And it was clearly an estimate, but the goal was to avoid people just thinking that because its ANSI balloted normative that it's actually useful and so I think we have to have some way to capture at least in a qualitative sense some notion of is this in pretty widespread use or not much use at all?

And then I think if we can turn this into a dynamic document like we discussed in the previous slide then you can have all sorts of links out to actual places where it is used including ideally through the standards organization itself where they would maintain that if they want their standards to get wider adoption.

So, I think you have to have a qualitative assessment here. I don't think it can be quantitative because the standards denominators are so vastly different, you know, it's just impossible to come up with a quantitative thing. I would say do that via the live links out to actual usage through the orgs themselves or the implementers group whatever that blog is.

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

Yeah, this is Michael Buck I agree with that.

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

Well, I mean, the problem still is, I respect you guys worked hard on it but you had like 50 or 60, or 100 bubbles to mix and I think some of them were inferred from incomplete information. I'm not...the ones that say you don't know I believe those and most of the lows ones I think I agreed with but some of the high ones I think you may be overestimated, I know they did and in fact, I mean, that committee didn't know all these standards for sure.

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

Well, you know, these are just clues Clem.

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

No, no, I'm saying we need a way to...well, we need a way to correct them or at least to have them...or like say, self-claimed. Most of the CDISC ones I think are self-asserted.

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

So, I don't...

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

This is Mark; I think that whatever type of assessment we choose is okay as long as we clearly outline these resources, the informational resources and the data that we use to come to that decision. One of the...my critique on this particular set of bubbles and evaluation is that we had bubble indicators but there was no source of data where that information was...where we used the information to, you know, assess the level of readiness. So, as long as we provide the source, you know, here is our level of assessment and by the way this is where we derive our data and conclusions from I think we should be fine.

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

Mark, I think that's the key point.

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

So, maybe we could change...yeah, maybe we could change that first one a little more like you just said Mark with providing the source of how they determine the bubbles or something along those lines.

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

That would help a lot.

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

Okay, all right.

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

Yeah.

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

We can do that.

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

I'd just, you know, caution that some of that maybe difficult to do but it's certainly worth trying.

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

Yeah, I know we...

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

And again, it's a good thing that you could account for with if the document is more dynamic and, you know, more pilots emerge, more deployment occurs something like, you know, FHIR where there is, you know, all sorts of things bubbling up out there and we could in a year's time go from not much use to lots of use and the document can reflect that with...

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

Okay.

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

Explanatory text.

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

Any other comments or comments on the public comment that was added?

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

Well, I wonder if we can change any of the current bubbles with some kind of a process or at least challenge some of the bubbles.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, absolutely Clem and I think to your point, I mean, that's part of what we have to look at and recommend.

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

Okay.

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

So, how would you change them Clem? I mean, what are you...

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

Well, I think some of them...

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

Oh, you mean the actuals.

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

The actual...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Some of them are just wrong David I mean the most perfect example is NPI, I mean; Clem really got that one right.

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

Yeah, I'm sorry, I missed...Rich I got it, I agree. I misunderstood what he was saying I thought he was talking about changing the categories...

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

No, no, no I just want fix the bubbles.

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

He wanted to change the bubble to a square, no...

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

Yeah, yeah.

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

Yeah that's kind of what I was thinking.

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

Make them a different color.

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

Yeah, I was working on the wrong level there, I apologize, I agree.

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

All right.

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

And I agree with you Clem I think some of the things we need to reconsider how to reclassify them, I'm open to that discussion as well.

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

Yeah, oh, great, thanks. You don't want to look stupid.

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

Okay. All right, any other comments on this one the characteristics?

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

Oh, so are we on number...are we commenting on number three yet, the descriptive text point or are you moving...

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

Sure, yes.

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

So, I will disagree with number three.

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

Okay.

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

I think that should be handled at the standards site itself and the reason for that is this stuff is evolving too fast and it's too complex to changes and whether they're backward or compatible or not and so forth, I mean, maybe for standards that are extremely mature and rarely change this could be useful, but for some of these fast moving things no one will keep this up-to-date and then you'll go and specify in a procurement the wrong version of a standard that's moved on.

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

Okay.

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

And this is the...you know I just think link to the standards organizations where they describe the current state of the standard.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, one of the pieces of feedback we got yesterday at the ISA panel was this question, you know, kind of the rigidity of regulation and how do you have something that's more flexible is there a way to use the ISA to note improvements in standards that are coming up. I mean, does that fit into this topic David or are you making a separate point?

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

Well, I would...let me just; again I'll use FHIR as the example just because it is, you know, an important new and fairly fast moving standard. In the course of the calendar year FHIR has gone from draft

standard one to a pre-release of draft standard 2, to draft standard 2 and now lots of discussion about STU 3 and vendors are being asked to consider making a commitment to the normative version projected in late 2017, it's a very fast moving target and I don't think you can capture that in a little link here, I mean, in a little descriptive piece of text so I'm just saying point to the website and let the interested user read what the standards organization has to say about its own standard.

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

Well, I think I agree with Dave, the only...the thing this could be useful for is to identify dead standards if you ask them for the last known update because some of these haven't had any changes or haven't been touched.

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

Yeah.

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

There are some that haven't been touched...

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

Of course...

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

Because they never were used...

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

Yeah.

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

But I don't know how to say that.

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

Yeah, so some of the dead ones really probably should be removed from the list, right if it's not ever going to get used.

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

Yeah, yeah.

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

On the other hand it can be, I mean, you know, how long has it been since HTTP was changed, I mean, you know, that's...

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

Oh, that's true, yeah, yeah.

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

You know 1.1 has been around for a long time.

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

Right, right, never mind so strike that or the Internet base protocol.

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

Yeah, yeah, CCP hasn't evolved a whole lot.

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

It must be bad.

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

All right so I think we should take that off.

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

So, do we want to remove that one then?

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

I think that's what I'm hearing.

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

This is Christina, one thing we could do is potentially like tweak it a little bit and put maybe the year it first came to market and whether it's rapidly evolving or we've seen a slow evolution where it is kind of stagnant, so just a general sense for people to have a little bit of guidance and there is an implementation maturity in the ISA but we don't have any maturity level of the actual standards so maybe adding something, a column on that to address that bullet.

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

Could you repeat that last little section, I'm sorry, I couldn't catch it?

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

Yeah, so I was just looking at the ISA and there is an implementation maturity like whether they're in pilot production, etcetera.

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

All right.

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

But we don't have a standard maturity level and so maybe adding something like that would help and kind of address this.

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

I'm not sure what you mean. I mean, its implementation or standards maturity, how do you distinguish them?

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

So...

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

I guess...

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

Go ahead?

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

Oh, no, go ahead.

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

No, maybe we could go back to...

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

I just don't...

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

My first point then, I'm just trying to brainstorm on how we can kind of look at getting some important information but make these bullets...

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

Well, to go back to...to go back to Dave's point about a link if we insist they have a link that will go directly to the standard that would help too because some of these I couldn't find.

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

And I agree with that there should be a link to the standards...

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

Not to the standards organizations...

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

But things like noting...right, but things like noting if it's rapidly evolving like FHIR could be very beneficial like these are things that...

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

Yeah.

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

Just kind of a side note on that and maybe that note isn't in every single one of them but it gives us a column to identify things that we know are evolving extremely rapidly so it can kind of target a user to check out those standards.

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

Any other comments? I like Christina's comment because I think it would help you if there is like an emerging standard that's coming out that has a lot of activity it was kind of pointed out a little. I think the difficult part was the example, Clem you and David gave, like a standard that hasn't been updated but it's still very usable then it may not be completely understandable or being misrepresented. So, what do we want to do?

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

I think you need to put some specific language down and we can react to it. It's vague enough that I'm not...I don't quite have it so let's get some language.

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

Okay. All right I can do that. Are we good then with this slide and move on because we're running out of time?

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

Yes.

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

Okay.

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

We haven't even gotten to the fun part yet.

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

I know.

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

That was your plan wasn't it.

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

I think it's the next slide I hope. Next slide, please. Oh, okay, so we had this section there were a couple of things that either Dan you had sent one over e-mail and it had come up as a topic on the discussion

and then when Rich and I had the admin call this week some of it came up for proposed recommendations for new interoperability needs and Rich do you want to take the first one because you're more of the expert on the APIs than I am?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Well, look, I mean, we've talked about this a couple of times on the call previously and, you know, it just seems with the new rules out for, you know, 2015 standards and the requirements in MACRA for use of an API that understanding what the implications are of, you know, kind of an open API world is important and I think it's going to, you know, both...there are going to be some standards which are up and comers as a result of this and then there are going to be some standards which may decline in importance or are obsoleted by something which is more appropriate than maybe, you know, a document-based approach.

And so, the thought was that we at least are able to signal to the broader community kind of what the implications of this are to the extent that we can provide some guidance.

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

Yeah, so...

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

I think...

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

This is David, I think I brought this up early on and I was on the API Task Force that kind of tried to address this and our hypothesis and I don't think it's been proven yet, but our hypothesis was that in the future interoperability use cases may be better addressed by customized combinations of a set of core API standards like FHIR as opposed to the approach in the past where you had, what on our workgroup we called bespoke standards or bespoke interoperability approaches where you specified from scratch a particular approach to solving a problem and that we projected that there would be a shift once the core APIs are widely deployed towards building interoperability use cases on top of those core APIs and it would of necessity be different from the way standards, interoperability standards, of today are addressed.

So, I think the question is, should the ISA say something about that, maybe just a caution that there is a transition occurring or some guidance around how to think about building interoperability use cases on top of APIs, core APIs, rather than on top of bespoke interoperability standards and I think the answer is "yes" I'm not sure it needs to be very extensive at this point, but I think it should be captured.

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

But Dave when you say it in a generic term like APIs it's just wispy to me, you know, it's like looking in the mist because everybody has had APIs for a thousand years and they're all mostly proprietary, but...

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

Well, Clem that's...

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

No, I'm going back to when you say FHIR see I hear a different set of things and actually I see FHIR...

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

Well...

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

As more like a version 2 than version 3, so...

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

I think what we're trying to...

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

Somewhere in between...

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

To do here is should we form a subgroup to develop that preamble or something around APIs that introduces it into the ISA document and helps give people a framework or some structure around...

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

Well...

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

What it means...

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

Well, I get...

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

For the future.

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

Yeah I think there's a value to it but I just think we have to...it's just two different worlds when he says API, it's I don't know anything when he says FHIR I know everything and I agree with it, so, I don't know whether we shouldn't say FHIR in the word then.

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

Well...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Clem, I actually had a different write up it didn't get captured into what was sent out to everybody, but...

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

Yeah, I was just trying to find that Rich...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

Do you have that in front of you?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

As opposed...I want to make sure we leave time to talk about best available and we don't have a lot of time, I mean, what I would like to ask David you have been involved with this in a variety of capacities would you be willing, along with whoever else is interested in the Task Force, to maybe take this general area and come back with your thoughts and how you think it ought to be addressed in the ISA?

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

Sure.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And this is Eric...

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

He said, knowing he will regret saying so.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, one quick add on comment, not disagreeing with anything just said, is I think this problem is readily solvable as simply having a definition for API in the ISA.

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

Yeah, yeah.

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

Do you want to be on David's group?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, David, let's have a subset task group and, no I'm just kidding of course it has to be public...

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

Well, if you need three...

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

Yeah.

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

If you need three I'd volunteer to be sure I understand it anyway. I think I do but I don't understand which thing I'm understanding.

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

And then...

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

So, I hear Eric and Clem...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes.

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

Anybody else? That's good small is best, particularly three people that don't necessarily agree we'll beat it to death and hash it out.

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

So, when would y'all like to bring it back to the group?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I guess...

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

Well, we have to get scheduled and all that stuff...when is our next meeting?

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

I think we have one on the 14th which is about a week and a half and then there is another one after that, I think...I don't know I'm going off memory; the 20th maybe, let me pull up the slide.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That's right the 14th and the 20th.

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Clem if you and David would like I'd be glad to coordinate calendars.

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

That sounds good.

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

This is Christina I wouldn't mind jumping in on that as well.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

All right.

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

This is Michelle, we can follow up with you off line, but just let us know if you want us to help coordinate or if it's something you'd rather do on your own.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay, I'll get with you Michelle.

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

Yeah, I think we'd like...we'd appreciate the help.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I agree.

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

Yes.

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

So, would y'all want to bring that back on the 20th? Is that good?

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

Yeah, let's target that. I think we could target that.

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

All right.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, agree.

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

I think it might be difficult to do it before then.

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, I agree.

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

And then the second one, Dan, we're hinting your name...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yes?

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

Was on the coded value and the value pairs and part of this came from the discussion and the group Clem where you had talked about the spirometry, EKG. Dan you had sent a website, I've pulled some of the stuff off your website and put it in here. And then it was a big discussion on one of our other calls so we thought it would be great if we could form a subgroup for this and y'all could bring back that information to the group around this and I don't...you know the ISA is structured with those three sections in the beginning with the first one being the vocabulary section, I didn't know if within that if this would be too much to look through that and bring back some information around that too that may have to be another section but these were just things...

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

I...

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

We put on here, but Dan do you have any thoughts...

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

I think...

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

Around this?

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Can you hear me now?

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

Oh, yeah, sorry.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

No, yeah, I tried to chime in I think something happened with my line earlier so I was saying lots of things but...anyway I redialed back in and I'm connected now. So, I mean, yes this applies pretty much to the vocabulary code set section and is a structural comment, I don't know that radical sort of changes to how things are presented in the ISA need to happen more just making sure they have a pair when there needs to be a pair and then labeling which vocabulary is for which side of the equation identifying the attribute or the attribute value.

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

Yeah you do it somewhere and I wouldn't call these gaps, I'd say work on specifying because there's more than enough...most of these have lots of choices, gender identity, you know, you can go on forever, I mean, not gender identity, you know, sex and the rest of this stuff, so it's a matter of specifying the ones to use and...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah...

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

This is David; I think there is one gap which is that there isn't an agreement widely accepted in an agreed way to interchange this kind of name value data when it's a fairly complex nested structure or something more complex than a single thing like a blood pressure even though that's actually two things.

So, for example the Argonaut group just had a massive discussion about this and has at least for purposes of FHIR settled on diagnostic report as the structure that you would fit these things into.

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

But if somebody else has a different structure than all the name value pairs in the world aren't going to help achieve interoperability.

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

Well, Dave, that same structure...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

And...

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

I mean that also has different nesting allowed just like version 2 does, so...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Right.

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

I agree with the issue but I don't know that it's either/or.

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

Well my point is that...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

...

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

You don't solve the problem until you specify the structure for the nesting as well as the name and value pairs, that's a my only point is it's not sufficient, it's necessary but it's not sufficient to specify the legal values you need the structures...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Right.

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

That they fit into, how they relate to each other.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Yeah, I agree.

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

This is Mark; I think that's a good suggestion. I think we can look at the CIMI models and how they identify the structure. I would just...I'm looking at the tobacco use and it kind of brings back to memory...I think for that particular data element we will have to look at structuring how we capture the smoking history in a better way, having potentially different data elements and attributes such as the tobacco type, the frequency, the duration because currently the tobacco use includes only eight SNOMED CT codes which from a clinical perspective are definitive SNOMED CT codes they don't provide a lot of information or value. One of them is for example sometimes smoker, what does that mean, once a week, one cigarette a day, one cigarette a month?

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

Well...

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

So, there are areas that I think we can provide a little bit more guidance in terms of structure and in terms of vocabulary.

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

Well...

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

The problem is these things are...go ahead Clem.

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

Well, I mean, the smoking history there's a million ways to say it and there's a lot of actually validated instruments that say it and it's a challenge between what you can...what there is time to capture and I don't think we can decide which ones are the best ones in the long run but I think...

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

Clem...

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

We could suggest some alternatives.

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

I think so...

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

Clem...

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

So...

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

We have actually...just one point.

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

Yes.

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

We've actually, 16 years ago at National Cancer Institute we have dealt exactly the problems tobacco use for cancer trials and standardizing data elements across all cancer trials so there is already something available that we can already use. We don't have to reinvent the wheel.

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

Well, it's not just there NHANES has it and PhenX has it, the issue really is how much can a clinical practice afford to...they can't do what a research study can do.

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

Well, the generic problem here...

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

But in terms of...

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

Can I just jump in, so it's obvious this is a hot topic would, well, one, would somebody like to lead it and would other people like to be in it to come up with some recommendations around this part of it?

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

Well, let me also...

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

This...

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

Suggest that we...

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

Mark, I'd like to lead...

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

I like...

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

I'd be happy to lead.

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

Well, I'd be happy to lead too, Mark, I mean, this is not about...there's much bigger subjects than smoking. I hate to say it, but you can't spend the time...I mean what about EKGs and spirometry and all these things for which there are codes and which...it's just a matter of...it.

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

And the problem is called semantic granularity mismatch and, you know, it's a description of the fact that the granularity is use case dependent and, you know, for the surgeon doing a preop check the smoking history is completely different than the smoking cessation counselor doing counseling updates.

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

Yeah, yeah.

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

So, the granularity is different they don't nest, they, unfortunately I spent a decade trying to solve that problem it can't be done, so you have to have use case specific structures and appropriate vocabularies and value sets for those use case specific structures. I don't think there's much...there can be much choice.

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

Well, the alternative is just to allow a lot of them...

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

It's unfortunate.

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

But let people pick.

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

Well, but if you want to communicate, you know, this is all about interoperability, if you want to interoperate you have to have some kind of a profile about how you're going to send it across the wire be it a CBC or be it, you know, an APGAR or whatever and that's all I'm saying is you need to specify all of those things, you need the name and the values, the value sets themselves, you need the structure,

the nesting structure and then you need of course a wire format, you need some technical way to move it, but the logical model has to be agreed on and it may be use case specific. One size won't fit all, we tried that with clinical documentation for 15 years and it can't be done.

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

So, who would like to be in this group?

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

I would.

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

This is Mark, I would like to.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

This is Dan; I of course want to be in it. I'll go back to my simple point was structurally the ISA should be clear about when they do name a standard which side of that equation they're talking about that's I think a...I think that's an easy low hanging fruit thing.

Secondarily is, you know, this more detailed discussion about, you know, sort of CIMI models or detailed coding post pre-coordination that I think is worth having and could be done in this group to come back for sort of the second round but sort of the simple case is you should say if you're talking about an assertion or value or the question for the identifier, you know, an identifier question code.

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

And you have in some cases under nursing and in some cases you haven't that's the main thing.

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

Right and I like it to be an easier...it doesn't have to be as complicated and wordy and unclear as it was in the current draft. I think structurally you could simplify that.

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

Would you...

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

I agree with...I agree with that.

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

I think we have a wealth of resources already available from FHIR value sets in HL7 version 3 with Consolidated CDA with version 2 so I don't think we're going to have to, you know, reinvent something or develop something new it's just...

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

Well, we've got to fix a couple of value sets; we've got in there...

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

We've got to fix that, yeah, but we don't...

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

No, no, no, no I mean, there are some very specific...the thing recommends now version 3 HL7 sex which includes, this is for administrative...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think I'm going to have to...Clem, I'm sorry to interrupt, this is a really important discussion and I think that's why we need that group. I think we've identified the folks that want to participate in that. Perhaps Michelle if you can help us to get that group put together I think that would be a good next step and other...or Kim or I can also join if that's helpful.

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

Yeah.

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

I heard Dan, Clem and Mark, and then maybe Kim or Rich would be great. Thank you.

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

Yeah, Clem, did you want to be in that one too?

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

Yes, I do.

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

Yes, he had volunteered for it, yes.

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

Okay, okay, all right. So, we will set that up David we did not get to best available today so we will save that for the 14th and Rich is that good for you?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

And then for the vocab group would y'all want to come back on the 28th, June 28th, would that work?

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

We'll try.

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

Kim, can you clarify what the scope for the second group is going to cover? I mean is it just about tobacco use, I mean the list of things that you listed here or...

Daniel J. Vreeman, PT, DPT, MSc – Research Scientist – Regenstrief Institute

No, there's a long list.

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

No, it can be more than what is on the list, those were just things that were discussed in the previous call or Dan had sent an e-mail with some information so I just pulled them in there from that.

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

So, I'd like...I would hope that we would cover those common diagnostic studies that aren't lab tests or radiology so there's at least some future there that they can be sent around.

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

Yeah, I think you should...

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

I think that's the only...

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

As far as...

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

I think that maybe decided on your group.

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

Dave are you...

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

No, I'm endorsing Clem the notion that you could take a generic approach to, you know, how do you solve this problem is it through CIMI, is it, you know...what's the generic approach because the current standards for MU 3, apart from a few isolated cases like smoking history just don't delve into this kind of detail. So, we need it for the next generation but it's got to be generic, it's got to work for everything...

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

Okay, Michelle, we have three minutes. Rich are you good with how this unfolded with everything? Any suggestions?

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

We did a lot.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think we made great progress today, thank you all for the feedback; obviously we all wanted to get at the best available discussion so that will be next on the radar. I have a feeling we need...to the ones we have scheduled so be on the lookout we may see if we can try and get this group together at least sometime over the course of the month and appreciate all the great feedback and dialogue today.

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

Yeah, thank you. Michelle do we want to open up?

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

So, it sounds like your...yes. Lonnie, can you please open the lines?

Public Comment

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

Sure, 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

And it looks like we have no public comment. There were a few comments put into the chat which we will send around to the group and we'll follow-up with those who volunteered for the subgroups for some scheduling. And also be on the lookout for an additional meeting or two maybe. Thank you all and have a great rest of your day.

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

Thank you.

Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology

Thanks, all, bye.

Public Comments received during the meeting

1. Amy Skinner: Amy Skinner, TTUHSC Graduate Student Nursing Informatics: Would last name at birth, date of birth and state/country of birth provide a consistent and reliable identification method? I.e. SMITH010165TX/US Adding the state/country of birth could improve uniqueness, even if birthplace is "UNK" for unknown.
2. Michael Murphy: FHIR may be an emerging standard with substantial future potential, but even major HIT vendors have not implemented it in production for their core products yet. Cerner and Epic are running sandbox test environments and the stability of interfaces between different vendor systems is uneven.