



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

June 14, 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

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. 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. Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hi, Michelle.

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

Hi, Rich. Christina Caraballo?

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

Hi, I'm here.

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

Hi, Christina. Christopher Hills?

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

Hello, Michelle, Chris here.

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

Hi. Clem McDonald? Dale Nordenberg?

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

Hi, Michelle.

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

Hi, Dale. Dan Vreeman?

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

I'm 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

I'm 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

Eric's here.

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

Hi, Eric. Kin Wah Fung?

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

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? Michael Buck?

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

Here.

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

Hi, Michael. Michael Ibara? Robert Irwin? Russ Leftwich? Susan Matney?

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

I'm here.

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

Hi, Susan. 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 I heard Brett and Nona. Is anyone else from ONC on the line? Okay, with that I'll turn it over to Rich and Kim.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, thanks, Michelle and welcome everybody. So, this is the much anticipated discussion, at least to start, of best available, looking forward to digging into that with all of you. And before we get into that just to frame what we're trying to accomplish today, we're going to go through that. Eric Heflin had organized some information for the Task Force related to standards that are related to patient matching as well as standards maturity we'll go through that and also discuss, you know, the follow-up for review of the various sections of the ISA and our plans for accomplishing that.

Next week, on the 23rd, there is a Joint Committee meeting of Health IT Standards and Health IT Policy Committees and we are on the agenda for that to give an interim update. You'll see towards the end of the deck that was sent out to the Task Force members an updated set of rolling recommendations that reflect the feedback we've gotten from the Task Force and we'll be continuing to build on those as we prepare for the meeting with the Joint Committee.

So, that's the, you know, basic framing, our actual and we'll get to the timeline towards the end of this, but just so you're aware of it, you know, our recommendations are due towards the end of July and so we'll have time to get feedback from the Joint Committee and then additional more, a cycle of more detailed comments on the various sections of the ISA over the course of July. So, that's our basic framing of what we're trying to accomplish.

If you can skip forward, well, actually let me just ask Kim if you had any other opening comments that you wanted to share?

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

Thanks, Rich. I'm also putting together...I was on vacation last week so I'm a little behind with the summary from the last meeting and I'll be adding that to those final slides too for our next call so we'll have two updates with that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, great, thanks, Kim. And so if we can skip over the next couple of charts, those are the member charts, next slide, please. Okay, so here we go. So, Task Force charge, I think it's important just to kind of refresh on this, we're going to be recommending updates to the ISA based on public comments. We've already come up with a number of recommendations related to structural and framing improvements to

the ISA including some elements that could include additional clarity and context for stakeholders and I'm sure there will be more as we proceed through the next steps that I've described.

And, you know, we think that there will be some limited set of new interoperability needs that we're going to try and get to in this first round of recommendations and then there will be a subsequent round where we have the opportunity once again to talk about what ought to be in the projected edition section and that we'll try and do post July with the Task Force.

So, the really focus of today, we asked, as a result of some early discussion by this Task Force to consider an explicit best available designation to a standard or implementation specification where that's appropriate and then consideration of available implementation experience.

So, really the ask here from ONC was to consider whether or not what today is kind of a representation of the ISA as a listing of best available specifications to be more deliberate about which ones that are listed actually should be considered best available, it's quite...I think the committee, the Task Force has said that there could be cases where those listed, none of them really are, you know, best available from a maturity point-of-view or in terms of, you know, helpful to where the puck is going in terms of health care technology. So, that is the topic for consideration by the Task Force as a first step. And if we can go onto the next chart please.

There were a set of public comments around the best available concept and Brett do you want to just walk us through those just to kind of...so that the Task Force is aware of those as we enter into the conversation?

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

Sure thing, happy to. So, just a handful of comments here around the concept of best available to potentially get conversations started here. So, the first was a recommendation to add a definition around what an emerging standard is and to distinguish those between, you know, a final, a balloted draft and production, and pilot.

It's important to clarify kind of the best standard for what, some comments around this remaining an issue, the latest version of the advisory though folks did seem to like the new organization and section titles but specific use cases or interoperability needs maybe could be further specified, again, kind of that continued theme in the second item here that each interoperability need should be better described to prevent unintended consequences of folks investing in the wrong solutions or, you know, potentially limiting innovation.

And then the final one here, making it more explicit that developers should consider the ISA and its standards as a starting point while doing kind of their own investment around maturity and assessing their own needs or the needs of their clients around what standards or specifications they may want to adopt and at what time.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, just one brief comment directed towards the last bullet here as well. The other thing that strikes me too is that for what, you know, make it more explicit so that developers could consider the ISA for a starting point, for what purpose? And I actually would specify that not only do they use it for

assessing but I would strongly emphasize that they need to also jump in and help that standard, if applicable, mature and have the right direction to make sure that it reflects the needs of the marketplace.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

At this point, so thanks for that Eric, and at this point I just want to open the floor generally for discussion and feedback on not only the public comments that are here but just the Task Force's general thoughts on the charge to come up with a best available designation or any other aspects of best available as to how it should be applied to ISA and the recommendations we make back to the Joint Committee.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, kind of belaboring my prior comment, this is Eric again, so my recommendation would be, if others on this Task Force agree, that we ask the ONC or recommend to them that they actually have a statement in the ISA stating that standards designated in the ISA as ones that are not yet mature are ones that the ONC recommends that standards developers and customers using those standards also not only monitor but also help influence and shape.

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

This is David, I think that's a good sentiment and hopefully anyone who is prepared to actually implement a standard is willing to engage to ensure the standard is appropriate and robust enough.

The concern I have just one step prior to that is the phrase "best available" is ambiguous and even though the text of the standards advisory, I think, does a pretty good job of clarifying what they mean I still have this nagging suspicion that it's misleading people to assume that just because a standard is listing that it is in fact best for whatever use case it's listed under which I think we clearly agree is not always the case because in some cases there's multiple standards listed, they could hardly all be best and it doesn't...it sort of leads you to believe that it's actually applicable to the use case when in fact it might not be, it might not work for that use case.

So, I just get a little concerned about the phrase best available for what it implies more than what the document itself actually says. I think the document is reasonably clear, but I wonder if there should be a better phrase than best available.

It in some ways seems to me that this is the best list of potentially useful standards, you know, best list, as in its curated by ONC and its standards but they are potentially useful because you have to establish that in the context of particular business problems that need to be solved and particular use cases.

So, I don't know how to capture that whether it's worth trying to change that phrase, but I would be curious to know what others think of that.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, David, this is Eric, I really like that direction and to perhaps realize that concept maybe what we could recommend the ONC do is maybe not as far as a decision table but at least put in some thoughts about some of these standards or the general standards selection process to guide implementers such as for example the first decision you as an implementer of these standards have to make is, are you willing to accept the risk, you know, get involved with a draft standard or are you only looking for things

that are proven in production use and are final text, you know, some kind of basic considerations like that to guide others reading the ISA how they may want to interpret the standards and determine how to apply them to their situation, because as you say, not all standards fit all solutions.

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

Yeah, I think that's wise advice. I would broaden it and talk about, you know, standards being a necessary but not sufficient condition for interoperability.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes, this is Eric, agreed.

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

And that, you know, you need a business case that makes sense, you need a group of people who are willing to comply with the standard, you need infrastructure necessary to make the standard, you know, work at scale and then of course you need a standard that everybody agrees is appropriately profiled and is robust enough to solve the business case.

What's misleading about something like the ISA is that it inverts to process, you go and look at the standards and then you work your way backwards to those others which is kind of the last step in the process.

So, I don't know maybe there's some text that we could put together that would help sort of clarify how standards come to be used in the real world with success maybe by implication how they sometimes fail in the real world but that's...I think Eric and I are basically saying the same thing there. We need maybe some context around how standards work.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

And this is Susan Matney, I just have a side kind of a comment, you know, the nurse at the ONC, under Rebecca Freeman, they doing a study to see what terminologies are used in systems related to nursing care. I mean, and that really has a pretty high-level of maturity when it's been deployed and in the real world. Is anybody else doing that kind of an assessment?

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

I think, I mean, this is David, I think these use cases are so broad that you can find everything under the sun from, you know, deep assessments to somebody just looked it up on a website and listed it. I don't think there's a one-size-fits-all and, you know, in some cases the standards are simple and focused enough so that the standard is more or less all of the work you need but most of the use cases listed here it's much more complex than that.

You know value sets for gender or something like that, I mean, maybe you just get a regulatory thing the says "here's what you shall use for reporting purposes" period, end of discussion, but you can't take that approach and extrapolate it and say, you know "here's the standard you should use for document sharing" because it's just so much more complicated.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, to answer your question about assessment, I think there are multiple efforts underway and it is a common part of the multiple processes to do exactly that. For example, on the FHIR Argonaut

Workgroup right now we're assessing vocabularies to identify how we can specify what service is available in a directory, you know, a FHIR service versus an IHE SOAP-based service versus an e-mail service that type of thing. There does not appear to be one. We're also assessing, in the same workgroup, if there is a way to reflect what content types an organization can exchange with or will exchange with for example HISP C32 versus Consolidated CDA which version of FHIR and so on.

So, I think that's a normal part of the standards development process that I've personally observed in many venues where the first step is to do a landscape assessment to see what the options are that potentially could be adopted.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

And I think if those results could come back to this group it would help us...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

They're actually...

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

When we're identifying the...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, so this is Eric, everything I just mentioned actually is public and so it's being documented in real-time on the Argonaut Wiki and then the others standards bodies like IHE and HL7 that are based on ISO processes also I believe do the same thing. So, it should be publically available.

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

Yeah, I'll just confirm, this is Tone, I'll confirm that every IHE domain is required to submit a board report once a year and those board reports include what are the activities that domain has...where have the profiles that have been published for that IHE domain been used and deployed out in the field. So, that is definitely publically available.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Unfortunately, this is Eric, one of the things we often see is that there are gaps like right now I'm unaware of any vocabulary anywhere in the world other than defined by networks like eHealth Exchange or CommonWell, or Carequality or pick your network other than that I'm not aware of a standard for expressing some basic things such as, what are the content types I can actually send and receive that are precise enough that you can actually as a querying entity know what you're going to get back before you make the request and know it's going to be compatible for your system.

Unfortunately, sometimes gaps are identified, which is, you know, an opportunity then for a standards body, as appropriate, to be made aware of that gap so they can fill it.

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

I think though the question of what's the role of the ISA with respect to that ongoing process which occurs, you know, every day across many different standards organizations and many different coalitions who have agreed to implement some capabilities across their networks whether they're based on a particular profile or not, I don't know how that relates back to the ISA other than at the ISA level we

just need, you know, I think high-level pointers to where the action is occurring, contact information, links, etcetera so that someone who does want to pursue it knows how to engage, but I wouldn't put the ISA in the middle of that process. I just...there's not a mechanism to make that scalable.

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

This is Clem, I'm sorry I was pulled away for something else, but I would just like to defend ISA a little bit in the sense that the main...I mean, the biggest thing is get the facts right and maybe I would suggest shrinking it a little bit because I think it's too much, but if you extend it at least get the facts right.

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

Well, I think Clem the problem is it's hard to know who's facts are right because it is highly dependent on details that go below the granularity of the ISA, they're use case specific that's why...

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

It's so dangerous to have this notion of something being good enough to be in the ISA, well, but that doesn't tell you very much, it tells you something that somebody took a vote on this ballot somewhere and...

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

Well, I think those should be stricken, some of those.

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

At least with the best knowledge...I mean, it's just too broad now. I mean, you read and read, and read, and read, and we've got a couple of major things we've got to do and they're not always getting done well. There is an 80/20 somewhere out there like FHIR uses.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, Clem, when you say, those should be stricken what kind of criteria do you think would make sense as to what should be included in the ISA or which ones should get a designation of, you know, potential useful or best available, or whatever we want to kind of say? How would you kind of frame that?

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

Well, to do that in a level that's satisfactory to an open community, fully democratic and one person screams and everybody listens is hard, but I think there are...I mean, I think Dave could go through and knock...you know these things aren't being used and won't be used. I think there are a number of things and I think we get down to the detailed use cases it gets so divided up no one can make sense out of it.

There's still some major cases that you've got in there in large scale, I mean, you've got a lot of big things in there but there's a lot of little things in there too and things that maybe people should send their own list of what might should be stricken and maybe there would be some commonality in there.

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

Hey, this is Kim, Rich will that be some of the stuff we do when we go through the different sections we could make comments about that? I don't know maybe I still have vacation brain but do we want to define this best available concept more or put more context around it? Because I feel like we've drifted off into things that are in the other...that potentially we would do in the other sections?

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

Well, I mean, the other thing you've got best available and you list three standards, but I understood best is usually a unitary thing, you know, I mean, sometimes they're complimentary...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well...

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

But that's not explained.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well, Clem, this is Eric, I think Rich's or David's point was really key because it could be best available given one set of circumstances whereas something else could be best available given another set of circumstances. A concrete example could be if you're on a mobile device perhaps FHIR is the best available way to quickly query for current problems whereas if you're on an HIE perhaps a document-based exchange would be best available to accomplish...

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

Yeah, but...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

A similar use case.

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

The more we subdivide it the less decisions you can make now, maybe that's okay and there is still an 80/20 rule, I mean, we're still not sending lab results back to the physicians reliably for example. It seems to me that should have some priority when it's a 4 billion dollar industry and it's responsible for something like 70% of the numbers that get into medical records, I mean, there are ways to think about these things.

We should be getting EKG results back, you know, because people are still dying from heart attacks, we aren't even touching that and we're getting all this granular stuff. I think first order should be getting results back to where they're ordered so that the place can do something with them and right now...

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

But Clem...

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

You've got to do the radiology to the patient but you don't get the report to the physician so there are these contradictions.

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

But, Clem, I don't think...

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

This is Christina...

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

Oh, go ahead.

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

So, yeah, I just wanted to jump in on this, with the ISA I think it's important to...the point is to start a dialogue between stakeholders so if there are a number of standards being used there might be a few best available and we need to initiate dialogue to determine which can work in tandem and which we need to really make a decision on what is best available because it's blocking interoperability. I think that is one thing to consider as we're kind of deciding how we narrow this down and how we keep expanding it.

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

I also think it's important to differentiate between the gaps as some of these may not be the best available but there's nothing else, like they're new use cases and maybe we have a different section for some of these emerging less vetted standards that fill new use cases.

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

I think that's reasonable.

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

But I...but, Clem, I think you are grossly over inflating the role of the ISA in a dangerous way and in fact in an impractical way because it doesn't have the authority to do what you're describing. You're talking about requirements, you're talking about either regulatory requirements or Meaningful Use incentives, or some other, you know, lever arm that ONC or CMS has to force people to do something and once you've decided that you want to force people to do something then you can have the debate about what standard is the best way to do it. But putting...

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

A standard on there won't cause anything to happen...

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

Well I don't...

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

It will just be something written on a piece of paper.

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

Well, we agree on a lot of stuff on this and I don't...I'm not proposing that we force people to do anything the truth is you can't in America anyway.

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

Right.

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

But I really think we should be a little more selective in giving any kind of information out. I think it's just going to confuse it as it is now, it won't be informative in terms of any you know...and it might make us look funny.

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

So, I'm thinking about this, this is Tone, so thinking about this from an implementer's perspective, right, I would like to see this document with some options listed and, you know, best available, I mean, you know, we take that out of the picture and we call it something else.

I'd like to see a list of standards and it may be the same standards or multiple standards that accomplish the same use case, right, and they're at different adoption levels and I'd rather see two or three options to review and assess, and determine whether or not I want to include that standard in my product if I'm building something, some functionality and, you know, have guidance like this from ONC to say "hey, here's a few options" you know we want you to kind of think outside the box and it maybe that one of these newer standards is a better choice long-term and provide the implementer with the, you know, the option to go that route as opposed to having guidance from ONC that says "well, here's the one standard that we consider best available" and, you know, it's...I think about the evolution of FHIR, right, and if FHIR was never marketed or evangelized, or shared around how would its implementation be different now, right?

And you look at things like the SMART on FHIR platform and the way that's kind of disrupting the current healthcare market and coming up with new innovative solutions that are, you know, more long-term. I

mean, I think we have to find a balance between, you know, things...recommending standards that are stable and recommending standards that support ongoing innovation in health IT.

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

And those things that you just named all came into existence despite their being not on the ISA at one point and the ISA has nothing to do with people's ability to innovate to solve real emerging problems with better approaches and so I just think, you know, it's either...it's the best list of potentially relevant standards that's one extreme, and it's, you know, ONC's curated best list that they can come up with of relevant healthcare standards in a variety of different statuses of maturity or it's a precursor to regulation that says "you damn well better pay attention to this standard because by being on this list it's probably going to end up in regulation." But anywhere in between those two just seems too mushy and too vague.

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

I think you're too hard on this, I mean, if somebody published a paper and it's just in a journal and made sort of had...and came up with a list of something that they thought they could justify that would be useful regardless of the force behind it because what the government pushes they back...I mean, they don't...the government is really kind of a wimp in real life, it backs off of many things, so I don't think we have to...well, maybe you have to worry, but I think if we're going to make a respectable list of something we ought to at least make sure its respectable.

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

But, again, respectable to whom under what process with what kind of a voting structure, what kind of governance, I mean, that's what the Standards Committee is for and it does it...

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

Well, I think...

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

In context of regulatory or of policy decisions recommended from the Policy Committee so it has a context to do it in and a process, and, you know, a voting structure and that's how we get what we get as a regulatory or voluntary in some cases standard. This has none of that. This is a list. It's a curated list.

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

This is Christina, I don't think it needs to be an either/or I think we have to remember that ISA is a newer document, it's like a newer initiative that's coming up and it can be a best list of things that we're putting together to initiate dialogue from industry and stakeholders and these could potentially be precursors for regulations.

I would hope that work coming out of ONC they're going to look at things coming out of ISA and their Task Force which falls under the Standards Committee and the...well the Standards Committee and kind of look at what we're doing and get public comment and it can morph into something where people actually start paying attention to it and it isn't gospel but a place to start conversation.

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

And that...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah...

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

This is David, I think that makes sense as a place to start conversations, I think in the real world any collaborative interoperability process that I've been associated with usually gets the group of stakeholders together and figures out what they know about what problem they want to solve and what standards they're aware of and they may come to ISA to get an assessment, you know, to see if the rest of the world agrees with their internal assessment but they don't start with the ISA. I mean, I can't imagine...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

But...

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

Any serious...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

David I would just...

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

Group starting with the ISA.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

David, I think we have to kind of come back to...let's see if we can keep the conversation centered on this question about best available and kind of the...I think otherwise we're re-litigating something that we've already addressed with ONC and Steve Posnack, and, you know, I think that's already been covered by the Task Force. I mean, I get your comment. I think that we've had, you know, the recommendations we can make around that at this point, so is there a way to kind of focus back in on, you know, what kinds of standards do we want to see in the ISA. We know...

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

Rich, I'm...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Go ahead?

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

This is David, I thought that's what we were discussing, I just, I didn't intend to change the subject, I apologize if it felt like I was. I'm trying to decide, you know, what does best available mean, why would this list exist and what's on it, but I'm happy to go in a...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, no that is...

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

Different direction.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That is the question, maybe if you can just, you know, tie it back to that, that would be helpful then.

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

Well, I mean, if...what we were trying to do and I think it comes to the point of...and I'm not trying to legislate I think the world is going to be free no matter what we say but I think if we have...if you don't...Internet was successful in part because IT...was used exclusively just by itself for 40 years and, you know, so at the end you've got to have some commonality, I mean, you can afford a little bit of mixing up but it gets harder the more different things you're shooting at different people and so at least in the big areas of big investment and healthcare what are the data that are being sent around and can't we make sure that's being done well and right, and it's not the little use cases it's the big ones.

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

So, kind of circling back to, maybe in response to your comment Rich, just to try to...I'd like to see us bring this conversation to close about best available. I mean, personally, as long as we have context to explain what we mean by best available, you know, anybody who reads the ISA, I mean, I would expect them to read the explanatory text beneath best available and understand what it means in the context in which we're using it and I think these bullets lay that out. I think there is some guidance in the ISA as it exists today that help to clarify that too.

I just wonder if there's, you know, if it would be better use of our time to say, okay, either agree on best available or not, or come up with a new name and be done with it and move on and continue on with the rest of the document.

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

Well, in support of Dave, if everything is in there now and we label it best available I don't think that's true and I'd rather have some other looser word. Then we have two choices to shrink it and tighten it or else change the word.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah or one other that was actually the Task Force charge back from ONC is we kind of restated it was to think about, you know, a best available designation and how that would be applied to specific standards in the ISA not necessarily at all which may be another path.

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

Yeah, so they would have to reach a certain level of...like a certain criteria rating or whatever to achieve the best available status or ranking I guess.

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

Well, just a few of us are saying a lot I wonder who else can join in?

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

This is Michael Buck, I guess my thoughts are similar that, I don't know, I guess the best available thing does strike me as being a little too strong that it could have been softened but if that's not the direction the ONC wants us to go then I think it's just looking at the wording.

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

This is Dan Vreeman, so I'm thinking, you know, for example there's a somewhat analogous list of standards that the FDA publishes, they call them just recognized standards, but it's more of, you know, a list of things that they can later name in various, you know, guidance and so forth so it's more of the sort of pre-vetting type thing.

And if I had to sort of weigh in I would prefer, you know, reading the description around best available I think it's reasonably clear to me. I would prefer to have a shorter more tightly vetted list with the overall header of saying "these are the best available" than a ginormous list with all sorts of different mix-matched interoperability needs and then having to sort of sort through that to label individual things as best available from that bigger list.

I think the shorter, smaller document that's focused with an overall perspective on this is the best available list is my preference.

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

What about that term "recognized standards" how do people feel about that instead of best available?

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

I like it.

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

This is David, I like it.

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

Well, yes...

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

This is Christina, I like it.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

This is Susan, that's what the ANA has used for the last 20 years is a "recognized terminologies" for use within systems by nursing.

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

Yeah, but when the FDA uses that I think they have like six things on it or something, it's a fairly tight list I'm not sure the exact count. Dan do you know?

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

It's a little bit...it's pretty big. They publish it in kind of a weird way I think, you often just see the changes or editions so those lists appear pretty small, but I think if you try to get the whole thing it's a pretty big list because they have stuff for like, you know, down to, I don't know if it's ASTM standard for measuring like wheelchair widths and, you know, wheelchair sizes and so forth, like really kind of very narrow things and then like big things.

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

This is David; I mean, one notion of recognize might be that it is a standard which, if deemed necessary, could be a regulatory standard meaning that it passes whatever it is, A-79, or whatever that OMB circular is on voluntary consensus standards.

So, it could be a list of the things which ONC deems to have met that criteria which doesn't mean that it will ever become a regulatory standard or that it's fit for purpose for a particular use case but at least if it were that you've passed that hurdle that might be a useful list in and of itself.

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

Yeah.

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

I can never remember the name of the directive but it's, you know, entitled voluntary consensus standards and it just sets out some criteria that must be met before a standard can be made regulatory and it's obviously designed to prevent proprietary standards from getting regulatory scope and it's a useful construct.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, if I could recap what I've heard so far, it says, though there's some comfort level with the text around best available that's in the document today, some concern about best available as a concept perhaps kind of overreaching in terms of how people might interpret it. A potential alternative discussed of recognized standards of which perhaps there could also be a, you know, short list of those that have reached a level of, you know, maturity and readiness that the Task Force and then the Standards Committee to whom the Task Force reports believes belong in that kind of, you know, short list of maturity, ready for primetime, ready for regulatory adoption.

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

Well, consideration.

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

If you get that...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

You know the ONC did a document on just vocabularies back in 2011 in which they published it and it was sent to the Secretary or whatever so they've already done some of this, I don't know if that's been looked at again.

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

Rich, I liked your summary, this is David, I liked your summary, I would, you know, just soften the notion of, you know, consideration for regulatory if necessary, you don't want to...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I think that's...

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

Yeah, yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I...

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

You know the ISA is not a route to become a regulation it might be a guide for things that are capable of becoming regulation but not necessarily...

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

Yeah, that seems...

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

A route.

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

I think that's right.

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

Because, you know, most of the things on there will never be regulatory nor should they be, but some of them may well be and some of them are actually already.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, on this one, it's foundational to everything that we do that follows. I just want to make sure we've heard from everyone on the Task Force. So, if you haven't spoken up we'd really value your input at this point including ex-officio members and your views as well. I think it's really important we know how you...get your thoughts on that.

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

This is Dale Nordenberg, I prefer the language that's evolved in the last couple of minutes with "recognize" versus "best" and I like the notion of teeing it up to be acceptable but, you know, not being too direct about it, you know, merging as a, you know, something for regulation or regulatory. So, I like the way you summarized it is the bottom line.

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

So, this is Kin Wah, I like the direction that this discussion is going to what's more tightly vetted or at least more based on assessments that are, I mean, that can be objectively measured. So, when I'm looking at the ISA I'm thinking of a comparison like when I'm looking at the Consumer Report's recommended list. Of course this...I mean, that is based on very rigorous testing that maybe we don't have, I mean here all the information available, but I think the same idea still applies that if too many things are listed without any assessment or recommendation it would just serve to confuse people.

So, I think sometimes it's difficult to pick one specific best available and maybe we can just say, I mean, the relative strength or weakness of several that are recognized and that are actually being used that would still be useful, you know, that's my opinion.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, Kin Wah, if I can just recap what I think I heard you say, if it has utility and it's a consensus standard in the way that David was describing then it belongs in the ISA but then there's a subset that has the right level of, you know, kind of maturity and development that would put them onto a shorter recognized list if you will. Was that what you were trying to say?

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

Yes, yes that's what I think.

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

So, this is Dale Nordenberg again, so what happens if you have a situation where you have standards that may have been implemented but are not viewed as mature? Isn't that possible? The thing is that standards are never...these consensus standards are never adopted in any kind of homogenous way across the breadth of stakeholders or the breadth of possible implementations out there, right, you know, different organizations pick and choose, and implement them in different versions of each one so it's a...

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

And...

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

Highly heterogeneous kind of experience.

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

I'm not sure...

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

Agree.

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

I'm not sure what your aiming at? What do you think we should do more or less? What's your...I'm not getting the point.

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

Well, if I heard...if I understood the last comment which is, you know, pick the best one or pick the most mature one and I'm not sure how you make that evaluation, right, so if something is out there and it's being widely adopted but it may not be "as mature, as robust" or "as granular" but it's widely adopted, I mean, that's one measurement of it being more mature.

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

Yeah, widely adopted would trump...

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

So, if you were going to make it...

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

Would trump everything I think.

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

Pardon?

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

Widely adopted would trump everything.

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

Well, but it's not...

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

You would think but if you're going to make a distinction of best or most mature then you have to have a framework for deciding how you're going to make the determination and I'm saying it's not trivial.

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

Yeah and I think...

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

Clem, you know, the fax machine is the most widely adopted standard in healthcare but I don't think any of us would consider it, you know, the way to go forward.

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

Well, I don't think that we have...

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

So, I think that...

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

Well it's true if it's already adopted we don't have to do anything.

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

Well, but the...I think the best we can do is what the ISA currently does, which is attempt to just categorize each of the standards based on some, you know, fairly broad qualitative assessments and then anybody who is actually going to get down and use the standard is going to have to dig deeper on their own to figure out if it's actually fit for their purpose, but at a high-level categorize, you know, is it deployed or not, what's the level of maturity in the SDO organization itself in terms of its own internal structures, how many people are using it broadly, brushstroke that's the best we can do.

And then use case by use case groups of people who actually want to implement the standard will have to dive in and figure out exactly how they want to use it or constrain it, or extend it, or subset it, or whatever they need to do all of which will...

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

Probably happen with every single standard in here other than maybe for some of the vocabulary value sets because none of them work out of the box.

So, I like the approach that the ISA currently takes at categorizing. I mean, I think, we can argue about whether the categories are right but I think that approach is really good, it's the strongest part of it in fact I think.

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

Yeah, I agree with that.

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

I agree with that.

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

Yeah, I agree with that too.

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

Well, it's not always right and I'll bring up the NPI which has got almost a zero level of use recorded and everybody, every clinical person who bills has had one for 10 years and it's being used and it's used in all the standards from NCPDP to X12, to HL7. So...

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

But we can fix that one, let's fix that one.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah...

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

Well that...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Look, I mean, I think there were some really good work that Clem did a couple of weeks back, I don't know if all the Task Force members got a chance to take a look at it or not, but we'll come to this once we finish this conversation, but, we're going springboard off of some of that work as we move into vetting, you know, the individual section. So, we are going to make sure that we, you know, do seek to make recommendations for corrections wherever we can.

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

All right, thanks.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

And I see these, this is Tone, I see...I'm hearing two distinct efforts here, right, so one is collecting all the facts as we understand them and make them as accurate as possible in fixing the errors where errors might exist currently and representing, you know, the standards where they are, the maturity, the adoption whatever.

And then the second would be to try to make a determination out of all the available standards which one ranks the highest and I think that second effort is to I think support what somebody said earlier is just it's a lot of work and I think we're going to run out of time and I think the approach that I think David you kind of summarized it of just, you know, providing the facts out there and letting the readers and the consumers of this document come to their own conclusion, right, based on their situation, based on their requirements because they're going to do that anyway and it would focus our efforts on ensuring that we get the facts right on things like adoption level and maturity, etcetera.

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

Yeah, I think, this is Kim, I think like I don't think we have to go in and say this one is recognized or why it's not recognized, we can make the recommendation that we think that term, the definition that we give with it should be used to define the standards that are listed. So, then if somebody is looking at it they can look at that standard and say "okay, this is a recognized standard" and then you have a definition to go with it that's how I understood it, but y'all please correct me if I'm wrong.

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

Well, let me give a specific, another specific example. So, you've got for I think immunization reporting or some part of immunization you've got recognize the HL7 v2 which is now also required by regulation and is being used very widely and then right next to it is an XCD version and why would you introduce a second one? It doesn't make any sense to me. It's one place where they've had some success.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, that's a great example, Clem, I'd be interested in feedback from the Task Force...let's use that example as a way of trying to pin this down a little bit. What are your thoughts? What should we do in a case like that?

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

Clem could you repeat what the actual concern here is? I don't...

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

Well, I don't have it in front of me but, you know, I did a 23 page write up on all of my small critiques and I think I actually copied it to you, I didn't send it to everybody but I thought...I think maybe the chairs did and I don't remember the exact spec but it's one of the X ones I think from IHE.

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

Okay, so, I'll play the one who doesn't understand. So, I thought when we were using that term "recognized standard" it was going to have a definition with it because it had criteria with it that meant that it potentially would go into some sort of or could go into some sort of regulation and so we could

have a list of standards but maybe only one of them is recognized for a particular use case. Is that the correct scenario or is it, no we're just going to have the one recognized but we're not going to have the list?

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

Well, when something is...

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

I think...

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

Well, go ahead.

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

I don't think we...Kim I don't think we were trying to pick a winner or loser. I think the notion of, you know, the recognized means that it meets the criteria that it's a voluntary consensus standard sufficiently robustly public to be included in regulatory and/or other procurement kinds of constraints, but it's not necessarily a winner and a loser.

And Clem, I mean, in my counter argument on the immunizations might be that, you know, a version 2.3 approach to immunizations makes sense but so does a FHIR approach to immunizations and at some point a transition will occur or new systems that are being built around APIs may wish to start with a FHIR-based approach and those two can co-exist and they're both solving the same problem.

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

Well, FHIR wasn't...

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

And it's not a...

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

The case in point, I mean, I know you like FHIR and so do I, so we're not trying to hurt FHIR or any of its evolution and it will get its day in the sun because if it's got the strength we all think it has, it's just that if you want to have standards the worst thing is to say "let's do 20" that's the joke you see on every slide, you know, well, we've got so many of them we've got to pick whichever you want then nothing will communicate and no one will invest in them.

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

Yeah, I don't disagree with that but I also think that we have to find a way to allow when and where appropriate new standards do develop, right?

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

Yeah, I don't disagree. I don't disagree and I think FHIR is a good example.

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

Right and...

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

Another example is moving from like a document-based exchange paradigm to more of a discrete data paradigm, I mean, this is kind of the CDA to FHIR shift too in a way, right? But this idea that...

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

Well...

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

Universe in 2008 and now it's more about API centric and let me just get...

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

Well...

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

...

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

Yeah, I can agree with that, in fact I think it's going back to the future that's how it used to be sent...

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

Right.

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

Until the documents came along.

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

Right.

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

But...yeah.

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

But now we know that there's two...there's use cases for both of those, right? There's use cases where documents are very...

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

Right.

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

You know, this notion of a snapshot in time of a patient's record is very relevant for certain use cases as is the more discrete data, you know, HL7 v2 or FHIR approach. So, we see value in both of those.

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

Yeah, yeah.

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

So...

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

And that's why these things you can't do standards with a list. You have to do standards with the real world and the list just gives you some helpful clues about what other people think of the standard, what's known about its usefulness, it's use in the real world and whether it passes the voluntary consensus hurdle. Is it a candidate standard? Is it a recognized standard?

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

Well, I think, if we have a list I think the shorter the better.

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

This Christina, just coming back into Kim's original statement that we...I think we just got a little sidetracked, my understanding is that we are looking at replacing the term "best available" with the term "recognized standards." One thing we could potentially do is under those recognized standards start to point at which ones are more recognized as best available and maybe have a subcategory where all of them will not be under best available but under those recognized get the best available that's something to consider and then also maybe have another category, which David just brought up, on candidate standards.

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

I like that.

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

I just, you know...this is David again, I think my notion of recognized would be the hurdle of candidate meaning it's a standard, you can call it a standard because it meets the OMB criteria that's the first hurdle. Then beyond that I think it's descriptive and we should be as precise in our descriptions as we

can be but I don't think rendering judgement is the purview of a Task Force that meets for a few months every year with no subject matter experts in most of the domains that they're making comments on. It just...we can be good about describing these things, categorize them as best we can by the best, you know, categories that we can come up with and I think there's a great start in there now, maybe it needs a few more, and then stand out of the way.

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

I agree and...

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

This is...

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

Filling out the descriptions as a very good approach.

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

Yeah, this is Dale, I agree as well. I think it's very tough to say "best" there's just so many use cases out there and so many different drivers in terms of why someone picks one standard versus another.

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 do we want to have interoperability or not?

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

Well, Clem, it depends on what you mean by that. There are a thousand aspects of interoperability.

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

Well that...

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

You know what kind of interoperability? You want EKG data to flow that's commendable. There should be a good standard for that that's listed here, but it's up to the market to go figure out or a regulatory approach or a Meaningful Use incentive or whatever it takes to make it happen. Putting it in the list won't make it happen. Leaving it off the list won't stop it from happening. It will happen when people want to make it happen...

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

Well, let's be realistic...

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

And there's enough of them...

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

Standards...there's a huge inertia and a huge entropy against standards and they work best when the government's taken an initiative. The stuff doesn't happen...

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

Spontaneously very much. It does sometimes.

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

And that's certainly what we've seen with Meaningful Use and to some good effect and to some bad effect and we've seen...

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

I agree with that too.

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

And we've seen plenty of private market activity emerging from the change in payment models which now put much more of a premium on the value of interoperability than was the case before and we're seeing lots of voluntary efforts with good success. Being on the ISA is kind of a "don't care." I mean, I'd rather see something on the ISA if there's any chance that it could be used because then at least you have some relatively objective assessments of it as opposed to just hearsay.

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

And another piece of information that it gives you about the market is if you look at the ISA and you see a certain use case has three standards listed or four standards listed you know that there's activity going on around that use case and, you know, it's somebody who has maybe creating a product or involved however, you know, it may motivate you to get engaged in...

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

Well, if I saw that I'd take it as a signal to wait because the world hasn't decided yet.

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

Maybe so, you know, but it influences your decision, right, to, you know, make sure you make the best decision for, you know, who you represent or whatever. It gives you a clearer understanding of the market I guess.

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

And it gives you a clue as there may in fact be complexity here that's not yet accounted for and that if you want to actually solve the problem you may have to dive in and do something new or create forcing

functions, or market alliances or whatever it takes. I just think, you know, nailing it down to one standard is not likely to cause it to happen there are plenty of solitary standards in this list that have never and will never be used.

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

Well, those I think you should tell us what they are and we get them out.

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

Yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, there is this notion that's come up in a few of the different parts of the conversation that there is varying levels of utility and, you know, I don't know how to say this right, but likelihood for success in the real world that it may be important to inform folks up, I mean...and I think David you were saying...trying to do that through let the facts, you know, be, you know, really descriptive and so that people really understand what those differences are.

Christina I think you were saying maybe trying to, you know, put a gold star next to the ones that really had that level of maturity and development that you can count on them, you know, at a certain level of use.

I mean, is there any dimension like that that the Task Force wants to try and add to the, you know, descriptive elements for each of these standards?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, I think this is getting into something on a subsequent slide for today's agenda. My recommendation would be that we consider rather than us trying to make that assessment solely that instead we point to the curator of that standard and their assessment.

For, example, HL7 and IHE and other SDOs have a process to determine whether a candidate standard actually is ready to become ready for pilot and ready for production use, and there is generally some type of a workflow and criteria. Let's at least make the industry aware of what the standards bodies feel are the current assessments of each of their standards with respect to the criteria maintained by those closest to the standard.

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

Yeah, I mean, this is David, I think that makes sense that if the standards body has an internal assessment that this should be made available. I think the risk you run is, you know, the standards body has an incentive to make their standards sound more mature than perhaps the rest of the world judges them number one and then number two, if it's stuff will get out of date in the timeframe that the ISA gets refreshed, I mean, something like FHIR those maturities are changing pretty rapidly and so you just have to be aware that it's a snapshot in time.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric...

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

Or which of them are more active and...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

But it kind of...

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

More active curation.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well, I like what you just said too as it actually assigns also accountability to where it belongs in a way. For example, let's say we have a standards body, and I'm not thinking of any particular one, but if we have a standards body that actually does not do a good job in terms of accuracy of the assessment and does inflate numbers or inflate the maturity the problem there is probably the standards body governance process should be, you know, called out rather than, you know, the standard itself.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Maybe, Eric in the interest of...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I mean, I think you did some good prep work for this part of the conversation we're in now. Would it make sense to go to chart 8 please and Eric maybe you can just walk the Task Force through the information you provided?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I'd be glad too. How much time would you like me to spend on this slide just so we stay on track?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Maybe between the two just as an overview maybe five minutes.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay. So, the idea on slide eight here is that rather than us necessarily trying to do this in a vacuum or fresh we actually can rely on some precedent that already exists that maybe be valuable to us and to the broader community we're trying to serve through this Task Force specifically by trying to, you know, establish objective criteria in terms of standards maturity.

And the criteria that I had in mind as potentially a starting point for the discussion are on slide eight such as that the standard itself, in order to be on the ISA, the standard is accredited by ISO or ANSI, or another accreditation body and that helps us ensure that the standard is actually developed using certain governance principles such as openness and transparency that it's consensus-based, you know, there is an attempt to avoid influence, undue influence by any particular sub, you know, body and that actually the federal government has, I believe, a regulation that it actually lays out something I believe called the voluntary consensus standards-based body criteria which means that the federal government, I believe, and I'm certainly no attorney I'm just interpreting this as a technologist, but that they have an

obligation to follow standards that were developed using an open transparent-based process that meet certain criteria. So, that's the first item I'm proposing as being a criteria before something gets on the ISA.

The second is that the criteria of the standards body specification should be approved by the governing standards body such as HL7 or IEH, or others as at least being ready for trial use and there is a different, you know, label that various standards bodies put on that designation but essentially that the standards body feels it's, you know, iterated enough and mature enough that the workgroup producing the artifact or the standard feels it's ready for people to try it out and organizations to try it out and then provide feedback.

And then, next slide, on slide nine, I actually have a...and I won't go through all of these, this is largely for reference, but this is actually the criteria that the IHE Workgroup I co-chair, the ITI, Information Technology Infrastructure Planning Committee, we annually do an assessment to determine whether or not a standard is ready for promotion from essentially a draft or a trial status to production status and those...a significant motivation for this decision to be made correctly because IHE, and I'm sure other standards bodies follow the same criteria, want to be considered to be neutral, vendor neutral, technology neutral they want to make sure that the standard actually really is right and tested and known to work well because once it's advanced to final tech status then essentially that standard cannot change except to reflect something significant such as an error that prevents interoperability. So, supposedly at that point they're written in stone.

So, there is a strong incentive to make sure this decision is made correctly. So, our workgroup and others have created objective criteria and subject to criteria to assist us in evaluating this and this is published publically allowing anybody that disagrees with the assessment to weigh in, you know, a few months before the final decision is made.

Just to hit a couple of these criteria then I'll pause or open it for others. One criteria is, has the standard been tested at the, in this case it's an IHE connect-a-thon in at least two different countries.

Has the connect-a-thon resulted in the connect-a-thon management or technical management team feeling that it actually is problematic or is it actually mature?

Is it something where everybody came to the connect-a-thon manager saying "I don't understand how this is supposed to work it's ambiguous" or did was it smooth?

Are the products actually declaring conformance to the standard? You know are there products available for purchase?

Are there outstanding known problems with the standard? And so on.

So, I won't go through all of these criteria, but the point I wanted to make though, final point, is that this list here on the screen, on slide nine, is actually a summary from an evaluation in Matrix which is publically posted and available to anybody for them to pull down, look at, review, comment on as well and perhaps the ISA could point to something like that assessment. So, back to you Rich and Kim.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Sure, thanks for that. Feedback and thoughts on Eric's recommendations from the prior chart? Maybe we could go back one chart, please?

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

Well, the only challenge might be...I mean, I like this first one for sure, but, you know, like the gender recommendation, which I'm not going to defend, that just is there and it's not a standards body standard, and we have others like that and the NPI, so how do we deal with those that are not going through that kind of a process?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, Clem, this is Eric, I think that's a great point and that actually, I believe, David McCallie earlier had a suggestion towards that I really liked, which was that's where you identify a gap, you know, we need a home for that vocabulary for example.

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

Well, they're not going to have a different home. It's a 2 billion dollar effort to make the NPI, they're not going to get a different home. I mean, it is what it is I think that's the National Provider Identifier. So, you know, I think we just have to recognize there are some categories of maybe instant identifiers or coding standards or something that are not going to have the same...they're not in the same family.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well, I think you bring up a really good point, this is Eric, which is abandonment and the idea of what I think is correctly called a dead standard. Look at the work HISP did you know...backed SDO met these criteria and then it was essentially...funding was withdrawn resulting in widely used standards having no home for curation for defects or Q&A...

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

Well, I need to clarify...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And so on and so.

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

The NPI is not dead, I mean, I'm not sure if I'm...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I wasn't saying that it was, but I wasn't done with my comment either.

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And so the point I was trying to make Clem was that if it does not meet this criteria, which NPI at this point does not, then...and if we adopt it anyway we're assuming a risk such as perhaps congress decides to defund the effort, is that a risk we're willing to assume or not? And I'm not making a value judgement but I'm just saying, if it does not meet these criteria on slide eight there is a tangible risk that we've...history has shown us actually we can encounter and hit that risk.

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

Yeah, but, well, I think we should make a...recognize other categories that wouldn't be covered by this list being realistic.

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

The...this is David, the OMB standard is A-119 and it covers a lot of these use cases so I think we could...it's too long to go read on this call, but, you know, that is the...that's what governs the regulatory agencies and how they think about this. So, I think it's probably a pretty good starting point.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And Clem, I wanted to...

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

But the gist of them...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I'm sorry, David, I thought you were done.

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

No, I think the gist of it is captured in Eric's slide. So, which is...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay, and Clem I wanted to acknowledge your comment too, this is Eric, that I don't think it's either/or perhaps it's actually very valuable for us to list things that do not fall in this category in the ISA and just list them as such, you know, these are items that are pragmatic throughout their...they don't meet the other criteria but they're in use and we advise that, you know, there may be risk associated with that.

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

But they're mostly going to be vocabulary identifier kind of standards not message, structure standards. So, I think it's...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Not that we're arguing that point, nope.

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, I'm agreeing with you that I think there should be a list of those and flagged as such.

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

Yeah. The only...this is David, I'm going to shift the conversation slightly just back to the notion of having a standards body declare that a standard is internally mature, I think that's important to know that but that doesn't guarantee that the standard is actually useful or usable, or in use.

So, we still need sort of an independent assessment that says, you know, despite the fact that the standard has been balloted and is highly mature and hasn't changed in years there's very little uptake in the real world because you can be misled to think "oh, this is an extremely mature standard therefore it must be good." But being mature does not mean being good it just means somebody balloted it.

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

Well, to support that...

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

Some group of people balloted it, right?

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

To support that Dave if a standard hasn't changed in years it may not...

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

It...

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

That's another sign about use.

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

Yeah, yeah, I mean, I'm thinking of some of the HL7, you know, v3 based stuff that got done a few years ago and is, you know, now quite stable but nobody is using it, some of the...

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

Here, here.

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

Decision support standards for example.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So...

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

No one has ever used it.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, David, this is Eric, I kind of wonder if this kind of goes back to the earlier discussion, which I'm hoping we don't reopen fully, which is perhaps that's part of our role in this process is to provide that layer of, you know, recommendation where it goes beyond the standards assessment body themselves.

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

Yeah, that's...I think so, I think that's the descriptive, you know, category that we can weigh in on, you know, is it in use and if so, where and to what extent?

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

Dave?

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

You know categories like pilot use only or trial use underway, or...

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

Poor adoption.

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

Widely adopted, yeah.

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

How about poor adoption?

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

Or maybe...

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

No adoption.

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

Well, David, I love your answer, you should label them Dave.

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

This is Michael Buck...

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

I have no problem with labeling them. I just...that's...descriptive labels are fine.

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

This is Michael Buck, I mean, I would tend to more even believe if we had more of the Wiki-like things that if I want to see links to people's sites where they are using them to me that's even more interesting and more valuable to prove adoption is tell me the person I can reach out to that is really using it.

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

Yeah.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric and that's...

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

I agree and that's something...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

One of the things I...

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

Actually Steve Posnack mentioned at the ONC annual meeting at the session on this particular topic a couple of weeks ago was that kind of the vision for this is to connect it up to the...what is the interoperability proving ground website...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Right.

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

So that we can link it over.

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

Good idea.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, I think that we have a fairly good understanding of the feedback from the Task Force on this and, you know, the devil being in the details. I'll take a crack at recapping what came out of this conversation where there is also a time for public comment at the end of this call so there may be additional feedback then.

I did want to leave just a few moments to cover two other topics, one was some of the standards that are related to patient matching, Eric had also taken that as a follow-up to do, and then I want to talk a little bit about next steps. So, Eric, maybe we can go to chart number seven please, and Eric if you just want to kind of give the group kind of a headline on this.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Sure, I'll be very brief and again I will not read the list verbatim, but on the last call we mentioned that, and I think there were some questions about what standards actually exist, if any, related to patient matching and I wanted to point out that there are indeed quite a few.

This is not intended to be an exhaustive analysis, I know certain things are not on here for example, but this is actually just a list of some of the standards I'm aware of and actually several which I've actually seen used and networks I'm involved with both in Texas and nationally specifically the IHE XCPD Cross-Community Patient Discovery which is a standard basically saying that, you know, if these are the demographic traits you should know about the patient and/or an identifier tell me "do you know who this person is or not."

And then PDQ is very similar, PIX basically uses identifiers more than demographics and there are some variations here. There's also one to mention for completeness sake, that the FHIR has also retrieval and search based on patient demographic information as well too and then even HL7 v2 people typically think of that as a content standard but actually it also is a transport standard and it includes query messages and I list one specific one, which is for immunization workflow queries.

And then finally, just to have a cross-reference there to paper that I and actually others including the CCC, Kaiser, Intermountain, Mayo and others contribute to a paper that is designed to be kind of...hopefully a broadly useful really independent, it's not intended to be specific to Sequoia or any other initiative paper talking about some minimal acceptable criteria for patient matching and quality and so on.

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

Could you...could we get that sent by e-mail do you think? It would...Eric, I would love to see it.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Oh, yeah, I'd be glad to, sure.

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

But the other...

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

It's on there Clem right there on the screen.

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

Yeah, but...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay, yeah, I'll forward to Kim and Rich for them to forward on if that's appropriate?

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

I guess I'm just lazy.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay, well, that's it, so back to you Rich and Kim.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Great, well, Eric thanks for the follow-up on those elements. I liked to make sure before we get to public comment, just talk a little bit about next steps on chart 11 please and our plan is on the 20th, this coming Monday, to review subgroup recommendations that we'll talk about in a just minute and also to try and get some feedback on the initial recommendations for the Joint Committee presentation.

So, you know, we have a running list of recommendations later in the deck that's been sent out to you, you should take a look through that and let us know if you have any feedback on those as they've been modified based on feedback from the Task Force, we'll be adding to that based on the conversation today.

In addition to that we'd like, to the extent possible, to be able to include some initial feedback from the subgroups in the Monday conversation that we have tee'd up, one around APIs and, you know, the implications for standards both new and old, and structure being led by Dan, and then research, probably I don't think we're ready for because we haven't really even gotten anything going there, but we are also looking for someone to lead, you know, a discussion on research which was one of the identified possible addition topics for 2016.

And so, first of all, just on the subgroups, David and Dan, do you think you'd be ready on Monday to do some initial report outs and findings?

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

This is David, we have our first meeting probably and maybe our only meeting, if we're lucky, on Thursday, so barring something stopping that from happening we should have at least something.

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

Yeah, I think, this is Dan, on the other side I think we were not going to be able to meet until probably Tuesday or Wednesday of next week so I don't know that it would be possible to summarize anything.

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

And on that, could we...the research topic is that the section under...that's now in the ISA? Is that what we're talking about? Because that was focused mostly on federal, you know, regulated research. There is a much bigger space there.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I'll defer to ONC on what was originally contemplated when it was put in as a possible addition.

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

If it's the broader subject I might be tempted to say I'd lead it, but I may be crazy to do it if it's...

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

This is Brett and I think when we put it in or when we put it in the Task Force charge our hope was to get some better clarity from Task Force members on whether we had put in that projected addition section makes sense. I know there's a whole there so there may be too much.

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

Well, I think it should be discussed so I'll volunteer if there's no one else that wants to lead it.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And Brett, I'm not sure I understand what you were just saying. Were you saying that the topic is standards for research or were you saying that it was research of possible additions?

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

No it's standards for research.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Standards for research.

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

It's those sections in the ISA.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yes. Okay, well...

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

And we have a fairly good person here, Vojtech Huser, who could help maybe with it.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, well appreciate your taking that on Clem. And so, good, David, so we'll look forward on Monday to getting some thoughts back from you and Dan if you have any specific recommendations, I know you've already done some work in this area that's been shared with the Task Force, if there's anything that you'd like to see, you know, make it to the Joint Committee that isn't already part of the running recommendations we have in the back.

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Feel free to let us know about those in advance and we'll try and make some time on the agenda for those because I know you've already done some work in this area.

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

Yes.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

All right and then the last point here is the sections for review and kind of the goal here is to, you know, start a process of going through the detail and we're going to leverage some of the work that's already been done by Clem and some of his edits and try to find an easy way for folks to be able to weigh in kind of on top of those comments so we can try and keep the group together in their comments. And Brett, I don't know if you want to try and review how that's going to work? Brett are you...

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

Technology

Sorry about that, I just had to come off mute. Yeah, so I will be sending around shortly to all the Task Force members a link to a Google document kind of shared document that folks can use to review comments, to review potentially review the ISA as well as review other Task Force member comments and comments kind of in line together.

There is a timeline by which we'd like to have those reviews done not saying that folks need to review it in individual sections you can do it all at once or kind of take your time but we'd like to have review check points done by different timelines just so we can have good conversations about those sections when we come back together as a group. So, I'll be sending around more information as well as a link to the share document about the process.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical

Communications – National Library of Medicine

So, I sent my comments to the...you central guys and I think to Dave, but maybe no one else, where they forwarded to the rest or does anyone else want to see them?

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

Technology

Yes, Clem, I put your comments into the document kind of as an initial start.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical

Communications – National Library of Medicine

Oh, okay.

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

Technology

So, when that comes around you will see all your comments reflected there.

Clement J. McDonald, MD, FACMI – Director, Lister Hill National Center for Biomedical

Communications – National Library of Medicine

Okay, all right, thank you.

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

You're welcome.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, what we wanted to try and do was to hopefully, you know, hopefully it won't get too confusing, but we're hopeful that, you know, as folks weigh in with additional facts and descriptive information, and corrections we can build on some of the good work that Clem did in his review of all three of the sections and give us an advanced starting point for collecting additional comments.

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

And for once I'll be ahead of time.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

All right, great, well, look I think that's what we were trying to accomplish for today. Thank you very much for all your feedback. Let me turn it back over to Michelle.

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

Lonnie, can you please open the lines?

Public Comment

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

Of course, 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

It looks like we have no public comment. So, thank you, everyone, have a good rest of your day.

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

Thanks.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thank you.

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

Thank you.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Thanks, bye, everybody.

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

Bye, thanks.

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