

**HIT Standards Committee  
Consumer Technology Workgroup  
Transcript  
September 24, 2013**

**Presentation**

**Michelle Consolazio – 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 Consumer Technology Workgroup. This is a public call, and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking, as this meeting is being transcribed and recorded. I'll now take roll. Leslie Kelly Hall?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Here.

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

AJ Chen?

**AJ Chen – HHS NPA Region IX Health Equity Council**

Here.

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

Anshuman Sharma? Arthur Henderson? Brian Ahier? Brian Carter?

**Brian Carter – Cerner**

Present.

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

Christine Bechtel? David Harlow? Liz Johnson? Fred Trotter? Holly Miller? John Ritter? John Derr?

**John F. Derr – Golden Living, LLC**

Here.

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

Kim Nazi? Marsha Nazzar? Mo Kaushal?

**Mohit Kaushal – West Health**

Yes.

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

Russ Leftwich? Susan Hull?

**Susan Hull – Wellspring Consulting**

Here.

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

Susan Woods? Tom Jones?

**Tom Jones – Tolven Health**

Here.

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

Tonya Dorsey? Wes Rishel? Yair Rajwan? And are there any ONC staff members on the line?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Ellen Makar is here.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Mary Jo Deering.

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

Okay. I'll turn it over to you, Leslie.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Great. Thank you. Today, we are hoping to do the last bit of our work on our recommendations, which is to make sure we're ready for primetime. We've all been working through several different meetings, hearing a lot of great testimony, and as you know, we've had a – well, actually, I'm going to let the slides go forward. Sorry. Next slide, please.

So a little bit of welcome. Thank you for those of you who are making it. I know this is extra work and burden, but I appreciate the help. Today, we want to assess the NwHIN grid, or the standards against that grid, and we'll make an assignment if we need to. If we can get it all done in this meeting, we won't. And to discuss our next steps. Next slide, please.

We all know the members. Next.

So just a reminder of our charge, it's to provide recommendations on standards in interoperability, issues and opportunities to strengthen the ability of consumers and patients and caregivers to manage their health and care for themselves and others. And we have been working with examples around the patient portability of data, patient generation of data, and incorporating patient preferences and other issues into care plans. We've been really working on things that touch the Consumer Empowerment Team and the Meaningful Use Work Team. Next slide.

So we were to look at standards, and we have to look at what's missing, what's available now, and to really look at the gaps and opportunities. So today, or last meeting, we went through key themes. We went through the readiness of standards, and really the continuum of patient-generated data. Next slide, please.

We'll discuss this today in depth, but when we were asked with looking at standards, we were given the NwHIN criteria to look at maturity and adoptability of standards. And this is an interesting area for us, because we have been working with a bias towards using existing standards that might be quite mature or have already have a review of the maturity and adoptability index, because it's being used in other areas of care. But now we're coming along and looking at what is the patient entry and the caregiver entry into this ecosystem, and how can that work with the existing standards and the maturity of those standards? Next slide.

So what – to recap our current thinking, we felt that across this continuum of patient-generated data, which we have messaging, structured questionnaire, and unstructured or hybrid of a narrative, unstructured document, device information is done on behalf of the patient, patient-generated data, plans of care, and collaborative care planning. And we felt that right now, the patients, the care team members, were probably ready for primetime, and that's a very good foundation, because as we move from left to right, we need to understand who all the participants are. Next slide.

We also looked at existing standards or existing functionality that we talked about, and both in the messaging, for secure and non-tethered, and structured questionnaires, things like history and medication, pre-visits, smoking status, and so forth, all of these things have been mentioned at one time as high value areas of patient-generated health data. In the structured and unstructured narrative, we really looked at a hybrid approach, where you could have something that was quite a structured envelope, per se, but with inside of it information that was unstructured or a narrative, and it has a good opportunity for use in high value areas.

And then a key area as patients have more devices available to them through things like mobile technology, to be able to provide information back to the record. And so we felt that provider directed biometric telemetry devices and telemetry devices would be ready for primetime, versus consumer directed, where there may not be any standards available as yet.

And we talked about that balance of the consumer standards are probably more designed for things that have information coming to the patient, like the BlueButton standards, but things coming back up into the provider needed to adhere to a more provider-centric environment. And so we made that distinction through these two device types. Next slide, please.

So in taking a look at the standards, we felt that messaging, DIRECT was already named in meaningful use, and work is being done today to apply that to the patient, and that also, understanding who the care team is were also available to us. Again, under the structured questionnaire and narrative, both of those environments exist today in the HL7 Consolidated CDA for patient-generated health data, as well as carrying forward the care team roster.

In the device, we heard that the Continua standard offered a lot of compliance with the varying standards, including HL7, and also using DIRECT as a transport. We heard from the Continua group that they are involved in other standards that are more consumer-friendly, like Bluetooth and USB and OATH and others. So we felt there was an opportunity in the future to also see more consumer standards, but today, to really focus on how that interacts with the provider. And then going forward, for care plans and collaborative care, again, that care team roster within the HL7 structure could inform us.

And then also not highlighted here, but should be, the yellow around SNOMED and LOINC and RX-Norm. Those have all been named in existing standard and are – can be applicable as well in the patient-generated health data, especially as a response or in a structured questionnaire, where the provider might offer questions to be answered that are highly structured, and that response come back associated with a named vocabulary. Next slide, please.

So we – I'll make an attempt and ask staff to also help, but we looked at the NwHIN standard, and they have indicated the different levels of – just of scale that we should use when taking a look at these standards. And they are – include the specifications – excuse me, low, moderate, high, unknown, and not applicable. And it's really fine to use unknown and not applicable. We really want to get folks to provide their input based upon their level of expertise, and also their level of comfort. Next slide, please.

Actually, let's go back. So we have the – we have a grid that Ellen Makar is going to take us through, and we're going to take a look at the spec – or, excuse me, the standards that we have in a recommendation that are currently not named anywhere else in meaningful use. The other standards, like the HL7 Consolidated CDA and DIRECT, have already been named in meaningful use. They're an existing standard, been through the NwHIN grid. There are areas of opportunity for us to review, include the Continua standard, the HL7 header modification for patient-generated health data, and the care team roster under HL7. Do I have that right, Ellen and Mary Jo?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Yeah. I pulled up the grid now. Can you guys see it?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

No. Let's go ahead and shift that over to you.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Just let me know when you – when you guys –

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

Ellen, remember, you'll need to share it from the Share Pod.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Yeah. I thought I did that. So let me try again.

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

Share, document, my screen.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Ah, okay. Document, share. Let me know when it comes up.

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

Yep. We can see it now.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Super. So everyone on the call should have received these documents with the materials from August 23rd, so they should be somewhat familiar to you, but we're going to be going through them today as a group and attempting to complete them for at least two of the standards, the HL7 care team roster, as well as Continua.

So this right here is the individual evaluation worksheet. I'm going to flip over to the group consensus. So if you guys have those available to you, I think it would be helpful if you kind of pull it up. You can follow along. There's also an appendix that came with the attachment. I'll just give people a few minutes to kind of grab onto that. And Mary Jo, I don't know if you wanted to say more. The plan is for us to go through this, and I will fill it in live and hopefully expedite the process. Leslie?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

I'm sorry. I was on mute. Say that again.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Yeah. I just wanted to make sure people were there, because I wasn't hearing anything.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yes.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

I thought maybe Mary Jo or you had something else you wanted to say.

**Susan Hull – Wellspring Consulting**

Good morning. This is Susan Hull. For some reason I'm not seeing anything on the meeting.

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

Are you just seeing the circle turning?

**Susan Hull – Wellspring Consulting**

Yeah.

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

There's probably going to be a lab in your connection. Hopefully it'll pop up in another couple of minutes. Otherwise, you may want to try closing out and coming back in or using a different browser.

**Susan Hull – Wellspring Consulting**

Thank you. Now I've got it. I'm just –

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

Okay.

**Susan Hull – Wellspring Consulting**

– I guess slow rural broadband.

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

Okay. Great.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Okay. Do we have Mary Jo? Does everybody have the –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Mary Jo has been muted. She just let me know. So she needs to be unmuted.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Caitlin, are you able –

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

We have Mary Jo on the VIP line, so I'm wondering if there's accidentally a hard mute there.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Can you hear me?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Yeah. We got you now.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

There you go. I don't know what happened. I hadn't touched any of my buttons. So anyway, thank you. Well, I think all I was going to add was the value of looking at appendix A with the actual metrics, because that helps people, you know, understand how – you know, what the criteria are, you know, for assigning these different levels of either maturity or adoptability. We obviously hope that you've had a chance to look at them in the past and don't intend to read through them line by line here, but that's what you would have in mind as we talk about the things like, you know, breadth of support, stability, adoption specification, and things like that.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So I – in talking about HL7 care team roster, I didn't know if maybe, just to refresh everyone's memory, if we should kind of like review what that is. I don't know if Dr. Leftwich is on the line.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

No, I didn't hear him under roll call. And so the – maybe I can – this is Les – can attempt. But Russ talked to us about the longitudinal care team work. One of the things that they have done is reconcile the care team roster along with the Consolidated CDA. Remember, he talked about the work in the DAM, which of course I can't remember what that initials stand for, that allows for the reconciliation and the harmonization between the care team members. And so he reported to us that this work has been done, and as far as harmonization and standards identification, and is part of the HL7 ballot going forward.

Now to refresh everyone's member, when a standard is adopted in our – in our work, it allows for not only the adoption of that moment, but as that standard evolves, then that standard is able to evolve within our use. So as the – as this gets voted upon, we'll see that adopted.

And so I don't – I don't know that – we didn't have Russ at the time do a metric for NwHIN, but if we – if the group feels comfortable going forward without him here or having that done, we can, or we can table that for another day, too.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Well, I think it'd be a useful exercise to kind of, you know, go through it.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

If we look at breadth of support, and, you know, if folks then look at the appendix and see low, moderate, or high, where do we feel that that would fall? And I can just fill that in as people want to voice that, the breadth of support, stability, and adoption.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

This is Mary Jo. I do have his notes open from the summary, and that will go into ballot in January '14. So it has not yet entered the ballot cycle.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So I'm wondering if anyone on the line wants to venture a first attempt?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

I will. I think that there is – this is – this is going to be tough for all of them for us, because something that's a standard that's moving forward with a high degree of support as a standard, right, and it's – it might be a moderate level of stability, because we're still in test. And adoptability, it might be very low on the patient side, but very high on the provider side. So I'm not quite sure, and welcome people's opinion on reviewing this.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So what you would say is for support, that when you look at the grid, it would fall into the moderate category for support. Stability, it's not that it's low for unstable. Would it be moderate again? It's not that there's a lot of experience with it, but one of the factors under the metrics for moderate is no known history of major problems or crises.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Well, it's currently being used. The Consolidated CDA roles and responsibilities are currently used today. We're simply adding more care team members. So that's a tough one. You know, it's – again, it's an evolving standard.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Mm-hmm.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

So is it moderate? That would be my guess. But I'd welcome others' –

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

And then for adoption, it says no references, informal blogs to formal papers, identified as a standard specification in use. And then existing specification with indications of decline. So it doesn't seem like based on this grid that it would really fit for low. It does seem as though it probably fit into the moderate category.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

I would agree with that.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So I'm wondering if this is something that somebody else would like to take a look at and jump into.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Those of you who've been involved in the longitudinal care team, does that feel comfortable to you? I'm going to take that as a yes.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

But Leslie, I think you articulated something that's very important, which is that if all that is being added are additional team members, then it would be good for someone, and obviously, we're not going to be able to do it on the call, it appears, today, but to point out how the current care team roster standard would measure up, and then to show how the – and then to pose the question as to whether the simple addition of – how do you then interpret the delta?

[Crosstalk]

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So I guess this might be a good frame to do this. I mean, Leslie, if we kind of go through here and we just kind of talk it out and then ask the group, is there anyone that's opposed?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Mm-hmm. Yeah. I do think it's – there is nothing in the metric that really talks about a standard evolutionary readiness, and I think that's what Mary Jo just said, right?

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Right.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

It's – we're looking – because we started this with a bias of existing standards to be repurposed and used, that the – we are really looking at that delta, and how do we measure that delta? There's nothing in the NwHIN specifications that indicates that. It's more looking at an overall standard.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

So one outcome could be, as I say, if we could – if we could measure the underlying metric – standard, and again, I confess I'm not active in the standards world, but if the care team standard is out and being widely used, and it incorporated into technologies –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

– then one would, you know, do this assessment of that standard and see, you know, how does – again, it doesn't have the additional care team members. But if – but again, if it is being implemented, if the old standard without the additional participants is in use, then it would be a useful contribution, I think, to say so the old standard would measure here on maturity and here on adoptability, and the – but no one has yet used it with the additional patient care team members added to it. So that would be maybe even a useful point of discussion for, you know, the Standards Committee.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

I think it would be interesting to hear what people think. I think we're dealing with not only is this a new – it's a new concept, and it's not necessarily a new concept in care, but having it documented or called out in this way is a newer concept, and having it electronically available is newer still.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right. So the care team is a core part of the HL7 structure and the Consolidated CDA. The roles and the responsibilities members are there. It's just now adding this new – this new group. So, you know, I – I don't know if we're going to get anywhere today, I'm sorry, because –

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Okay.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

– I think – I think this is a tough one to know, because I would rank this as a very high breadth of support overall, as the standard's already in meaningful use. We already have experience with this. We use a care team today. What we're now adding is something new.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Right.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

So it's got low adoption today. It's got a high degree of stability, because we're using an existing construct. And the standard itself has a high degree of support.

[Crosstalk]

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Well, let's continue. I think we're doing pretty well.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So as far as the \_\_\_\_\_ go –

[Crosstalk]

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

I think Leslie just articulated really a very succinct, you know, way of viewing this.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So this is high because it's really like already part of the C-CDA?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Mm-hmm. Right. So it's low – it's low in adoption. It's probably high in platform support. Maturity of the technology is moderate, because we're still in meaningful use stage one and two. \_\_\_\_\_ the healthcare user base is probably moderate.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Where – over here?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Am I going in the wrong order?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

I just want to make sure that I'm catching up with what you're saying so far. So the support, we look at the breadth of support.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

It's probably – as a standard, it's got a good deal of support. As adding the people on, it's low. So is that moderate?

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

So again, Leslie, I think that you're – I think that it's fair for us to assess the existing standard first, and then raise the question afterwards about the – about to what extent the addition of new participants, you know, will change. Again, so it is a bifurcated assessment.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Mm-hmm. Okay.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

And it could well be that if we get a complete – that the technology is stable, but it's the – but the adopt – but the widespread adoption of the full standard with the new participants is obviously – you know, hasn't been achieved yet. In other words, I think what I'm trying to say, and excuse my cold and cough and allergy grogginess here. I'm on a bunch of different medications. But I think it's quite – it's quite good to – you can bifurcate the assessment of this standard, and then, you know, proceed as you just started to say.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Mm-hmm. Okay. So we really have a slash between the two.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Right.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

And we have a high stability and a – for the overall, and maybe it's still a low to moderate on the – on the addition of the people. The adoption of the technology would be high, and I think it would be in both cases, because we're not adding new technology. The platform support is probably, again, probably high/low. And the maturity within its life cycle is probably moderate to – in both – to low.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

And you're saying low because of the experience –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right. And we will learn as we go along whether – do we have all the care teams right? Do we need to add more? Do we need to add less? Are they commonly understood?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Okay.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Does the rest – so the rest of the group's pretty quiet. What do you guys think about this approach? Is it a reasonable approach?

**Susan Hull – Wellspring Consulting**

This is Susie. I concur with the discussion.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay. Thanks, Susie. So in the installed healthcare user base, again, we're in meaningful use one and two, and a core standard that's been in place now for both, so we would say that's pretty high. Correct? But a lot for the use – the specific use for the team. Outside of healthcare it doesn't exist, so there's none.

**Susan Hull – Wellspring Consulting**

Yeah. There's really a high implication for the patient generating this data back to the EMR, because this will change over time.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah.

**Susan Hull – Wellspring Consulting**

It's just a very meaningful first place to be at, at sort of the basic, core level.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah. So interoperable is just, again, we're in meaningful use one and two. It's – Consolidated CDA is the named structure, so it's high and low. Future projections and anticipated support, high and moderate? What do you guys think? Okay. Let's leave it at that. Next, then.

**John F. Derr – Golden Living, LLC**

Hey, Leslie, this is John.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah.

**John F. Derr – Golden Living, LLC**

Do I ever want to say – John Derr – do I ever want to say anything about this just being hospitals and professionals and not really including nursing homes and home care and all that? Because that – do you want me to say anything about that?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

You know, that's a good point. I think, though, from a standards point of view, John, we haven't really excluded that. It's just simply they're not a meaningful user today or covered under the policy. But – so the longitudinal care team that's been working on a lot of these issues has done so with an \_\_\_\_\_ is important to them, right?

**John F. Derr – Golden Living, LLC**

Right.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Regardless of whether they're considered meaningful users. So how would you like to categorize that?

**John F. Derr – Golden Living, LLC**

I think what she's saying, I guess just put down longitudinal care team.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

**John F. Derr – Golden Living, LLC**

And that covers about, you know, a lot of the stuff, but at least it draws attention to the fact that we are part of the whole thing.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

**John F. Derr – Golden Living, LLC**

Thanks.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

So you're just really kind of trying to highlight, outside of hospitals – outside of meaningful users?

[Crosstalk]

**John F. Derr – Golden Living, LLC**

Yeah, I mean, because – well, as I've stated before, you know, when you're in a nursing home, a lot of this patient engagement thing has to have happen –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Correct.

**John F. Derr – Golden Living, LLC**

– to the family members and to the people who are actually in residency. And the – even with assisted living, it's getting more and more – I'm at a meeting right now where one vendor said most of the sales are going to assisted living.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Wow.

**John F. Derr – Golden Living, LLC**

And so just – anyway, part of what –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

So really, you would argue, then, that the installed healthcare base is pretty high right now, and also for that future discussion, is probably very high, because we're looking at both meaningful users and outside of meaningful users?

**John F. Derr – Golden Living, LLC**

I think so.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay. Good point. Currently, I think we have investments in user training, again, high and low, high for the existing standard, and low for the current use case.

[Pause]

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay. So we have now the ease of implementation. Again, it's part of meaningful use, so the infrastructure is there. The idea of the care team being integrated inside the – is going to require some training, so I think we've got a need to do training.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So the issue is that there's not a lot of –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

– a lot of deployed implementations?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So – but the future thinking is that this is, you know, de facto the way to go?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Mm-hmm.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

So it's like moderate to low. What do you – go ahead.

[Crosstalk]

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

I don't know that there's been any detractors to this. I haven't heard anyone saying, no, we don't want a care team roster.

**F**

Which item are we on, please?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Success – standard of success factor. We're on adoptability criteria, which is section two, ease of implementation deployment.

**F**

Thank you.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

And again, I'd think it's high/low, high/low. The – in fact, I just was on the Meaningful Use Subcommittee meeting today, and one of the providers talked about if we have to document everyone in the care team, that might put a burden on us. However, if the patient were generating the members of their care team and sending it to us, I'd have no problem with that. So I thought that was a very interesting perspective, that the provider believes that the patient-generated health data will actually reduce the burden of gathering information. So that was great news to me.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So therefore, that would –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

– definitely speak to the standard as a success factor – a success factor of the overall success of engaging patients in their care.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

I would think so. So conformance criteria and testing, again, we don't – we don't have that yet for these – our additions. We have it for the other, but we don't have it yet.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So it's not available?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right. So we don't yet have the reference implementations for the additional team members, but we do for the existing standard. So it's – that's the same all the way down, is that we have this – the adoptability is the Consolidated CDA today, but what is it going to be in – but we don't have anything yet to support this.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So do we anticipate that's going to follow our experience with the Consolidated CDA? I mean –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yes, and also the meaningful use stages.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Right. So as we move towards certification and technical requirements, which we're looking at a – what, a year and a half, two years out? We'll have plenty of time to make this all work. So I don't know if there's any more technical members on the team than I as far as specification modularity and exactly what that means.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah. I think it's the same kind of – specification modularity means that do you have the chance to build it? Can it evolve? So it does, but yet we don't yet have any –

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Experience?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

– available experience. And I think that's the same all the way down, right? We have – we don't have today – some are still in development.

[Crosstalk]

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Okay. So it does sound like it would fit the moderate criteria.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah, because it's in development, up for ballot. We don't have that done yet.

[Pause]

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Is this a high, do you think? Because it's HL7 and it's part of the C-CDA?

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

One would hope. Yep. I would think so. But again, our area is not yet developed.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

And I think that, again, it's the same way. It's sort of high and low. Or not available yet. The bifurcated approach. All the way – all the way down.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

And I'm not sure that we're being mindful of people's time, and I'm wondering if we should make this – kind of continue down this theme and ask people to respond in email, or what's the best approach.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Well, I think this is one of those things where unless you kind of talk it out, if you have this email in front of you with these terms, sometimes you're not reading the terms the same way or defining things the same way.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

So I think it helps to have a consensus of thought.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

If we really want to get something that we can present as a – you know, as a backbone to the standards. I would hope that if there's people on the line that want to jump in, we could use your input.

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

Ellen, this is Michelle. Based upon other FACA meetings, I think it might be more appropriate to take it offline and take a first stab at it and then bring it to the group for a reaction. I think you'll have greater discussion that way. It's easier for people when there's something to react to.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

We can do that.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

We could do that. We do – we do have the continuous standard that was self-evaluated. We can send that out to the group, or discuss that in the next meeting. What are your thoughts there?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Well, we're getting to the point where we're going to be pressed, so –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yeah.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

You know, this did go out once already in August, so, I mean, if we can have, you know, consensus of the group or commitment from the group to look it over and reply, then, I mean, certainly you and I can take a first stab at it and see if they agree, but the ideas are not going to necessarily, Leslie, have the benefit of your thought process.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

But we can certainly try that approach.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

What's our roster like for the next meeting? When is our next meeting? Do we know?

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

I'm looking, Leslie.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Thanks, Michelle.

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

It's currently scheduled for October 23rd.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay. So what I'd like to do is – Russ is the expert in this area, and also on our team, and maybe he could help create the straw man for discussion, and then –

[Crosstalk]

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

– on the continuous standard, we'll send out what's been created by Chuck for us to react to and respond to, and then discuss it at our next meeting. Would that be helpful?

**Susan Hull – Wellspring Consulting**

That's a great idea. This is Susie Hull.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay. Michelle and Ellen and – what do you guys think?

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

I think that you need another meeting before the Standards Committee meeting –

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Right.

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

– unless you want to move – the Standards Committee is October 16th.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Okay.

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

So you might want to have a meeting before that to prepare your recommendations, have a final conversation about this.

[Crosstalk]

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Michelle, there was the joint hearing on the 22nd, and my understanding was that the October meeting – the – this workgroup might simply be doing sort of a report out as opposed to presenting recommendations in October, and would be bringing its recommendations in November. And I thought that was what we sort of finally lit on, is that there is –

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

I – either way. If it's draft recommendations or report out, however you want to do it. Do you want to have – I guess my question is do you want to have this feedback included in what you present in October? If you do, you'll need another meeting. If you don't, then you can – you'll be fine for November.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

I really would defer to Mary Jo on that one.

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

Okay. So it sounds like, Mary Jo, you're okay with us doing a report out in October. They'll meet on the 23rd and discuss – finalize what was discussed today, and then can bring forth recommendations in November.

**Mary Jo Deering – Office of the National Coordinator for Health Information Technology**

Well, you didn't actually hear me say that, because I'd really like to put on the table that perhaps at least our trying to come up with, you know, staff working with Leslie, who's really the expert here, you know, and Russ, and maybe get a small group together, at a minimum, who would prepare this, you know, straw man list of assessments, and send that out by email in advance of the 16th, so that at least Leslie would have the benefit as she goes before the Standards Committee, again, not of having final recommendations, but of knowing that the work was – she might even have the assessments in by then, and, you know, would be in a better position to sort of report, you know, the status of where things were at. And then, you know, continue on after the – remember, we have the joint meeting on the 22nd with the Consumer Empowerment Workgroup.

So I would just simply suggest if we could maybe get a small group together perhaps to talk through this grid and come up with an initial, you know, straw man set of assessments in the next two weeks, that might be helpful.

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

Okay.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

And I would recommend Russ Leftwich on that call, and see if we can also – others that would be interested, \_\_\_\_ seek out Wes, and then if we need to have our subject matter experts, that would be Lisa Nelson, Chuck Parker, and then Russ is also on the team.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Okay.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Does that sound great?

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Yeah. I would say you could flip back to the PowerPoint slides, we could wrap it up and then close with public comment.

**Public Comment**

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

Okay. Operator, can you please open the lines?

**Operator**

If you are on the phone and would like to make a public comment, please press star one at this time. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press star one to be placed in the comment queue. We have no public comments at this time.

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

Thank you, and thank you, Leslie.

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

Okay. Yeah. So I think –

[Crosstalk]

**Ellen Makar – Office of the National Coordinator for Health Information Technology**

– Leslie, that, you know, the next steps is for us to gather the information from the folks that they submit via email.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Yep. That would be great. So please look for that email, guys, and we'll need a quick turnaround time. All right. Thank you very much.

**John F. Derr – Golden Living, LLC**

Thank you.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Bye bye.

**John F. Derr – Golden Living, LLC**

Bye.

**Leslie Kelly Hall – Senior Vice President, Policy – Healthwise**

Bye, everyone.