



**HIT Standards Committee
Content Standards Workgroup
Final Transcript
April 3, 2015**

Presentation

Operator

All lines are now bridged.

Michelle Consolazio, MPH – FACA Lead/Policy Analyst – Office of the National Coordinator for Health Information Technology

Thank you everyone and we apologize for the technical difficulties that we are having. We are going to go ahead and get started and hopefully all of the members will be brought back in. So this is a meeting of the Health IT Standards Committee's Content Standards Workgroup. This is a public call and there will be time for public comment at the end of the call; hopefully it will work. Please remember to state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Andy Wiesenthal?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I'm here.

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

Hi, Andy. Rich Elmore?

Richard Elmore – President, Strategic Initiatives – Allscripts

Good morning, Michelle.

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

Hi, Rich. Calvin Beebe? Chuck Jaffe?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Here.

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

Clem McDonald? David Dinhofer? Dianne Reeves?

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Here.

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

Hi, Dianne.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Hi.

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

Floyd Eisenberg?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Present.

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

Hi, Floyd. Grahame Grieve? Jamie Ferguson? John Klimek? Joyce Sensmeier.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

I'm here.

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

Hi, Joyce. Kelly Aldrich? Kevin Kirr? Kim Nolen?

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

Hey Michelle, I'm here.

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

Hi, Kim. Kin Wah Fung?

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

Hi, I'm here.

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

Hello. Marjorie Rallins?

Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association

I'm here.

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

Hi, Marjorie.

Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association

Hi.

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

Becky Kush? Susie Hull?

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Good morning.

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

Good morning. And from ONC do we have Matt Rahn?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Here.

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

Hi, Matt. And Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Here.

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

Anyone else from ONC on the line? Okay, thank you for your patience everyone and again I apologize. I will now turn it to Andy and Rich.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

This is Chuck Jaffee, I didn't know if you realized I was online. Thanks.

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

Thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Is there anybody else who hasn't been...whose name hasn't been called who is online that's on the committee, on the workgroup? Okay. So this is Andy, welcome. We have some big surprises for you today, it's going to be an interesting meeting and continue to thank everybody who's been participating and so very much engaged; so we really appreciate it. I don't have any more specific introductory comments. I think we have...we lost a bit of time so we need to get on with it. Rich, any comments or introductory remarks?

Richard Elmore – President, Strategic Initiatives – Allscripts

Thanks Andy, let's get right to work. Thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So, let's go with our very first slide besides our title. We posed series of questions, or I should say, Rich did it because I wasn't able to be at the meeting...at the last meeting that we had some answers and just to refresh everybody's memory, these are the questions and so it really was to take it up a level and say, we've had specific comments on elements of the roadmap, the section that we were asked to deal with and we were wanting to make sure that everybody had had the opportunity to make some more generic or high level comments. We had a few answers, to be honest, most of you must have felt very confident that we had surfaced all of the issues, because we didn't get a lot more back, but let's go on to the next slide.

And here's our membership, just in case anybody forgot. And on...so, here are the key concepts that we have formulated from, from the feedback that we have gotten. And I don't need to read all of these, I would say that consistency, agreement on use cases, focusing on high value use cases were among the more general themes and basically focus. Rich, I don't know if you want to comment on this list at all; I'm kind of moving through this stuff quickly because I'm sure that people either have had the opportunity to read it or will read it.

Richard Elmore – President, Strategic Initiatives – Allscripts

Yes, I think these were just some of the high level themes that came out of the section that we were commenting on and I think that the workgroup is pretty comfortable with. And really, this is what we discussed in the Standards Committee and the more specific comments which we haven't given them yet are a few slides farther on.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah. Yup. Okay, let's move along; next slide. So the committee also felt that we needed to have as much specificity as possible in understanding what a learning health system is and again we should select a few high value use cases that the key gaps are actually not in the standards arena, although there are gaps there, but in the attention of policymakers to the need to deliver clinical data from whatever that...the source of that data is to users of the data. And again, making sure that we...if we have selected standards that are high value or high impact, that we are very focused on getting those implemented, deployed and used in a consistent fashion. So, next slide.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Andy, this is Matt, just quickly. Where you see the blue, that's what we had added since...based on the feedback we had received, so, I think that that is...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right. And it's in blue because of me, everybody.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Because I'm the chief advocate of the color blind liberation front, so I couldn't tell the difference between the red and black fonts, so it's in blue so that I could tell the difference. I hope all the other color blind people on the call can come out of the closet and admit that they see the blue better than the red. But, anyway. So we also...Rich, I think you should talk about this slide because largely this is a product of...that you have been helping to lead the rest of us through.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Andy, I'm sorry, this is Joyce Sensmeier, could I just make a comment on the previous slide or are you going to go into more detail?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Sure. No, go ahead; we can go back to that.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Thank you and I do apologize; I've been pretty focused on our conference so I know my responses have been limited. But, on the fourth bullet where it says only select a few use cases; so hopefully elsewhere we've said that we want those use cases to be targeted and priority and better refined as well, rather than just...our comment isn't just select a few use cases.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

No, no, we did. We have.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Okay.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Because...we counted, there were in excess of 50 and it didn't seem like we could approach all 50 with the same degree of zeal on attention and so that we need to focus on a co...I've been using the words, high value; high impact might be other ways...

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...but a way of prioritizing them that makes sense.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

And clarifying them some. Thank you very much.

Richard Elmore – President, Strategic Initiatives – Allscripts

Matt, just as a process check, will you be capturing these notes so that we can do appropriate additional edits.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, yeah and then we can go back and forth with you guys and make sure we have them all straight.

Richard Elmore – President, Strategic Initiatives – Allscripts

Yeah, so I think the chart that we're looking at on the web, if you're on the web, really the point here was that right before section J there was kind of a framing of the categories of standards. There was some conflation of concepts which we thought needed to be better organized and have suggested a way in which it could be reorganized. But basically asking ONC to look at that and also the examples are maybe somewhat simplistic. But, we just wanted to make sure that as we...as they put this together that they've got the terms that build on each in separate layers and terms that are different from one another in separate layers.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Excellent. Thank you.

Richard Elmore – President, Strategic Initiatives – Allscripts

We're going to keep going, next slide.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yup.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay...so these are the detailed comments. I think all of you have seen this and we've been through this a number of times so I'm not sure that we need to review the next several things in any level of detail, but what I'll do is just sort of read the titles for the people who are not able to see the webinar and ask if there are any specific concerns or comments that you have about what's...what we have distilled out of all of the commentary and discussion that we've had over the last several weeks.

So, just to remind everybody the generic questions were, are the actions suggested the right actions to improve interoperability nationwide in the near term, while working toward a learning health system in the long term? What gaps need to be addressed if there are any? Is the timing of actions appropriate? And are the right stakeholders associated with critical actions? So the first category was J1, a common list of interoperability standards. Those of you who are looking at it you'll see what we said or what was said and let's move on to the next slide.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, tho...so Andy, those were...this is not the comments, this is the comments...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right. Exactly.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

We added that first bullet out the top, so I mean, there are a few...throughout there will be some blue ones, yeah obviously we don't need to spend too much time going through, but if people see things that they have issues with, we can discuss. Thanks Andy.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay, thank you. Now I'm sorry, the first section was the actual section from the roadmap and then these are the comments that we have. Okay, let's move on.

Section 3 says implementers will update their systems to align with the list of best available standards, and you see the comments that we've made about completing the work as it relates to the Consolidated CDA. And the one bit that was added was doing whatever we can to expedite this. Next slide.

This is a continuation. What has been noted by many on the group that the standards are not really very widely used yet. And that we should focus on increasing the proportion of adoption, the penetration of adoption across the country. Okay, next slide.

And for those who aren't seeing this, this one relates to ONC publishing annually an updated list of best available standards and implementation specs. We had a series of comments that were distilled. There have been no additions in the most recent iteration. Okay, next slide.

The next is ONC will annually publish an updated list of the best available standards and implementation specs. And the only addition here was the notion that we should ask explicitly for research dollars to support this.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Again this is Joyce Sensmeier, on the research dollars, could you just describe a little bit more of research for what?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well I think to understand...maturity of standards, what we do now is just collect ad hoc information or comments from people who are trying to implement them. We might want to be more formal about evaluating standards once they actually go into production and that would require money to support formal evaluations and also more formal research further upstream as standards are being developed to test the ideas behind them. I'm not sure if that cap...Rich, does that capture it or did you have other comments there?

Richard Elmore – President, Strategic Initiatives – Allscripts

I'm trying to recall who this comment came from, I think it may have been from you, Susie?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

It was Clem.

Richard Elmore – President, Strategic Initiatives – Allscripts

Clem, okay.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well, Clem's not on so I think that was what it was, but I can't speak for the person who made it. Joyce, does that make sense to you, if I made it up correctly?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Yeah, actually it does, that's a great clarification. I would just suggest if we're going to display these slides anywhere else, we want to give a little bit more on this bullet as to what we mean.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay. Thank you.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Sure.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, next. So this is sec...now moving on to J2, the architecture in support of standards activities. Next. And here part one which says establish and maintain a prioritized set of use cases and functional requirements for delivery system reform and a learning health system.

The added commentary was that ONC should promote use of universal codes in messages where local codes are now used. In other words, supplanting proprietary code systems with LOINC for observations, SNOMED for results, UCUM for measures, RxNorm for drugs. So however ONC could promote that, they should. And the last bullet was important because it was amplification on prioritizing use cases that meet consumer needs and requirements, particularly as it relates to them generating and exchanging data and participating in shared decision making. Okay, next slide.

Section 2, develop a nationwide technical architecture for an interoperable learning health system. This...the first additional comment I don't recall who made it or the context, but it's that we encourage...is it possible for us to encourage research on the question of whether we can always accurately link patients well enough for patient care and I think that means...that relates to identity matching.

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

Correct, that was from me, Clem. And I think since the...there's a resistance to using social security number, in fact, it looks like there's a resistance to using last four. Studies we've done, it's tough to get accurate matching without something a little more specific...some of the specific IDs. So, they ought to study it a bit before they're sure...well, maybe they'd find they would relax a little bit on some of the usages; last 4 digits of soc shouldn't be dangerous, but it could be very helpful in matching.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah. Thanks Clem. We may circle back to you because there was a question that we think came from a comment of yours related to research in another arena.

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

Okay.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And you weren't able to...you weren't yet on the call. And here...

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

Well actually, I was on it but I couldn't talk.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

You couldn't tal...well, whoever solved that problem should be given a medal. Anyway, it's great, I'm glad you can talk now. Did we say the right thing, if you were listening?

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

Well actually I might not have been on all of it; there was a period when it seemed like nothing was happening, so, I think I was on all of it.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, people have accused the workgroup of doing that before, too, but I don't think so, I think we've accomplished a lot.

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

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So other addition here, banter aside, is that the nationwide technical architecture would have to take into account some state-specific considerations. There are differences in the regulatory environments from state to state that might impact an architecture. And the risk of that is that you make it sort of a worse common denominator phenomenon when the most restrictive or difficult set of regulatory requirements would be what everybody had to deal with. Okay? Next slide.

This one has to do with coordinating governance public and private that allows stakeholders to define a set of standards and activities to support prioritized use cases to support functional requirements and to support an agreed upon architecture. And Joyce, this gets to the issue that you raised earlier so this talked about prioritizing use cases to a very small number that where we would independently assess the benefits and costs of each of the use cases under consideration, look for quick wins without high cost. So those are the...some elements of prioritization that were added in to the notion of let's prioritize and let's have focus on a small number.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Looks good.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, next slide please. And here we were...this was the areas where stakeholder input was being requested and we had a series of comments, but nothing that's been added in the most recent iteration. Next slide.

So this category for commentary was section J3, develop and pilot new standards for priorities. Okay, next slide. Nothing added here. Next slide. So...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

This is Dianne Reeves...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...within the comment...go ahead.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Hi, I'm sorry, on the last slide, I...since my organization, the National Cancer Institute is very much in the research arena, I've been trying to track across the slides that those communities could relate to where they fit in. And I saw on the last slide that it does talk about piloting content in research systems, but on previous slides, where are the different requirements for research systems covered? Are they lumped under something that is not real obvious because our community will want to know where they fit into all this; do you understand what I'm saying?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I do and so I think the question is, do we...is it...do you feel like it would be useful to carve out in every section of commentary, and this is how it applies to the research community.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

I'm not sure, it could be that just in certain very pivotal areas that we need to, because I know the research community will be trying to figure out where they fit into this, if they're covered in a higher level content. You know, this one that we're looking at right now does relate to CDASH and of course we really don't have NIH common data elements now, we're pointing to all the different institutes. We probably could, in certain areas, add in content; I really don't know if we need it in every section though.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well...me if we did...go ahead.

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

Well I think we have to divide research in a couple of ways. So there's a huge interest currently in doing...using clinical data for research, medical record data for research and there's PCORI...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Right.

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

...there's OMOP, there are a whole bunch of them. And in that area, I think the first order of business is to get data there in a standard form so anybody can use it, but I think that area could be highlighted. But after that, it splits up in a million ways in terms of research is at the leading edge and I don't know if we can anticipatorily standardize it at all. And it's not part of the ONC miss...direct mission, it's for patient care. So I think you just have to be careful about trying to cover the radical and amazing things that are going on in research in an anticipatory document.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

I completely agree. Then in that case, which I completely agree with, we need to put in some kind of scope limits or areas in which we're going to prioritize because the research community can...caught up in to say, well how come we're not using this and how come we're not doing that?

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

Yeah, yeah.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

You know, my like we were talking about the social security number, my community goes really bonkers when you talk about using social security numbers and they just are very concerned with HIPAA. So, if we constrained it somehow, right now to say the priority is this in research, but not here, I think it would be very helpful.

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

Okay. Everybody goes bonkers about social security.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I don't think the researchers are uniquely bonkers about that.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And so what troubles me a little bit is that there are a whole array of stakeholder communities with, if they're looking inward at their own work and workflows, would say that they have unique requirements of content standards.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Right.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And we can't, in this document or even as a matter of practicality, call each of them out and say, well for you, researchers here, pay attention to this and for you people who are doing clinical operations, you

pay attention to this. For those of you who are doing public health, you pay attention to this. I don't think that's practical.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

I agree.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And again...and so as much as I would love to satisfy the requirement that you just laid out, I actually think it would be a bad idea. I think the researchers need to look at this and think where it applies and if they really find a gap, then they have to ask the question rather than saying...

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

But I...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...well you didn't state any specifically, I'm sorry, I'm being a little bit dogmatic here, but you didn't say anything specifically about research so this isn't for me, I'm going to go off and do my own thing.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Well of course, it would never...

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

Well I think we could talk about the overlap.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well there's clearly over...there's clearly overlap Clem, you know, there's lots of clinical research going on in institutions that have electronic health records that are...where the research is melded into routine patient care.

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

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right.

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

What you're saying is...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And that's...so that's the obvious area of overlap.

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

...having some statement...some statement of what she was asking for of saying, this is what...where there's a...these things will help you if you're doing this kind of stuff but the leading edge stuff is not on our particular plan yet because it's going to...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Right.

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

...be...it's going to have to wait until it gets there, you know, or something like that.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well...

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

May have to be careful politically about how you say it, but...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

I agree and one of the things that we have to move like the NIH community toward understanding why this is important...

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

Um hmm.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

...without that kind of statement saying it is important but it's a priority in time ba...and we're going to do this first will help them to understand that this is something that they have to pay attention to, it's not something we can just say, it doesn't affect research.

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

Yeah, I think we could...maybe some...we could craft something and then throw it at the committee...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

I think that's...

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

...I don't know where you'd want to put it, but it would just...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, you put it...I think you have to put it in a preamble and I would love it if the preamble were a little more generic than just for the research community this is what we're...I think if we said that there are specific community of interest...communities of interest, among them the research community, the public health community and so on and there...say the overlap with the things that you do or are focused on and to the extent that it doesn't overlap, please don't hesitate to point out where there are specific needs. But we have certain actions we've got to take immediately and that's where we're going to focus our attention; something like that. I mean, I think that would...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Okay.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...to defining scope of the general work here and saying that each of you that represents a specific unique set of stakeholders may not find everything you require in here...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Um hmm.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...and if you don't, please tell us what is missing and help us prioritize.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yup; perfect, I agree 100%.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

So, this is Susie Hull...

M

...the next slide...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Hello.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

I was going to say, this is Susie Hull, can you hear me?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Go ahead Susie, you're breaking...yeah, keep trying.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Yeah, I think a specific example that might be relative here or somewhere in the document that also might be missing from our recommendations is that if you look at patient reported...patient generated data or patient reported outcomes that might cross between the clinical and the research communities and/or even public health communities, it's an interesting place to think about doing some priority work.

I think the example of the work that's been done on social determinants of health and trying to be very precise in standardizing that is a great example, but there could be other work around that that might be a specific use case that wouldn't tackle the whole universe, as you're just talking about. But I'm wondering if that's helpful and also if we really communicated that in our findings because I think it's just really the patient sits in the middle and as we get more and more opportunity for the patient to collect their own data or get data back into their own data system, they kind of sit in the middle of these silos.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah, I agree. Absolutely.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, so for the staff, are you...I mean, I'm hoping you're sort of sitting there mulling this over and thinking through how we would guide a key statement in the preamble to our commentary. If you have any questions for the...for those of the group who are making these comments?

W

Andy...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So this is Matt, I...yeah, so maybe the next slide could help a little bit.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

It's on...so you're on there now, so, I didn't...all right. Stay on this slide and this is the slide you guys were referring to, right, or were you referring to the...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well I think the comment just came up as the concern heightens when we were moving through things...

W

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So yes, we were talking about this, but it's not only this.

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

Well this slide, I actually noticed, you're mixing apples and horses here a little bit.

W

Yeah.

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

FHIR isn't a vocabulary standard and mapping is nothing to aim for when we've specified what goes where already, so, I don't know why we'd be talking about mapping, I mean, as a priority because that's always hard.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

This is from the sub-workgroup.

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

Okay, because...and FHIR is a good thing.

Richard Elmore – President, Strategic Initiatives – Allscripts

Clem, I think it's the notion of it was a Consolidated CDA as expressed in support of FHIR, it wasn't that FHIR is a vocabulary.

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

Oh, okay. Yeah, no, I think...yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, well I think we've...Michelle, did you have a question or...somebody was trying to just make a comment in the middle of all that.

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

Hey, this is Kim, can you hear me?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, go ahead.

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

Okay, I'm sorry, I don't think I could be heard earlier. Just one of the comments, Andy, with what you were talking about with how the different communities within the healthcare arena fit into this mapping or roadmap; I think with research one of the unique pieces, and I don't know if we name it here or if that's something that comes later is the different regulatory demands or mandates that we have like reporting to the FDA and how that has to be done. So it's important to note that somehow, because that is a huge piece with the research.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yes. Yes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right, so again, and you're reporting...so FDA is the pharmaceutical and device companies and just parenthetically, if...when the time comes for electronic health records to be licensed as devices by the FDA, if that time comes, they'll have the same regulatory regime as EKG machines as they change their software. So, all of it has...there are issues with all of it and I think there's just...

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

Well yeah, but that...to me that's a whole different scope because what they're reporting on is more their functionality. What we're reporting on are clinical concepts and clinical pieces from the patient in research. So...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

No, no. No, I understand, I'm not trying to conflate the two things, I'm just saying they live in a regulatory regime, just is what you're describing. I'm making it a little bit more generic of a comment and so some of what they do, device manufacturers do research in patients, they will and do, just like drug companies do. And if you make a hip prosthesis, you will be doing research that involves patients, so they live in very similar regulatory environments, they're not exactly the same, and I'm just making a plea for making statements that all of those communities can understand apply to them in these comments.

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

Well, I...but this second bullet though is specific to the clinical...I mean, well, one that we in a subgroup, when MedDRA mapping to SNOMED should be doable, there's been a look at it already, so...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Um hmm.

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

...and that was one goal, so the clinical world could get the output that the research world needed for adverse events and...but wouldn't have to adopt a whole new thing. And there might be similar opportunities in CDASH and LOINC, we haven't dug into that yet.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well, I'm sure there are opportunities all over the place, Clem, I'm just trying to...

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

Well I...we...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...make...

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

Yeah, but we've sort of dealt with the second bullet, at least partly. I mean, it's not...we've al...I mean the committee started some activities, I just want to remind you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Um hmm. No, no, understood.

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

Yes. Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, well this is obviously an area that needs a little bit more work. So it sounded to me like there is a little...I think what we can try to do is draft a sentence of two that is part of a preamble to the commentary, circulate that around to everybody and I don't want wordsmithing, I just would want, do you have the concept here or not, and see if that will help...the various communities of interest at they look at...overall look at the roadmap and look at the comments on the roadmap and try to understand

where they fit in. So, we'll take that as a "to do" and ask at least a few of you to help us sharpen that up as we...before we circulate it to everybody.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

This is Dia...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Does that make sense?

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah, this is Dianne; I'll be happy to help. I just don't want various communities to read through this, not be able to relate and say, I...it doesn't affect me at all, I can just continue on.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

No, no...

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

Well, I mean I think Dianne and I have a similar picture and we'd cer...I know...I think we'd both be willing to help you.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah, ab...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Great.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Thank you very much. Okay, next set. So, we have some action items from the research subgroup and those are here. I don't know if Clem or Kin Wah, Dianne, if you have any further comments or Kim on any of these, please let us know.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

At the last subgroup meeting, we had not...Chuck Jaffe said he would explore the whole mapping issue of one terminology to another, MedDRA to SNOMED with Chris Chute and Kin Wah and I have not done

any more action on our item, waiting for that potentially to happen. I don't know if there's been any activity there.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So, Chuck is on the call...

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

This is Kin Wah...

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Yeah, so the quick answer is yes, I've talked to Chris about it.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Uh huh.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Chris and Clem may not see exactly eye-to-eye on the solution and I'm willing to defer to Clem's view of this, but I think we need...

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

Well I mean, there's been some...

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

(Indiscernible)

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

...there's been some sub...there have been some other dialogues so Kin Wah has already talked to the FDA, he's already looked at the 790 and I think something like half of them are already mapped. The FDA was enthusiastic about it so I think that there's progress. Now this is not all of MedDRA and we didn't start...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Right.

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

...saying that was a necessary, so that makes a difference, but I think it...I wouldn't bet my car on it, but I think it's highly likely that this can get done in a couple of months, the 790, the ones that really have to be used.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Right.

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

(Indiscernible)

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Now, remember that Becky Kush talked with us and she had a...she pointed out that MedDRAs really ingrained in many, many systems, like it is in NCI so, I'm thinking that we continue with that, but in terms of this activity that we would use the mapping to SNOMED, correct?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Yeah.

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

Yeah.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Okay.

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

Yeah, and that doesn't preclude MedDRA for other things at all, it's just...it's the split between direct clinical and what...hospitals would have to use and how they could help with the key stuff. I think all of MedDRA would be tough.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Okay. Oh yeah, I agree.

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

Umm, I...I have a question...

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

Yeah, actually...this is...

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

...for Chuck, like how do their views differ? I mean, I think that's good for us to hear because we can't come up with a good solution unless we know how different people view it.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

I...

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

I didn't hear the beg...

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

Let me just defer to Clem on this, but say in short that the difference was whether you want to use a subset of MedDRA to SNOMED or you're trying to map the domain of MedDRA to SNOMED. So a subset I think they both would agree is achievable.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And it sounds like that's what Clem was describing, so...

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yes.

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

Yeah and I didn't...and from the research side I hadn't heard...I mean, that was sort of a positive, that was a way forward because there would be...having to burden all hospitals with having to worry about two parallel coding systems would be hard to sell and would be painful. But this is sort of a nice mind meld, assuming it can be done, but they're...at the higher level, the 790 looked pretty...more....much more doable than when you get into...there are 20 some thousand, I think MedDRA terms, aren't there?

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Oh yeah.

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

There are a lot of them...

M

(Indiscernible)

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

...and they model things different...

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

In short...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Kin Wah, did you have a comment?

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

...a very small subset is achievable.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, Kin Wah, I'm sorry.

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

Yes, yes, this is Kin Wah and so actually I just want to add that actually there is more work that has been done in this area than I realized previously and as pointed out by Becky Kush and so I started looking at OMOP, which is now called the OHDSI, and they have actually released a map...a more extensive map between SNOMED and MedDRA. And then they have a kind of a rather aggressive agenda to map even the whole MedDRA within maybe even a few months. So, I mean, I think there is a lot of work that we can leverage on to see whether we can make use of the work that others have already done. So, I think there's some opportunity there definitely. And as Clem mentioned, FDA is interested in seeing a map but they always are worried about the resources to maintain it and then they've said that they don't...they may not have the resources to create a full map and maintain it. But they are interested in getting involved. So that's...so far that's what I have gathered from the various parties, and I think that's definitely worth exploring further in this area.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Right. And let's not forget that one of the things we want to do with those SNOMED terms is supply full, human readable definitions so that our community can understand what they're using. So, we had talked about other sources to supply those definitions, where missing, such as NCI thesaurus.

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

Yeah, yeah, that will be...

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

Yeah, let's keep that on the table.

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yeah.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So it...all right, and so there are two things going on here; one is, what is our comment on the roadmap and the other is, work to make real things operational for specific clinical and research communities. The latter, I think is wonderful. For the purposes of clarifying direction for the country for the roadmap, I think we can make a set of statements that seem to be emerging from here that we are trying to find ways to leverage the overlap between these two different vocabulary sets and some work has already gone on and that work should continue. And that, as we said earlier, there's something in here for the research community, there will be something in here for the public health community; so I was just

making sure that we have our comments at the right level for lots of readers of the roadmap document, not just for our own more micro-concerns. Okay?

Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health

Yes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So good work, thank you, by the way, if we haven't said it enough, thank you to all of you on the call and to the others who are on the research subgroup it's been extremely interesting for me and useful for our work to...for you to do what you were doing, appreciate it. Moving along to the next slide.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Andy, if we can push pretty quickly...this is Matt; we're way behind, so...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I know. So, but everybody has lots to say, so let's just keep rolling. This is...nothing to add here. Next slide...and is somebody else making a comment? No, okay, keep moving. Let's go to the next one where there's any additional work or commentary. Keep moving.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Slide 29 I think. The next one.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Here we go. So for those who can't see the slides, this one says that through coordinated governance, public and private stakeholders will work with SDOs to find a standard approach to federated distribution of centrally maintained code sets. And the only additional comment already right here is that we've had...we had already had done a lot comments and there's a request for some examples. And I think that's useful; so let's move on.

The next one...the next slide describes that health IT developers will provide accurate translation and adapter services where needed in order to support the priority learning health system use cases. And so the additional comment is that it's needed a further definition of how translation and adapter services will connect to data generated by mobile health devices, wearables, etcetera, need to be clarified. And stakeholders that would benefit, consumers, caregivers, community workers who aren't ordinarily considered healthcare workers, need to be active in helping this because they'll be exchanging healthcare data. Next slide.

M

That's very helpful.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Good.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

This is Joyce Sensmeier, just one tweak perhaps on that. It's going to be health and care data, so could we maybe parse that out?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Do you know what I mean by that? So, like if there is...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I do, I do know what you mean.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Okay, great.

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

Now this next paragraph, does that...I know you've got to get moving, but the next paragraph, I didn't think we were talking about vocabulary translations or is this if the device has a different vocab...I don't understand how it fits, but let's not...I'm not asking you to finish it now or fix it now, but...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah. Okay, thank you. Let's just make a note to see if we can clarify that offline. Next slide. Consistent data formats and semantics; no commentary here that's additional; keep going.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, I don't think there's any more additional.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay. Well good, so are we at the end of...we aren't at the end of our time are we?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

No, no, we have another 29 minutes.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, but we lost 20, so we can't...got too slow. So where we...any other...before we wrap this part, any other comments or issues to around the commentary from any of the committee members. That was a useful discussion about research, are there any other points that people need to make? Okay, let's move to our next segment here.

Congratulations everybody, you've just been volunteered for new work. Just when you thought it was safe to go back in the water. Surprise, surprise. So, let's move on. There's only 700 pages in terms of the NPRM, right, the MU and the NPRM, but let's move on. I'm sure you've all read it multiple times. Next slide, please.

So, our workgroup is going to be asked to do further commentary and analysis, we're not changing anybody, so this is just all of...federal regulations 101. And we have a 60-day comment period for the NPRM, so that closes on May 29 and then there will be a final rule published. Next slide.

So here's how we're going to be involved. There's an introduction of the NPRM, we're going to draft comments in an offline way. We're going to have some subgroups of our group get together and review comments in certain sections through the month of April and early May. And then we will take...Rich and I will take the work product, much as we had done with the roadmap commentary, to a meeting of the Standards Committee on May 20. So, a very ambitious timeline and lots and lots of stuff to do and so we've made some Czar-like decisions. And I always hate, by the way, that metaphor because everybody knows what happens to the Czar and I'm not sure I want the same thing to happen to me and my family; but, let's move on.

So, we are making assignments. We're going to divide our group, our large group that has been functioning so well, into three subgroups because there's an awful lot of meat in the NPRM to address. And we've had a request, by the way, from the Chairs of the Semantic Standards group that we try to do a lot of this together, because there's so much overlap between content and semantic standards work in the NPRM. So we're going to try to honor that request.

So we will have one group, group 1, which will primarily function on medications, allergies and laboratory. Group 2 is going to look at decision support and quality measures. And Group 3 will look at CDA, transitions of care, care planning and so on. That's my high level summary of the way the staff have tried to help divide the NPRM part that we're responsible for into segments. We can quibble about this, but it doesn't seem like it's worth the time, so this is how we're going to divide the work. Next slide.

And here are our groups and those of you who see yourself in bold, you're in charge. So Kim, we felt that drugs are kind of up your alley and Kin Wah, we thought they might be, too. And so you and I and Dianne; we're all in group 1. Group 2 has got a lot to do with quality, so Floyd, that's yours and Clem, we thought you might be interested. And group 3 is Calvin is leading the...I don't, Calvin, are you on the call, because he wasn't earlier. All right.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

I'll communicate that with Calvin.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Thank you, and the staff will do as well, Chuck. Thanks a lot. And Rich is...Rich will be there on that group, Graham if we can get him in the right time zone and Joyce. So those are the groups and let's go to the next slide.

So here's the timetable and work plan. We are finalizing our comments the best we can, we have a few more things to do for the interoperability roadmap. We can get that, I think, if we have any further editorializing to do, we can get that done offline and get our final comments on that to the Standards Committee for its April 22 meeting; I don't see any barrier to that. And we begin work the very next day, April 23, on our NPRM comments. So there are a series of meetings that have been calendared, you can see the dates there.

Hopefully and we know that just doing this arbitrarily means that not everybody is going to be able to participate in the...in every meeting, but most of you will be able to make time for most of it and that there will be meetings of your workgroups...sub-workgroups as well, aiming toward the May 20 Standards Committee meeting. Next slide. I think that's it.

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

So...

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So, Michelle, was that you?

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

No sorry, it was Kim. So the sub-workgroup meetings, will...Michelle, will you work with like us to help schedule those or how does that work?

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

It's totally up to you Kim, so, you know, it depends on how people feel the best way to get their work done will be. Some people I'm sure will want small group meetings, I don't know if people want to start to share comments via email; you know, however the leads want to go about getting the work done, we are happy to help facilitate.

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

Okay. All right, thank you, that helps.

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

Well, I don't want to talk against the Czar, but, I'm not interested in that middle group, I mean, my interest is in lab and radiology stuff, so, I don't know how I can energize myself if I am mis-assigned.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well, so we did the best we could...

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

Could people trade with someone?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I think you can trade, talk to somebody on the group and see if they're willing to move, and, I understand that Clem, so...and if you need, I mean, I'll trade with you if necessary, if nobody else is willing to trade.

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

Okay. All right.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

I, you know, I want you to be happy and everybody disagreed with the Czar at the end, as you know.

Charles Jaffe, MD, PhD – Chief Executive Officer – Health Level 7 International

(Indiscernible)

Richard Elmore – President, Strategic Initiatives – Allscripts

So Clem and Andy just conducted a drug deal.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So, try to trade with somebody else first and then if that doesn't work...but, so Kim's question is about the process for working within a group; we will leave that up to the Chairs, probably the best thing to do is to get started on the...make sure everybody has access to the document itself, if they haven't, they need to download it. And the committee staff can help you with that if you haven't done it. And then look at the first slide, look at the sections that your group is focused on, start reading those in detail and generating your own comments. And you may want to have a couple of iterations offline and then meet to do refinements; but that's up to you. So, think of how you want to organize this in view of the timetable.

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

Could you clarify, you're talking about ONC or the CMS rule or both?

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

They're asking you to comment on the ONC rule, which is the Certification Rule.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

The ONC. Right.

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

Okay.

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

And I do want to point out this work plan is the old version, I apologize. We had outlined it so that on April 23 we thought we'd have some initial thinking from each of the small groups and then on April 29, we'd have a report out from group 1 and 2 and then on May 4 we'd have a report out from group 3. So we also have some templates to help with comment process. So we will follow up via email with the correct schedule and those templates. And hopefully Clem will have moved his assignment and so we can do that as well.

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

Thank you.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So that's what I...this is Floyd; I was just going to ask you, do you have some templates to help us out and that'll be good and I can follow up with you. Unfortunately I'll miss Clem on our group.

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

Well, I may be overstated, but I don't know that area quite as well and I should, as I do those other two areas. I mean, well, I don't know C-CDA very well either, but I know a lot about radiology reporting and laboratory and drugs.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay, Clem, we're all convinced. All right...

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

This is Joyce Sensmeier, just a ques...I'm sorry, Andy.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Go ahead.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

I would just ask what should be our lens for this. I think each of us are reviewed the NPRM from multiple perspectives and I just want to make sure I'm focused in the right way for this review. I have some basic assumptions, but if you could just provide your perspective on that, that would be helpful, our Co-Chairs or Michelle.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Michelle...have a specific ask of the committee members a way in which you want us to look at this?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

From what lens...

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

So this is Michelle, I would just remi...this is the Content Standards Workgroup so we tried to divvy up, because the rule is very long, we tried to divvy up the work across the workgroups the best that we could, based upon what your focus area was and so there will definitely be some crossover with semantics, but as you're reviewing, if you can keep in mind that you are the Content Standards Workgroup and view it from that lens. Is that what you're asking, Joyce?

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

I think so, I think it's a little more than that, I'm having a hard time articulating it. It's like what hat...I guess I'm putting on the national hat, what is the right thing for ONC to be recommending for this...for our country? Is that the hat for content?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah.

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

Well I think you should just think what's best for progress of healthcare and whatever else you're...and say what you think. I think if we subset it into little divvied corners, we won't...it will be too hard, if you don't just say what you think.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Yeah, no and I'm...Clem, yeah, thanks for clarifying that, that's really not what I meant at all; I'm glad you said that. I'm just...I'm so used to having an organizational perspective and I want to respect the charge of this group, so I'm just asking for a clarity on that...

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

Uh huh, right.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

...and it sounds like Michelle is giving it.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Yeah, I think, Joyce, you're here, you're on this overall workgroup because you're a thought leader. So what you think, regardless of what, you know, what parts of your experience and background has contributed to what you think, is what we want to know. And wi...and so this is different than being a lobbyist, okay? And I don't mean...so this is different than pushing for an interest, this is what do you think about these rules and the specific subset that we're being asked about; are they good? Are they bad? What will they help? What will they harm? What needs to be changed? What should remain the same; from the perspective of utility and the furtherance of healthcare in the country.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

Yup, excellent; that does it. Thank you so much.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Does that...I mean, so, I'm still being Czar here, by the way, I'm always reminded of the little line from Fiddler on the Roof, I don't know if any of you are musical fans, but early in the play, a man goes up to the Rabbi in the little village and says, Rabbi, is there a blessing for the Czar? And the Rabbi thinks for a moment and says, yes, may God bless and keep the Czar, far away from us.

Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN – Vice President, Informatics – Healthcare Information Management Systems Society

I love it.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

So next time somebody is appointed Czar of something, you can think of that. Rich, I've been doing a lot of the talking here; any comments or perspective on how committee members or workgroup members rather should be approaching their comments?

Richard Elmore – President, Strategic Initiatives – Allscripts

It was interesting, I think there was this similar conversation of the workgroup Chairs when this was rolled out across the workgroups, and you know, kind of the question of, there may be some broader themes that don't fit into these nice neat buckets. And I think that the understanding was that we did want to solicit your input and we're trying...and ONC I think has done a really nice job of providing a framework for us to have some narrower focus within which we do that to try and get as best quality in those areas. But just to echo your point, we want to make sure that we get your feedback; we'll get it organized into the right place once we have it.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Okay. Any other questions or comments or concerns?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

This is Floyd, just a comment that you made earlier about trying to coordinate the Semantics Standards Workgroup, will that be basically after our sub-workgroup gets its work together or will there be potentially members of each sub-group from both workgroups?

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

This is Michelle, we haven't exactly finalized our approach. What we're thinking is that we will share, so their group as well is breaking up into small groups. So I'm thinking that we'll share when their small group meetings are with your group and do the opposite for them as well, so if there's somebody on their team that would like to participate in the discussion from a semantic standards perspective, then we'll invite them to do so.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Thank you.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards

And I think there may be some in-between meeting and formal question and answer stuff back and forth, if you...as you're looking at your work if there's a clear issue that seems to bleed over into what they're doing, you should just ask; so it doesn't have to happen at a specified time. All right, other comments or questions about the process going forward? The only promise I'll make you is that as soon as we're finished with all this ONC will clearly think of something else for us to do. So, we'll never got to just stand; it's kind of like the Hotel California, you can check in anytime you want, but you can never leave.

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

But maybe you'll have a quiet summer.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Maybe. All right, everybody thank you very much for your time this morning. Staff, do we have any other items of business to discuss this morning?

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

Nope. We'll just follow up with those items that we discussed earlier.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right. Right, and any...

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

I think public comment might take a little bit..

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

...new items that people want to raise?

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

I'm sorry Andy, I think public comment might take a little bit so can we open up and then come back and do a quick wrap up?

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Sure.

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

...we're going to have to call them if they do. Operator, can you please open the lines?

Public Comment

Caitlin Chastain – Junior Project Manager – Altarum Institute

If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the phone and would like to make a public comment, please press *1 at this time.

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

Sorry, Andy.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Go ahead, no, go ahead.

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

I think we do actually have public comment, but again, it will take a minute if they...because we have to call them like the operator did for all of us. Okay, it looks like we don't.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

All right, so I was going to ask if anybody had other items that they needed to bring up; if they do, please now speak. Okay, hearing none, again thank you everybody. Clem, I think you can, you know, again, if you need to reach out to me because no one else wants to trade, please do. And we will look forward to working more on the NPRM. Thanks and have a great afternoon for those of you who are on the East Coast. Take care.

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

Thank you everyone. Have a nice weekend.