



## HIT Policy Committee Interoperability and HIE Workgroup Final Transcript November 19, 2014

### Presentation

#### Operator

Lines are bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Interoperability and Health Information Exchange 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. Also as a reminder, if you aren't the person speaking, if you could please mute your line it would be greatly appreciated by all. I'll now take roll. Micky Tripathi?

#### **Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Here.

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

Hi, Micky. Chris Lehmann?

#### **Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

Good morning, Michelle.

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

Hi, Chris. Arien Malec? Barclay Butler? Beth Morrow?

#### **Beth Morrow, JD – Director, Health IT Initiatives – The Children's Partnership**

Hello.

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

Hi, Beth. Brian Ahier?

**Brian Ahier – Director of Standards and Government Affairs – Medicity**

I'm here.

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

Hi, Brian. Carl Dvorak?

**Carl Dvorak – President – EPIC Systems Corporation**

Here and...:53for this morning.

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

Hi, Carl. David McCallie?

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

Here.

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

Hi, David. Dave Whitlinger? Deven McGraw?

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Here.

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

Hi, Deven. Hal Baker? Jitin Asnaani?

**Jitin Asnaani, MBA – Director of Technology Standards and Policy – athenahealth**

Good morning.

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

Hi, Jitin. John Blair?

**A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA**

Here.

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

Hi, John.

**A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA**

Hi.

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

Kate Kiefer? Kitt Winter? Landen Bain?

**Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium**

Here.

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

Hi, Landen. Larry Garber?

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

Here.

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

Hi, Larry. Marc Probst? Margaret Donahue? Melissa Goldstein?

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

I'm here.

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

Hi, Melissa.

**Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration**

Margaret's here.

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

Hi, Margaret.

**Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University**

Melissa's here, too.

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

Hi, Melissa. Nancy Orvis? Ray Scott? Shelly Spiro?

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

I'm here, thank you.

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

Tony Gilman?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Here.

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

Hi, Tony. Troy Seagondollar?

**Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente**

Here.

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

Hi, Troy. And Wes Rishel?

**Wes Rishel – Independent Consultant**

Here.

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

Hi, Wes. And with that, I'll turn it back to you Micky and Chris.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay, great.

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

Oh wait, I'm sorry, one more thing. Sorry.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

ONC staff?

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

Yes. I think Kory Mertz is stuck on the Metro, but do we have Julie Crouse? Okay, well back to you, Micky.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. Thanks Michelle and hello everyone, thanks for joining the call today. We're going to continue our review of the ONC 10-year roadmap and really appreciate; it sounds like we got some really good turnout, and so I really appreciate that. I know AMIA is going on right now and if you're calling in from Buffalo, we're with you. But I know it's a difficult time of year, so really appreciate your joining the call.

So today we're going to continue with the consideration of the roadmap and Michelle, I know someone from Erica's team was going to be able to join to describe sort of the business/cultural environment slides, do you expect them to be on?

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

Yeah, that was Julie Crouse. I think she might have been muted. Julie, are you there?

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Hi, this is Julie Crouse.

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

Okay, she's here, so we're good. Thank you, Micky.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. All right. Great, thanks Julie. So why don't we just dive in and get to the meat of it, so, next slide, please. So we first want to just go quickly over the timeline and process and then review at least sort of a preliminary set of statements about things that I think that we've said to date, and this would be something for all of us to just sort of pause, make sure that we're tracking, that we've captured it right and again we'll spend more time sort of fleshing all of that out, but we have had a couple of discussions now and just wanted to pull those threads and get them down on paper so that people have a chance to look at them and we can reflect on them a little bit.

And then we want to dive into completing the review of the ONC roadmap building blocks. We'll first go into the core technical standards piece; we did start discussing that last time, so just want to finish that up. And then go into the supportive environments building block and Julie's on the phone and she can describe that for us from the ONC perspective and then we can dive into the discussion of that. Next slide, please.

So here's our timeline. I think you've all seen this a million times, there's one change, which is that the Policy Committee meeting that was originally scheduled for December 2 has now been moved to December 9, which is good for us, that gives us another week. It doesn't add...we haven't added any meetings or anything like that, but the original schedule had us meeting on December 1 and then the Policy Committee meeting was the day after, which would have then made for a very tight turn around. So, the good news is that we now...we still have this meeting and the next meeting, but we'll have a little bit of breathing room, at least a few days, before Michelle starts torturing us with emails asking for the final slides. So that gives us a little bit of breathing room there and some time for some offline, I think refinement of the final recommendations. Next slide, please.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

I want to...I just want to inject, not torturing, just gently reminding.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Thank you, Chris. I don't know which term Michelle would prefer, actually. So, on the next slide, this is our work plan, so that was the timeline and this is our work plan. And as you may recall, we've gone through the vision piece of this, which we did on October 29. We discussed the rules of engagement and governance at a couple of meetings and then last time we started on the core technical standards and functions and we're going to continue that conversation today. And then if we can get through that and dive into the supportive environments we will, otherwise that will be something for December 1 and then we'll also discuss the slides, we'll have draft slides for the Policy Committee as well that we'll review at that time. Next slide, please.

So here is the current summary of the suggested recommendations from our deliberations to date. And this is for our discussion, so I was just trying to, as I said, kind of crystalize different threads of conversation and different points that I think that we sort of came to consensus around, but want to make sure that we sort of captured that right, right now. We'll flesh this out some more for the final recommendations, but again, just wanted to have this as a touch point for us to just touch base on them. So, I've got five of them listed here.

One is, I think it's come up a number of times is having the roadmap explicitly and endorse to the JASON Task Force Report recommendations, the coordinated architecture and public APIs based on FHIR. And then the market motivation framework to promote interoperability through an escalating set of actions. And I should, actually I was remiss here, I should also note the Governance Sub-Workgroup recommendations as well, not just the JASON Task Force. And as we discussed, those are very well aligned, but the explicit endorsement of that, I think, is one thing that we've talked about.

I did note, and perhaps Julie can talk about this either now or later that I think just a day or two ago there was a new version of the roadmap that was publically released and I think it did have something in there about public API and FHIR, if I'm not mistaken. So, there is already forward progress on that front. I don't know Julie if you want to comment on that now or you want to talk about it later.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Umm, yeah Micky, this is Julie. You might be referencing what ONC recently published around...very similar to the 10-year interop vision paper; there was a team that worked on a corresponding paper around quality improvement.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Ah, okay.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

And so both...quality improvement is definitely going to be a component of the larger roadmap. So when we say quality improvement, we really think of two large buckets including quality measurement and eQMs and the second bucket being more around clinical decision support.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay, that's my fault for just reading the headlines of the email, the journal summary that I got and not actually looking at what was released. But I thought, was there a reference in there to the public API? I thought I saw in one of the journal articles that there was.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, likely there was; for those of you that are familiar with the effort under the S&I Framework around quality, they are working towards a FHIR profile.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

With FHIR, right, with the Data Access Framework and others, okay.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Exactly, so I think there are at least three different S&I Frameworks that are considering FHIR.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup, yup, okay. Okay, so this...I think this recommendation still holds then, that we would like the roadmap itself to explicitly endorse and map to this and it is something that Erica asked us for in the last call as well, actually, a more explicit and detailed mapping to the JASON Task Force, which we can do as a part of the slides that we'll develop between now and the next meeting, which will be the draft slides for the Policy Committee.

Number 2, identify specific market motivating implementation actions that the federal government could/ should/will take to promote interoperability. We had a fair amount of discussion around this and I think at least a few people had called out different things that a part of the market motivating framework that the JASON Task Force report had was sort of a series of steps, one of which was the government essentially practicing what it preaches and the various ways that it acts as a market participant could become an active market participant to create infrastructure that forwards the notion of interoperability in general, but also the public API in particular.

So, a couple of examples that we talked about is CMS exposing a public API for CQM reporting, Meaningful Use attestation and others. And we also discussed DoD/VA/IHS implementing pluggable Apps based on the public API, for example. These are just a couple of examples, but I think the general comment was that the roadmap should be more explicit about things that the government itself can do to forward this, through its own actions.

Third, defining measures of interoperability status and progress; I think we...this came out of the JASON Task Force report, it came out of the Governance Sub-Workgroup report and it also came out of our discussion as some...and it came out of the HIT Policy Committee feedback that we got that there should be a clear linkage between things that are identified as milestones and measures, associated measures to be able to measure the current status and progress of interoperability.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

It...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Fourth...yup, sorry, was there a...

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

...I think one of the things that came also clearly from the Policy Committee was that these measures have to be meaningful, just exchanging of bits and bytes was not considered something that we wanted to measure, we wanted to measure true exchange of valuable information.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right. Yeah, I agree, there's a whole set of things there about what is the scope of the measures and how would one sort of disentangle and get sort of process and outcome types of measures that are tractable on the one hand, but really meaningful on the other hand.

So, number four, and I'm sorry, I'm just racing through these and then I'll pause for comments and discussion on any one of them, I just wanted to get through all four...all five. So number four is explicitly set the context for the roadmap, without a lot of conversation I think about, is this descriptive of all the activities taking place in the market? Or is it prescriptive in terms of proposing specific approaches and identifying and then taking a position on trade-offs? I think one of the things that we heard from Erica last time is that right now in its current state it is descriptive, but it needs to become prescriptive. And so there's...I think we're just identifying that its very descriptive right now and doesn't seem to be sort of very prescriptive yet.

And then finally, there was a set of comments related to mapping actions to actors. So in each of the building block sections, there are the milestones, there are...I forget the different sections, but there are milestones and then there are actions and a list of actions, but I think one of the things that we discussed was that often those actions and in many cases, I think the actions aren't associated with actors. And so to the extent that this is supposed to be a shared roadmap, the idea is that its...if we really expect these actions to be undertaken, it needs to be pretty explicit about who is expected to undertake the particular action that's being called out.

So this isn't...this is not supposed to be the final rendition of what our recommendations are, but again, I just wanted to catalog where we are and get your feedback on that. So, let me open it up now and see if people have comments if I either mischaracterized something or didn't capture something, would love to discuss that.

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

Micky, it's David. On number 3, the define measures, is that work that we're going to suggest somebody do or is that work that this group is going to do or what's the...who is the actor for number 3?

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, yeah, I mean, I think that it's somewhat of an open question, but I think that there is an assumption that...I mean obviously the ONC staff would have to do this or a lot of that hard work as a part of the roadmap if...the idea being that measures associated with their milestones need to be identified and defined. I think that there is a hope that this workgroup would be able to spend some time providing some advice and some guidance on that.

We haven't yet set the January schedule, there's one, if you go back to the timeline that we had, we have one meeting I think scheduled on December 16 and we've slated that one for the beginning discussion of measures. And then I think the assumption is that starting in January, we'll have some more meetings set up to dive deeper into the measures side of that, as well as anything else that comes up. I don't...Kory, are you on the phone?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yeah, I'm here Micky.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Is that a fair description?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

I don't know if...I think it's going to depend on the timing, we might...I don't know if there's going to be time to...so definitely the December 16 conversation we want to have a discussion around the measurement piece and get some suggestions and thoughts from you guys. Whether there's going to be time to do a deep dive on that and whether you guys are going to want to prioritize that in kind of the whole scheme of the roadmap, the kind of review of the full version of the roadmap I think is something that we're just going to have to kind of feel out, in my opinion, to see where people see the priorities at that point.

**Wes Rishel – Independent Consultant**

Micky, this is Wes.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup, go ahead Wes.

**Wes Rishel – Independent Consultant**

So in our conversations as we've come across number 3 from time to time, we generally hear from you or Chris or someone else, some illustrative material or some side conversation on what the problem with current measures. It seems to me that there's potentially a 2-step process; one is, attempting to define some principles for measures, which may be already, it may be just a case of having...it's either been summarized already somewhere and I don't know it, or just summarizing conversations we've had, but then I wouldn't be totally satisfied with principles until we've tried to apply those principles and come up with at least some putative examples of measures.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah I think it's a great point, Wes and it sort of resonates with a concern that I have just in thinking about this that the measures part is just incredibly important and I don't think much thought has been given to it. This is my personal perspective, so Kory, I don't know about sort of the timing and the prioritization. I think that there's going to be a public release of the roadmap in January and then we're going to be asked to comment on that public release version, correct?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yes, that's correct.

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

That's correct.

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

(Indiscernible)

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. So maybe...sorry, go ahead.

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

Oh, it's David, I was just going to echo Wes' comment to say that I think at the level of the activity that this group and probably some of the other workgroups could engage at at a minimum would be to sort of qualitatively describe what ought to be measured, what kind of questions we're trying to answer, even if we don't have time to delve into quantitative approaches of exactly what transactions and what criteria qualify as X or Y or Z. But, the qualitative, what questions are we trying to answer, what outcomes are we trying to ascertain does seem like it would be in purview of a group like this.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup...

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

And...

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

This is Chris and I think this last comment is actually, it's quite excellent, I mean, if I think about what measures would I want to have to really measure meaningful health information exchange, I think then it all anchors around that mean that we have, if we just exchange information, we're going to reduce unnecessary testing and we're going to reduce misdiagnoses and we reduce the cost of care.

And I think the measures that we need to focus around are how many times do we actually transmit recently performed tests or test results and how many times does this really alter the care and the management of patients. I think these are the big themes of measures that I would like to see. Now, that's going to be tough and we're going to focus on a lot of more on process measures than actual outcome measures, but I think we should keep an eye on the possible outcome measures.

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

Yeah...this is David; I love the thought that we could do that, as long as we can do it without incredibly inconveniencing our users. Measures is a sensitive subject because they're so hard to get, they're...the calculating the denominator causes us to do a lot of extra work...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah.

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

...and it's part of what leads to unhappiness with Meaningful Use Stage 2.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

Yeah, and...

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

So we have to find some semi-automated way to approximate those more interesting...

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

...I wholeheartedly agree, but at the same time, we have to feed the hunger for data that are actually meaningful, that people can grasp and say, oh yeah, this HIE thing, that's actually a good thing because it does improve quality of care.

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

Yeah, no, I agree. We've got plenty of market sensitivity about whether there is or isn't interoperability and we need to be able to put that question to rest and say, well here's exactly what's happening...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah.

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

...and do it in as non-invasive a way as we can...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

So maybe what we can do is on December 16 we can have a beginning conversation about how we would approach the issue and then sort of essentially reserve our option in January to make that a priority set of discussions when we're asked to comment on the public release version of the roadmap. And there will probably be other things that we'll want to discuss as well, but we can decide as a workgroup that that's really what we want to focus on.

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

Sounds good to me, I just wanted to make sure we were going to think about it at the qualitative level, if nothing else.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, no, I'm glad you raised it. So, I'm sorry, was there someone else who wanted to say something? Wes, I don't know if it was you.

**Wes Rishel – Independent Consultant**

Nope, wasn't me.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay.

**Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente**

This is Troy Seagondollar. I think this is a really valuable piece of this whole work and it really does warrant further discussion and in-depth conversations because you're right, I mean, to one thing that we're going to need to tell everyone that came out of this meeting is not only did we endorse that we have coordinated architecture and public APIs for the sharing of data, but why, you know, what's the grand plan? What are we really hoping to achieve out this and what are the measures that are coming out the other side?

And I will...I do echo the fact that I mean Stage 2 has caused a huge amount of negative feedback in regards to the whole program and there is discussion out there among lots of professional communities that why are we doing this, this is causing so many problems financially and process-wise and maybe it's not even worth the effort, to a lot of people. So I think we need to come out with something that says yes, here are the valuable pieces and how we're going to measure it and make that as...not as burdensome as all the things that happened before.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

(Indiscernible)

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup. Yup, I think that's a great point. Okay, are there any other...sorry, go ahead.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Micky, this is Tony Gilman. So, last meeting we spent quite a bit of time talking about kind of three columns and one really represented kind of the interoperability now. The second column talked about future and talked about FHIR and some other interoperability goals. And the third column was more future how we can have an interoperable health system where we can use the data regularly. So, through that conversation I did hear that we wanted to shift left, but I didn't necessarily take that to mean that we wouldn't consider the existing framework for interoperability that's being used now across the nation completely, that that would no longer be a focus or we wouldn't continue to build on that.

And I think that's...I think we need to do that because it seems to me the focus of this slide, particularly the focus on the public API is something that is futu...is still in the future and still very much in the development. And others on the call may have a better perspective on how quickly FHIR can be adopted and implemented by industry. But I'm...the specification isn't fully developed yet and so I have a concern there.

And then on the...when we did talk about the second column, I know I indicated...interoperability that there were...important, one was better alignment across industry on patient attributes for patient identity matching and then also consistent standard and approach nationwide for automated consent management. I know there were other opinions that were offered by other members, but not really seeing them reflected here so, I think this does represent a lot of the discussion, but I'm unsure whether this represents kind of the full discussion or consensus of the group at this point.

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

This is Michelle; we're getting some background noise, if you could please mute your line if you're not speaking. Thank you.

**Brian Ahier – Director of Standards and Government Affairs – Medicity**

This is Brian, I'd like to comment on that, especially on the timing issue, because I think that there's been a lot of confusion in the marketplace because people do tend to just read the headlines or have water cooler conversations and things can get confused. And that certainly FHIR is exciting and very likely to be part of the future of the health data ecosystems technical architecture, right?

But it's a nascent effort still in HL7, in IHE and the S&I Framework initiatives and if we think about categorizing our Interoperability Roadmap into 3 and 6 and 10-year timeframes, I don't know that we're looking at FHIR being fully mature and broadly deployed within a 3-year timeframe. So, I would agree that we need to really think about and make sure that we're appropriately messaging what the timing implications of having FHIR-based public APIs broadly deployed, that can rely on RESTful transport with proper authorization.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right. Yeah, I think, both Tony and Brian, I think those are great points so, on the last point, on the context we were sort of having a conversation about that on the pre-call as well. I completely agree and I think it doesn't come through in this, so, I think that's something that we need to put into the final slides that talk more about the overall context and timing and transition, assuming that there is a transition. I mean the idea, I think, as we sort of articulated in the JASON Task Force report was thinking about it first and foremost as a complement to current methods of exchange, not as a wholesale substitute and certainly not as a wholesale substitute overnight. And so...and I think that doesn't come through here, clearly. So I think that's a great point and something that we need to sort of elaborate on more here.

**Wes Rishel – Independent Consultant**

This is Wes.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, sorry, I just wanted to cover Tony's other point. So Tony, yeah, I did on the patient identity matching and consent, I think we're going to dive back into the technical standards here, so if we need to flag those and pull them out, then let's talk about that and I'm sorry if I missed those. I did go through the transcript, but I may have gone through too fast and perhaps didn't pull those out, so, happy to discuss those as we dive back into that. Sorry, Wes, go ahead.

**Wes Rishel – Independent Consultant**

Thanks. So, we have identified the importance of having measures of interoperability status and progress and we are currently having a discussion about maintaining the benefits of existing healthcare information exchange frameworks that are largely based on the CDA. There are others that are based on HL7 Version 2 and so forth, but, when it comes to transferring a patient's case or when it comes to most of the recently defined things, they come out as some application of some particular standard derived from the CDA.

What we haven't done is had a measure to understand how well we are doing in exchanging structured data using CDA. We had a Meaningful Use criterion that can be met in a way that is somewhat limited in what has to happen, but I...as we judge how much we should continue to build infrastructure over CDA versus how much we should encourage industry towards looking to solving a problem with FHIR, in think it would be unwise of us not to have gone at least to a measure of the ability to do plug and play information exchange using CDA-based standards.

Every story I hear, and I look at a lot of them, every story I hear indicates that even for the base data that is considered mandatory for Meaningful Use exchange in the CDA, there is almost always custom work. And as you get to data elements that are necessary for managing critically ill patients, people with long-term complex diseases, there is no benefit to the exchange other than that it's an easily administrable text document. So let's...as we look at this balance between caring for the old and encouraging the new, recognizing that all investment in the old is a trade-off against doing things under the new, let's be realistic about what we've...what the old is accomplishing. Thanks

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

This is Shelly Spiro and I apologize for the noise, I'm in the lobby and it is kind of noisy here but, I do want to mention that NCPDP SCRIPT is not mentioned or even any of the NCPDP transactions, which is the majority what pharmacies connect with, at least from their portion of the connection. We are moving to other types of connections using HL7, but I think it's important that if we're going to connect with pharmacies and all practice settings that we have to at least name SCRIPT...or NCPDP transactions into this, even from a current standpoint.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Sure. Thanks, Shelly. I think that, I'm just looking at the...it may be that we didn't mention it here because it was already listed in the ONC roadmap. But I am looking at the technical standards and I'm not sure I see it there either. So...

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

I would consider it a badge of success to not be listed here, in other words, these are the problem areas.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

Well, I think it's...this is Shelly, Shelly Spiro, I think it's very important that there are other entities out there that use other transactions that we're going to eventually have to connect with. I think that most of this is still a shoot-off from Meaningful Use, I mean, those who are not part of the Meaningful Use incentives were using translators and others to make those particular types of connections, as we do today with SCRIPT, but...with NCPDP SCRIPT transactions. So I think it's important that we at least bring NCPDP into there if we're interested in making sure that pharmacies are connected to this process.

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

Yeah, I think we have to be clear that just because you're not listed in this roadmap doesn't mean that we're not doing it, I think the goal here, at least in part is to talk about new things, that's typically what roadmaps are trying to describe is where you're headed. And it doesn't mean that you haven't been where you've been or that there was anything wrong with where you were it's where you're headed.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

Yeah.

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

So an enumeration of every standard used in healthcare is perhaps interesting, but I don't think that's the specific focus of what we're trying to talk about here, is it?

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

No, this is Shelly Spiro, I agree with that...but I think it's even clinical information is being transmitted using NCPDP standards and I think that it's not named there or named in this particular portion, although we talk about ePrescribing, I think it's still important that we name it because it is even exchanging clinical information that is being used, it's not just...even though we don't mention...or some of the billing standards, there are clinical functions ePrescribing is a good example of exchanging clinical information.

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

This is Chris and I have been listening to this and the concern that pushing new standards may infringe on existing standards or existing ways of HIE and without trying to get too folksy, I'm a practicing physician, I take care of patients and one of the things I know, if there are 5-10 ways of treating a particular disease, it usually means that none of the treatments are either very good or superior to the others. And it worries me that usually means that the treatment of that disease and the management of that patient usually is floundering.

And so looking at health information exchange as something that we want to fix, I worry about again all the different flowers that are blooming. Eventually, if you want to turn this into a production environment, there has to be some reduction in the methodologies that occur. And I think one of the things that we should be thinking about is whether we should try to give certain approaches a boost and discourage others while we're talking about this.

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

Yeah, this is David; I think that's a good point. The JASON Task Force recommendation was based on the premise that a generic set of APIs, if they were available across the board, a core set of them, would create opportunities for many new and innovative approaches, not just limited to plug-ins and modules, but limited to more efficient and interesting ways to exchange information. And because the generic APIs are generic, they aren't purpose specific; unlike current standards that we have which are very purpose specific. And purpose specific standards are useful to get everybody started, but they are limited because they can't do anything that's not in their predefined purpose.

So the generic API opens the door for much more possibilities of innovation. It does encumber us to do additional work, and that's where the notion of the data sharing networks came in to our sort of rationale to say that groups of people who have a problem to solve can leverage the public API to form a data sharing network and go solve their problems. And I would say that the group of people who use NCPDP SCRIPT to do ePrescribing is a perfect example of a kind of data sharing networks that we envision.

So I think the JASON Task Force proposal was really a shift in the way we think about solving these problems and it is disruptive in some ways, but it opens the door to the many new approaches, it doesn't...there's no magic, but it opens the door because you can count on core capabilities that everybody would have. And then on top of that, build really interesting solutions in your particular...to solve particular problems. So I think, nobody's saying turn off anything current, we're just saying turn on the possibility over the next 3 or 4 years, as the standard matures the capability to do really interesting things that we're not thinking about today. Anyway, sorry for the editorial but, we have to...I just want to keep reminding everybody of where we came from with that recommendation.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup.

**Wes Rishel – Independent Consultant**

I...

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

And this is Shelly Spiro, I'd like to add to what you just said and that's very important what we see within the pharmacy portion. We're sort of stuck with how SCRIPT is, and as an example, is being used because we have certain fields that are optional right now that we would like to turn on, structure and codified sig, some of making sure that we can exchange more information like the diagnosis that are not mandated as mandatory fields that can really help with the exchange of information and really meet JASONs intent...the JASON's report intent of this complete exchange. So it's even the development of these other standards that aren't necessarily named here, but should be named because we need to have that type of focus if we're going to move medi...if we're going to take medication information to that next level.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Hey guys, this is Kory, I just want to jump in here. While the...we don't have the particular slide in this deck, but in the overall roadmap deck there is a slide that specifically has NCPDP listed on it and it enumerates a number of existing standards, including the SCRIPT standard in the overall roadmap deck. We didn't put every single slide in what we're reviewing with this workgroup but it is in the overall deck, so, just so you know.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Thanks, Kory.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

You're welcome.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

So, from an inventory perspective, I think that there is a listing somewhere in the roadmap of the existing standards that are in use today. I think, to David's point and to Chris', the idea, the notion of a roadmap is that we are hopefully, and this is partly on number 4 here of our suggested recommendations is trying to push ONC a little bit to get to the prescriptive side of this rather than it being a descriptive document. And part of that prescriptiveness, if that's a word, is to be able to directionally say, here is a set of goals, here's where we want to head.

And I think that the bridge between that and where we are today is this idea of the data sharing networks or data sharing arrangements where the idea was that they provide the bridges for particular affinity groups who may want to keep doing something in a particular way and are going to have some type of bridging infrastructure, bridging policies that allow them to do it more comfortably, in a way that sort of makes sense within the context of what it is they're doing. So the expectation isn't that everyone flips a switch over night or that this is a wholesale replacement, but that there's a lot of heterogeneity out in the market and different types of arrangements will form to set up the right glide path that makes sense for that particular affinity group.

And it's all with the assumption that they see the benefit of moving to that API notion. I mean, if they don't, then they don't and they keep doing it the old way. But I think there is sort of a sense here that that approach will get us to something that's much more flexible and adaptable and open than sort of the current myriad sort of transaction specific approaches that we have right now, which are quite brittle. Is that fair? Does anyone object to what I just said?

**Wes Rishel – Independent Consultant**

Uhh...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Does anyone agree with what I just said?

**Wes Rishel – Independent Consultant**

This is Wes. I'm going to sort of split the middle.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay.

**Wes Rishel – Independent Consultant**

The thing that I'm keying on is an example that was given about there being optional fields in SCRIPT that they would like to turn on to improve the clinical content of messages on what I think we all have to agree is one of the most...its purpose specific, but it's one of the most effective areas of interoperability right now, which is sending prescriptions to the filler. It raises the point that it's not always the standard that is the choke point.

Here they already have defined what they need to define, they are having, apparently, I'm just taking this from what I heard today, apparently having difficulty getting agreement on the economic necessity or the trade-off between the clinical value of the data and the economic impact of introducing...making a field required. And that is a whole area that I think is very relevant to every use of health information exchange we've talked about and deserves some mention in our output. And particularly one of the views I have of the API approach is that it allows the proof of value and the proof of cost of a new kind of health information exchange to rise from the bottom by selected application as opposed to being...having to be fully agreed on and locked in before it begins to become rolled out in the industry.

So, my conclusion is that we probably need to convey a little better the way the roadmap leads to more, ironically, more spot solutions as opposed to locked in, for purpose standards that have sort of a rigidly defined scope and sort of spring full-blown into a national requirement.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

Yeah, this is Shelly Spiro, I couldn't agree with you more. And one of the things that we're seeing, even if you look at Consolidated CDA in that transmission if...we have people who are transmitting full aspects of complete information that might not be usable to the providers who are receiving that information. A good example is on medication reconciliation; some people for fear of risk or liability are sending 5 different versions of a reconciled med list from beginning to end, that might go to a personal health record that the patient is totally confused about.

So we have to...we also have to think about the usability of the standards and how they're being used and what fields are actually being used today. And I don't think we have to get into the detail, but there definitely has to be some mention of that in the roadmap.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup. So this is Micky, I'm going to move us to the next part of this, I mean, I think this has been great as a check-in and what I take away more specifically is that we probably want to have more in here about...a little bit more elaboration, I think on point 4 which is, something that talks about the overall context, so the directional nature of this, that we want something that's more prescriptive, that actually is, as David was suggesting, that a roadmap ought to be talking a little bit about the future and where you want to head. It probably ought to talk a little bit more about where it is we want to head and needs to have a lot more richness on the bridging that might happen or might need to happen between particular transaction specific or setting specific types of solutions and how that sort of bridging can happen at a high level, toward...in that future solution.

So not just a description of, well here are all the ways that people are doing things today and remaining silent about what that looks like in the future, but having some sense of how does that converge to something that we identify as being a part of the future. And then there's a specific that Tony had called out about some specific things like patient matching, patient consent, that we haven't talked about that I think is going to be a part of the next section here. So if everyone's okay with that, we'll try to sort of elaborate on that more and we'll have the opportunity then to have something that captures that a little bit better to react to at the next meeting. Okay, why don't we move to the next slide then?

**Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine**

Thanks, Micky.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

So, this is the core technical standards and function section. I think we did go into this last time, but let me...why don't we just go through a couple of the slides and make sure that we've covered everything that we want to cover. So, next slide, please.

So I think that we did talk through this, I think that Erica walked us through this last time and I think that one of the things that we had, in looking at this, we did have the comment of, well what doesn't this talk about? Now we've talked about some of the things that it doesn't talk about already. As Kory notes, this is just one slide out of a lot of slides, so perhaps we didn't pick the right slide here but I think the idea of this was to point out that there are a bunch of things going on right now and it identifies some specific areas to curate and refine to meet some specific requirements. But, I think that this is where we had the beginning conversation of this notion of well, is this descriptive or prescriptive and how would one sort of think about that as more of a roadmap and turning this into something that's a little bit more prescriptive.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Micky, this is Julie; I just have a quick comment.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, I think another purpose of this slide is to share not a comprehensive list, like you mentioned earlier, but an initial list of standards where there are specific actions in the roadmap that we're going to talk about. So hopefully the slides that you'll be going through after this reference back standards that may be listed on this but another purpose of this slide was to really show that there may be two categories, and this may be something that you all might want to think about a little bit more.

But there may be two categories where its existing standards that might need more of a maintenance mode, minor tweaks, little things like that. Versus new standards that are really meeting new requirements and I think that relates to your comment around defining the requirements for a delivery reform system and really defining those requirements for a learning health system. And I think that there's at least two categories, but in my mind, maintaining and tweaking standards at a smaller scale, like a dot "X" version versus brand new standards coming out of a major release of a standard coming out, it's a different request to the industry to think about. And it's definitely a different amount of work that would need to be done, not just for the standards developers but for the entities that would have to implement those standards.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

This is Shelly Spiro, I'd like to comment on this slide and when we talk about vocabulary, and pharmacy is a good example of many, many uses of vocabulary, I don't see anything in here in relationship to value sets and incorporating value sets of vocabulary that will help us standardize the usability of information in the data that's actually being exchanged. And so I think that's an important point to bring forward in the slides and into the roadmap.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, absolutely. I think that this slide is not comprehensive and I think that some of the other bullets on some of the other slides are going to touch on that, Shelly. So when we get there, I think if we still didn't get it right, we would love that feedback.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, there is a vocabulary slide, I think two in that may not fully cover what it is you're raising, Shelly, but we can look at that when we get there.

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

And we don't have to list every work item, I mean...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup.

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

...if you're talking about a standard, it includes the value set that are necessary to make the standard work, I don't know that we need to list everything. But I would suggest on this slide, on the left-hand column that NCPDP could be listed as a maintain and improve existing, I mean NCPDP SCRIPT, I think relevant to Shelly's comments, there is work still going on there, like the structured sig and other important changes as that evolves, even though it's very successful as it is, it's going to get better. But, I don't know what our...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, why...Julie, do you know why it, I guess I'm not...we don't have the whole context of this slide, I understand...

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

...it does say if this is a slide that talks about things that should be more in maintenance mode that would seem like one that ought to be on this slide.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah and I'm jotting that down as a note and I think it definitely should be added. So, I agree.

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

And then...this is David again, one more comment; this is totally self-serving, no, that's not quite right, this is...the middle column curate and refine, I don't know what we mean by curate, but the word that really jumps out at me is simplify. We had discussion on the Standards Committee call yesterday and almost the entire discussion was about how to simplify some of the stuff that is currently in the S&I process, such as the data provenance, which is...the way it's conceived of right now is incredibly complex and unimplementable. So, there's some notion in here of how do we simplify. I think the same with directory services; the current approach is really not workable, we need a much simpler approach. But, that's just an editorial.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, I think that's a good point.

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

Curate can include simplifications.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup. Okay, why don't we go to the next slide and I forget, does anyone remember where we left off last time? I should have...I should remember that but I don't know if Kory, if you remember which slide we left off on?

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Micky, we were just getting to the individual slides, so if we...the vocabulary slide is where we left off, so the next one.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Oh, okay. All right, so we did cover this one.

**Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology**

Yes.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. All right...sorry.

**M**

I was just going to say, you can cover it again if you want, but vocabulary is where we left off last time.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, okay, why don't we go to the next one then? Okay. So, I don't know if Julie if you could do us the favor of describing a little bit of the 2014-17 column; for these we've...I mean, I can read them but I think you have a lot more context than I do and then happy to talk about the column that we added, which is how would that map at eye level to the JASON Task Force and Governance Subgroup recommendations.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, I would be happy to. So, the first bullet really talks about the vocab standards that are inherently published as part of these other format and content guides for very specific uses like for lab ordering, for example or results, that those vocab standards start to be adopted and keeping in mind that the 2014-17 column really needs to reference the standards that we currently have out there. It's really just focused on the adoption and use of those vocab standards and also thinking through how consumer facing Apps can also use and display vocabularies.

And I think that there's probably a lot that would need to be discussed around what the requirements are around vocabulary as those terms and codes would get displayed to a consumer. If we think about consumer more broadly, beyond a provider, it could include a patient or a family or a caregiver, for example. And we got some actual...we got some strong input around the desire to make sure that we're thinking about consumer friendly terminologies and consumer tools.

The second bullet talks about the fact that the common MU data set is a starting place in which the research community can start pulling data. And as you all know, the MU common data set is pretty straightforward demographics, labs, etcetera and so we really feel like the research community needs to really push forward on using those standards, in addition...focus on the MU common data set initially and getting some initial uptake there in that community.

The next bullet talks a little bit about centrally maintained code sets, and on the previous slide, we reference PHIN VADS and VSAC and that's really mostly right now led by federal agencies in government. And then the fourth bullet is actually an interesting one that we would love to get your feedback more on...there have been several places where we discussed with our public in various meetings and things like that around translation services and adapters and figuring out where in our architecture or where in our ecosystem those are going to fit in. We understand that there is use here and there of translation services for vocabularies and I think it's really thinking through how the translation services could...may need to be adopted at a higher rate in order to improve the quality of the information that's being exchanged.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

This is Larry Garber. I'd love to see APIs for...to translation web services in a for instance, built off of UMLS, but UMLS is not comprehensive enough in terms of its mapping today. And then the other thing is that when you're doing these translation services, there's often...you often have the dilemma of where one term maps to many and you need to have flagging of preferred terms for that. And it does get...it's not a slam dunk, but I think it would very valuable because I end up having to do it by hand, I'd love to have a freely available translation service. And I don't know if vocabular...changing to other languages is part of that, but I think that's also something that would be particularly valuable, especially as you're talking about consumer friendly terminology.

**Wes Rishel – Independent Consultant**

This is Wes, I'd like to add to what Larry said and particularly point out that even where we have named vocabularies, the...some of them have a very high rate of change and the ability to count on using those vocabularies involves some sort of public benefit for curating and keeping the changes distributed to the healthcare IT software that makes use of it.

On the one hand web services can be valuable because you only have to update it in one place; on the other hand, many changes of vocabulary involve coordinated changes at the systems that use the vocabulary. I think the roadmap deserves a "should" include a look at the means by which vocabularies are curated and distributed and introduced into healthcare IT. That's obviously not a 2017 issue, but it's an important issue.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

This is Shelly Spiro, I'd like to add to that, and thanks Wes for that but there's a lot of work that we're doing on the pharmacy side, especially at the Pharmacy HIT Collaborative with RxNorm with the FDA, with normalizing not only medication information, but also allergy information is another area that we've done quite a bit of work on. And I think that that's a really important piece so that there are ways to normalize information to make it publically available.

And I think that the National Library of Medicine definitely has that scope and that's why I really think that bringing in the value sets is an important piece of that because no matter what vocabulary that we're using, we need to not only normalize it, have it publically available, which is a big goal of the government at this time, especially on things that we can codify quite easily, medications are right up there, but also other substances. But also then to put it into value sets that it now becomes usable where we can do that translation back to the patient, where we're making more usable information.

NCPDP just recently put a white paper out there in relationship to usable medication language for patients that would feed into information. We do this quite significantly using Consolidated CDA and others because the pharmacy, we have to communicate with our patients about their medication. And so there's quite a bit of work that's been done in this arena that we're well on our way to meet the 2017 framework for that.

**Wes Rishel – Independent Consultant**

Shelly, it was actually pharmacy and specifically a very common medication, metformin that had brought this to mind for me. There are so many new formulations of metformin come out that EHRs that exchange data based on different sources of medication IDs often can't recognize a metformin prescription perfectly structured from the other source. And I was focused as much on the distribution and the governance and whatever the other issues are associated with health information exchange that cause that up-to-date, if you will, Masterfile data to be shared and implemented and curated properly.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Right.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**  
(Indiscernible)

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
And Wes, I wonder whether your point is actually covered in the third bullet which says a standard approach to federated distribution of centrally maintained code sets.

**Wes Rishel – Independent Consultant**  
Yeah, I would say, yeah, I can see it's implied there, right.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**  
Yup.

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

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**  
This is Shelly. This is Shelly. It's really not because what happens...we can go ahead and have a centrally located information but if our users aren't updating the information appropriately or their not using it in the right way, this is what causes the problem. And we're finding many cases where databases are not up-to-date or they're using free text information or refer...as an example, reference NDC number going back to Wes' case that he's bringing in, that when you translate that information from one system to the other, it isn't picked up or identified. And so it's a little bit more than just a centralized...

**Wes Rishel – Independent Consultant**  
Yeah, no, I think the question is what do we read into that bullet? I was, at Micky's suggestion, I was reading into it the necessary governance and other processes to create the uptake for the updated information.

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

Yeah, so that's what a data sharing network does, I mean...

**Wes Rishel – Independent Consultant**

Right.

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

...you have to have everyone in the interchange agreement synchronize around the value sets, it's not sufficient to have them in a central location and just sort of ad lib download them, you have to do it in concert or otherwise you have a broken interchange which brings me to my second point...this is David, by the way. I'm glad to see the mention of profiles on the third column, on the right-hand column, but the...it's really important the value set discussion is kind of over, the discussion...in other words, those are relatively settled.

The complicated discussion that will certainly be happening very aggressively during 2015 is profiles, which is how you combine value sets together to describe more complex things. You can't, for example, send a blood pressure with LOINC. In and of itself, LOINC is not sufficiently precise on how to send a blood pressure. You have to have a profile for that and those profiles have to be agreed upon by the members of the data sharing network. So the profiling activity is going to be an aggressive topic for this timeframe and in fact I would assert it's the most important topic for this timeframe because that's the next problem to go solve.

**Wes Rishel – Independent Consultant**

Are you referring to data element models?

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

Well yeah, a profile in FHIR terms is an agreement on how to combine the fields, which fields are required and so forth, but those are usually derived from a common understanding of the data element model.

**Wes Rishel – Independent Consultant**

Okay.

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

You can do a profile without the data element model, but it's usually easier to have one in your back pocket so you understand what you're trying to describe. In other words, it's...I mean and Stan Huff is who I'm basically riffing on here, this is not my insight, this is Stan's work for a long time, but the...it is not sufficient to merely say, we're going to send a LOINC code and a value if you want interoperability. LOINC codes are ambiguous; there are multiple ways to say the same thing.

You have to decide if I want to send a blood pressure, this is how I'm going to use LOINC codes to do it, and specify which fields are going to be in the message, which fields are optional and so forth. So, in other words, value sets is the base, but we are...I think we've done a great job, we the community has done a great job of getting that base really well specified. The problem that we face in this timeframe, 2015-2017 is combining these value sets into larger aggregate, to use the old PCAST term, molecular information.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

This is Larry. I think this is also a slide where we really need to call out the one big gap in vocabulary standards and that is for the orderable tests and procedures. I mean, that's really been a problem, I know there's work that's being done on it, but I think that if we don't call it out, it's going to be forgotten.

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

That's a great point.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

It's a huge barrier.

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

I second that. That's the one value set, the one core value set that we don't have, that's a great point.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay, got that down. Is there anything else on this slide? On the right-hand, I just mapped at a high level the sort of concepts here to the JASON Task Force and the Governance Subgroup recommendations that came out that specifically, as David noted, points to core data services and profiles being particularly important and really defining these in a way that can be made operational.

The task force report also identified four types of use cases, clinician-to-clinician, consumer access, pluggable Apps and research, and there was a fifth, which was administrative transactions, so there were five and pointed to clinician-to-clinician exchange and consumer access use cases as being ones that HITECH itself should initially focus on, but certainly there was no intent of saying, it should be limited in any way and that the industry could pick up research and clinical trial community pilots and whatever else, whoever else wants to build sort of profiles related to the particular things that they want to accomplish.

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

Micky, it's David. I...your mention of research I wanted to come back to that, I've forgotten the point, are...I mean, with respect to the MU core data set, my bet is that CDISC folks would not agree with that, although I'm not sure, maybe Landen is still on the phone and could comment. The research community has defined their own approach with CDISC, is it totally consistent with saying that the MU core data set is the way we should move forward with research, research access to data? Does that...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Is Landen on? Landen, are you still on? No, because I know in pr...I mean, I don't want to put words in his mouth, but in prior conversa...discussions we've had of this that may have been over in the JASON Task Force, I forget, he...I had heard him say that he thought at a high level that there was something like 80% overlap, which was a great place to start, which I know is a little bit different than I think the way people have approached it to date, which is to focus on the 20% rather than focusing on the 80%.

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

Okay, I just wanted to mention that potential tension, we might want to get a dissenting opinion, if there is a dissent, although it would be great if there isn't.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup. Okay, let me see, just looking at the time here, okay, we're at 10:15, why don't we go to the next slide then. And Julie, I'm going to call on you again if you don't mind to describe to us sort of the thinking behind the column on the left-hand side.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah and I think this is going to be a relatively quick slide. So the idea here is that thinking about again that 2014 and 2017 is really going to be pulling from existing format standards, it's really just a call to action for the industry to adopt those standards and we actually list out a handful of standards on the slide and those are the standards that we feel like need to reach a critical mass as far as how many people are implementing these standards.

E-Prescribing is listed as its own bullet but it could easily fall under the theme...the same narrative that the first bullet describes. And then really refocusing on what the learning health system is and focusing and asking the research community and clinical trial and biotech industry to also consider some initial uptake around those same format standards and then lastly, just acknowledging that those format standards are, on an ongoing basis, going to need to be refined to support specific needs. And also acknowledging that there is a desire to be able to exchange data at a larger document level and also a more granular level and there are several efforts that are undergoing now under the S&I Framework where they're looking at how to exchange data at a more granular level and also how to query data at a more granular level.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

This is Larry, on the...where you say adoption of Consolidated CDA, can I ask that that be specified as Release 2.0 that was published last week by HL7 and the new release of the Consolidated CDA meets a lot of the...resolves a lot of the deficiencies in the prior release 1.1 regarding care plans, goals, things like that. It also enables patient entered data and a whole bunch of other stuff.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

This is...

**Wes Rishel – Independent Consultant**

This...

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

And David, to put in the queue...get in the queue.

**Wes Rishel – Independent Consultant**

Wes here, too.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Why don't we, David first then Wes.

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

Umm...

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

Yeah, this is Shelly Spiro; I'd also like to name NCPDP SCRIPT because you know e-Prescribing standards that is the standard. If you're going to name Consolidated CDA or HL7, I think it's important that you name NCPDP.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay, we got that one. So David and then Wes.

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

Yeah, to bullet point 3, adoption of the same format standards by research and clinical trial community, I don't think that's a given easy thing, so, we really want to seek input on that as to whether that's feasible, vis-à-vis the comment about CDISC and existing research approaches. And then bullet point number 4, I mean the whole point about granular data is what the core data services are about and somehow this seems completely decoupled. I mean I hope we're not defining yet another access format for core or for granular data, I just...I don't understand what that bullet point 4 means, unless you reference the notion of the public API and core data services.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Julie, anything to add there?

**Wes Rishel – Independent Consultant**

So this is Wes.

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, this is Julie. I think I mentioned earlier there are a couple of S&I...a few S&I initiatives that are looking at APIs and FHIR and RESTful ways of moving data and so we don't actually spell it out in the language, but I think one way in which granular data can be moved really is what you said, the core data services and profiles and potentially an actual FHIR profile. I don't know if that helps.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. Yeah, so maybe this is where we can provide some of that direct mapping.

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

Yeah, absolutely or turf it to the Architecture & API Workgroup of the Standards Committee to make that recommendation if you want, but I don't think there's a need to be vague here.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, yeah, right.

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

And just because it's an S&I activity doesn't mean that that's a given, it's...

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, I think...this is Julie, I think we agree with that, so it would be helpful to really get your reactions and rec...around FHIR and specifically around the S&I initiatives.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. Wes?

**Wes Rishel – Independent Consultant**

This is Wes. I am really responding to a couple of points now, I may have lost track of who made the points, but there was a suggestion that we name a specific HL7 standard at this level, C-CDA Release 2. I think it's important to recognize that as of yesterday's Standards Committee call, there was a call from the Electronic Health Record Association asking that a project be put together to reduce some incompatibilities between Release 1 and Release 2 that might generate a 2.1 or something like that on a short term. I think at the level of a roadmap it's probably better for just not to name a name, but to recognize that this testimony from EHRA came up because of a fairly significant problem in versioning standards in the field.

The second point relates to this language about the clinical trial committee and I...research is a broader term than clinical trials and I just realize now that there's a recommendation here, well, I guess I don't know how to read this. Is this a recommendation that we adopt the standards that are currently used for collection of clinical trial data in the legal format required by FDA or is this a suggestion that they adopt what other people in the industry are doing? I think that each of those...I think there is benefit from cross understanding of those two formats but I don't think adoption of the same format standard is a 2017 item.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right.

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

And that...this is David that was my point, Wes said it better than I did, but this is not a...I don't think this is a resolved issue.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right, okay, so why don't we flag this one as being something that I think maybe we want to touch base with Landen and see, get his input as well. But we can flag this as being on that's probably more complicated than suggested here.

**Wes Rishel – Independent Consultant**

Yeah, and Becky Kush, too.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

This is Shelly Spiro, I'd like to add to that, we don't talk anything about registries, some of the organization registries that are taking place and I don't know if that's been decided; some of the adverse drug event reporting, which are also along the same lines as the clinical trials. I think if we talk about registries it's going to be an important piece into adding this in there that's going to help us get to that same path. I don't see that added in here, but I think it's an important piece to be added.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Right. Okay, I think that's a good add. So let's go to the next slide, I just want to...this will be the last slide in the standards...oh no, oh, I'm sorry I jumped ahead in my own personal one. So why don't we look at this one quickly, but I wanted to get to the last one as well, if we can. I'm not sure if we can. So, on transport here, well Julie, do you want to give us a quick summary view of this?

**Julie Crouse, PMP, MS – Program Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, I would love to. The first one is really just promoting the use of Direct not just between hospitals and ambulatory providers, but across some of those other care settings that are mentioned such as behavioral health and long-term post-acute care facilities. The second bullet talks about uptake of national standards for queries and identifies some of the specific entities in which we feel query is really important, and that may not be a comprehensive list, so that might be something that you all can think about.

The uptake of standards, and we call it specifically publish/subscribe and the use of that standard. We know that there are pockets of activities that are currently using publish/subscribe from what we understand. And the last one is really something that we've been talking about throughout today's call but really piloting those RESTful web service standards and refining them and publishing a refined version of those profiles.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay, thanks.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

This is Larry.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yeah, go ahead Larry.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

Just one thing, I think the discussion, it probably will belong under the next slide, but just there are two ways to do the subscription; one is patient specific and the other is provider or organization specific. And there's a whole discussion about how to make that work using the directories. So, if you want, I suppose I could wait until that slide to discuss that more if you want.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

This is Shelly Spiro, I'd like to mention that on that first bullet, pharmacies have become...are patient care centers and a huge piece of what's also lacking from transport of information, we are currently transporting information but not named and it would be very helpful if we could name that, that would help others identify that that particular type of exchange is an important piece of this process.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. So all of these seem like they sort of are relatively self-explanatory; with the third point, I think Larry, there is something that might be a little bit subtle there behind that one that isn't obvious, but the other ones, or that implies certain types of infrastructure that would need to be in place, which I think is what you're getting at, where the other ones, I think, are covered both two and four are specifically mapped to recommendations that came out of the JASON Task Force report. And I think the idea was always that Direct would keep going, but again with some kind of glide path toward the idea of the public API was that it would be read and write and so at some point the API approach may be a better way to do that. But again, going back to our original conversation earlier, there is a glide path here and the idea is that we're complementing existing things and having some kind of transition over time.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

This is Shelly Spiro, I know you used the term RESTful, but I think it would be really important at this particular point to add the query and response or query push, some type of language in there that makes it a little bit more user friendly as to what we're really talking about. And that's really what we're talking about, we have to be able to query the information, we have to be able to push out the information where it's needed...

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yup.

**Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative**

...and those protocols have to be in place.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

So yes, I think that is...query is covered in bullet 2 and I think maybe they can add something on bullet 1 that talks about Direct being push, but I think that's a fair point. The RESTful web service idea is just that specific architecture pattern for thinking about how to do that. So why don't we go to the next slide, this is the last slide. I wanted to...I really wanted to hit this one because it addresses Tony's question way back in the beginning. Tony, are you still with us?

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

I am thank you.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. So here is where the roadmap, as promised, it does talk something...it does have a piece that talks about individual mapping and then...individual matching, sorry, and then it also, there is a section here on directories and resource location, which I think is what Larry was getting at when speaking to this being the kind of facilitating infrastructure that would be necessary for something that we might think of as publish/subscribe kinds of functions.

The mapping of those...of these particular things to the JASON Task Force is, we did in the JASON Task Force call out that there could be the need for what we call DSN bridging standards to develop voluntary standards for vendor-neutral cross-DSN bridging to fully enable the narrow set of robust transactions that would be required for the loosely coupled architecture and we called out patient identity reconciliation, auth/auth, key management as being these kinds of things. So I think that does directly map to that notion in a general way.

And then the individual mapping we had pointed out that there could be a set of nationwide shared services that the idea here was that these could be things that the federal government itself could perhaps launch itself or seed the launching of that could be a place for infrastructure advancement to enhance DSN alignment. And this could be public use licensed vocabularies or specifically we had called out healthcare provider and entity directories. We steered clear of saying anything about a nationwide MPI or anything like that, but we did have patient identity reconciliation on the top row being something that would probably be a need as you think about cross DSN kinds of exchange.

So let me step back for a second and see if, Tony, if you had specific things, I don't know if this covers your concerns.

**Tony Gilman – Chief Executive Officer – Texas Health Services Authority**

Thanks Micky, it does. This is a key piece for us for interoperability, so thank you.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. And Larry, you had something you wanted to say here I think about...

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

In negative one minute?

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Yes. Exactly. Or we can pick it up next time, too.

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**

I think, I mean my preference would be picking it up next time, if that's okay.

**Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay. Sure. Okay, why don't we...so, well thank you everyone. I think we've managed to get almost all the way through the technical standards and functions so we'll pick up this last remaining piece next time and, actually, if you can go to the next slide, which I think is...oh no, maybe it's not the next steps. So, why don't we just...I wanted to speak to it quickly because I know we need to get to the public comment. So, we will draft the recommendation slides for review at the December 1 meeting based on the conversation we had earlier as well as the comments that we got on the core technical standards here. That will be for us to discuss, so at least it's something for us to react to.

We will complete this last piece that we were just discussing with Larry being on deck to provide his comments, so he can lead us off there. And then we'll also complete any remaining open recommendations considerations for the final recommendations we want to give to the Policy Committee. We do have another week after that of offline time, less than a week because we have to get the slides to them, so that will be our opportunity to have an in-person meeting to discuss that draft set of slides and then we can refine further via email. So, let me turn it over to Michelle for public comment.

## **Public Comment**

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

Operator, can you please open the lines? Lonnie or Caitlin, if you're speaking, we can't hear you. Altarum?

### **Bess Hoskins – Specialist – Altarum Institute**

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

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

We have no public comment. Thank you everybody, have a great day.

### **Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative**

Okay, thanks everyone.

### **Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Thanks everyone.

## **Public Comment Received During the Meeting**

1. The required public health reporting would be an excellent item to measure reporting, ie vaccination.
2. Suggestion for "Defining Measures of Interoperability Status and Progress" - As a starting point how about soliciting established HIE's for their txn numbers surrounding CCD exchange to start. HIE's/EMR Vendors will have most of these stats available as a result of MU measures, reconciliation reporting and core capabilities. Start with any federally funded exchange at State/Regional levels, then include well established private ones. Happy to expand on details. Thank you.
3. Slide 7: Would suggest showing the standards separated out by type: e.g. content, transmission, vocabulary, etc.