



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

July 14, 2016

Presentation

Operator

All lines are now bridged.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 2017 Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Rich Elmore I believe is on vacation. Kim Nolen?

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

Hey Michelle, I'm here.

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

Hi, Kim. Christina Caraballo?

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

Hi, Michelle, I'm here.

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

Hi, Christina. Christopher Hills is on vacation or not able to join as well. Clem McDonald.

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

I'm here.

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

Hi, Clem. Dale Nordenberg?

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

Hi, Michelle.

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

Hi, Dale. Dan Vreeman?

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

I'm here.

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

Hi, Dan. I don't believe David McCallie's able to join. Eric Heflin? Kin Wah Fung?

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

Hi, Michelle; I'm here.

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

Hi, Kin Wah. Mark Roche? Michael Buck? Michael Ibara?

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

Here.

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

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

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

I'm here.

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

Hi, Susan. And Tone Southerland?

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

Hi, I'm here.

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

Hi, Tone. From ONC I know we have Brett Andriesen on the line. I there anyone else from ONC on the line?

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

Hi, and this is Michael Buck joining as well.

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

Hi, Michael. Okay, with that I'll turn it over to you, Kim.

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

Hey, this is Russ Leftwich, I'm here as well.

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

Thanks Michelle.

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

Thanks, Russ.

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

Hi, Russ. Thanks Michelle and thanks everybody for joining today. I'm just going to be real quick with the opening remarks so that we can get into some of the sections. I belie...Dan, are you going to give us a quick review of what you're Structure and Vocabulary task group, sub-group went through? Is that correct?

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

Well, that might be slightly challenging today; the reason is, I'm in transit, can't see the slides and I'm also probably making a lot of noise on the phone. So perhaps Clem might be able to summarize the slides a little easier than myself, but...

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

Oh, you're making...you're giving feed...

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

There's a lot of squeaking going on.

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

Yeah.

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

Yeah, I think it might be Dan. Why don't...Clem did you want to do that or do you want us just to bump it to the next call? Oh, can we mute Dan? Are you all still there?

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

Yes, I still hear you.

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

We're still here; I think it was somebody else, but I think the operator told him or muted him; so, yes.

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

Okay, almost certain to have ear damage. Clem, do you want to give a summary or do you want us to bump it to the next call to give the review?

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

You mean on Dan...actually, I vaguely recall, I thought we did, didn't...last...I thought we did following already, but I'm not organized to do it, if you have...

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

Okay, so let's just wait until the next time because we've still got section one to get through and we have plenty of slides to walk through and discuss and then we can...

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

Well...

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

...just put you all first on the next call.

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

Well one other thing to remem...we had a meeting this morning for the research group and...

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

Yes.

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

...we sure would like a chance to discuss that before, you know in this next week or this one or some.

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

Okay, why don't we schedule that one for next week, also. Are you all going to put some slides together for us?

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

I almost...I'm almost done with them, I'll have them actually in about 10 minutes, I'm working as I listen.

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

Okay, perfect, so Brett, is that good for us to do that?

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

Yup, we can certainly do that.

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

Okay, so we're going to...Brett is going to, as soon as we get through these couple of slides, we're going to start where we left off in section one and get through section one and if we have time, to get into section two we'll do that. And then once like a whole section is done, we will ask everybody to review it, give back any comments; we'll quickly look at it on one of the calls and make any adjustments, but we

won't have a lot of time to do it on the call. It will have to be offline and we even had some thoughts, and I'll open it up to the group, for section two and three to maybe do some sub-groups to bring back the comments and recommendations, just because we're in a...we don't have a lot of meetings left before the July Standards Committee.

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

Hi Kim...

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

Anybody have any thoughts or suggestions? Yeah, who's that?

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

This is Eric Heflin, just to let you know, I joined about 5 minutes after the hour.

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

Okay, perfect; thanks, Eric.

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

(Indiscernible)

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

Hey, you know if this session opens up because Dan didn't present, I could...we could discuss the research thing toward the end; now the slides are almost done.

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

Okay, well how much time do you think you'll need, Clem?

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

Well, 10, 20 minutes, depends on how violent people react...what people have to say.

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

Well let's...

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

It was a pretty non-agreeable meeting that we had so, but others might have different views that hadn't come out...

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

I'm just wondering if, since nobody...the group hasn't seen the slides, I'm wondering if we should send out the slides and give time for people to look through them.

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

I will...I will.

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

I know that they're not going to be able to look at them and do the call and then we could have it on the next...

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

Oh, okay.

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

...call.

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

All right, whatever you want. Yeah, sure, sure.

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

Okay. All right. So...

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

I won't hurry then.

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

Okay, perfect. So any suggestions for how we should accomplish what we need to accomplish by the end of the month for the HIT Standards Committee update?

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

No I really defer to you and Rich Kim, you know to kind of you know what leads to the work plan, so I'm comfortable in following the course you laid out earlier in the call.

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

Okay, any...

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

And this was Eric.

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

Any other thoughts? Okay, well let's...Brett, do you...let's go ahead and get started with section one, I don't think we need to go through the other slides with the members and the phase one and phase two; and I think we ended on encounter diagnosis. We had Dan's slides in there, but we'll skip over those, which I think is on slide 26 was encounter diagnosis.

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

Yeah, I think we covered at least for the most part this; I was looking at my notes and I saw that we had some discussion here, so I don't know if there was anything else the group wanted to follow on for this or if we should jump on to section 1-D and start taking about race and ethnicity.

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

Yeah just a quick comment; Clem asked about SNODENT last time that is mentioned in one of the public comments and actually SNODENT is a proper subset of SNOMED so I think mentioning SNOMED as a standard is correct and in using the OID to refer to SNODENT is also appropriate. So I don't think we need to change anything there. So this...yeah.

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

So SNODENT is mentioned?

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

SNOMED is...SNODENT is...well SNOMED is mentioned as the standard and SNODENT is referred to by the value set field as an OID; so I think that is...to refer to this, so SNODENT in itself is not a standard vocabulary.

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

But...

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

Did I hear you correctly saying that SNOMED itself is not a standard vocabulary?

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

SNOMED is but SNODENT is a subset of SNOMED...

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

Oh, okay great. Thank you.

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

...used specifically for dental patients.

Eric Heflin – Chief Technology Officer –Sequoia Project/HIETexas

Okay, great. Thank you for that clarification.

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

But the prob...I mean the problem that you run into if someone says use SNOMED, they don't know where to...what to look. And if one could say the SNODENT subset, then it makes it more clear.

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

Yeah, there is a SNODENT...there's an OID now for SNODENT; the problem is that the OID will not resolve to anything yet because that subset has not been properly like instantiated in any...for example in VSAC you cannot find all the codes and...

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

Well, I mean...but the SNODE...I mean I just think it might be useful semantically to lay that into the thing so people know, the dentists know that SNODENT is a subset of SNOMED and they can find it there somehow.

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

Yes...

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

I think we can add...we can just make clarity around that and how you stated it a few minutes ago, Clem that...

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

Yes.

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

...SNODENT is the subset of SNOMED that should be used for dental coding, right?

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

Yeah, that's...I think that would make it easier. I just, you know we throw these huge spaces at them, it's hard for people to actually think of...know what to do, and they would find a way, even if it's not...you know they can find their way that way.

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

Yeah, I agree.

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

Okay. So do we want to move on to race and ethnicity?

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

And also there's a point that...the third bullet point from the low part, the task force. So that I...that's my proposal actually to include the CORE problem list subset as a starter set for the encounter diagnosis part, so I...we talked a little bit about this in our last call, so the differentiating between the value sets and the starter set. So the CORE problem list is not everything that is allowable for encounter diagnosis

or problems, but it's certainly a very useful thing if people are thinking of implementing SNOMED for problem lists or encounter diagnosis; so I think that that may be useful.

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

Okay, I'm trying to...the starter set conversation was up at the beginning for allergies, what slide was that on, I'm not good in my head.

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

I think what you need is a little introduction to the idea of a starter set, which is a subset of something that's already standardized, and it's not yet sort of a fully implemented notion in everybody's head. But I think it's a good idea.

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

Okay.

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

So Kim, there's something about starter set in 1A-22 and it's just...so starter set basically is just a useful subset of some standard that people usually find it most frequently used and it will be helpful in a lot of...centers. So examples are like the LOINC 2000 commonly used lab codes or the CORE problem list. But we want...

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

Okay.

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

...to differentiate them from the traditionally recognized value sets because by value sets you'll be using in that all allowable values are included, but they are not the function of the starter sets; starter sets are derived originally from empirical...real clinical data and represent the most commonly used codes.

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

Okay. So do you think Kin Wah like this would just be an overarching statement for the whole section one that could probably apply in each of the sections?

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

Yes.

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

Like to talk about the value sets; okay so Brett, maybe we should add that up at the beginning of section one to kind of clarify and it may sort of fit in to what Dan and them are going to present next week too, with some of their overarching principles and we might could just have a nice summary slide at the beginning that talks about the starter set, the value set and some of the things that Dan and them are going to talk about next week, to be overarching principles in this section. Does that sound good, Kin Wah?

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

Yes.

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

Okay, perfect. All right, so let's move on to race and ethnicity. Brett, I'll turn it over to you.

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

All right, so 4, race and ethnicity. From the public comments we heard that there was a recommendation here to add the CDC Race and Ethnicity standard as a unique row within the ISA because it is federally required in the 2015 edition. Currently it's listed just kind of in the limitations condition...pre-conditions in the...section. A recommendation to use code systems that are consistent with the C-CDA standard; a few specific LOINC codes from the eDOS implementation guide that should be added; I believe those would be added to the value sets there.

A recommendation that patient level identification should be restricted to HL7 value sets, which do match the OMB values. And then a recommendation to explicitly reference additional standards based on the OMB standards which define actual implementable specifications for race and ethnicity such as the CDC value sets and that for certain purposes are mapped to OMB standards for reporting.

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

Could I...

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

And then from the task force comments, link the three listed value sets to VSAC. Clarify first limitation as forms accepting more than one choice is not related to coding systems. And then the limitation related to more precise "lower codes" may not be necessary. And I think Clem you were going to jump in with a comment.

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

Yeah well, the problem with just referring to the VSAC or for race and ethnicity there's too many lists out there and some of them are wrong. And so I think we've got to be more precise in which one we mean. HL7 has three, I think, version 3.1 and some other one and one of them which creates the big confusion has the name for ge...and we're talking about gender, too or just race and ethnicity; I may be getting ahead of myself.

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

Just race and ethnicity for now.

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

Well even that, you know if you look on the web...we should be very clear about which exact one, if we can, to use and be su...because sometimes there's more than one, PHINVAD has more than one.

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

Clem, there are three value sets that are listed; they are quite clear; they're referred to by their OIDS and I think one is for race with five codes and there's another one race, but very exten...more extended with over 900 codes. And there's one for ethnicity and this...

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

Well, so we should...I mean are they named that way or people can pick and choose? Because the one with 900 is...

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

(Indiscernible)

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

Pardon me?

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

Yeah.

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

I me...what page is it on in the...is it specified in here or is it specified somewhere else?

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

Page 12 on the ISA.

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

Well my page...I'm looking at a hard copy and...

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

Yeah, it's page 12 on the hard copy, yes.

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

Let's see, race codes...well I mean shouldn't we say something about which goes...just say a little more because that extended set, is that...that's really hard to use and there's actually a hierarchy to it, right? You know so under white you get 10...5 codes, you get Europeans and under American Native Indians I think you got each tribe, there are 30 or so codes. At least suggest we make some suggestions about when to use which.

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

I think Clem, because this is listed as federally required, I'm wondering whether it's already included in the Meaningful Use certification criteria already; so it should be pretty well specified over there.

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

So, we could, like in the limitations, dependency preconditions, we could...or we could just make a recommendation, I don't guess it would go there, to make a comment that Meaningful Use should specify clarity around how to best use them or...

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

Well I think perhaps, and perhaps they do, I think what they say is something like there are five codes one must use and you can choose to use some of the other ones under...where you need them for special uses, something along that line. But just listing all three here doesn't give you that distinction for race and ethnicity I think you just have to use...how many codes are there, Kin Wah?

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

You mean for ethnicity? I can look it up.

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

It helps in this thing to say how many because that's how people can identify them, and I think it's a handful but maybe not, maybe it also has a hierarchy to it. But this doesn't have to be decided in a call; I think this, you know make it...when people get a lot of choices they don't know what's used for what. You sort of say it on the left side...

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

Does anybody know if there is a hierarchy within the code set because that makes it be something that's mentioned?

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

For ethnicity...well there definitely is in race...

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

The CD...yeah, this is Dan, the CDC one definitely has a hierarchy.

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

I mean so, I mean it is definitely a hierarchy and it goes down two or three levels and you can get great detail but I think the way this reads is kind of like the top level doesn't do that well. What it should say is, you have to use a top level, but if you need to you might want to choose some others, but people are not going to be going down figuring out which Indian tribe everybody's in. It's hard enough to get black and white straight at check-in time and I think in some hospitals, they're afraid to ask. It's just some phraseology.

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

All right, any other comments on race and ethnicity?

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

Well there's text after that, let's see, we're at page...never mind, that's a different page.

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

Yeah, that's...well the ethnicity value set that I can find on VSAC only has two codes, so it's Hispanic or Latino and not Hispanic or Latino; I don't know...I checked the OID and it's the same one, so does it sound right to you Clem?

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

Well I'm just a little worried that that's what it used to be, whether it's expanded and, I don't know, maybe if we just do a quick search on the web and OMB or something, I have some concern it might have spread out.

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

I have a strong feeling that this has probably taken this from Meaningful Use, maybe we...maybe I can do it offline to see whether this is what it...

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

Yeah, yeah.

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

Yeah, okay, I'll do that.

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

This is Dan; one other addition, just to reference that comment about the LOINC code, that fits into the general category of things we'll talk about next week on structure recommendations where this is an element that most of the time in messages has a structural place to put the code, but not always and in some communication strategies you need an observation code for which, whether the CDC code or some other indicator of race is stored as a result value. And so in those circumstances when you don't

have a structural element set for transaction to define what the observation is, you need a LOINC code or you should use a LOINC code to say that you're communicating race and ethnicity.

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

Okay. So Dan, do you think some of your slides will be able to kind of consolidate in with our comments from these slides, and some of them are probably overarching general principles? I looked through them quickly this morning.

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

I think so. I don't think I chimed in earlier but the comment around sort of labeling value sets to why they're sort of subsets or starter sets is one that we could definitely include in there.

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

Okay. Perfect. All right, any other comments on race and ethnicity? I think we can move on...family health.

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

Okay...what was that Kim?

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

Sorry. Sorry, go ahead.

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

I was...all right, so for the public comment; the first one here is around the fact that simple assertions can be coded with SNOMED, but other structures might be needed for recording history. There's an example here of the Surgeon General's health portrait which uses kind of the observation/observation value model. The adoption level should be lowered was another one of the comments here, and then a few different recommendations around kind of post-coordinated and pre-coordinated recommendations.

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

I suspect that first couple of comments relates to being able to have an observation ID like LOINC that would hold these things. And I think maybe this one about the post and pre-coordinated might be the same thing. Dan, do you know? Some of those comments sound like they subsume that issue.

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

Sorry, I'm in transit and driving a manual transmission car, which I haven't done in about 15 years so, I'm trying not to get into an accident as well.

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

Yes, please don't. You can answer us over e-mail later if you want.

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

All good. You're right, the first couple related to that general sort of question/answer model thing. The second...the last part about pre and post-coordination is partly related to that, but I don't know...I didn't make that comment; I suspect that it might be the case that people are looking to do perhaps more complicated things with SNOMED to post-coordinate certain kinds of these family history things. But in general, I think this is absolutely one of those areas that needs...is recognized that it's a context you'd need a main value pair structure to hold the kind of information you're trying to capture. But that might not fully capture what people are trying to do with that post-coordinated comment.

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

Okay. Any other comments?

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

There is one more slide because we couldn't capture everything that does have the task force recommendations; do we want to move forward? So just a few recommendations from the task force comments; remove reference to "starter kit" value set listed as it is outdated. The Gene Identifier, HGNC value set list contains answers for genetic testing not strictly for family history, so...really that may be more...

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

That may have come from me, I mean to simplify, what...if the goal there was to say that all answer codes will not necessarily always be SNOMED. You know there's 150 million SNF codes and they all have IDs, but they're not SNOMED IDs, so these were just examples of some special cases where an answer list to a question might be some special curated database. It's true of most of the genetic content.

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

Yeah, you're right. So this is Kin Wah; so Clem you're referring to things that may not be in SNOMED, but the way it's laid out now in the ISA, SNOMED is only recommended for diagnosis and conditions...that's...

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

That's not an issue. I thought somewhere I read...this, well so this is in anticipation; for genetic data you're likely to find the need to use other identifiers that are not SNOMED, but if we don't even say anything beyond that, maybe it's not necessary.

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

So...

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

Hello, Mark...this is...Clem, this is Mark Roche. Are you suggesting we create a value set that would be specifically restricted to family history?

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

No, no I don't know all the stuff...no. I just...as it gets into genetics that people haven't been thinking...you know. I've recently been working in HL7's genetic message specification and the world is very complicated and different and very specialized, so just an awareness that when you start...what they just do is they put the mutation in and they give it an ID and that's it, where they put the SNP thing into the database and give it an ID and there are gazillions of them, you know and it's not something that's likely to be put into SNOMED or ICD or ICD-10...any of that stuff. When it comes to family history I think most of the answers would be in SNOMED, but I haven't...I'm not an expert on that.

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

Okay.

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

Well that's written as a limitation already in there that family genomic health history may not be captured by SNOMED and you know last year, we had made the comment, we need more clarity around the intended purposes of codifying family health history as most social and clinical concepts could be captured by SNOMED, but other details around family genomic history was not.

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

Yeah, okay. All right. Well I mean the big thing on family history, it's a question and answer pair almost always and most of them should be accomodatable by LOINC and SNOMED, but I don't, you know it's like is it a brother, sister, mother, aunt, uncle as things like what disease did you have? Its things like, were you a twin or not and so those things should be accomodatable in the general model that we've been thinking about.

I haven't dug into the XML version from HL7, so there may be some other twist. It's just that genetic details are just different and people should all be aware of it, because they're huge in numbers and there are specialized groups that are building internationally recognized and everybody's kind of happy with it.

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

So...

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

NPBI is doing it and Ensembl is another one.

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

So if...in the absence...this is Mark; in the absence of defined value set, I understand the field is still dynamic on that level. Can we then identify a specific set of data elements, at least a structure that can capture and accommodate the information about the, you know genomic information even if we don't know the specific value sets or code systems and there may still be...

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

Well actually we do know them and that's what we're building in HL7, it's just that they're quite different than what the committees have been talking about in terms of size and specificity. Yeah, they're going to be all in HL7, I can send you the draft that we're working on and the committees kind of is pretty positive; we're going to ballot in September.

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

Okay.

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

So this is Kin Wah; so the first comment probably from me and I think we can remove that because the...I mistook the value set that is mentioned in the document to be another one, which is an older version of kind of a subset for problems. And actually the...after more research I find that that actually was referring to a bigger set in SNOMED, so that is okay now. And my recommendation would be also to add the CORE problem list as a starter set because a lot of the problems that are listed in family history probably be listed as diagnosis or problems in a clinical record; so the same frequently used conditions should also apply.

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

So I guess, Kin Wah, this is Susan Matney. If we go back to the pre versus post-coordination question again then, because if we have CORE problem list we're going to want to post-coordinate that with family history of and the family member. We need to get guidance as to how to do that...

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

But that's not how it's done in the HL7 standard, it's a question and then an answer and that...it's not one answer; I mean it'll be questions like which relative, I mean they are sort of post-coordinated, but you know they're nested questions. Have you looked at the Surgeon General's one, that's probably as easy to read as any, and it's on the web.

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

Okay.

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

You can just see what they've done. It's actually...we have imitated it in LOINC, too, but if...you can see, it's a little more elaborate in the HL7 standard in that they get to much more detail about which family member and there's additional questions that I'm not familiar with. But that can give you a big picture.

Now why SNOMED was introduced, and I think it was a good reason, was that people didn't want to have to adopt the big XML standard which ends up being a pedigree. They wanted to just be able to say, and maybe this is to your point, Susan; they wanted to just be able to say, you know close relative with family...with breast cancer, you know the kind of things you actually see in problem lists.

So I don't know how that's evolved, but that's how we use...I mean regular general internists don't do a pedigree, they just say, you know there's a sister with breast cancer or three siblings with breast cancer; but it does get back to post-coordination, so. There was less worry because people didn't want to all have to do that really complex pedigree thing.

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

Okay.

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

So this is Kin Wah, so I think the recommendation of using SNOMED is...with the understanding that it would just say what condition or diagnosis is...

M

Yeah.

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

...mentioned in that family member, not that...it's not that it will necessarily both indicate the family member and the disease together. So I think that is an anticipated usage here and I think it is an...it is also expected that additional information of which family member, when the diagnosis was made and so on, that will be captured in another data element or field or in...by post-coordination.

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

It isn't spelled out very well though, I mean in the specs; but I think you're right.

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

Any other comments? Okay, let's move on to functional status and disability.

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

All right, so the public comments on functional status and disability recommended that this should be a priority area of 2017, for example ACOs are measured on fall risk data and need to understand what does or what does not count towards that measure. A strong recommendation to add LOINC as well as SNOMED; recommended consideration for PROMIS, which is not actually a standard, so that might come with some risks; and then there is a value set...

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

Was this...

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

...specifically that is recommended there.

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

Okay, just to clarify. All of the PROMIS terms up-to-date are in LOINC as the questions and answers. The answers are just, you know a lot, a little, not too much; that kind of thing, they're not diagnoses, they're all the same and they're scored. Susan, you know about that.

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

I do.

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

And PROMIS is very, very widely used and its interesting...it's a CAT...it's a computer, well there are other interesting things about it, so I would...and it's being used very strongly at NIH in the context of research and I would end...it's very open, you can just download it. So I would encourage its use where needed, I mean where needed, I mean not that everybody has to answer all the PROMIS questions, there's probably a thousand of them.

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

So...

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

And just to remind folks, there is no standard currently listed in the ISA for this; there was a question related to this interoperability need and in the past the public comments were fairly varied; we saw the strongest support for SNOMED and ICS, but requested more information to make some decisions.

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

Let me make...let me remind you of September 19...what was it, 2002 or...the committee already made recommendations in all these spaces and one is a letter to the Secretary or the head of ONC and we should re-review that and they said questionnaires should all be LOINC and the answers should be SNOMED.

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

Yes...

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

Hey Clem, would you be able to send the group out some information on PROMIS?

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

Yeah, we kind of forget what we have said.

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

Right. So this is Dan and that letter was al...in this particular space, which is one near and dear to my heart as a physical therapist, was preceded by the Consolidated Health Informatics Initiative recommendations and adoption sort of of the same ilk that were, I forget circa 2006 or 8 or somewhere

a while ago. And I can say a little bit more, I mean just in general functional status is like it's a huge ocean of things.

Sometimes you will think of it very narrowly, but there's a lot of different ways you can measure, observe or test about someone's functional performance and all those things are representable in the common standard vocabularies that we have that sort of blanket SNOMED. The ICF is an unusual and interesting case and for a long time it got interest and attention but it really has had extraordinarily limited use in this area and even CMS, who implemented functional reporting requirements the past year, I think 2015, that went into effect, didn't use ICF, they kind of made up their own sort of scale for reporting purposes.

But all of that is, in my view, a little bit of a detractor from just sort of saying up front that there are lots of elements of physical function and performance that today can be represented, communicated and understood in an interoperable way using the general paradigm that we have of wanting to...the measurements in SNOMED for categorical or other kinds of coded response values.

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

Can I ask a question, because I'm not as knowledgeable in functional and disability but to me the ICF and maybe even PROMIS, I'm trying to Google it, is a mechanism to measure the functional and disability, but really for this section we just need the vocabulary for it, right? And then a person could decide what way they want to measure their functional status.

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

No, it's quite the opposite.

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

Okay.

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

ICF just allows assertions in a four-level hierarchy and the way the world is going is to actually measure it through a survey instrument, you know PROMIS is a good example and there are some other good examples where you say, you know how depressed are you? Or what can you get done today? The functions of daily living; all those things are measured on a scale or on...that relate that is a measurement. And these things just saying that you're at this level for this, this and this in these four dimensions, it's sort of like the difference between a diagnostic statement and a lab test. So, it's politically very popular, but operationally it's hardly ever...it's hardly used.

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

Yes.

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

So it keeps getting brought down by WHO and some others, but...

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

Kim, this is Dan. I can send you a paper I wrote sort of explaining how LOINC, SNOMED and ICF could work together, but it's also that illustrates sort of the differences between like what's actually recorded in somebody's record versus what ICF is trying to do, which is a broader classification that could be assigned based on sort of the lower level observations, but basically in practice is like not ever done.

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

So the out...

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

You know there's a machine you can measure grip strength and it actually is a numeric measure and there's a whole lot of surveys, there's probably a thousand surveys that are dealing with specialized diseases and disorders that are validated, you know that they can say if you get a high score you're doing better, you get a low score you're doing worse. ICF is more like ICD-9, you know it's a classification; it's got four dimensions to it. People do use the first level I think, is that right Dan, the top level? The top level of the...

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

Well, what people actually use is not the classification ratings at all; they just use the...part of the code which is basically an identifier for some particular kind of activity. So without getting into too much detail it's like ICF has a code that represents walking and then a four-part or four-dimensional scale, each of which you can assign a categorical and ordinal rating to and like nobody is assigning those ratings, but they sure like having a code for walking.

So they don't actually, you know most of the time they're not classifying somebody's ability along one of those particular dimensions or their capability, they're just sort of using ICF as a nice list of activities and sort of functional things. The exception being that sort of CMS required but not actually ICF reporting scale, which is a very, very short list of things that is mandated for...under the sort of functional reporting act.

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

The activities of daily living or ADL?

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

No, it's...well, there are things that sort of fall into that bucket but there's a short list of activities that we sort of say you know, what grade are you on this and I think it may be, I think they made it a 7-point scale whereas the original ICF one was like a 5-point one, something like that.

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

So does the industry or CMS or somebody need to decide which path they want to use, like the ICF or the PROMIS? I was sitting here looking that up too, and then we would need to decide what vocabulary could represent it the best, right?

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

Well, so the way it works is, so CMS has said, you know in this functional reporting thing, I don't care whatever you do as a clinician, you can use all these different test measures, observations whether PROMIS, another survey sort of based thing or an actual sort of physical assessment of some kind and then you roll those things all up using your clinical judgement and assign this categorical sort of classification to it. But the problem is they gave zero guidance at all as far as how you should do that, how you should assign those things.

So what I've been sort of saying is, that's all fine and good, but all that low level stuff is what people are actually trying to record in their records right now and that would be best encoded with LOINC and SNOMED. Whether you do anything else above and beyond that is maybe a second order question, but it sure would be helpful if we could store grip strength as a discrete variable in the record coded with LOINC or if you use the PROMIS instrument, to evaluate some other aspect of functional status if you store that with a LOINC code and a response value. So they're related but they're not like necessarily mutually dependent, do you see where I'm going with that?

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

Yes, so are there LOINC codes for grip strength and some of the things that...like those lower level assessments that you're doing?

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

Yes, but of course it's like anything meaning there is obviously code we need to add and so does it have 100% coverage, absolutely not, but do we need a new standard for that, absolutely not as well, right? We should just continue to use and enhance and improve the one that we have that works for tests and measures and other kinds of observations across many, many different domains and disciplines.

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

So maybe we need to recommend they do a gap analysis or something of the ones that aren't available, so that they can be added into LOINC and SNOMED?

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

Well, it's tricky, well firstly, Dan, you might mention what CMS is doing with LOINC.

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

Right, yeah. So there's a separate sort of effort around post-acute care assessments. So the Impact Act required CMS to kind of get together and consolidate and standardize the approach to assessments and reporting in post-acute care settings. So that's nursing homes, skilled nursing facilities, OASIS would be the instrument in Home Health, inpatient rehab and so forth. And right now in those settings CMS does require a specific set of data elements to be collected that represent in many ways these kinds of functional status things. They include other things that are not specifically functional status, but definitely a lot of that stuff.

And they've committed to using and adopting the same sort of vocabulary standards to represent this as is being used in other domains. So they are...there's work underway now; we already have most of the original instruments in LOINC, but there's work underway now just to validate that and ensure that

those data elements that are required for collection in those settings on those forms are represented in LOINC.

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

And to explain what I talked with a gap analysis, so the real fundamental thing is not whether it's got a LOINC code or not, whether there's a survey instrument that's accepted or widely used. And there are lots of them and so the question really is, which ones should...and then some of them are very proprietary and you can't touch them and so we can't make LOINC codes out of them, we can't make SNOMED codes out of them.

So the challenge really is to...is for CMS or ONC to kind of decide which ones or maybe which five or six, because there are hundreds of these for some spaces, should be used widely. And then it's easy enough to put them into LOINC and add SNOMED codes. So the challenge in the survey instrument stuff is not that there aren't such surveys, it's that there's a lot of them and there hasn't been assertions about which are the best ones or the good ones.

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

Right.

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

Hey, it's David, this is David McCallie; I just wanted to let you know I joined, sorry I'm so late.

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

Hey David.

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

Hi, Kim.

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

But anyway...

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

Yeah, this is Dan. I would totally agree with what Clem said, I think the idea of recommending or sort of narrowing down the field of view is an important thing. That is sort of a second order thing to understanding that we shouldn't have to argue or look for new standards from the vocabulary side for this, we should just work to make sure that the content we need is represented in the existing ones.

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

Okay, so maybe our recommendation could be around recommending that CMS recommend certain surveys that should have...that should be used the most, I don't know, sometimes I get scared saying something like that, but...

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

Well I think it would be good if they could organized professional societies, I think they'd have to do it through agents, to choose a set of preferred survey instruments for various spaces. Having said that out loud, I know how har...there'll be a huge tumult because everybody fights for their own and, but I think that still would be useful.

In one of the earlier implement...user...in Meaningful Use implementation, they did speak to this and they said that they might...that they would kind of try to focus down. And I think they have in a few cases already, I think PHQ9 or PHQ4 is selected and they definitely did, with the last round where they picked, it was through an IOM committee, they picked I think 12 or maybe 30...20 or 30 variables to always report, all of which they ask for LOINC codes and they have them now. But Dan, could you speak more to that?

M

Yeah.

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

No, you're right, that is...

M

Is that the...score you're talking about? The...score...?

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

This is for social, behavioral determinants of health, the...and that same thing is happening, so I can speak. For example, the American Physical Therapy Association is working to develop a registry and it's related to this particular thing because they recognize that to capture true outcomes on patients, you need like kind of the same set of measurements across all patients, but then you also need more fine-tuned assessments kind of collectively but different ones for different conditions.

And so the specialty societies within the physical therapy association for orthopedics or for neurology or whatever are doing the work of picking and recommending those particular assessments that have you know the best evidence supporting them, the best reliability, validity and so forth. And they're actually following this framework which is, you know having those societies pick them, but representing them using LOINC as the overarching sort of vocabulary for the observations that are needed.

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

I think what our recommendation should be, if everybody agrees and you all can fine tune it after I say it is, we're not really here to decide what the variables are, what the surveys are because that's beyond our scope, but Dan you said this earlier, we just want to make sure that whatever they decide, that we have LOINC and SNOMED codes to represent what they decide. Is that correct?

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

I think that's the gist of it, I think we could encourage them to do the further fine-tuning or the, you know to sort of say that the real value is in standardization as far as which kind of assessments are done, but you're preamble there was right on, meaning it's outside of our scope to sort of get into picking, choosing or making those kinds of recommendations.

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

Thank you.

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

Yeah and Kim, my office sent the e-mail of the copy of that, I think 2012 or '11 September letter from one of the HIT committees to the ONC head back then, and it was accepted and it really sort of says, survey instr...most survey instrument measurements should be represented in LOINC and you can read it over at your leisure.

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

Okay, all right. So...

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

Kim I just...

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

...uh huh?

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

...it's David and I'm late to the conversation but, and maybe you've already covered this point, but the point on the slide that it really should be thought of in terms of surveys rather than individual codes, did we...did you have that part of the discussion, because I think that makes a lot of sense. These things need to be kind of coherent together, not just a string of isolated...codes.

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

That's how they're actually put together in LOINC, they have a...there's a panel connector to the actual survey with...often with terms of use and other things when they're...when they are fairly usable, you know, you don't have to pay per use, but there usually are still some limitations like you can't change them or...which is not unreasonable.

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

Yeah. No I think that's a critical point is that just isolated codes isn't that helpful, they really need to be a part of a coherent tho...you know plan.

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

You need a package...

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

Yeah.

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

...and the package to be called that instrument, whatever they call it, you know.

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

Yeah.

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

PHQ9 or whatever.

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

Okay, we can incorporate that into the recommendation, to make sure that's stated, if everybody's in agreement. Okay. Are we ready to move on? All right, slide 31 is gender identity, sex and sexual orientation.

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

All right, so for this one there was a recommendation to rename this from gender identity, sex and sexual orientation to sexual orientation and gender identity for consistency with most widely accepted terminology in this area. Another recommendation around the observation/observation value pattern that the standards we have listed are incomplete in support for the projected additions in this area. And then SNOMED-CT isn't sufficient for this use as it doesn't have a branch for gender identity; so suggestions are either include the specific value set, to work with NLM to establish a national extension, to work with IHTSDO to establish a value set in SNOMED or remove the reference there.

And then from the task force there's a recommendation to provide the specific value sets used in the 2015 edition criteria; provide the OID, the in links. And then again around the concept of the object value pair with LOINC. And then this last comment here is the support for the value set that's listed there.

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

This is Mark, I have a question on the third bullet point from the task force, administrative gender; HL7 V3 value set is the right answer list. So if you compare the 2014 and 2015 e-Certification criteria we have flipped the...or changed the permissible set of values for gender over and over again and in some...one standard it's undifferentiated and in another one it's unknown. So how do we provide to the adopters a clear and unambiguous path to first say well this is what's going to be in the future? Second, how do we tell them, this is how you map your legacy data to what we're saying in the interoperability map?

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

Hey Mark, that was the point I mistargeted to ethnicity.

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

Oh.

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

But there are...that undifferentiated is a whacko.

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

Yeah.

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

And somebody saw the “U” and decided because in newborns you say undifferentiated...

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

Yeah, yeah.

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

...but you don’t say that when someone checks into the clinic.

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

Correct, yeah.

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

And so...we have a duty to figure out to get it right in this ISA. I think it is...there is one that’s right, but I’d have to go and find...you know, make sure we got the right one. It’s “unknown,” I think. And then there’s a whole set of different ones for different dimensions, like if you’re going to get into the biologic gender, this is called I think “administrative gender” in HL7...

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

Yeah.

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

...which is really a simple one that people are going to do at check-in and I guess there’s a set of terms also for, you know gender sex preference, etcetera, or those kinds of things that I think are evolving, but I’m not sure if they’re out there yet. Dan, do you know about...

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

I’ll let Dan speak; then I’ll say two other points.

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

Yeah, this is Dan. On the...I would agree that the...there’s a lot of confusion caused, I think it was in 2015 but I’m not sure exactly, when the regulations that have said they were adopting one HL7 standard but then sort of flipped in there the null flavor for unknown, which had the same code as undifferentiated or something in the actual value set they were naming.

So there’s definitely a lot of confusion here and so this would be a great time to sort of sort it out. Although I will say that this is...I don’t have a lot of confidence that anything we would do will actually solve the problem like we seem to keep sort of perseverating on these things. This, I recall you know way back in the HITSP Foundation days, I think this was like the first thing that that group tried to tackle was cross-referencing the administrative sex, sometimes called gender, terms from HL7 and I guess it

was X12 and a handful of other places and so it feels like we keep on doing the same thing over and over again.

But I would point out that we...it is helpful to be clear in our labels here and I think in LOINC we tried to follow the WHO recommendations in thinking about sex and gender, but sometimes they get confused.

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

So...

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

I's just suggest...I'm sorry, go ahead.

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

So what I wanted to add here is that I've actually looked to the licensing exams for medical profession and in addition to administrative sex, there are actually a couple of other things that I haven't noticed being proposed here, but maybe we can address them. There is something called the genetic sex, gonadal sex and phenotypic sex.

So phenotypic sex is basically you determine sex based on what you see, based on the external characteristics of a human body. Gonadal sex is based on the development of Barth and Muller ducts and genetic sex is actually based on the actual X and Y chromosome combination that fits in your genetic code. Has the committee considered, in the light of the Precision Medicine Initiative, has the committee considered these other types of ways that we can describe human sex, which are important from clinical perspectives?

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

Yeah...

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

That...I do not remember that being discussed on the ISA last year. Yes Clem, go ahead.

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

Well you know those are often now just genetic tests and they typically don't just look at one chromosome so it falls out, and there's a series...there are two syntaxes for saying a lot of stuff in genetics. One is ISCN which is the one that's most commonly used for cytogenetics which would nail the things you're talking about, Mark. And when they say at the top level it says XY, that's the actual syntax for male and it's XX and Klinefelter's, go down the line, but they can go down to all kinds of pieces where you broke off part of one or the other, down...deep down into very small changes in the genes.

So those aren't often labeled specifically as a sex question, but rather they're part of a whole panoply of output from these analyses, you know which are getting bigger and bigger and bigger as they're doing the whole genome. So they'll be a difficulty, you'd have to find a use case and the users, some big set of users who wanted a particular question, because they can easily look at the Mullerian ducts and not

everything else before, you know we could figure out how to do that the best. But typically these are just genetic tests and they may say a lot of stuff in addition to the fact, what your genetic sex is.

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

So Mark is your thought that these are important as we move towards...

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

So let me give you one scenario, if...so what I'm hearing is that if we add genetic sex, let's say if we add the ability for the...to document whether it's an XY or XX or Y zero, whatever it is, that becomes clinically important if you have undescended testicles which can become cancerous, and if you're not aware of it, then that's a problem. So...

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

There's no question. But if you look at say the prenatal screen tests now that are done on the mother's plasma to detect baby's genetic problems...

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

Yeah.

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

...they report genetic sex out of that and they just say, well it's interesting, but they usually just say male or female, they don't give it as X, Y; and then on top of that, they give you the trisomy's as well and they do a few other break points that are...so it's just a spectrum of things and I...you need to find a place that's doing it one way and they're doing it widely in one way before it would be worth, you know working through what the codes and answers should be.

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

So given that this is...that this recommendation, I mean the interoperability roadmap that we're developing is going to be reviewed by the public anyway, there's going to be a public review period. Do you think it would be prudent to at least note or document that there are different...there are other ways to document sex and see what...simply what the public response is?

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

Oh sure. Sure and including just big broad genetic test, I mean there's something called FISH...

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

Yeah, yes.

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

...which when you stain this and you look at it, you can tell lots of stuff all at once, including what the gen...what the genetic sex is. They don't usually name it separately though, genetic sex, that's the only problem.

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

So Mark, could you e-mail those define...those ter...

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

Yes.

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

...those definitions and then we can fit it into a statement to go in. I like the way you said, you know there's other ways to document and then we can also mention that this could help with moving forward with precision medicine and genomics. And then I think the other thing, Clem that you mentioned that might be important to state also is right now a lot of people are doing it a lot of different ways, so kind of that group needs to standardize their process and then we can help it make it happen just in proposing different things.

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

Just to clarify it, it's not so much that a lot of them are doing a lot of different ways, it's that groups have defined different survey instruments that they've fallen in love with and there may be a hundred of these love groups. So the challenge is social political to try to wean them off to a more common one, which is a tough one. But if Medicare would, as they had for these handful that they did last round, that we really need one for whatever and get the professional societies together to decide what it should be, you know what the one or two or three should be; we'd be way better off or encourage...

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

I...

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

...you know...go ahead, I'm sorry, yeah.

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

Sorry, this is Dan. I just was going to say, first I supported Mark's recommendation of adding that recommendation, but second, I have to sign off so sorry about that, but I'll look for follow up later.

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

Okay, thanks Dan.

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

Thanks.

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

Is everybody good with adding this and putting some context around it like we discussed? Did we lose all the other people at the beginning of the call?

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

Oh no, we're still here, I'm just wondering the implications if we add these other gender value sets, we need to give guidance as to how, you know, the genetic and pheno...I know the National Cancer Institute

uses...has three different value sets that they use. So I think I'm agree...I see their place, but if we put them out there, then they're going to need guidance as to where and when to use them.

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

Hey Mark, I have a question with those different terms that you were talking about; do we have codes that match with them? What vocabulary would be used, do we even...?

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

I haven't looked.

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

So that may be our recommendation that we need a vocabulary set to go with the terms.

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

I'll look into that, I haven't looked that up.

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

Okay.

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

Well, you know let me just...these, you know there's hundreds of these questions and I think what Mark proposes is a good thing; make people aware that there are other ways of saying it. I don't think that we can make proposals of how they should say it. It's going to be professional societies or laboratories or something; I think it would only give it enough umph that it would really hold water. And I don't think...you weren't suggesting it Mark, you were just suggesting make them aware that there's more than one...

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

Exactly.

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

...way to, yeah.

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

Yes.

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

Yeah.

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

Exactly, just elicit feedback from, you know from people out there.

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

This is Christina; I would completely agree with that approach, the whole idea is to get conversation started and let people know that this is a gap we have.

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

Okay; any other comments on this section? Okay, let's move to the next slide, which is immunizations.

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

All right, a fair number of public comments in this area, one around the critical importance for both CVX, MVX...and MVX codes to be received for administrated immunizations to allow for specific trade name identification. So if CVX codes are called out as the standard code set for administered, they want to see MVX codes called out as well.

And then there's a new precondition to administered to follow that. A reminder or a comment that NDC is federally required in 2015 edition CEHRT, so it should be also included here; there's a limitation that they recommend should be removed for NDC codes around them not being able to use across organizational boundaries just that if all parties are prepared to send and receive them, that that is possible; a limitation for NDC regarding the issue of which bar code to use when there are multiple active ingredients in a single package. There's a proposed use for RxNorm and CVX. Suggest lowering the adoption level for...standards on administered to a 4. And suggestion to...for MVX to be reclassified from historical to administered in RxNorm be added for administered.

And then task force comments under historical, the note about MVX pair...codes paired with CVX codes might not be accurate, as was discussed above. And then suggest using RxNorm as a "core" way of documenting vaccine and using CVX as an add-on to classify them; RxNorm is more specific than CVX and it also uses part of our administered medications.

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

So that set of comments; most of them have boiled up previously and that's like a two-week discussion, all of them.

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

Right.

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

I don't know what our obligation is to kind of give a response to every single one of those pieces. Although some of it I think has, I mean the new thing, so historically all they had was CVX and something new in this last round was to use, let me think I got it right, to use NDCs. And that changed...

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

But that's only for the administered, not the historical...

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

No, no, I know, but at one point it actually was for both, but I think it got fixed. And that was for the convenience of most, I think it came from CDC largely, it was for the convenience of people who were going to barcode this thing and get it in. But as you just pointed out Kim, no one knows what the heck

their NDC code was for the vaccine they got the last time. So I think it's essential you have CVX and if they're going to do NDCs, do them both, but I don't...the MVX is just the vendors name, it doesn't give specificity to the product I don't think, I'm pretty sure it doesn't.

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

Well you would want them paired together if you could because if you needed to go back and multiple manufacturers make a vaccine and you have the manufacturer and there was an issue, then you could go back and...

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

Well they already require lot numbers and everything else in the administration.

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

That's true, mm-hmm.

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

But I don't know if it's...I mean it's going...may be hard enough to get them to keep the CVX around with the NDC; they didn't commit to that, I don't think. Do you know?

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

Brett, what was in the federally required with the NDC, was that just for the administered?

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

I'm looking and under historical CVX we have federally required and NDC for administered.

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

But see it takes...

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

NDC for administered, okay.

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

Yeah but if they don't know the CVX when they administer it, no one's going to learn what it is historically.

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

So here is...this is Mark; I particularly inputted the MVX because my only concern was in case of a recall, do you have sufficient information from the CVX code on its own to track back the user...or the producer?

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

Well if the administered did NDC, they got that all implicit in there.

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

Yeah, you would only be able to get it from the administered data, not from the historical.

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

But historical is what the patients tell you when they come in.

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

Right, but if I go get my vaccine at the pharmacy and they have it all reported and then I go tell my doctor, yes I got my flu vaccine and he puts that in there with the CVX code, it would be the responsibility of the pharmacy to let me know there was a recall, not my doctor.

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

Yeah, yeah.

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

Right?

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

Yeah, so, I mean I'm not sure the process as defined is going to work. I wish they would have to have them both on both sides...well, the patient can't remember the NDC, but they would have to connect them in their barcodes so that it's...the CVX was available at the start.

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

I would think even when administered you would want the CVX...

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

I would, too.

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

...to be able to exchange the information. And since we have the immunization registry that you want to be bidirectional and to send to other places.

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

Yeah, I'm with you.

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

NDC is not going to be the right code to do all that, you would want to put...

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

I agree.

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

...yeah.

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

But I don't think it came out that way, so that may be a recommendation we can make that...and put them on the darn bar codes, you know, they're going to want it, why couldn't you put...there's room for that.

M

Okay.

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

Dave, what do you say, you're quiet; what do you think?

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

I'm quiet because I don't know enough to have an opinion.

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

Oh, okay.

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

I just don't know the space very well, I mean I think obviously people aren't going to recall anything other than the CVX level information, but that anyone who administers it, we should capture much more granular from the barcode, I think that's exactly right.

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

Yeah, but so the idea would be to say they should have them both at administration...

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

Yeah.

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

...so it can be passed around.

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

Yeah, I'm confused about the RxNorm suggestion, what's behind that?

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

Yeah. This is Mark. I...the thought behind this is I'm...as I'm...as we're proposing code systems for statistic data elements, the only thi...I'm always asking myself, would a code system from one data element be ever used for another? So in cases of immunization, let's say you administer the vaccine and you have to document an allergy or allergic reaction to that particular vaccine; in allergy section we're using RxNorm. If we're using for vaccines CVX and NDC, and if you have an allergic reaction, how can...there's going to be a complexity of transferring the information about the vaccine into the allergy section in saying this allergy was caused by X, Y and Z medication; see what I'm saying?

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

Yeah.

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

Yeah.

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

But does RxNorm enumerate vaccines at all? I didn't think it did.

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

It has some of them.

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

Some of them, not all I think.

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

Yeah. I mean and also you know, allergens is broader than just medicine, so we had the big debate about UNII...not UNII, what is it...yeah, UNII on one of our previous calls that you can have allergens that aren't medications.

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

Yeah, and indeed, you know it's presumably the egg in vaccines, although...

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

Right.

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

...some actually, so there hasn't been one reported in 10 years because the ultracentrifugation is so good, there's no way...it, but...

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

Yeah, although you know maybe somebody might want to record that you had a reaction just to the antigen in the vaccination itself, you know the attenuated agent can cause some people to react.

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

And we have the same situation when we're talking about medications and allergies, again if you administer the medication and the patient has an allergic reaction, you probably want to make sure that the code system you document the medication administered is the same or can be matched to the code system that's used to document allergen actually, right?

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

Yeah, I think it makes sense; it's just that allergens can be broader than medications.

M

Correct.

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

Yeah.

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

It could include immunizations and so you're...it's going to be a combination of what code set and what value in that code set rather than just a value.

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

Right, right, so, yeah.

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

Well I mean I think...

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

I should have said...I should have really said proposed use of RxNorm value set limited to those codes that can be mapped to CVX, that's what I should have really said.

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

But I don't...I mean would we...CVX seems to be successful enough to not go disrupt and suggest we change it.

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

Right, right.

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

I can see adding the manufacturer information with the NDC or VX, but why would we...we wouldn't want to undo CVX, would we? I don't know the space well enough to know.

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

Well Dave, you're absolutely right because it's hard enough to get this stuff going in one direction ever and there...it has gone pretty well...

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

Yeah.

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

...and we'll never get people to agree on a big disruption now.

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

Yeah.

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

Anyway, I think the idea would be I mean maybe we should ask NLM to link to see if they can link, because this RxNorm contains the concentrations, so it's a little more complicated, but see if they can link together, and if they cover them all, you know, with the CVX codes.

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

So wouldn't...for the allergies, wouldn't that just fall under our allergy slide? We already have it covered that we should use RxNorm.

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

Yeah, well that's Mark's point.

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

Okay.

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

But Kim, but we're saying, at least Clem and I are saying let's not disrupt the CVX success.

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

Yes, no I agree with that because, yeah.

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

It's hard enough to get anything going.

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

Yeah.

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

So, it's our recommendation to stay with our original suggestion that for historical we use CVX codes, for administered use NDC plus CVX?

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

Well I think the recommendation to make sure that CVX gets done at administration is the only way you're going to get it for historical, that's the part they can, I think drop.

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

Okay.

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

But I guess we could maybe make a slight suggestion that there be an exploration of how we could crosswalk, you know whether...this would be an NLM job, and not in my space, but to crosswalk between CVX to...and RxNorm for other pur...for allergen checking and other purposes. It might not be hard.

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

Okay.

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

I mean I just don't know it would need some analysis, to Mark's point, because he has picked up something that's useful.

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

Okay. Any other thoughts or comments?

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

And the other possibility is put...to add CVX codes as a choice in the allergen file.

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

Mm-hmm, yup.

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

Any other comments? Okay, we have...we're on slide 33, we have four minutes left and we still have...

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

So Kim, what percentage of the pages have we gotten through?

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

Not enough.

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

I mean...

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

I was just looking at it and we have 11 subsections left in section one and then we still have to go over sections two and three and we have two more hour and a half meetings, I believe?

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

Yeah.

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

And we have two task force reports to talk about, so we got what's called a hundred gallon of water to put in a five gallon hat, I think.

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

So Brett, what happens if we only get through section two by...or Michelle, before the HIT Standards Committee and then we have like section three left?

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

So this is Michelle; Brett and I had a quick e-mail communication before today's call. We're trying to figure out a plan because we had a feeling that we wouldn't get as far as we would like, so we're working on a plan and we'll get back to you as soon as we can. We might need to add a few more meetings, we might need to push out the date of the recommendations, but we're just working through that and as soon as we get an answer, we'll share it with all of you.

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

Okay.

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

And don't forget the task group meeting's discussions.

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

Yup.

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

They may be easy, the two, but...

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

Okay, so Michelle do you want to open it up for public comment? Than...I want to thank everybody for your participation today and we will keep persevering through this.

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

Hey Kim, I wish you run the task group meetings because you're so good at summarizing things. I had a...I did something, but you may frown at it, but...

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

I'll look at it when you send it out.

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

All right.

Public Comment:

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

Lonnie, can you please open the lines?

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

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

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

So it looks like we have no public comment. So thank you all, we really appreciate your patience and for bearing with us today and we'll be in touch as soon as possible to give you an update on next steps for the recommendations. Thank you all.

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

Thank you.

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

Thank you.

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

Thank you.

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

Have a great rest of your day.

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

Thank you.

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

Thank you. Bye.

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

Good bye.