



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

September 19, 2016

Presentation

Operator

All lines are now bridged.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good afternoon everyone, this is Kimberly Wilson with the Office of the National Coordinator. This is a meeting of the Health IT Standards Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this call is being transcribed and recorded. I will now take roll. Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Kim Nolen?

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

Hi, I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi. Michael Buck? Christina Caraballo?

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

Good afternoon, I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good afternoon. Eric Heflin? Michael Ibara? Russ Leftwich?

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

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Susan Matney? David McCallie?

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

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, David.

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

Hello.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Dale Nordenberg? Mark Roche? Tone Southerland? Dan Vreeman? Kin Wah Fung?

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

Hi, I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good afternoon. Christopher Hills?

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

Hello, I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Christopher. Clem McDonald? And from ONC do we have Brett Andriesen?

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

Brett's here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Is there anyone else from ONC on the line? I will now turn it over to Rich and Kim, thank you.

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

Thanks, everybody. I wanted to...Rich and I would like to thank everybody for coming back for Phase II of the ISA Task Force. We have put together an agenda. I think, if you remember, let's see July was our last meeting so we've had a little bit of a break so I hope everybody has refreshed themselves and have new thoughts coming into this and we got through Phase I of looking at the current ISA document but we did have a lot of recommendations that we did submit and send to the ONC and presented at the Standards Committee at the end of July.

And what we need to focus on moving forward, some key elements are finishing that Phase II and Phase III review like we did for...not Phase, the Section II and III, sorry. Section II and III like we did for Section I and then we also wanted to open it up because we were really happy with the way some of the stuff half groups had worked like with David in the APIs and Dan in the value set and Clem with the research stuff, so we wanted to see if there were a couple of topics similar to that that we had some expertise on our group that we could focus on and work on those off line and bring those recommendations back into the group to send to the ONC. And I'll pause for a second, Rich, I know you're a little bit remote today; do you have a couple of things to say?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

No, I think that's good, just first of all for the group, thank you for all the good work in the Section I review and all of the general framing recommendations which I think were, you know, very positively accepted by the Health IT Standards Committee and have already been picked up by ONC in some preliminary work that they're doing as they get ready for the 2017 version of this. So, you know, I think that it was hard, it wasn't easy, as we all know, but I think we came out with some improvements and

recommendations that will benefit the broader community and are very appreciative of that and look forward to, you know, completing the job.

And I think as we go into the agenda here a little bit we'll see some of the specific feedback that we got from the Health IT Standards Committee.

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

Thanks, Rich. So, that's kind of our agenda for today. Any comments before we move forward? Okay, could we move to the next slide? And here is our membership again just to remind everybody. Next slide. Next slide.

So, our charge moving forward, like I mentioned, is to...in Phase II is to look at Sections II and III in more detail. We kind of had said if there is something urgent that needs to be looked at let's get that...feedback. Can y'all hear me?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

We can hear you now.

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

Yes.

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

Yes.

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

Okay, sorry, I had some feedback that came through. So, we want to focus on Section II and III and get into a little more granular with our look into Section II and III. Then we also want to figure out what our priority list is for a projected addition section and then if we want to add anything to the sections that we had already done with APIs and the observation, observation values, and the research.

And then some things that we were thinking about were consumer and patient access and nursing because those had come up and I believe we have some expertise on the committee for those. So, that was...this is our charge for Phase II. I think I'll pause just for a second and see if anybody has any thoughts on that or if they see a different direction that we need to go in?

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

Hey, Kim, it's David, we had some reports during Phase I, the one I think I helped do around APIs and I believe there was another one or two that, you know, where we came and made some proposals, has that work been incorporated at all so far or is that what you were considering for the projected additions section?

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

That was presented at our July meeting. Brett maybe you can let us know from...how y'all updated the ISA document, how that was incorporated in.

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

Yeah, so we have started to incorporate some aspects of the recommendations from the first Phase and I will walk through a lot of what we already have implemented and go through some screen shots, not everything has. I think some of the pieces like the API thing that you worked on are kind of almost there

but some additional subgroups here to kind of get some actual, you know, text and language associated with the recommendations implemented into the next version of the ISA would be super helpful.

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

Got it, thank you.

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

Yes.

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

Any other thoughts or suggestions or things we may have missed? Okay, let's move to the next slide. So, Brett did you want to go over this part with a recap from Phase I or was this...

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

If you and Rich want to go over the recap of the recommendations that we had for Phase I and kind of what the Standards Committee requested that we add I can go through what ONC has implemented thus far if that makes sense.

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

Okay, all right, that's perfect. So, you know, from Phase I probably a majority of our discussion in the first, the beginning of our conversations and meeting was really around the scope, purpose, structure and, you know, the best available standard which became a recognized standard and the characteristics that are in the document. So, that was a lot of the information that we recommended during Phase I and we spent a lot of time thinking about what that needs to look like to move forward to bring this document into a place where it could be usable and that people could gain value out of it moving forward.

The other point that came out of the Standards Committee meeting was we needed to reference the Precision Medicine Task Force recommendations and include an addendum in that for the Precision Medicine.

There was also a recommendation to include consumer-based vocabularies in the ISA so that's something we could talk about moving forward.

And then for the functional status interoperability needs we needed some examples of survey instruments to put in there.

And then also we had about the eHealth Exchange implementation guidance should be included for query-based exchange in the ISA. So, I'll pause real quick and see if anybody has any comments from those recommendations or comments? Most of those were comments from the Standards Committee, correct, Brett?

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

Exactly.

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

This is Christina, I think this looks great. One thing I was thinking we didn't add to the topics, and I probably should have mentioned on the last slide, was patient generated health data we had brought

that up in Phase I of our discussions as possibly including in Phase II, did that get lost along the way or were we incorporating that in other areas?

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

I would say...I wouldn't say it got lost but I think it's something if we wanted to add to the projected additions that could be something we could do. Rich, thoughts?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I think that's right, I mean, I think there's a lot of interest in that, I mean, you know, again, I mean, I think we'll have to kind of see how we do on emerging topics and, you know, kind of our capacity and expertise to handle those. So, we, you know, we may not get to all of the ones that we've talked about Christina but, you know, I think that there's good reason to be...a lot of interest in that area for sure.

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

Sounds good.

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

This is David, I'm curious about the eHealth Exchange implementation guidance what was the story behind that and wouldn't it make more sense for that to be the Carequality implementation since that seems to be the one dominating in Sequoia? Maybe those are considered equivalent but it's certainly more well known as the Carequality implementation specification and in CommonWell's specification also available could be referenced since it's a superset of the Carequality.

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

So, Brett and Rich help keep me honest, but I believe how that came about was from Jamie Ferguson, Brett is that correct that statement?

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

I believe so, yes.

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

Yeah, we had a slide in our deck and I'm totally going off memory right now so just bear with me. There was a slide in our deck, Rich I believe it was the one you had put together with some examples of different guides and functional use, and he had mentioned that should be an example in that slide to go along with it and David there was something in there also about the Argonaut Project and he just said this is another example that should be included that's how I remember it right at this point. I'd need to go back to my notes and look to make sure I've captured it correctly but maybe that can help stimulate some thoughts from Rich and Brett who were listening in.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, but Kim's memory is much better than either Brett's or mine so I'm almost positive you have it right Kim. The specific chart that you're talking about was reflecting a Task Force recommendation that, you know, existing standards are getting, you know, updates, getting better specificity or getting, you know, point releases, etcetera and it was important that we keep up with those and that we're referencing, you know, applicable implementation guidance for those kinds of standards. And so I think this was recommended by the Standards Committee as an addition to that list as Kim described.

And David, I agree with you that probably Carequality is the right way to interpret the request.

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

Yeah, I mean, Rich, there may be differences between the current eHealth Exchange implementation and Carequality in which case they perhaps both should be listed but...and Eric when he is on one of our calls can obviously clarify this much more exactly, but, you know, I would think going forward they're going to focus on the Carequality if there is any difference simply that's what they're pushing so hard right now.

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

So, maybe we can...on one of our next calls we can get that slide and put this in there so that we can...and we can update it based on the feedback from the group to make sure that we reemphasize that on our next delivery to the HIT Standards Committee.

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

Sounds good.

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

Okay. Any other comments or thoughts?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I'd just be interested in Kin Wah's view on the consumer-based vocabularies if you think we're far enough along in understanding those to have guidance that would be helpful for the ISA?

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

Were you directing that to Kin Wah?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yes.

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

Hi, this is Kin Wah, so to be honest I don't exactly know what other consumer vocabularies are out there I mean apart from one that I know which has been there for quite a number of years, it is called the Consumer Health Vocabulary and that is also in our UMLS vocabulary as well. So, is there any specific mention of...I suppose this is coming from the feedback from the Standards Committee, so is there mention of other consumer vocabularies that we should be looking at?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That, I'm not...

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

I don't think they gave me a specific example, yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I'm not that familiar with the Consumer Health Vocabulary alternatives except for the one you mentioned Kin Wah so I guess it's a question for the group, are there other ones that we should be including or taking a look at?

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

This is David; I don't know of any but it's kind of so nebulous I would think that, you know, there would be different kinds of vocabularies depending upon the use case and what kind of data you're trying to capture and how granular it needs to be and how disease specific it needs to be.

So, I'm... I think as a general rule if there are vocabularies targeting consumers they should be included just like any other established vocabulary but I don't know that there is going to be a single broad thing called the consumer vocabulary.

What might happen is some of the more refined existing vocabularies in the... getting additional synonyms so they have consumer-friendly expressions that map back to an established code so that, you know, instead of using medical language to describe something it maybe a, you know, consumer-friendly synonym and I could see that happening to some of the existing vocabularies. But it's...

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

I think that's a great idea like a great recommendation.

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

Yeah and...

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

Yeah, it's a...

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

I think...

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

This is David...

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

Since nobody has...

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

Go ahead?

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

Confirmatively said "yes" or "no" maybe we should be surveying some of our contacts to get some guidance on whether something exists or not.

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 another source of potential consumer-facing vocabulary that I can think of is there is a list of terminologies mostly SNOMED-based that have been donated by Kaiser and these are mainly diagnosis and some procedures terms that they use internally and they have been made public and within them they have some patient-centric terms correspondingly to each SNOMED concept that they are using but that is mainly the internal effort of Kaiser and I don't know whether it is appropriate here to refer to those terms as particularly consumer-centric terms.

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

That's the kind of work that I...this is David, that I was referring to take existing SNOMED codes and just make them consumer-friendly. I don't know if Kaiser has published those to SNOMED for consideration in official inclusion or not, if they did obviously it would be a part of SNOMED.

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

Yeah, if it's not...it's not to be made part of SNOMED but Kaiser has donated their CMT, their Convergent Medical Terminology, resources so it's publically available by NLM's website.

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

Well, then, you know...so I would think, you know, again that's probably worth mentioning but there may be a long list of such things.

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

Yeah, I agree maybe we need to do a bit more research and asking about it to see whether there are any similar resources and make reference to them.

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

And I wonder if PCORI, you know, which has had lots of money thrown at it, I wonder if they have produced anything official in the consumer-facing vocabulary side. I know they've developed data models and some other things but that might be worth a query to somebody who's connected to PCORI.

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

Brett, do we have somebody we could reach out to from PCORI?

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

Yes, certainly, there are folks at ONC that work very closely with them that I can reach out to.

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

Okay.

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

And perhaps this is...I know this is jumping ahead a little but as we start to talk about Task Force assignments and subgroups there was one that we had kind of on consumer stuff at large and patient access so maybe that's something that this group could help focus on a little bit.

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

Yeah, I was wondering if this could be one of our little focus groups that would be great I think and the other person I was thinking of we should probably reach out to is Leslie Kelly Hall to see if she can give us a list or refer us to a website or something for some things.

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

And I've already sent her an e-mail.

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

Oh, great, perfect. Any other thoughts on that one? And is there one...if these bullets that we have here similar to this one if we need to have more time to discuss them or if we want to make a workgroup to

come back and give feedback to give back to the ONC we can do that. So, it's not that we have to solve all these problems today but we do need to make a plan for today I guess is the biggest thing. Any other comments or thoughts? Okay, let's move to the next slide.

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

All right, I can run through a summary of what we've implemented so far from our first Phase of the Task Force. So, just a few weeks ago ONC did publish the draft 2017 ISA there's a link to it right there. A shift largely I think to this's groups recommendations on the first phase in this version to a more web-based and interactive ISA. We do still have a PDF version available for folks that are looking for kind of that single resource that has, you know, the 75 or 80+ pages all in one spot but I'll go ahead and go through on my next few slides just showing some of the functionality and the walk through of this new web-based ISA overall.

But before I do that just kind of a high-level summary of some of the things that we've implemented thus far in terms of structure we do now have where there are active projects based on standards listed in the ISA, there are links directly from those sections to the Interoperability Proving Ground so if there, for example, are projects related to Consolidated CDA any time the C-CDA comes up in the ISA there is a link just below kind of the main ISA table that will bring you right into the Interoperability Proving Ground and folks can take a look at all the active projects there.

We have public comments viewable at individual section and interoperability levels so if folks are giving us comments specifically around data provenance or on lab tests folks can comment at those pages and once those are reviewed just to make sure, you know, they reflect the ISA overall and they're not just kind of general spam comments or contain inappropriate language once those are approved by ONC those will get posted right where those comments came in.

The work done by Dan and group around observation and observation values that pattern has been implemented into the ISA where applicable, largely just in Section I.

The term best available was changed based on this group's recommendations to "recognized" and largely standards that are included are voluntary consensus-based standards only.

We also did, under characteristics, add an "in development" category as part of the standards process maturity characteristics just to be able to show where there may be some emerging work happening and a standard to watch for the future.

And if we go to the next slide there are just a couple more of implemented recommendations here. In Section I we did add the starter sets along with the applicable value sets as recommended. There are some early discussions with VSAC going on around permalinks and value sets.

And then most of the recommendations in the various Section I, subsections around content that this group provided recommendations and comments around were adopted into this new ISA.

We do have some more work happening already for the ISA that we expect to publish in December that would be the final 2017 ISA that brings even more interactive features, so our goal of this first one was to get it online and have it moved from a PDF to a web-based version and expect to bring more interactive features that allow for better engagement and stakeholder connection with the ISA as we move forward and some of those things include threaded comments, some different leads in various

content areas that can help kind of track and make more rapid updates to the ISA potentially as might be necessary throughout the year.

And then on the next few slides here I'm going to walk through what the ISA looks like in this draft '17 one, so, apologies for the small size here but folks are able to see if they zoom in a little bit on the slides. Everything is largely web-based now so on the left-hand side you have some fairly high-level navigation that when you click through those do drop down and you get further navigation on this introduction page here right in this top box where it describes the public comment timeline and just a reminder for folks listening out there we are accepting comments on the draft ISA through Monday, October 24th so if you are interested in commenting on different sections or all of the ISA altogether you can provide those comments within the ISA but right there in that box there's a link to the PDF for the entire ISA if you want the printer-friendly version there.

If we move onto the next slide I'm just going to show how the different sections work out so if you click on any of these subsections here the different interoperability needs do come as drop downs here as you click around. Next slide, please.

So, then after you breakdown such as looking at Section I (I) on the left-hand side it kind of gives those breadcrumbs that the group had recommended and shows off the interoperability need table here, this one in particular I wanted to call out because you can see the standards for observation and observation values, implementations, preconditions and dependencies are still listed on the left-hand side, the applicable value sets and starter sets are listed on the right-hand side and then at the bottom of those limitations and preconditions you can see the link right there to the Interoperability Proving Ground. Next slide, please.

This here is just showing again some of the functionality when you click into one of the subsections on the left-hand side so this is showing Section II and this one we've clicked on a few of the different subsections within Section II to show all the interoperability needs that are associated there. Next slide.

This one here if you click on, you know, just the subsection on the left-hand side it does show all the interoperability needs there and folks are able to, again, comment on kind of any of the different pages here so this one if you were to comment right here it would allow you to comment on everything related to Section II for ADT or you could even go a step further clicking on one of those interoperability needs and just comment specifically there. Folks can comment on the overall ISA altogether as well as give comments, you know, on everything related to Section I or Section II. Next slide, please.

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

Did you...let me interrupt while you're talking about comments, could you clarify how the comments will be handled? I assume they'll be curated before posted or how were you thinking about preventing, you know, flame words and spam, and things like that? I mean, it's a great idea by the way I love the comment idea but how are you going to manage it?

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

Sure, so we do have a few ONC staff, myself included, that are assigned to be checking this on a regular basis and in terms of checking it's largely...I mean, we're not going to be making sure that every comment is, you know, completely accurate largely those will be associated with the individuals that have provided those comments, but, you know, if there is something there that is, you know, an advertisement for some sort of dietary supplement or, you know, just a string of spam text certainly those we would not include but if there is good conversation happening among stakeholders in the

comment fields as to, you know, whether something makes sense or not I think that's part of the process here and so those comments would all be approved and I think our plan as we move forward is to get those posted every day or every couple of days.

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

Good, I think that will be really interesting to see how that works. I think that's a really good experiment to go do.

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

Yeah, I think it will be nice and I do have an example on one of these upcoming slides where someone already has provided a comment and it's embedded right there in the ISA so I'll show that in a moment here.

So, again, this is just kind of a view of one specific interoperability need within ADT so this is sending a notification of ADT to other providers, as you can see, we have the standard listed there. There is a link right to HL7 2.5.1 and then it kind of has all the different characteristics there as well as a link to the HL7 v2 Project and Interoperability Proving Ground as well as the applicability patterns. On the bottom there you can kind of see additional breadcrumbs so folks can go right back to the ADT kind of Section II (a) page where they started or they can move right on to the next interoperability need within ADT.

And then on the next slide this shows the comment functionality so if someone were to post a comment on that section there they would just fill out their first and last name, e-mail address, the organization, they could upload a file, we do have our preferred comment template which is an Excel form where folks can download data as well as upload any other of the document types listed there or they can simply comment in free text, post that comment. Next slide, please.

And that will go into our internal queue and after we review it there here on the bottom you can see a comment that's come in on data provenance by a stakeholder and it provides their name as well as organization and then it starts to provide the comment listed there as well as some links to other materials that they posted.

At this stage we are not able to embed kind of a threaded comment functionality but that is something we have planned for our second phase of this which would be, fingers crossed, ready for our final 2017 ISA posted later this year. So, if someone had a comment here that conflicted or agreed with Catherine's comment listed there could kind of be an entire conversation that would hopefully help give some information, give some additional engagement and help ONC and help folks that are reviewing the ISA get better sense for what's actually happening in the world and then have some of those conversations right there in line between stakeholders.

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

I love it. I have a question with the comments that you can do on line.

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

Sure?

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

The traditional way that at least I'm used to submitting comments like we submit them through the website and then they go in and the ONC takes all of them and you have a deadline and you review

them, does that process still happen and this is in addition to that to get faster feedback but you still have that same process with, I'm calling it the traditional way, just because I know like for me like I can't just write something and submit it, it has to go through multiple layers of people to approve what I stated before we submit the document so I was just trying to gage what's the differences in the process?

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

Sure, so we, at least in this phase and that's something we can talk about with this group or internally with ONC, so we do have both options available, there is kind of a process by which you can comment on the entire ISA and submit kind of the "traditional" letter that folks are generally used to submitting so we do have that available and those will kind of come in and appear within that single section or on the entire ISA so it's not going to automatically populate comments kind of parsed out by individual sections that come in those letters if that makes sense, but everything that came in kind of to comment on the entire ISA that will be available for viewing in that section. But, yeah, folks are able to still submit a letter about comments on the entire thing or if they are able or willing to kind of parse it out by individual topic once they've gotten their organizations approval or if they don't need it they can do that in individual sections as well.

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

Okay, thanks, that's really helpful.

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

Good. And I think this is the last slide that I have in terms of an overview of the online version of the ISA. I'm happy to take some questions here or we can move on and talk workgroup assignments and next steps.

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

I think it looks good.

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

Aren't y'all...y'all need to give yourself a pat on the back because a lot of our recommendations were incorporated into this.

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

Yeah, I think it looks great.

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

Maybe...maybe that's why we like it so much.

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

Well, hopefully, that was the plan that you guys would like it so we're continuing like I said to work on building out additional functionality and making this more than just kind of a static webpage that shows the information that would have been in a PDF before and are looking to make it a more interactive process as we move forward and, yeah, we're still working on some of the recommendations from Phase I and looking to get those into the final ISA published later this fall and look forward to more of the recommendations coming that we can implement there as well. So, pat on the back to you all as well for helping us move this forward.

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

Okay, do we want to go to the next slide with the planning that was the next? So, next steps, yes. So, in our agenda was how we have things slated, we have Section II and Section III that we need to get through, which I mentioned at the beginning, so we'll be doing that in the calls but we also wanted to figure out what are some of those project additions that we could look at, David, if you feel like there's more with the APIs that we could add in there your expertise would be valuable in that area and so we could do again like we did before like create a small workgroup y'all talked aside on the recommendations and then bring it back to the Task Force.

The same with the observation and observation values if there is something more that needs to be added with that with the research and then the two that we had just put on here and it's open for discussion are the consumer/patient access and the nursing standards.

We would like to do a couple of the projected additions because we think that's how we can help move the ISA document forward at the same time we want to look at the expertise that we have in our group and try to capitalize on that for those sections and topics.

So, if there's something that we have expertise in and it would be a great projected addition we're open to that discussion. So, I'll pause for a minute and get people's thoughts on how to move forward. The Section II and III are non-negotiable but the projected additions are negotiable.

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

And Kim this is Brett, just before Task Force members kind of jump in here in addition to looking for projected additions in these areas I think especially as we're starting to move this from a PDF to a webpage I think it would be really helpful to start to see this as kind of an informational resource that goes beyond just showing, you know, these are the standards that should be used for specific interoperability needs but also starts to do some education for the industry and for stakeholders that are viewing the ISA around some of these issues.

So, I could foresee, you know, I remembered David as you were starting to build out the recommendations around APIs and how ONC can start to include and do a shift there, there was some recommendation around adding language and I think we, at ONC, started to think through that and could foresee just kind of some descriptive text around some of these different areas that are helpful for implementers that may not be as familiar or as deeply rooted in the issues that surround some of these things.

So, in addition to finding some projected additions to the ISA in terms of new interoperability needs or new standards or implementation specs that we could list there I think ONC would really find value in kind of seeing some text that could be placed in the ISA with a note saying this is recommended language from the Health IT Standards Committee around a number of different topics so that's something that we would love if folks are able to help contribute in these different areas.

I know around observation and observation values we are starting to include that in the ISA but it took some education on our part to understand what that meant and I'm sure the stakeholders viewing the ISA would benefit from having a few paragraphs about what that is and how they can apply that to their work that we could embed as a separate link within the ISA as well.

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

This is Michael Buck...

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

This is...oh, go ahead Michael.

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

Just a quick question about...we had made some comments already in Sections II and III that will be carried forward from our work in July?

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

Yes, a lot of those we had already added those recommendations in.

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

Great.

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

Some of them I'm thinking back to the comments, I'm working on getting the Google Doc to provide some opportunity for the group to start to review off line and to inform our future meetings so I'll try to include some of those as well, some of those may have already been updated into the newer versions based on public comments but others we may need to readdress.

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

Great.

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

And on the...this is David again, on the API item there by 10/12 what...Kim, what were you thinking of would be due by 10/12? I assume that's the date 10/12? You want us to just review and resubmit what we did before? See if we have any updates to it or was there Standards Committee discussion that we need to respond to? I don't remember where we landed.

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

Okay, I think from what I heard Brett just say, and Brett you can correct me, is one, definitely review and make sure that it's captured the way that y'all thought it should be captured and then I think from what Brett just mentioned from a few minutes ago was are there some texts that we can put around it for people who aren't implementers who are new in this space to kind of understand the dynamics of the APIs in this space is that Brett...was that what you were saying a few seconds ago?

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

Exactly and David I think you recommended that we add some text to help folks understand that so I think it's just now...we're coming back to you to say "all right we can add text but what text should we include there." So, maybe that's a few paragraphs that describe kind of how this works and how folks

should start to be thinking as we shift from traditional, you know, document-based approaches to API-based approaches maybe it's a link to some additional recommended reading things like that.

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

Okay, I don't know what I'll have organized, it's very busy next few weeks, but we'll see if there is anything obvious.

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

And we can change the deadline if that's needed these are just things that we placed on here but if, you know, you need more time there we can adjust the timeline.

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

Okay.

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

This is Christina, I think the APIs is a big one and I also think it crosses over into other areas like there are pieces that might be addressed as research or consumer/patient access and some other topics including patient generated health data. So, I think it's probably going to take more of us than less of us to kind of dive into that one.

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

This is Chris Hills; I think the APIs may need a little bit more time as well. I think there's a lot of great work we can do to influence that.

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

So, we're all...

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

Don't necessarily have a date I would throw out there because I think David's the right person to help lead that but I know the work that's ahead of him and it's the first one that's due.

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

Yeah, I...

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

Yeah and I'm actually...

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

Can pretty much guarantee that date will slip, it's just a busy...

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

If we want a quality product, right?

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

Exactly. Well, there was a fair amount of verbiage created by the API Task Force final report that might have some summary work in it that's worthy of, you know, cut and paste forward I'd have to go back and look at it and see, but, you know, we did put a fair amount of work into, you know, kind of presenting the concept of APIs to the Standards Committee two years ago, so, we should start there because maybe we already wrote some good stuff and just need to bring it forward...

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

Now that's...

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

Or at least link to it.

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

Yeah, that's a great idea. Brett, do you think you could garner that up for us so we could look at it?

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

Yes, we could certainly cue that up and pass it over to you all particularly if the API Task Force or subgroup is going to meet off line we can bring that over there and we'll start to pull up some materials and resources for that that the group can review.

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

Okay, perfect.

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

I think the JASON Task Force that Micky Tripathi and I worked on also may have had some, you know, boilerplate high-level stuff about the value of APIs because of course that was the main recommendation from the JASON report itself is that HIT should standardize around APIs, but again, I don't...I remember writing a lot back then I just don't remember exactly what we wrote or where it is now, but we could dig that back out and at least start with that, update it if need be, because I think there was a pretty good start.

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

Okay, so what I'm hearing from the group is that we definitely should have a group that focuses on the APIs but we need to adjust the date for it. Is that correct?

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

That works for me, this is David.

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

Okay and David would you want to lead that, would you be willing to lead that group?

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

Yeah, I'll give it a try, I just...like I said I've...this is the busy time of year between conferences and user groups, and, you know, everybody wants their thing done in October, so I'm just being parsimonious with my time commitments, but, I need to go find, you know, what we've submitted to this Task Force the previous time and then I can go back and look at the other two, the API Task Force and the JASON report and see if there is any sort of obvious high-level commentary that would be appropriate and if I find that I can circulate it around and then we can decide what to do with it.

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

Okay, I think Brett was going to help us with that, right Brett?

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

Yes.

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

So maybe that could help.

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

Yeah, great.

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

We can look to pull that together.

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

Great.

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

Okay, perfect. Okay, so that will be one group. Brett do we want to go ahead and get volunteers for that group or decide on the topic?

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

We can get volunteers now on that one...

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

Okay.

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

If folks are interested or we can do it via e-mail too to save time.

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

Is there anybody...

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

I can't remember...

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

Yes?

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

I can't remember who we had on the previous...

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

It was...

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

We had a group before.

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

It was Clem and Christina, and Eric, was there anybody...I'm trying to remember, I think Rich sat in on it and I kind of jumped in on the end of it, but I'm trying to remember who else, was Tone part of that one? We can find that out, but, I guess if there's anybody who wants to be on the group and knows that right now you could let us know and then we can also send out an e-mail to solicit group members.

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

This is Christina, I'd be happy to help and I'm also happy to help kind of shift through some of the information that we already have and get a draft together to support David it sounds like he's got a lot going on.

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

Okay, thank you Christina.

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

Indeed, thank you.

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

All right well we'll send out a message because I have a feeling like Eric will probably want to be on that one too but he wasn't able to be on today so we can finish off the group. So, we'll start with David and Christina and then, you know, Rich and I are here to help support it also. Then the observation and...

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

David...

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

Oh, sorry, go ahead?

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

Sorry, Kim, this is Chris Hills, I'm happy to help too David if I can.

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

Okay.

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

Okay, the observation and observation values, Dan could not be on today he was in flight, how do you want to handle that one? Do you want to maybe talk with him off line Brett? Should we talk to him off line and work on that one?

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

Yeah, we can shoot him a note I don't think there's probably a whole lot more that's necessary in that but I know that they already did a fair amount of work and he can probably almost in his sleep produce the text that we would want there but we can shoot him an e-mail off line.

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

Okay and then Clem is not on today either with the research. I know Michael Ibara is on, is there more that y'all would like to add to that section moving forward?

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

It would be good to have some time maybe to review it, we sort of ran out of time. We can see how Clem feels about it but I'd like to be able to go through it again.

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

Okay, all right so we'll do that and then the two new ones that we had on there were the consumer and patient access, Christina we kind of thought you might have a passion around that one and then the nursing standards because that came up a lot during the conversation and we had Susan on the group so

we thought that may be a good match, I don't think Susan is on to be able to tell us if it is and if she has time available to dedicate to it so I'll just open it up at least for the consumer and patient access if there are any other topics and maybe how y'all feel about the nursing standard one also if Susan is available to do that or there maybe somebody else that has an interest and deep knowledge in that. Y'all must have had a busy weekend...

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

Well, I...

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

This isn't like the old group in Phase I where we ran out of time because everybody was talking.

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

I can tell you that Susan, Clem and Mark Roche are all at HL7 this working group meeting as am I so that's some of the...

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

Oh, yeah, okay.

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

Lack of availability and I would be willing to be listed on the consumer group.

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

Okay, thank you, Russ.

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

And I can pass onto Susan that we were talking about her.

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

Oh, that would be great, yes, thank you.

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

We were volunteering her even.

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

In our work we call it being voluntold.

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

And this is Kin Wah so would the consumer patient access group also touch on consumer vocabularies that is mentioned at least?

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

That could be part of it, yes.

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

Then I...

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

That was my expectation, yes.

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

Yeah, I would be happy to join the group just to look around to see if we can find other sources of consumer oriented vocabularies.

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

Okay and Christina we put your name on there don't feel any pressure, we haven't heard you speak yet, so...

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

No that sounds good.

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

Okay.

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

Like David all of October my September has been back-to-back so I'm just catching up processing but I think that I would be really willing to take a first stab at kind of the descriptive text and laying out some of the issues but then definitely the group support on the consumer-based vocabularies is not really my wheelhouse as much.

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

All right, perfect. Any other thoughts for this section or any other thoughts in general with the ISA document moving forward that we should touch on? Okay.

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

Looking at patient generated health data again, I'll keep pushing it in there.

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

Do you think that would fit in with the consumer section or do you think it should be a whole new section?

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

I don't know because with consumer and patient access it's more just the barriers to getting health information whereas the patient generated health data is looking at more how we share that information and how consumers can start aggregating from multiple sources and then input their own information which is very different than access. I would hate for it to be watered down. I'm not saying I know where to start completely with the patient generated health data I just think that it is a topic of interest and at least getting like an outline or a summary of some of the issues that we face, some of the gaps and just getting the conversation started I think would be very valuable.

I do think that there is a lot there and it could be a whole web that we might not get accomplished but I think starting at least a paragraph recognizing this is a growing area would be very valuable.

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

Okay, I wonder if with the API section if that could be also...like is that a way to help integrate that patient generated health data to be able to do the things that you just mentioned with the gaps.

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

Again, I think it's making it too prescriptive with the patient generated health data because it can be...you know I was just actually having this conversation earlier today with patient generated health

data and it's not about...it doesn't have to be the whole...all the bells and whistles it can be simple things like just allowing patients to have the ability to check information about their own health and it doesn't necessarily have to go into the EHR system, which I think is where we're getting a lot of push back, so just really spelling out how simple it can be, just getting information from patients via surveys or questionnaires. So, by bucketing it in other places it kind of makes it more prescriptive and I think we're ready for it in the market.

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

Okay.

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

And I mean, as we discussed on our first round of calls hopefully these aren't taken as prescriptive anywhere, I mean, these are use case dependent, recognized standards, they may or may not be applicable for your use case or purpose, or perish the thought, for regulatory or other, you know, required constraints but I think we have...

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

I'm sorry, I just meant like, yeah, not...

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

Yeah.

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

More inclusive than if we put patient generated health data in APIs that would seem like that's the only way to get it and that's what I was saying...

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

Yeah, agree.

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

We need to avoid.

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

Yeah, I totally agree, I just totally agree, I think we should be illustrative and expansive and calling attention to things that people might not otherwise know about but not constraining or overly specifying.

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

Yes.

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

And I think that, you know, APIs and nomenclatures are orthogonal, at least a well-designed API, doesn't constrain you to a specific nomenclature except in very specific cases, something like FHIR allows you to specify in the profile which nomenclature is relevant to your use case so you could use a consumer API in one use case and a very clinical professional API in some other place with the same...a nomenclature in the other place with the same API and that would be fine if it's well-designed. So, it shouldn't be a conflict hopefully.

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

And again, this is Brett, just to reiterate, you know, this isn't necessarily always just pulling forward the list of standards Christina this could be some good introductory or explanatory language to industry around, you know, how PGHD could be included or what potential sources are out there and just kind of some thoughts for folks to be considering as they're working to better understand the area.

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

I think that's more what I'm getting at, at this stage; I think that would be helpful.

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

So, for today we need to decide on which topics, so we know we have the APIs, the research they just want to review and look at it. We would like to leave the call today with a path forward and be able to start working on that and have timelines to work off of.

Okay, so the consumer and patient access is it on the list?

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

I vote, yes.

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

Okay. And then the nursing standards Russ is going to talk to Susan at the HL7 meeting and we can get follow-up on that and then I guess the only one that I've heard so far in addition to the ones on the screen is the patient generated health data. Do we want to add that one to the list? And if we do we're going to need a lead and volunteers to work on it. Somebody's puppy wants to add it.

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

Brett, what are your thoughts on that?

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

Yeah, I mean, I think PGHD is a valuable area that we could certainly...I mean, if you want to group it in with some of the other consumer patient access pieces, you know, I realize they're not entirely the same but certainly start to impact the same group of folks. So, it could certainly be an additional group or it could be part of the discussion that group has.

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

Well, then should we put it in that consumer patient access group and just make sure it's like a sub-category and then depending on how it grows, that subgroup grows, then we can decide whether or not it becomes its own section but right now just put it in that area? Does that sound good?

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

That sounds good to me.

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

That sounds good to me too, yes.

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

Okay, that sounds perfect. Any other thoughts? Okay, Brett what is the next slide? I don't remember.

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

I think the next slide is just our work plan to show the next upcoming meetings and we can readjust some of the timelines as we discussed. I think the APIs we may put down towards that November 20th meeting as well and then we can keep that as kind of a working work plan and readjust as we need to with timelines.

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

Okay, so our next call is October 7th and we will be reviewing Section II, so please review that section. Will you be sending out any documents like you did before Brett with the comments?

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

Yes, I'm going to work to try to get a Google Doc for everyone to start to review and to start to make some comments inline on so that we can get a summary of your comments for that October 7th meeting and I'm hoping to get that out today or first thing tomorrow. So, I'll send that through our normal Task Force e-mail so you'll get an e-mail from Altarum about that.

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

Okay, perfect. Any thoughts on our timeline and our meeting dates? And we're going to rearrange some of the projected additions or additional information text that we're adding in to give people more time with those. We may be able...Michael Ibara, if it's okay with you with the research one move that up since y'all just wanted to review what was in there, do you think we would be able to move that one up to the October 12th?

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

Yeah, let me...I'll try and...I can shoot an e-mail to Clem and check with him also.

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

Okay, that would be good so we could flip those two. All right, Brett is there another slide?

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

No, I think that has us pretty covered. Kim anything else on your end or should we move to public comment?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Just one thing on the Section II and Section III we spent a lot of time talking about suggested additions I'd just like to encourage the group, to the extent that you have not already made comments in those sections, you know, this is the meat and potatoes of what we need to produce so please do make some time to take a look through what Brett and team will be sending over.

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

Thanks, Rich.

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

Good point. Thanks Rich.

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

All right, well then I think we are ready for public comment.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Okay, operator can you please open the lines?

Public Comment

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the telephone and would like to make a public comment, please press *1 at this time. Thank you. There are no public comments on the telephone line.

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

Okay, I just want to thank everybody for your time today, I think we have a nice plan moving forward, I think we have some great additions, I think it was really impressive to see how our comments and recommendations were taken by the ONC and actually implemented into the new document. So, I'm looking forward to having more conversations to see how we can move the ISA document forward and make it a document that people go to use and for different things. So, thanks, everybody.

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

Thank you.

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

Thanks.

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

Thank you.

M

Thanks, all.

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

Bye.