



**HIT Standards Committee  
S&I Task Force  
Final Transcript  
February 17, 2015**

**Presentation**

**Operator**

All lines are bridged with the public.

**Michelle Consolazio, MPH – FACA Lead/Policy Analyst – 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 S&I 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 meeting is being transcribed and recorded. I'll now take roll. Arien Malec?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I'm here.

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

Hi, Arien. Stan Huff?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Here.

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

Hi, Stan. David Tao?

**David Tao, MS, DSc – Technical Advisor - ICSA Labs**

Here.

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

Hi, David. Holly Miller?

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Present.

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

Hi, Holly. Jamie Ferguson? Josh Mandel?

**M**

Here.

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

Joyce Sensmeier?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I don't think that was Josh.

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

Yeah, it didn't sound like Josh.

**M**

...I'm here.

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

Is Joyce on? Ken McCaslin?

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Ken McCaslin's here.

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

Hi, Ken. Mark Segal?

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Here.

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

Hi, Mark. And from ONC we have Johnathan Coleman?

**Johnathan Coleman, CISSP, CISM, CBRM, CRIS – Initiative Coordinator, Data Segmentation for Privacy Principal – Security Risk Solutions, Inc.**

Here, thank you.

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

Any other ONC staff members on the line?

**Mazen Yacoub, MBA – Healthcare Management Consultant**

Yes, Mazen Yacoub is on the line.

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

Hi, Mazen.

**Mazen Yacoub, MBA – Healthcare Management Consultant**

Hi.

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

Okay, with that I'll turn it back to you Arien and Stan.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Excellent. And you want to take us away, I'm...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Well, excited to be here again. I think we've made good progress and I...just in reviewing the agenda or plans for this call, I think just want to have a quick review of where we think we're at. I think there are a few more things that we want to say in terms of the S&I Framework, how it's working, what was successful and not and then we want to do planning for the public hearing, specifically who we might want to invite to speak or present at that public hearing.

So, I think those are the things and I guess we can go through the slides that sort of show our timeline, and I don't know if Michelle or somebody else want to...or Mera want to walk us through sort of the timeline and where we're at part of this but...and get on to those other activities. So, Arien, anything else you would add or things...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Nope, sounds like a great summary of what we're trying to accomplish today.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

So...

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

Can we go to the next slide? And one more. So Mera's not on, so this is Michelle, but this is kind of what Stan had mentioned; today will be a recap from previous meetings. We're going to work on discussing action steps and then plan a virtual hearing that we are hoping to have on Friday, February 27. So we'll look at that and see if we possibly need to add a little time to that meeting to give us a little extra time and work through that. We're still working towards having recommendations at the March meeting, at least as it stands right now. And we'll see how that goes. Next slide.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

We will have recommendations at the March meeting.

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

Okay, I take it back, I'm sorry.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

All right.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Okay.

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

So I'm going to turn it over to you guys.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, so this is Arien. I'd say again, just pursuant to my previous comment that we will have recommendations. I think we've actually already made a ton of progress. We have established a framework for, and presented that framework to the HIT Standards Committee for thinking about what unique jobs to be done the ONC can facilitate in activities that are S&I like. Number two is we've made some clear principles for how and how not the...that job should be done.

And now we're going down to the next level and, I think a key takeaway from our previous meeting is that we need to better define what and how an identified national priority needs to look like, in terms of key criteria for national prioritization that allows for much more successful projects and probably a smaller number of more meaningful S&I Initiatives. And at this point now we're looking down at the next level of how in terms of business processes and lessons learned from existing S&I Frameworks which is really the goal of the virtual meeting, as well as to look at key success criteria from other standards development organizations.

But as I said, I think we've already made tremendous progress and right now we're really looking at the next level of how. So, I just want to commend this group for rapid and incredibly insightful progress to date and then let's make sure that we get situated for both the next meeting and then also for synthesizing the work that we've done into a crisp state of...set of recommendations for the HIT Standards Committee's consideration. So first of all just questions on the process and questions on my summary of our progress to date?

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

Arien, this is Joyce; I just wanted to say I joined a little late, my apologies.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Great. Thank you.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

And this is Josh, I was having trouble actually responding to the roll call, but I'm here.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Good, that sounds much more like your voice, Josh. You missed maybe the joke earlier on.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

I must have, yes.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Stan, sorry, anything from your perspective in terms of our work to date? What’s the next step?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

No. Well, I think if I remember right, there are a couple of slides that summarize what we’ve sort of written down and proposed, right?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, maybe we...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

...next slides, maybe we can just go through those quick and then...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yup.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

...on to the new comments for today. So, could we see the next slide?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So we really want to test...just kind of put this...all this information back in front of the full group to test for agreement on the information that we’re already, in many ways, ready to draft recommendations on. We already did that with regard to the “what” and the key criteria...the key role that the S&I can and should play.

And now this is a summary of our last meeting with respect to criteria for establishing a prioritized...an identified national priority and just to summarize, we said that an identified national priority should have balanced stakeholder representation in determination of the priorities. I’d note that the ONC roadmap listed ONC as the determiner of priorities and I think the feedback from this group is that that’s highly important, but that we would prefer to see...we would strongly recommend to see a more balanced determination of priorities. That is a perspective that one federal agency ponying up money but not getting the interest of the provider organization or the developer organization or for areas that involve patient engagement, patient organizations or patient stakeholders is not likely to be successful.

Number two that we identify real world outcomes that will advance the given national priority. So for example if we’re looking at healthcare value, lower cost, better care, better health, better coverage for the underserved that we believe that the initiative, if successful, will lead to meaningful outcomes.

Number three, that we have a high likelihood of success in terms of a reasonable path to implementation and number four, that we take into consideration, in success criteria, the parallel work that may be being done in other...in SDOs, in the SDO community. I think we also put in, so I’d move to

amend, we also put in that we take into consideration SDO timetables and ability to move from proposed work into standards track. And sort of a memorialization of that in a charter. Sorry, go ahead Kelly.

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

This is Joyce.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Oh, Joyce, sorry.

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

Yeah, that's okay. I think that's a great point, the timetables and I think it is kind of a dance where as we engage the SDOs, they will be able to consider how their processes can better be more on a fast track to meet the needs, a rapid process. So I think that's a really important piece and I'm glad you're amending that. Thank you.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

The other thing that I think is just sort of cosmetic here is that, I think these recommendations were focused on how S&I should select tasks or projects that it undertakes and that's sort of lost in that first...you know, in the big bullet that just says S&I should adopt this iterative approach. But I think this was focused, wasn't it, on how it should select projects and activities? Or...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's correct. Again, I completely agree Stan, I think the heading should be S&I should identify the following criteria for...or should adopt the following criteria for the definition of identified national priority.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Hi, this is David Tao and I agree with that. But having said that, then there's like, how should S&I, maybe this is for today but, how should S&I have balanced stakeholder representation within a project that was already selected by the above process so it's a national priority, but then you could start the project and have very unbalanced representation in the project itself. So it seems like there are sort of two levels of balanced stakeholder representation needed.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Correct, great point and this one is much more about the priority and priority setting...

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

...and then this meeting and then the virtual panel meeting is much more about that next level of how.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Okay, thanks.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So Arien and Stan, this is Mark. Just one thing that I thought we had talked about at length at our last meeting was the role of pilots and sort of being able to see a path to national scale for a project where that's the intention. And so if you think about...sometimes the role of an S&I Framework project, I can imagine, would be to sort of feed into an SDO project but in other cases it could be taking existing standards and helping to facilitate implementation specifications or what have you. And so it seems to me that one of the criteria ought to be, I think a) it makes sense to kind of envision that a pilot, if appropriate, is feasible but also that, again as appropriate, there's kind of a clear sort of path to scale for the project.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Mark, would adding the words scaled production before implementation in our third bullet address that concern...high likelihood of success in terms of a reasonable path to scaled production implementation?

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yes.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Okay.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

But I wouldn't just do the...that is, there are providers, but I think that maybe the i.e. is just too limiting, because I think it's not just sort of seeking or motivation, it's kind of the feasibility there, so...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, maybe that should be an e.g. not an i.e.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, at least an e.g.; easy fix, thanks.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Hi, this is Holly and along those lines that's certainly the area that we want the most iterative feedback because as this is being tested in the pilot, that's where the rubber hits the road and so we really need the feedback to revise the work that had been done to get it to work to scale to production nationally.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yup. And we did agree in terms of the...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

...language around that in that bullet.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

That would...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

We did agree in terms of the...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

...be good, I would be happy with that.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right, we did agree in terms of the what, that a key role that S&I plays is piloting and testing as well as iterative feedback and evaluating iterative feedback.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

We prob...there's a stipulation of the how on the next...that we ought to probably look at so we don't recreate those.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yup.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Can we go to the next slide? Some of the things that we're bringing...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right.

**Stanley M Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

...we at least attempted in this set. So, yeah, what we said is...implementation...standards development occurs in close coordination with implementation and rapid feedback. Certification criteria and standards implementation criteria should be the work product of an SDO; in other words, S&I shouldn't do those things in isolation from the SDO, they should do them at the SDO.

And then we should work with the SDOs to facilitate that change in having a rapid sort of feedback cycle from implementations so that the standards are much more responsive to implementation experience and testing. And then we mentioned this, a process that was like IETF might be worth adopting. And then a principle that ONC staff should participate as facilitators but shouldn't end up being the content developers and then a question was whether S&I should coordinate efforts among multiple SDOs, which...so anyway, just to refresh people's memory, that sort of goes with the previous set we were talking about, too. So, I didn't mean to interrupt any further comments on that first...wanted to maybe get these in people's minds as well so we didn't reiterate these things back on the other slide.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

David here; this is good but i'm...maybe I missed something but the second bullet wording surprises me. Did we actually say certification criteria should be the work of an SDO? I mean are we actually proposing that...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

No, no, no, no. So, I think this is a transcription error, great catch. This should be standards and implementation guidance...

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

...should be work product of an SDO.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That is anything that is named in a...so I think the point here is anything that is named in a certification criterion and included by reference in the regulation needs to meet the goal of executive order, which I now can't remember any more...

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

...for a national...with a national consensus organization.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So this is Mark; two quick things. On the reference to the IETF process, was that discussed in our last call? I don't recall that, but I...forgot.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

It was and Mark, again, this is just an example so I mentioned that the OAuth 2 spec has gone through, God I think it's now 30 something iterations and revisions, in terms of rapid feedback between implementers and folks and there's an editing process that allows for...if you can imagine taking 34 iterations of something through the formal HL7 DSTU and standards process, you would weep.

But, at some point you need to put a much more heavyweight process when you've slowed your rate of iteration so that you actually do the essential work that an SDO does in terms of balance of interest, in terms of ensuring that you adhere to...and other IP licensing rules, that you've got excellence in terms of the editorial function, that you've got clear line of sight in terms of copyright and all the other essential services that an SDO...so I think the IETF example is just...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yup.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

...was just an example of one process that was able to meet those criteria.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So Ariem, I think as I look at the language here, I'm fine with it up to the mandating a version as a national standard. And there are people on this call who are certainly more expert than I in the standards process, but it seems to me that...I definitely support the notion of being able to do rapid iteration without need for balloting during iteration. But a) I'm not sure mandating is the right word, because I don't think that's what an SDO does, but also at least at the DSTU level as I understand the distinction between DSTU and a normative standard. So I think that that phrase beginning mandating a version to the end may need some tweaking.

**Ariem Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yes and I don't think...I actually think we should just strike that and reword the principle in bullet 2 that says that any standard implementation guidance named in a certification criteria must comply with executive order, whatever it is, and be the work of a voluntary consensus body.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

I think that those are related but not the same issue.

**Ariem Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Correct, that's right. That's why I'm suggesting striking that second clause in the last bullet and amending the second bullet.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Got it, got it, got it. Yup, I'm fine with that. And then the one other I just wanted to raise under the principle, because my understanding is that there are two things, one that there are S&I projects where ONC is not kind of the principle owner or motivator, it may come from CDC or another...or CMS, for example. So a) I'm not sure we just want to say ONC staff, we may want to say federal government staff and then secondly, we may or may not want address the role of consultants who are funded by the sort of sponsoring federal agency. So I kind of put that out for consideration.

**Ariem Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, I think this is...I think we need to just go back and wordsmith this one. I think it's a great call out because in some cases, for example federal staff may well be subject matter experts. I think we also agreed in some cases that S&I budget dollars might pay for subject matter experts to devote additional participation. I think the key point here is that we don't want facilitators drafting...the people who are tasked as facilitators actually doing the heavy lifting, the drafting the content.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Right. Yeah. So I think, well, if we're...are there more comments on the things that we've already got? I don't know if we finished the last page...down to this page. Is there anything from the first set that we tweak or this set before we kind of go on to new, because I'd like to say more about contractor involvement as well?

**Ariem Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right and just...by the way, just in terms of process, I think what we're trying to do here is make sure the words here meet what our intent was in the discussion, and we've already had some amendments. The next stage of this is after the virtual hearing, we will be effectively drafting the transmittal letter and the slideware that accompanies that transmittal letter, so we'll have another

attempt...we'll have another pass at wordsmithing and refining. So this is much more about making sure that the high level concepts are there, are understood or at least worded coherently.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Yeah, this is David; difficult one on that principle because having lived through several and seeing the role of generally consultancies hired by ONC as opposed to ONC being drafters, you know, Accenture, Deloitte, etcetera. But some of them were quite good and in one case, Lantana was hired for, I don't know if they were the facilitators, but they were like hired subject matter experts for the LCC, which most...a lot of which led to C-CDA 2.0 and the people there, Sarah Gaunt and Zabrina Gonzaga, etcetera, you know, they're nurses, they know CDA. I mean I think you could consider them subject matter experts as well. So just the fact that they were supported by ONC didn't make them now disqualified or therefore they shouldn't be writing stuff because it seems like you want the right people writing it but to prohibit a consu...you know, someone from being hired to move it along whereas if you rely on volunteers, it could...you might get the subject matter experts but maybe they don't have the bandwidth or something and the thing just never moves. So...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

David, that was exactly the point; fine line here.

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

This is Michelle; if we can be careful about saying names and organizations, it would be appreciated. Thank you.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, so...yeah, thanks for that Michelle, I was going to point that out. I was also going to note that I did try previously to note the difference between ONC or other federal agencies effectively supporting subject matter experts who may well be experts in their field or may well be government employees and the distinction between that and folks who are explicitly tasked with a facilitation role also drafting or otherwise directing the activities or material output. And I think that's the key distinction is there are folks who are trying to help the process along, are explicitly in a role of facilitation and are then doing the heavy lifting; I think that's the perspective that many of us have pointed out as kind of blurring the lines in an inappropriate way.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

So Arien, this is Josh. This bullet is labeled as a principle but it strikes me that maybe this is the, let's say the outcome of some principle that's being applied. This is like a rule of thumb that is coming out of the principle...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

...and I'm trying to understand what the principle is. It might help to write down whatever that principle is more explicitly, because there's some implicit thing happening here that I'm at least not following.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I think the principle is that the recognized stakeholders of the initiative should be the ones materially participating in the initiative itself. And, for example, drafting the content and doing that, and the facilitators are there to facilitate and leverage the stakeholders and subject matter experts. I think that's the principle. I'm not sure if that's well worded, but I think that's the intent.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

I think that's helpful, it might help to say why. If I'm a stakeholder and the way I want to engage is by hiring a facilitator effectively, who understands my needs and can do some of the content development work, is that a bad thing? And if so, let's spell out why; I mean it may be about pattern, but we should say why.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Well I think it's different and Josh, I think what...well, this is adding new content, too, not just commenting on what was...what. One of the...that I've noted or seen is the situation where...the...inf...by preserving the contract to do work that preserves their role as opposed to doing work that is being directed by the...you end up arguing with the contractor and you realize that what's actually happening is that you're not arguing now from point of view of what's good, but sort of point of view of what would preserve the contract and the role that I've had in this project up to this point. That's something that I've seen a couple of times.

And that's different than what's been said so far, but I think when we're talking about facilitators, we're talking about facilitators hired by S&I to facilitate the work, not facil...be hired by, you know, Intermountain or some other group that wanted to participate. So I don't know if any of that helps clarify either, but...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I've also, this is Arien; I've also both...I have participated in S&I Framework's initiatives where I have felt that there is either a process agenda or there is an agenda that isn't transparent in the organization where there was a momentum to the S&I initiative that appeared to be unconstrained by the opinions or perspectives of the participants. And I think...

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

So Arien, this is Holly. Along those lines, and I think it's not directly related but a concern that I have that I wanted to bring up is, when we're talking about rapid cycle implementation, where we really are doing pilot testing, that if the S&I Framework workgroup has disbanded while this is going on that there should be some anticipation of either keeping that group active during the implementation process or to have...anticipate a group that's going to pick up on that implementation to be able to then do the iterative work that needs to be provided to the SDOs. So that we see what's working, what's not working but I think that that in...I don't see in this slide the process reflected where that iterative feedback that's coming from the practical implementation in the real world is then going to feed the SDO standards that are going to be developed.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So I just want to make sure we're talking about, just from a process perspective that we're talking about the right things. And I'm wondering whether, Holly, that point belongs in a...so I think what you're saying is from a high level how perspective the...an initiative if it's successful needs to run beyond SDO engagement into production of real world activities, which I think is probably a pretty strong principle. But I think it's a different one from the staff and staff support activity that we're discussing. And I'm wondering whether some of these persp...some of these also will come out of the virtual hearing in terms of the next level down, in terms of how, in terms of principles for running an S&I initiative.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

I think that's correct, Arien; that is what I'm getting at.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Okay.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

And that is a big concern because I want to make sure that we just don't have principles and standards, but that we have true national adoption for what comes out of all of this work.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Um hmm, yeah.

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

This is...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So I...

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

...I'm sorry, this is Joyce. Just a comment, Stan, you asked us to look back at the previous slide just to make sure we didn't move forward too quickly and addressed everything there. I wasn't on the last meeting as I had a conflict but one question I have is about the national priorities. I love seeing that in here, I'm wondering if there is any tweaking we should do to update our national priorities based on current state?

So for example, measles outbreak points us to immunizations and perhaps the use case around immunizations becomes a higher priority for that reason, just as an example. Would...how would we address those types of kind of additional priorities or reframing or resetting of priorities?

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Umm...

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

Or would we? Would we stay the course, I don't know.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, so, Joyce I think what you're pointing out is that our discussion looping back or going back a slide, our discussion on identified national priorities needs to include some process by which national priorities are updated.

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

Perhaps, yeah.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah.

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

May...it's worthy of maybe a...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Well, and Arien, I think...I don't know whether we've gotten to slide 7 yet, but where it has the assumption, priorities will be driven by the interoperability roadmap...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I think that got snuck in somehow.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, I...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So anyway, I think that the ability to have a) what was kind of referenced earlier which is priorities that are broader than those of federal agencies. So it's like the distinction between the interoperability roadmap and the federal, I forget what it's called, but the federal IT strategy that ONC also did. But then to Joyce's point as well, that ability to be fairly nimble...

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

Yeah.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

...about kind of re...adding to and shuffling priorities based on real world event.

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

Yeah I like that, nimble.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

I feel like the first big bullet, the iterative approach sort of implies that and you might want to add the nimble word to it. But iterative sort of implies you keep cycling back.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Hey, just from a process perspective, this is a great discussion, but I want to make sure that we finish out the discussion that we had on the role of facilitators...of federally staffed facilitators. And I think Josh had a really good point of maybe we can instead of nixing facilitators, because I think we've acknowledged that there are cases where they're subject matter experts who have been hired and retained or they are federal partners who have particular areas of expertise. Can we articulate this in terms of a principle? And I tried to get something at the stakeholder should actually drive...should drive the process with respect to the identified national priority and real world outcomes or something of that nature. That is, you don't want to feel in a...you don't want to feel as a participant in a process that that process is not representing the charter and the needs of the participants.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah Arien, I mean, I think if you look at the principle there, it's really after the comma. So maybe it's both beefing up when we say facilitators or staff support, and I can see certainly staff support can be inclusive of developing content. But that it seems to me what you articulated is that you want the process and the decisions to be made by the broad scope of folks who are actually working on the project and not the staff or consultant.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yup.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

So it's not the development of the content, but it's the context in which it's developed.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

And just as a suggestion without naming names, it might be worth describing one or two anti-patterns. If there are things that have gone badly in the past to say, this is what we want to avoid. Arien, I know you gave an example of one earlier where it felt like a facilitator was trying to perpetuate the project because it maintained a role, like just making sure the incentives are aligned so that that's not the key outcome. It might be worth calling that out explicitly.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right and it's also there's a...I won't go any further. There are sometimes cases where one particular stakeholder by their ability to hire facilitators has an outsized role with respect to the calendar timing and objectives that may not reflect the broader aims of the stakeholder community, I guess is the way I'd represent it.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

Well that sounds like an important but distinct issue to me.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Correct.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

I thought the point here was...okay, yeah that's a hard equity issue to say any given organization can only participate so much, even if they have the budget and the desire to participate more.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah, as I thought about this area, I was trying to think of ways that we could be very explicit and in a sense, I...it was becoming very hard to describe and so it's almost like this is like a warning statement that has to be implemented judiciously by S&I staff and as they do these projects because it's going to be hard to make a list of everything they could do and everything they, you know, that you wouldn't want them to do kind of thing. So maybe just...maybe putting in things that we specifically want to avoid, maybe that's the best way to start. I don't know.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Well maybe I'd suggest that we've established...we've sort of fumbled for some principles, maybe what I'd suggest is that if people have thoughts about more sharply worded or better articulated underlying principles, that we maybe spend some off-time...offline work and then we'll try to make another go at this with respect to the recommendations when we draft those recommendations. Because I think we got some good notes, I think we got some good, to Josh's point, organizational anti-patterns.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

Um hmm.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

And we can kind of take that work, noodle on it. If you've got additional considerations, send it via email and then we'll try to make sure that they get better articulated and re-reviewed in the recommendation section.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah. And I guess the only other kind of parting thought is, I don't want anybody to come away from the conversation thinking that we shouldn't use consultants because I think they're invaluable...process when...in the proper role and with sort of the correct guidelines, I think it's essential to getting the work done. So, I don't want anybody to come away thinking that consultants aren't important and valuable and, in fact, provide an essential contribution to the project. It's just sort of tweaking these things to make sure that some of the problems we've seen don't happen again.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Should we...this is David. Should we make some statement either in these principles or maybe later and drill down about accountability for...like whatever we set up, or whatever we recommend, who holds S&I accountable, and I guess you could ask similar questions of other SDOs like who holds a particular workgroup accountable for following the basic principles, guidelines of that organization as well. So is it the Standards Committee or some oversight group from there? I think that something like that might help because you can't necessarily itemize every single do and don't and there's always going to be something unexpected, but somehow some accountability process might be helpful to cite somewhere.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

It's a great point, yeah. And in an SDO the Board holds the SDO accountable, right?

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Right.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Maybe I'd suggest we go on to the next slide, which I think is slide 7 now. So, this one kind of snuck in there...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Um hmm.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

...the priorities will be driven by the interoperability roadmap. I apologize for not flagging this when Stan and I reviewed the slide deck but, on the one level the interoperability roadmap is a reflection by ONC that takes into account the Standards Committee and Policy Committee and public feedback. I guess I'm not sure I understand...I react to driven by rather than something like aligned with or in accordance with, because it...the interoperability roadmap driving priorities implies to me that the interoperability roadmap will establish the priorities. And I don't think the interoperability roadmap is designed to drive the kind of identified national priorities that we've already articulated. I think that's a framework and context in which those national priorities can be identified. I just wonder whether other people have an allergic reaction to the particular wording here.

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

Well, this is Joyce. The interoperability roadmap does have an appendix with a whole host of use cases and then it's asking for public comment on the priorities so, I'm assuming that's where this is linking to, as those comments are received and the priorities are reviewed and the use cases are identified, that should dovetail with this process. Specific words I leave to the group, but I'm assuming that's the connection.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, so sorry, thank you for that. I was acknowledging that the interoperability roadmap is an artifact that is informed by the FACAs and informed by a strong amount of public feedback. So I think it's appropriate to think that priorities should be in accordance with the interoperability roadmap, it's the notion that the interoperability roadmap is going to itself as a document set out the priorities is something that I don't actually think the interoperability roadmap is designed to do nor do I think the public comment to date has focused on the particulars of the priorities. I think the interoperability roadmap is establishing some outcomes that want to happen by particular years, and I think most of the feedback is focused on those outcomes and whether those outcomes are appropriate. I'd see the priorities as being, as I said, in accordance with those outcomes. I just wonder whether other people see that the same way that I do.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

This is Stan; I see it the same way. I think the document may outline processes that lead to real priorities but the document itself, as it's stated, I don't think does that. So, yeah, I think this isn't quite the statement that we want to make.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

And I also think it belongs maybe back up at the priorities...at the identify national priorities section as opposed to down here.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Um hmm.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Well is it, maybe we don't...I don't know if it's necessarily...I like the idea of in accordance with or aligned with because I think the interoperability roadmap's...this is David, by the way, priorities are, like you say, bigger level outcomes like by the 3-year or whatever, everybody or "X" percent of providers will be able to find, use, send...well you know, the various verbs they had, you know, the common data set.

But that might be a priority for sort of a measurable outcome but that's not really a prioritized project; I mean, you wouldn't have an S&I project for that whole big thing, you generally would have things like transitions of care or DAF, etcetera. So in a way you could align those with that but it wouldn't exactly be the same as the priorities, like there are different levels, project type priorities versus outcome priorities. And you want to make sure your projects are addressing those outcomes. So I think in that sense, they should be aligned. And you might even say driven by, but I think that that sort of implies sort of a top down type thing, which may be too strong a wording.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

David, this is Arien; I think that's exactly what I was trying to articulate as well. All right, should we go on?

**M**

Sure.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

All right, let's go on to slide 8. Umm, or maybe go back up one, because I think we're actually talking about the three questions. What are the key business processes? Which processes work well? Which processes can improve? And then we have a goal of lining ourselves up well for the virtual meeting, which is designed to solicit feedback from particular S&I initiatives as well as gather reflections from other activities to better inform some of the how success criteria.

But I think we're...right now, we're tasked with discussing these three questions and then lining ourselves up for the public hearing, the virtual hearing. So this one I would, I think, open it up to the task force to discuss, unless, I guess Mera's not here, if there's an ONC perspective, in terms of better narrowing down these questions, but absent that, I would just open this up to the group to look at what are the processes that work well? What are the processes that need to improve? I've got some opinions but I'm going to hold them until post-discussion.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

This is David, I did think about this some beforehand, since the slides came out. A couple...I'll do a couple of positives, a couple of negatives. It seems like the process is fairly well defined across the different projects, they all have this pre-discovery, discovery, use ca...charter, use cases, standards harmonization, standards selection, you know, pilots, etcetera. So there seems to be a predictable and reasonable and total life cycle type of approach; so I think that's good.

They do pause along the way at many points to try to get consensus on, is our charter right before we go on to do all the use cases? And are the use cases right? And the requirements right before we go ahead and select the standards, etcetera. So that can be a little cumbersome to have all these mini-consensus

votes along the way rather than just like a big ballot at the end of the standard. But I think it's good to have those checkpoints and I think that the earlier phases tend to get more of the end user type stakeholder involvement when we're talking about charters. I think when you start to get down into the weeds, you start to lose them and you start to get the people that really are technical.

Which leads me, I think, to one of the...I think the biggest weaknesses is the whole consensus process seems very sort of unformalized; you can have hundreds of people, you generally have hundreds of people sign up for an initiative, you have half that number sign up as so called "committed members" and then some small percentage of those actually attending meetings, giving feedback, doing work. And when it comes down to consensus votes, they're...if you get 5 yesses and no noes, consider it having passed and there's not really the sort of a quorum concept.

So I think that's one of the biggest weaknesses because it may give the illusion of broad stakeholder involvement but when the rubber hits the road, you don't know where they are because most of them didn't...were long gone or didn't weigh in and so forth. I realize that could be a problem in any SDO, but it seems more the gap between nominal attendance and actual involvement seems really big...a really big gap. So I'll start with those and...

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

Yeah, this is Mark. I'd add a couple; one is about kind of almost scope and one is about participants. And I think that one of the things I've heard in talking with folks and observing is, getting the right balance between sort of, you know, potential users and implementers of the outcome of a project versus folks who are either more technical or standards experts. Both, I think, play a critical role but that the product managers, folks from services who are actually going to have to implement some of these, tend not to stay engaged; maybe they're engaged earlier.

So maybe a bit more of a sense up front about identifying kind of the sort of almost personas or roles that need to be represented for a particular S&I project and being somewhat deliberate in both kind of recruiting and then kind of mid-course checks about how the process is going so that we're able to keep a user perspective throughout.

The second piece and I don't know that we've talked about it in any detail or at all, is testing tools. And it's been expressed to me the importance of sort of being able to, again as appropriate; sort of develop testing tools in sort of parallel to some of the specifications. And so from an involvement standpoint, I'd say having folks who have expertise in the development of testing tools would also be quite important.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Hi, this is Holly and I'd really like to voice support for the last statement. I think also along those lines, this is where as we talk about pilot implementations, it becomes critical to keep the more...the group that's really more practically based functioning as implementers and working in hospitals, practices, etcetera, engaged throughout the process so that we can really test it and move forward. So I think I really agreed with the last statement and even would go beyond with thinking about how we pilot this and use that work to maintain that level of engagement with a very hands on...the hands on clinical group.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Other perspectives? So this is Arien; I just want to amplify a couple of things that I have witnessed and seen, and this is, I think, related to the dynamic of folks getting...of the end of a S&I initiative often

representing different interests from the beginning. And I've observed a trend, and I've actually fallen prey to this trend that folks come on in the initial stages because they're excited about the outcome that they seek to achieve and the process itself takes a long time.

Some of the process steps that as David noted were instituted for some very good reasons, end up being themselves so elaborate and overdone that you end up at the end of the process with sort of the folks who either this is their own particular hobby horse and they're going to ride it for as long as it's around or the folks who are professionals and have their calendar already blocked out for participating in these kinds of activities. And the folks who may have a clinical interest or a business interest in the outcome but also have real lives and real jobs outside of S&I, end up getting driven out is a harsh word, because I don't think there's an intent, but they don't last the distance because there's not a great place to recognize the limitations, in terms of the calendar and their work day and seek their participation.

I'll give a personal reflection is in the DAF project I originally attended was highly engaged and found that the whole process took so long without substantive progress that I got distracted by my daily day that's crammed with meetings and urgent activities and that kind of thing and I'd come back and check in and discover that not much had progressed and sort of lost track of the calendar. And I suspect the same thing has happened to many a person who participates.

#### **David Tao, MS, DSc – Technical Advisor – ICSA Labs**

This is David; just to maybe provide a counter-example, maybe a positive example. I did feel like, I'm not mentioning people's names or organization names but, take LCC, I felt like the degree of clinician participation and interest and even leadership mainta...was maintained pretty strong all the way from the beginning to the end in that particular project. Now maybe it's because it was community driven in the begin...as opposed to an ONC sponsored project; but something seemed to be right there, in terms of maintaining the interest and participation of at least a pretty good number of clinicians, as I observed.

#### **Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Well and David, I'd actually double down on that because I think it's an interesting case of the community defining the calendar and agenda as opposed to the facilitators driving the calendar and agenda. In that case LCC was instituted because some folks, including Holly, had a significant clinical interest in seeing this happen and they drove the calendar and they drove the process. Holly, I'm wondering whether you have that perspective here.

#### **Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Thanks Arien. I think...it's an abso...I completely agree with you just...with what you just said. The...on reflecting on several of the workgroups that I've been involved in, my thought is also I think at times the assumptions that we made turned out to be incorrect and it wasn't until we're in the pilots that we knew that, that there were different things that had to...and I think LCC is an example of that, was that where that came out of the recognition of the limitations of some of the other workgroups that had come before and really did engage clinicians that had previously been engaged in those other workgroups, but this was their own space. Or they felt it was their space to really get some very significant...make some very significant progress in that area, in long-term care and in transitions of care for these high risk patients.

#### **Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I'm going to call on folks and pin them to the mat, because I think we've heard from a lot of folks. Josh, I haven't heard you comment on this section and want to get your take.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

Yeah, so first of all Ariën, I think your description of your experience with working with some of these projects that have very long timelines, has rung true for me as well, you know, projects that I’ve been excited to get involved with in the beginning and then have been just frustrated with trying to track the initiative through the actual process itself.

The project that I’ve been the most involved with is the Blue Button Plus Initiative, which now, as of basically last week, we’re sort of ramping down. And I’m basically happy with the fact that we’re doing that, I think it’s the right move at this point. But if we’re honest with ourselves, we probably didn’t succeed in our mission and yet, of course, the tendency is to try to spin this process as a success to say, we’ve accomplished our goals and that’s why we can end this project now. But a realistic assessment of the project it’s probably that we lost momentum and failed to accomplish our goals and that’s why we should end this project now. And I would think that as part of a mature S&I Framework environment, we’d have a way to end projects without having to claim everything as a success and to be realistic and honest about establishing whether a project is continuing to make progress and worth continuing or whether a project has failed to meet milestones and is not worth continuing.

**Ariën Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Josh, that’s a really interesting comment and I think Blue Button Plus was a project where there was probably an opportunity for a mid-course correction, where folks recognized that there were a bunch of EHR developers who were interested, who were supportive but frankly this wasn’t in their product roadmap for the next year or two.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

Yup.

**Ariën Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

And at some point, I was involved in clinical trials and there was a notion at some point of establishing a futility criterion where there’s no point in exposing the patients to the compound if you know at the end of the day that you’re not going to reach significance. There probably should be some acceptable stopping criteria where if you’re not going to get...if EHR developers don’t have this in the roadmap when you’ve finished your implementation guide or your high level implementation guide, you know, time to either go back and say why, dear EHR developers do you not have this in your roadmap? Or, pack it up and go home because you’re never going to be successful. And that’s just one example. And I think you could probably apply that criterion to a bunch of other S&I initiatives that got to a certain point, established that the thing that they were trying to do was feasible, establish that the approach that they’d chosen was feasible but no one showing up to actually go implement it.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

Yeah and I think when it comes to the creation of standards, having more is not inherently a good thing. So to say that some projects did some interesting work but ultimately didn’t produce a standard that we want to promulgate is fine. It’s actually better to say that than to say, you know, here’s a list that’s even longer than it could otherwise have been for people to try to discern what’s real and what’s fake.

**Ariën Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

You know it's interesting because for whatever reason, that just inspired some of the experiences that we had where there were lobbies and...of certain groups and I'll just give an example, it may be real, it may not be real; but for example, the nutritionists that actually wanted to develop significant standards around vocabularies and the like but also standards within the Consolidated CDA which the physicians in the group pointed out, but that's changing the practice of medicine because we don't include some of the things that you want included in a standard way in our current practice of medicine.

So there was frequent interesting conversations around whether or not the proposed technology or the proposed standards were going to actually result in changing the way medicine is currently practiced. And not necessarily for...in any agreed upon fashion, but by groups that were lobbying for certain things to be included.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, this is Arien; that's what I referred to as hobby horse-ism; you get folks who disproportionately care about some particular topic, they...because they disproportionately care they disproportionately attend and you end up skewing the direction in ways where the folks who have clinical or business or other interest, but maybe not the time or the hobby horse-ism, would recognize as a great idea, but somewhat impractical.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

Right or worse, if you don't have any representation by the groups that would say, no, this isn't a good idea and suppress that kind of activity...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Right.

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

...it could become prominent in what's proposed by that group.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So, I think...let me see if I can reframe what we've just been saying in a way that is stated as a more positive principle. I think we have stated that there's a...that there are very important stakeholders in an S&I initiative who may believe in the real world outcome, but may not be able to participate in weekly and sub-weekly sub-workgroups to drive the process and yet are incredibly important stakeholders in terms of keeping the process true to business objectives, outcomes, aims, clinical outcomes and serve as a reality check. That the process should be...should accommodate their aims.

I think we've also stated that there's a tendency sometimes for process for process sake and that there are some core pri...there are some core outcomes like making sure that you understand what your trying to achieve, in terms of finalizing the charter and the like. But that the longer the initiative takes, all other things being equal, the less participation or representation you'll get and so the process should be kept appropriate to ensure that the initiative moves at an expeditious rate.

And number three, that there are well established...there should be well established checkpoints for verifying the initiative against the real world success criteria. And it should be okay to say, for this reason and that reason we're not likely to achieve our outcomes and we should flag that and raise it and

unwind the process as opposed to keeping declaring success and moving on regardless of whether you're actually going to be successful. Does that capture the last 20 minutes or so discussion?

**Holly Miller, MD, MBA, FHIMMS – Chief Medical Officer – MedAllies, Inc.**

I thought so, I thought that was very well done, Arien.

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

Um hmm. This is Joyce; that hit some key points. I would just maybe add evaluation criteria for those checkpoints where you want to have some criteria to match up if it was successful or not and that's okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Perfect, thank you for that.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Umm, this is David and, you know, I'm a little torn on this one because I think, you know, you can get process heavy and overboard like has been talked about on things like the charter and the use cases. And maybe there's sort of a reinvention of the wheel like, they've got to start over and write this fresh document about the use case for X, Y, Z where it's already well known.

However, the other extreme is sort of, that I see sometimes outside of S&I is that there are no use cases or they're just assumed that everybody understands what they are, but who knows whether there is a common understanding because they're not written down at all. And then the standard plows ahead, based on some assumptions that are probably not shared by everybody. So it does seem like its maybe the happy medium is to somehow have some way to leverage use cases and requirements that didn't originate within S&I but already out there and to move more quickly through that, get consensus on it but it does seem like it's a start from scratch process quite a bit. But I don't want to go the other extreme and say, well just cut those phases out because they're just obvious and everybody knows them already; because I don't think that's true either.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, this is Arien, by the way, I was not suggesting cutting the phases out, I was suggesting that in my general experience longer doesn't always mean better, that work expands to fit the time allotted and time boxing those phases often leads to just as good, if not better, outcomes than letting them run on un-time bound. So I guess what I was...is, are they a good practice as to time bound the project...time box the project and time box the sub-phases of the project in order to drive project success with the shortest possible, but no shorter project.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

This is Ken McCaslin. So what I'm hearing is that we need to narrow the scope of some of these initiatives. One of the initiatives was laboratory results and laboratory orders; and if you look at laboratory results, there are a whole bunch of issues that haven't been resolved from the implementation guide just because of the overwhelming work that needs to be done to get there. So maybe we have use cases that are so broad that we're churning through it but not being successful in creating the upload that we need to because there's so much work that needs to be done that we'll never get to in the short term. And how do we do that? How do we make sure that we've not got too broad of a scope, because laboratory results seem like a great idea, but it's a big thing.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, this is Arien. I think I would propose going back to our previous agreement in terms of success criteria and reasonability in terms of being successful and number two is go back to the previous point that we articulated relative to being okay with either cutting scope and being successful in a narrower domain or call in futility at some point.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Okay.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Data provenance is one that's had recent input of that sort, I think, from the Standards Committee...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Correct.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

...they had a special task force just for that to narrow the scope down and they recently made some recommendations and maybe that kind of oversight or accountability would be helpful. Because I think it's hard to cut off your own pet thing because you really do sincerely believe it's very important, if you're in the project and it's your hobby horse, as Arien calls it, but it's not like your...intended. You think that's...to you that's the most important thing that if a project doesn't do it's not even worth doing or something and so that becomes a big part of the sco...and everyone's got their different one. So you add all those up and then it becomes you have to cover everything so someone maybe more...who can be a little more ruthless and impartial from outside could help with that.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

This is Josh; forgive me if I just missed this aspect of S&I but, does a project have some notion of like advisors or an external review process? And if not, is that something we should consider?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

We did...so this is Arien; we did flag, I think it was David who flagged the notion that there needs to be some kind of oversight mechanism.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

Good.

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

You know because Arien, I can remember from Standards Committee calls over the last couple of years, reports would come back on the dozen S&I initiative and you would more than once make a comment about how many are we trying to do I parallel and are these all necessary to be done and things like that and others would say the same thing like there are too many. And it would sort of be duly noted and then nothing would change, because there wasn't really...it was more like advice from the Standards Committee but it wasn't really oversight. So...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right and unfortunately at the end of the day, it's going to be the Standards Committee that's at least going to make the advice, in terms of standards and certification criteria, so it's probably a bad sign

if the Standards Committee looks at your thing and you hope to get it involved in certification criteria and the Standards Committee is kind of scratching their head. Not that the Standards Committee should be the only oversight mechanism, but if you intended to get your thing in...established as certification criteria and the Standards Committee is scratching their head on it, it's probably not looking good for you and you probably should be thinking about it differently.

So I'm wondering, just in terms of process and time check whether we should, if there are additional points in terms of the three questions, I think they were on slide 7, can we go back to slide 7? Additional perspectives and criteria on this slide, otherwise I'd suggest that we go forward to planning for the virtual hearing. All right, let it be noted we're going on to the virtual hearing discussion...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Good.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Why don't we go to the next slide? So these are the framing questions that we're asking the panelists in the virtual hearing to comment on. Number one is, with respect to reviewing our proposal in terms of jobs to be done, what the S&I Framework or something equivalent is uniquely good at? Number two, looking at our success criteria for identified...or proposed criteria for identified national priorities and testing whether the initiative had those and whether that would have been a good thing or a bad thing? And then getting feedback in terms of case studies, SDO and cross-SDO perspectives, stakeholder perspectives and then also looking at non-SD...non-S&I standards groups in a perspective from how standards development solves the pain points that we've identified for the S&I in other areas. So, I just want to pause here and see if there's feedback in terms of the framing for the public hearing.

**Mark Segal – Vice President, Government & Industry Affairs, GE Healthcare IT – GE Healthcare**

What will be the criteria for selecting candidates?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I think we've reached out to all of you to gather your input in terms of proposed candidates. I think in terms of criteria, I think we were looking for again balanced representation, folks who've participated in S&I Framework and have case studies or interesting insights in terms of what worked or what didn't, folks who haven't participated or who represent SDOs who have a perspective on success criteria. Basically ways of getting outside of our group to get more balanced public voice in terms of the criteria and questions that we've framed up. Michelle, I wonder if you have any additional comments in terms of criteria for public feedback or the virtual hearing.

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

Not really. The only other thing I think that we should possibly consider is once we get closer to identifying the number of panelists that we'll have, I think we might want to think about extending that meeting an extra hour, just to make sure that we have substantial time for people to share their comments.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Now the meeting's on February 27, right? I'm a little concerned is there enough time to get the people and give them enough time. First of all the date is...

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

Yeah, it is close.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Yeah, if they haven't been asked yet.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Yeah, the runway is very short and we kind of caught them by surprise as we invited them so my sense is, the people who I asked to comment were kind of caught flatfooted and didn't know if they could get something together that quick.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Do we have any discretion over the date? I mean, I know it's on the calendar but if we moved it a week, would that upset our overall schedule; I forget what our other meetings would be.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I think there's Stan and my time, there's overall...the overall ONC FACA calendar that are kind of forcing functions and then obviously there's the calendar in terms of us meeting a March deliverable.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

So it's pretty hard-coded to February 27.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

It would be hard to move.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Yeah, and I suspect that adding some time to the call might be advisable because I think there's a lot of information that needs to be addressed and I would think that we would have a lot of questions for these people.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

But I'm looking at our schedule, isn't our...without slipping our schedule, the next meeting we have after that, isn't that March 13 or am I missing one? I'm looking...trying to look at my calendar, so, I mean, there's...

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

Alan, can you go back to that work plan slide real quick with the dates on it? Thank you.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Oh, March 5, okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Oh, okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So we've got...basically we're going to have the virtual hearing, then we have two weeks prior to the Standards Committee meeting to finalize our recommendations.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Okay, sorry, I misread my calendar, I...see March 5 now.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

So would we put an hour ahead or behind?

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

Unfortunately, we have to go until probably 4:30; not ideal on a Friday afternoon, but...

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Should we schedule it to 5:30 just in case?

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

Umm, so...

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I think what I'm hearing is a move to hold the calendar time and if we shorten it then that's fine.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Exactly.

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

Yeah.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

You said it much better than I did.

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

We'll have to check with Stan and Arien, obviously and others, but if we can do that, we certainly will.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

And it's on a Friday, what could we possibly be doing on a Friday?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

That's right; certainly nothing more important than this. All right, let's go forward on the slide deck down to, I think we're at slide 9, is that right? So we reviewed slide 8, maybe one more. All right, so...

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

So who's going to help determine who will do the presentations? Is this going to be an electronic vote or how is this going to happen?

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

I think some, talking about the timeline, we need to see who we'll be able to get to...who is able to participate. And then we'll need to narrow it down based upon who's been identified.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Who's the "we" and how is that done?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, so it'll be...just for in terms of process, it will be a conjunction of Stan and I and the ONC staff. We will propose back that list to the full group for feedback...

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Okay.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So that...there's just given the timeline, we're going to have to move relatively expeditiously to reserve people's times.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Yeah.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Sometimes the sausage making process for these things just is what it is.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Okay, I was just fearful that I would miss an email and not be...not respond appropriately so, there are just a lot of things going on right now.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Totally understood.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Yeah. Would you let the task force who all was nominated of which you picked the subset or would you only say who you had recommended?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

I think, just to be fair, I think we'd probably go forward with the folks that we've got recommended and confirmed.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

So you'll reach out to them and let them know that they're confirmed?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

ONC staff are going to do the outreach and confirmation and then do the scheduling logistics.

**Ken McCaslin – Director, Healthcare Standards – Quest Diagnostics**

Okay.

**David Tao, MS, DSc – Technical Advisor – ICSA Labs**

Do we currently, just in terms of sheer numbers, do we have enough candidates already?

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Michelle, do you have a sense, I think I've seen...

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

Yes, the list I'm looking at, there are quite a few.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

...pretty long.

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

Yeah.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah. My perspective is we had a lot of folks and we're going to have to narrow and that narrowing will get done based on who's available, based on making sure we have balance of interest, based on the ONC secret cabal. Steve Posnack reminded me that joking on these meetings sometimes can backfire, so, that was a joke for anybody listening in.

**M**

But that's a mathematical calculation.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Yeah, it's just a, yeah, we've got a little bit of time to go schedule...hurry up and schedule all these folks and reach out to them and some of them won't have time and all that stuff, so...

**Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

And what's the actual format of this? Is it to...I guess a lot of the other hearings we've had where there would be...people would give us some written testimony and then would give sort of a very brief statement, I think we limited it to 5 minutes or so, with the hope that then we could...the time for discussion and questions. Is that a similar format we're anticipating here?

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

Yeah, this is Michelle. So we're going to divide up who we do identify into panels and then, like we usually do, give them 5 minutes. Depending upon the number of people on each panel, we'll let all the panelists go, share their perspective and then open it up to the group to ask questions. And depending

upon how long we have for the meeting and the number of people we invite is how long we'll dedicate to each panel.

## **M**

Is it possible to get their presentations 2 days before the thing so we could at least print it out and write notes on it?

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

Well, as with all panelists, they're all volunteers sharing their perspectives, so we don't require that they give us written testimony, but we certainly welcome it and we will give them a deadline before the meeting so that we can hopefully get it in advance, but it doesn't always happen. But we will do our best.

### **Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Every time I've been a panelist I've been working on my presentation material almost to the last moment. It may just be me.

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

It's just a reality.

### **Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

Yeah. Okay.

### **Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So Stan, I'm wondering whether we were...we've got half an hour more on calendar but I'm wondering whether we just end this meeting early, go to public comment and give people back some amount of time in their day.

### **Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare**

I'm in favor of that and...yeah, I guess I would make sure that there aren't any other important issues that we haven't talked about that people want to discuss. But I think we're at a point where we've covered what we intended to and we've got work to do, but I think we could end this call and give people back some time.

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

Okay, so I think we can open up to public comment and then we can do some wrap-up comments, is that okay?

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

Hey Michelle, this is Joyce. Just a quick comment; so I know there were some changes that were going to be made in the slides, so to speak. Are we going to see that again before the next meeting or not?

### **Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So Joyce, this is Arien. What I suggested earlier, our next meeting is going to be the virtual hearing.

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

Right.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

What then we're going to do is reformat this material as a set of recommendations and we'll have opportunity in the two meetings that we have after the public hearing to refine the language in the recommendations and make sure that that...our comments are fairly reflected in the final recommendations to the Standards Committee.

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

Okay. So our opportunity to review will be after the hearing then.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

After the virtual hearing, yeah.

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

Okay. Thank you.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Thanks.

**Public Comment**

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

Okay, can we open up to public comment?

**Lonnie Moore – Meetings Coordinator – 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.

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

So while we wait for public comment, we will be working hard and vigorously from the ONC perspective to try and extend our meeting for next Friday for the hearing and identifying folks to make sure that we have a good, rich discussion on February 27.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

And then I think we should be working in parallel with that to finalize the material that we've already created and represented on these slides relative to recommendations so that shortly after the virtual hearing we have an opportunity to synthesize everything we've discussed in some early recommendation language that we can review on the next...the March 5 call. Because we're not going to

have much time; I've been involved in times when you have two or three or four go-rounds in terms of recommendations. I think we're going to have two opportunities at it to refine it.

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

And it looks like we don't have any public comment.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

So sad. All right, thanks everybody and looking forward to the virtual hearing and looking forward to wrapping up at least phase 1 of this work. I think we've made tremendous progress so far.

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

Thank you so much both you and everyone for your great leadership.

**Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation**

Thanks.

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

Thank you.