

**HIT Standards Committee
Consumer Technology Workgroup
Patient Generated Health Data Taskforce
Transcript
January 15, 2014**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standard Committee's Consumer Technology Workgroup and this is a Taskforce under the Workgroup which is the Patient Generated Health Data Taskforce. This is a public call and there will be time for public comment at the end of the call. And as a reminder please state your name before speaking as the meeting is being transcribed and recorded. I'll now take roll. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Here.

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

Russ Leftwich?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Here.

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

Chuck Parker?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Here.

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

Dixie Baker?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I'm here.

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

David Kibbe?

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Here.

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

Lisa Nelson?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Here.

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

Susan Woods? And are there any ONC staff members on the line?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Ellen Makar.

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

Hi Ellen and with that I'll turn it back to you Leslie.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, super, so first of all thank you everybody for spending so much time and taking care of these slides and addressing these questions. So, today the purpose of this meeting is to really come up with a final recommendation and slides and who is doing what, the logistics and so forth for our future meeting and we will be able to provide all slides in the meeting but also pare it down for purposes of time when needed.

And we've asked Dixie Baker to join us today because she is just wonderful at advising and giving us an opportunity for some great feedback so I really appreciate you joining us Dixie.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Fine.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

We are really hopeful in our recommendations, there has been a lot of discussion about when is it appropriate to have standards and when is it not and in this new age of patient generated health data it's a Greenfield opportunity so the group feels very strongly that standards actually create innovation and can create opportunity especially for smaller entrepreneurial organizations who want to get into the business as well as how larger organizations use standards they already have done, already programmed and know how to look on.

So, let's go through the slides, Ellen and I are both taking notes but as each of you look at these we want to make sure this is the appropriate order, are there things that should be re-ordered or re-emphasized, so I did take all the slides each of us worked on and kind of integrate them into what I thought were logical groupings around each of the standards areas or if we're missing anything that the group asked us to address I want to make sure we address that.

So, we're going to start with just the opening slides, we can go to the next slide where we talk about the members of the overall Workgroup. Oh, did someone have a question?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Les, this is Ellen.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Just also what you'll get to is I tucked into the slide deck, for convenience, some of the issues that had come up from the Standards Committee and from the Meaningful Use Workgroup, but, you know, those aren't slides that we're going to use probably, you know, in our presentation so I just wanted to let people know about that.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Great, so it's just making sure that we've addressed all those questions.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Correct.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Thanks, Ellen. Okay, next slide, please. So, we all know the scope and we've been asked to look at all of the standards, keep going, next slide, please. And some of the questions we were initially asked to answer, what are the standards needed to support the patient generated health data and to look at specific use cases on using Direct, secure messaging, other, vocabulary and content standards. So, those were the initial questions months ago. Next slide.

So, some of the things that Ellen was talking about, this is from excerpts from our meeting on December 18th, this is the Standards Committee meeting and we were asked to make sure that we were looking at standards to support patient generated data including consumer device data, are they ready, what's our recommendation and we were really challenged in that area by the group I think several times.

Also, to look at consumer-friendly terminology, which we have not addressed in our recommendation except to say that we believe that should be taken on with the – with Jamie's group on Consumer Vocabulary as a joint team effort in this next calendar year, but because of our recommendations geared towards questionnaires and responses we felt, and many of the group agreed, that the LOINC standards and SNOMED standards that were already named in Meaningful Use could address this early phase of patient generated health data.

And then we looked at standards to support the data to and from patients and obviously to continue to discuss Direct and then is there a possibility to record advance directives or care preferences as a result of the questionnaire structure, and to help us to build for future care plans and care teams, those were some of the issues that were brought up and I think we –

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Leslie?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

This is Russ; I would consider adding a bullet point that says standards to support the provenance of patient generated data.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Oh, that's good that did come out in the meeting. Yes. So, that's something we wanted to discuss too, all right, great. So, let's go to the next slide please. So, in the taskforce these are from the Meaningful Use Workgroup and these are the things they wanted to make sure we address and that was that Continua be included, which Chuck is here to discuss that. On the two competing standards and report back to the group I'm not sure what that was. Ellen do you remember what two competing standards?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I think what that – this is just pulling it out from the notes, I think what it really is the competition between will it stifle innovation or will it help innovation.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right and I don't know – I think that that's a tough question and I also think there is a question about what innovation means. So, for instance, in my example we use the InfoButton which is a URL-based old technology that from the adoption of Meaningful Use NLM has gone from zero to 34 million uses, we've gone to 400,000 uses a month or a year and that's from zero and the implementation time is less than a week. Now is it technology innovative perhaps not but the adoptability of it is absolutely amazing and dramatic.

So, I think we have to be mindful of what does innovation mean it's not just always is it the most technically current and it also could mean is it adoptable and I think the NwHIN standard helps us to think about is something adoptable, is it mature, is it implementable as well as is it innovative and I don't know how to reconcile that whole discussion and maybe you guys will have ideas as we go forward.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Leslie?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

This is Lisa; does that mean that the previous discussion did not name two competing standards?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Correct it was the balance question of is something – is standards – do standards actually prohibit or help innovation.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Okay, great.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Especially because our group was tasked with – tasked with using standards that were available.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Sure.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

It was don't create a new world and so we've done that and the great thing about that is we are adopting or asking the Consolidated CDA, Direct to be adopted.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Got it.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And it's already been named in Meaningful Use.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Great.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Why not if it's good for the goose it's good for the gander kind of thing. The care team standards I think that the question, Russ is addressing in these slides, which is what's been named actually in Meaningful Use 2 versus what we're recommending in future areas for the care team and that's really being much more explicit about them.

And then the Consolidated CDA for structured and unstructured questionnaires they're wondering whether the standards are sufficient with certain data elements but not others, I think we would say the Consolidated CDA is the Consolidated CDA and because we've taken a header approach we have just as much for patients as we would for providers.

And then this is – we're recommending it – Charlene wanted to make sure that the use cases all were mindful of the care team roster approach because in her work in the coordination of care team there was such emphasis on let's build, let's start building for a collaborative care environment and so she really wanted to make sure that we were aligned there.

So, that was what we want to make sure today's presentation addresses all of these issues. Any questions? So, the next slide, please.

So, this is the Consumer Technology Workgroup and we were asked, sorry, these questions and the readiness around these particular recommendations and let's see, Ellen do you want to go through these? I think some of these we've addressed.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Yeah, I don't think that we have to go through it it's really that is just there for reference.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay. And I think we have – oh, some of the things that we put for future initiatives like an S&I Framework needed for collaborative care documents, structures to address versioning, expanded provenance, reconciliation, data governance and curation that was beyond just the patients involved in the care team roster, there really isn't anything that I know of, maybe Russ you do, that's addressing all reconciliation and versioning and so forth across the ecosystem.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Leslie, I also put that in there too because of Paul Tang's comment that the "should consider" should be revised.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Oh, right. So, that was a question "should consider" we had been – this was – should consider wasn't there to say this is a part of a standard, these were future. So the "should consider" are slides for the – oh, I see what you're saying, we mixed it up. So, "should consider" is on a future and we would like to recommend Direct, care team rosters, CCA and Continua Alliance. So the ones above that are –

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Right or maybe even – yeah, a different wording altogether. We wanted to do two things –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

We wanted to recommend a constrained number of the standards but we also wanted to kind of signal something for the future.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right, okay.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

And maybe "should consider" is for some – it's too strong perhaps depending on how you read that, it could come out more of a command then, you know, consider.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, maybe its future recommendations should be everything from – the ONC should consider the S&I Initiative, it's a future consideration. Consider an S&I Initiative or just you don't even have to say consider, just an S&I Initiative created and so forth. So, we'll just put up above for future consideration and then list the items below. Would that work?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Yeah, we can – I think we should just maybe continue on and then we'll wordsmith it off line and resend it to the group.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, great. Then next.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Again these are – you don't have to go through all these; this is just for reference of specific things that different members of the committee – oh, the next slide –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

That is – that the members of the committees pointed out so that we're addressing all of them and you can see there were issues regarding C-CDA and the vocabulary, issues of provenance and if you go to the next slide.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But before you go to the next slide –

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Continua and Direct.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I do think there is an opportunity for teaching in our presentation because John said he is not aware the Consolidated CDA was being used for questionnaires.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And it's used for questionnaires all over the board. So, I think there are some opportunities, maybe each of us should read these so that when we come back with our presentation we make sure we've addressed all of those questions.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Correct.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Leslie, this is Lisa, I have a technical question to see if it's appropriate or where it fits here. I had not yet been thinking about ways in which we need to align Consolidated CDA templates with the care team roster work, I'm not that familiar with it, but just in being introduced to it over the past week it appears to me that there is an opportunity to look at and update the vocabulary that's used with the function code element in a couple of spots for the performer and for the participant in the CDA header and in the entries.

Is this presentation intended to be as comprehensive that if we have an issue like that where I know there is a weakness and a gap that needs to be filled to make this work, do we need to get that level of detail into this presentation or is there a placeholder where we can establish that this is a very fundamental problem that I've run into multiple times and I never saw an avenue to get it fixed before but that function code element needs to align with the care team roster concept and is it something to be fixed? Do we need to address it here or is that detail something we would address elsewhere?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I don't think it needs to be addressed though I do think we should have a list of work to be done so that when we're asked to report back in progress at a future date we know that we've worked on it and then I would – and Russ could champion that effort in the HL7 Workgroup along with you to say "okay, we need to reconcile this" and perhaps that's a really good thing to do at perhaps one of the HL7 conferences.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Okay, thanks.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay. All right, next slide. And Chuck this is a lot about Continua. There is discussion also about the provenance Russ brought that back up again.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And so I think we just need to read those pretty carefully before our next presentation and pre-handle any of the questions that are coming up.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

That's –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But I believe we've internally addressed this. Yes?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, this is Dixie; could I ask a question about that previous slide?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Sure.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Slide 7. The third bullet in the recommendations, consider C-CDA for structured and unstructured questionnaires, typically C-CDA, to my knowledge, isn't used for questionnaires and they are used for capturing and transporting data that are collected through questionnaires but not for the questionnaires. Have you connected – I brought this up at the last standards meeting, with the structured data capture initiative which is using the IHE retrieve form for data capture profile to – specifically for structured questionnaires?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Lisa do you know the answer to that?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I don't, so Dixie you're hovering in the right space here and you're right on the money in that the efforts with the structured data capture and RFD in IHE is more closely aligned with what Continua has put forth for form definition and questionnaire response. The questionnaire response part is the part that more kind of overlaps but definitely is not using Consolidated CDA templates.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I think it's an important – although it's a tricky technical detail to make people understand in a short amount of time it isn't accurate to represent the questionnaire response or the form definition as directly using Consolidated CDA templates.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Right and I –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

However, some of the things that we have – the slides that we have put forward that Martin provided us is using the Consolidated CDA is it not?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Yes and it could.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

So depending on how you define –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

The questionnaire if you specifically wanted to identify something that was let's say in your family history and you asked "did your maternal grandmother have breast cancer" and they did then that could be represented exactly using a Consolidated CDA template in the family history section. So, this is why it really overlaps.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, for the purpose of sending it to someplace else.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Yes.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

You know if all you're doing is for example in a portal you're collecting – you have a form there that collects data to put into the EHR but, you know, it just puts it in a database and puts it in the EHR doesn't actually send it as a Consolidated CDA. The C-CDA would be sort of an intermediary.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes and so that's a good point and something that comes up. So, for instance if I'm in a tethered PHR the likelihood of me using a standards-based approach for the Q&A is probably not going to happen, right?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Currently, I doubt you'll use a C-CDA.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

It will be Direct.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

However, if I'm shipping that to somebody else –

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And I might be sending a Direct message or I might be attaching it to a future API or I might be using an untethered system then we would definitely want that to be standards-based approach.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes, I think in this case if you're talking about – if the topic is structured and unstructured questionnaires at the very least you should mention the RFD work in structure data capture because that's what it's all about.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, but I mean RFD work –

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

So, this is Russ –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Go ahead.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Well, I think the other point is that there is a new HL7 standard currently being published for structured questionnaire and response and the awareness of that would be part of the educational intent of the presentation and that I would think would be applicable to any EHR in that the questionnaire function might be a service outside of the EHR that then returns the response as a CDA document.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yeah, you might want to just re-phrase this whole thing that, you know, you're looking for standards around structured and unstructured questionnaires and you're looking at the role of C-CDA, you're looking at HL7 questionnaire, you're looking at IHE, RFD, you know, not as definitive you should consider C-CDA.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay. All right, super, next slide. So, this is just then the background of what we were asked to do. Next slide. Again, this is what we talked about very high level and we're trying to get into detail today. Next slide. Next slide. So, we've kind of got a tag team going on guys in the presentation and I think that that's fine. So, this is – as you see a slide coming up that's yours if it needs explanation please feel free to answer any questions, but we're attempting to do some background of how the Consolidated CDA has evolved and how the templates and instructions can be used and that the templates have been – basically, Lisa describes this as a garanimals approach that the Consolidated CDA is able to do many more things than when it was initiated. Lisa are there specific points you want to make here?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

No, I think that's good and hopefully everyone has shopped at Sears for their kids and knows what garanimals are.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Next slide please. Lisa, what are the big points you want to make on this one?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

The big point here is the picture is demonstrating the garanimals notion and explaining that document templates are open and so it's possible to bring in any section with their entries that have been defined in Consolidated CDA that's sort of the main point there.

The other point that I'm demonstrating is that within Meaningful Use we have already, as precedent, adopted the concept that types of documents can be described without necessarily creating a specific document template to enshrine the rules.

And so where there maybe questions or objections about patient generated documents having a loose guidance saying, as long as you use the patient generated document header you can use any of the sections that have been templated in Consolidated CDA.

I think this addresses the point that there is precedence for being able to make such a statement because all of these other documents transitions of care, clinical summary, ambulatory summary, etcetera, have been described but not explicitly templated and already adopted by Meaningful Use.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide please. So we start now to talk about the CDA evolution and I think this is self-explanatory, any major points here?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

No, this is Russ, I think this is sort of a restatement of Lisa's remarks and a graphic of the alignment between this Consolidated CDA standard and Meaningful Use itself and reiterates the point that Meaningful Use Stage 1 did specify templates or documents but Meaningful Use Stage 2 really does not specify any document templates per se but only refers to the Consolidated CDA standard.

And that the 2013 update being – that's currently in process will be published in 2014 so it technically does not yet exist, but will support what our recommendations – some of the recommendations for Stage 3 like the care team roster and I guess to Lisa's earlier point about the – assembling a template that is not one of the specified document templates would be particularly applicable to questionnaire and responses.

And lastly, that Meaningful Use specifies or constrains some vocabularies that are not really part of Consolidated CDA but are called for in the – or the certification.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, great, next slide.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Leslie?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I think the other key point on this slide, this is Lisa, is to highlight the maturity of this harmonization process and that this thinking really goes back deep to 2006 and that this is not a new body of work that this is a very mature body of work.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And I also think the big point is with it being named at the high level that ONC was quite smart in making sure that as the standard evolved it evolved in the regulatory requirements by default. So, that's great. All right, next slide.

So, the big points here, how would this – this was provided from Martin and part of the work that's being done for – underneath the Continua Alliance that also supports the Consolidated CDA questionnaire form's definition. So, it just describes more further yes/no, free text and so forth. Any questions here? Okay, next.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

You know that Martin did make one point in our call a couple of days ago that they were – that this standard attempted to leverage the existing CDA section templates.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Also, I think it's important as was discussed many times is do we have easy ways to do patient reported outcomes and I think this was a good example of how that could be used.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, next slide. And this is just again talking about the header, the header template and templates capturing the response for patient reported outcomes. Any other points here?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Leslie you may want to note that copyright was misspelled on the previous slide.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Thank you.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

On slide 14, okay, Russ will you take these on then in our meeting, those Martin slides?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Sure.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, great. And Lisa, you will take yours?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

And maybe we should add a bullet about the provenance of the questionnaire response too if it is a – from a family caregiver who may not be easily identified by their surname but is identified on the care team roster.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, would you send a bullet on that, word it –

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Sure.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

To me and Ellen and note that it's for slide 16?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

All right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide. And Lisa this is one of yours? I think we went through that before.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

We just talked about why the header approach is one that we think is very sound. But, I think the big issue is that we've really done good work around making sure that all of those, the vocabulary, the care team are not clinicians is pretty well harmonized across a variety of different organizations as well. So, both Russ and Lisa can you speak to how that, particularly the care team, has been embedded and cross referenced with other groups.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I think Russ and I could chat for a minute and then I could supply a sub-bullet underneath the care team roster part and I think that after Russ and I chat I could add a bullet that also addresses provenance, because that is an issue in people's mind and it's just a way of figuring out how to explain it quickly and simply, but I think I could improve this slide by adding a sub-bullet under care team roster and including a high level bullet around creation and preservation of provenance information.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, super.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Good.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Next slide. So, this is where we talk about the harmonization and how much has already been harmonized but I didn't see what we've got on the left but I think we're missing the top here. Where there different places this has been harmonized? Do you remember Russ?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I couldn't remember what the cells were supposed to represent.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, let's leave it out and just go to the refined bullet on slide 16.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Or, yeah, slide 17, okay, next slide. Okay, Russ?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

This is to point out that there is a requirement in Meaningful Use Stage 2 for a care team roster but there are no specified attributes except that it is to include the primary provider of record, which is not defined as to what that means or referring provider and the recipient. So, the implication is that it's a text-based list.

Family caregivers are not mentioned per se and the use case is transitions of care, but for the future certification criteria our recommendations would be that the encoding of the care team is utilizing the HL7 CDA increase and that there be a specification that there should be contact information both physical location, phone number and an electronic address, the taxonomy of the professional care team members, the role and familial relationship of the family caregivers and a unique identifier for professional health caregivers to allow them to be identified across organizations and that the use case in the future certification criteria is actually the longitudinal care coordination not just transitions of care.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right, this is a big bricklaying step that we need to do before we can even get to coordination of care.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, great, next slide. So these are some of the use cases that we're going to talk about but I would say of these – and then we have some more also with the Continua standard or Continua work.

I would say the medication list is the one that has the highest level of interest in policy right now as far as the immediate need and the patient generated medical or family history, I would say those two have the highest immediate need.

The advance directive has the highest political and I mean that in advocacy and other groups are putting forward the need for advance directives to be able to find it and see it, so I think all of these make good examples of use cases.

So, what we did was took the model that Jamie did on our last Standards Committee where he presented this grid and so we've captured and used this where we can in our recommendations as well because I think it was very well done as usual Jamie always does a great job explaining things. Any comments or questions here? And Lisa you'll go through this one too.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Perhaps we should rearrange the order of the slides then –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

To put medication list farthest to the left, medical history in the middle and advance directives to the right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Leslie?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes?

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

This is Sue Woods I just want to let you know I'm on the phone but I do have a question about the medication.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Sure?

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Is the use case considered to be that patients will make supplemental comments about whether they're taking the medications or adding new medication? What is the actual –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

It's either/or and "and." Really the structure of the template used doesn't indicate one or the other it allows for a patient to answer yes or no questions, to do multiple choice questions and a variety including adding free-text.

So, it could be a questionnaire that's validating "hey, these are the medications we think you're on is this correct" or click all that you are taking or a variety. So, it's not meant to pre-suppose a particular type of question.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

So, I don't know who the target of these are but I don't know if there is any value to making some kind of an overall purpose statement like –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Value statement, a simple one and I agree with putting the advance directives maybe on the right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay we can do that, all right, next slide. So, you can see we've got some other slides here and what we will do is reorder them based upon that. So, Lisa you want to talk about this?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

This slide came as a result of Ellen's request to see if there was some way to make this discussion more tangible and so I've just taken a CDA document that represents advance directive information generated by a patient and tried to tie together a picture that shows not only how a snapshot of that information could be exchanged in a CDA document and so on the left you see a style sheet that exposes that CDA document, but that how in fact a link could even be included in that static snapshot that would launch the patient's application where they manage their own data.

And so a physician who was receiving, as exchange, a static CDA representing the information would also easily have access to make sure that it was the current view of the data and so –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is really important because this is one of the questions that's been put forward on the Meaningful Use Committee to say, can we have both the static current information and link to the future and so this is a great example. I think putting – the order of where we put it I think has to change if we put advance directives last.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Let me just ask a question, do you think that advance directives are too political or too controversial and we should use a different example?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think we put this as the third example and we need to show the examples of the medication and the family history, but I don't think because something is charged it shouldn't be discussed, because first of all whether it's an advance directive or any document type this is a great example of future consumer issues where a patient says "I have some information and I want to provide it to you" but it may change over time, here's how it can be managed and this will be one of many.

I think this is a very logical way to think about the care planning in the future where we might have a care plan that's housed someplace else, but inside the EHR you see the most current Consolidated CDA that's been sent but you're given a hyperlink to see then outbound to another thing.

It's also, I think, reflective of the same kind of idea that was put forward in imaging recommendations that Jamie made.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Yeah, I think –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, I think this is –

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I think it's a good idea to have it and I also think it might be good if it came a little earlier because let's face it a lot of this is dry and people can't necessarily relate to it. I don't know what do you think about ordering this a little bit earlier and then show the grid or –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

We can put the use cases ahead of the grid, yes, let's do that.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Yeah, this is Sue, I didn't see the beginning, I'm sorry, but again I think there's a lot of value for giving people context.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

And understanding where the value is. I will just say, a little editorial, I think all of these are very health system and clinician oriented and centered. I don't think they're particularly patient – I mean they're patient centered to a degree but if you ask patients what is the most important information they would want to contribute it probably wouldn't be these three.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I agree, however –

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

That's –

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

So, maybe we should have another one. What would it be?

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Well it would be – I mean, they want to, you know, personal goals, personal information. I think medications could be if you, you know, qualify it with like comments about their medication, you know, side-effects or whether they're taking it or not. So, they're the ones that are validating, because patient generated – one of the challenges culturally is that this is considered not "accurate."

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

And, you know, we – the people who –

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

How about allergies that's something that isn't controversial and very much, you know, a way to avoid an adverse reaction.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Well again –

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Or –

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

But again, that's coming from the clinician's health system agenda, it's, you know, patient's don't wake up in the morning and say I really need to let them know what my actual allergies are, they want to give people information –

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I would disagree, I give Janie Appleseed presentations out in the community all the time and allergies come up all the time especially from care takers who are saying "I know what my mother has had reactions to and I need to get that information to physicians so they don't give this to her again." And allergies, you know, come up from the community all the time.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Well or more frequently perhaps new allergies develop and those usually happen actually at home not in a medical facility. So –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay, so if we could take this –

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

But I think a broader use case might be the discontinuation of medication and then the reasons might be ineffectiveness, allergy or adverse reaction, can't afford it, it's not on my formulary and that information would be very valuable and would have to come from the patient or family and otherwise it's not going to get discovered until the next encounter which might be months away.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, I would suggest that – so the advance directive use case has been brought up by consumer groups over and over again so why don't we keep that one in there but lower on the priority. Take the medication and make it more with let's get a similar screen created that also shows that we're validating that the patient can add comment and also note why they're discontinuing, so the example is more patient centric. And then perhaps on the family history example we also include preferences and intolerances.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

So, I – the slide that's up one comment that says through state HIE I don't think it should be restricted to state HIE.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay we can change that.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I just – the example was, you know, I'm just listening to what you guys are explaining and I'm thinking how many hours do I have between now and when these slides need to be done, materializing this in a real way and not a just describe it way actually takes a significant amount of energy. I look for applications that can actually do it and then I have to manually create the CDA documents and this was not easy.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, what about, Lisa, I think we can call on perhaps Martin to help us with the medication questionnaire because he's got some examples in the future slides.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Okay, great, okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And then on the preferences and intolerances on that we can see if we can get some additional help on that one. So, let's go through because I'm mindful of time, let's get through and then so we have some assignment area here, Lisa is at capacity, and we need to think about who can help us to provide these better examples. So, next slide. So, this is talking again about the exchange, is something that we want to go into or is it – what do you think?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I created three slides when the original discussion –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Was focused around use cases to try to bridge from the matrix that we were mimicking where it talked about how – what transactions are available to push or pull information and to be a bridge in between that nitty-gritty detail and the more picture oriented use case slide.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

This provides one level deeper under the covers in terms of how does the information get from one place to the other and in fact shows that there are combinations like Russ just brought up –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Where you could be going Direct and you don't necessarily always need to go through like an HIE in the middle.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, then Lisa you take that on and that will be the big point there. Next slide.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

You may want –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Oh, go ahead?

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

You may want to just change the header.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Because then people will put the – because it's really not just about advance directives it's about data exchange right?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

There are three different – the headers are – there are three swim lane diagrams and each of them is different and the headers match with the pictures that we're getting.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

With the –

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

So we may need to relook at these as we re-craft the use cases.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide. And that's again the use case for the medical history. Next slide. And medication list. So, I think these are worth showing and then for the use cases we can get a little bit more detailed. Okay, next slide. So, Lisa we have three XML documents here and what do you want to do with these three slides?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Again, it was – Ellen was asking how do we make this more real?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

So an XML document is huge you can't possibly show it.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

But what I did is I clipped three rolls out of the header of the document so that people could actually see when you talk about the author what is the data that is captured, what's represented and how in fact, for a patient generated document the author can be encoded as oneself.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's great.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

So, maybe that helps.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Because that gets us to the provenance issue.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I think one way to think about this too might be with these use cases is to have the use case and then have the swim lane and then have the XML for medication or say for advance directives.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

You know, so we put them together as a package.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Great. Okay, next one is the same and we'll reorder the XML, yes.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I'm guessing that many of the people who would be in the meeting where these slides will be shown have never spent much time inside the XML and so adding a picture where they can think what does it mean to have – you know, the author, the record target representing the patient and how the identity of that person might be represented in the header.

And so here I'm just showing that the standard allows for many possibilities for the ID to be encoded, it could be something from an App that they're using, it could be their Direct address, you know, all kinds of things different from what typically is used today, which is a person's social security number or just their MRN in a particular institution.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think that's really a good point to highlight especially with the new upcoming work that the Whitehouse has announced on bringing in a fellow for patient ID mapping. Next slide.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

This is Dixie, I just –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

I've done this before where you show the XML and one thing that might be useful – I agree it's very useful, it's especially useful if you pair it with – if you can show what the user sees, like you can show that there is really a pick list for example that the person just selects from that here's the user interface and in the back end here's how the data are captured and then it's more meaningful for those who haven't ever seen XML before.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, Lisa do we have the associated documents that you pulled these from that we can do a snapshot of easily?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

This – the document that I transformed for advance directives that you saw, the green-tealy color and yellow color before that's the XML document that I pulled this from. If we're not focusing on advance directives I'd want to just use whatever – if we use a CDA that's designed to focus on the issue of medication list then I would modify that a little bit, but I agree with Dixie that whatever we end up with in the pictures we should be able to at some point say "and underneath the covers here's what the XML would look like."

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Is that – are these examples something that we can get easily guys?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I do not have a – I mean, I would have to go back and re – if the focus is on medications for example I could remake something like that but I'm closer to having something that I consider, at this level of readiness, for medications than I do for family history.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, so if medication is easy then for you Lisa – and I'm going to talk to maybe Gordy can come up with something for us on family history.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Sure, I was going to take a quick look at NoMoreClipboard and see if they would give me a quick I know how to pull a CCD out of NoMoreClipboard and if they have a decent family history interface that would be a quick way to create a similar kind of example using the existing stuff.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Actually they do, they have a great one.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Yeah.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I think that's a great idea.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

So, let's use – I can make you something out of NoMoreClipboard for family history and if that works for medications – I mean, not to give one vendor play time but – more air time, but they would be the quickest avenue for medications as well.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's great because I think –

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Maybe Gordy has something that we –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

It demonstrates the standard more than anything.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Yeah.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Great.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide. So now we're getting into patient reported outcome measures using the questionnaire and the Consolidated CDA. So there is talk about some or all of the work that's going on – is this – Chuck is this a slide that you would be taking on?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

If you'd like for me to, yes, this is something –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

That was generated by Martin, but certainly this is something that I can talk to.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, either you or Russ who ever feels more comfortable?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide then. So, Chuck do you want to talk about this, what your major point is here?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yes, so this basically is in line with the Continua architecture and showing how we actually capture data from the patient going into – using the patient generated reporting module here to plug data and going back into the hospital.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I think we should re-title this device or we're kind of getting into the other area now don't you think?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, so let's talk about –

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yeah, this is actually – this is generated – this one is coming from Martin's work as well showing this is from the work that we have on the patient generated documents in this case, the patient generated questionnaire, sorry, is what I'm trying to think of here.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, let's talk about the deployment architecture for device data at the top so people know we're making a transition. Okay, next slide. So, this talks about the uses of patient reported outcome measures. I think this is just a good value statement or use case statement. So, Chuck would have this section. So, next slide.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I think it needs to say PROMs are used "to" get patient's input.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

We're missing something on that first bullet.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

And just for everybody's clarification too, at the top where it says DMO uses PROMs I would spell out what the PROMs actually means just to –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And the DMO, Disease Management –

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

–

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And I think it's uses of patient reported outcome measures.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

That's probably good, I would just spell it out though.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah. Ellen can you do that?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, so next slide. So the point you're making here is there is opportunity to use it for a questionnaire and a response.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Right, so you can have branching logic decision making here in this case so that depending on how the patient answers you can actually set a different level of questions to be returned to them.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Great, okay, next slide. So, here's an example of a questionnaire and we do have a little bit of the XML and so this might be a better place than up at the medication use case. What do you guys think?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Well, this is very specific to this section that we're talking to.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I think it needs to stay with the questionnaire.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yeah.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Because the formation of this observation in the XML is very specific to responding to a question pattern.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

What I like about this is they've gotten some background information and then this is kind of a way for them to then process through some of the more technical things that were presented earlier, kind of like a layering.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, all right. So, Chuck you'll go through these?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Apologies for being on mute on the last slide, it refers to hospital but that might well be any provider organization.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Good point. All right, so we can change that caption. Ellen can you do that underneath hospital, hospital approaches put provider where the slides say hospital? Okay, next slide.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Slide 31 Les?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But actually there's two diagrams, so both of those diagrams.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay, I've got it.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

There was another slide earlier.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, okay, next. Okay, next, yeah, there we go. Okay, so Chuck you're going to talk about this as to how it's coded?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

All right, next slide.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Well, I'm not going to go into depth unless they ask questions about it, I'll just talk about, you know, here's how – you know, what the underlying code looks like but how you actually enter it and then how it develops additional levels of response.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next. Okay, Chuck.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

This goes into our security requirements now so this is steps back out of what we were just talking about with patient reported outcomes now into the overall Continua as well and talks about what Continua uses for security and how we actually ensure that the data is secured from end-to-end. Next slide.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Do you want to get into that? Was that a specific question that came up?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

It's part of the overall architecture, I think the order is reversed I would put this second after the next slide I believe.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, so switch 34 and 35? Okay. Let's go to the next slide.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Actually, that's interesting, that's not quite what I was looking for.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Oh.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

I was waiting to see the one that had the standards listed standards in there.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, we'll look for that.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

But this is fine, yeah, this is progressing of the standards and where we are and what's been taking place so far, what's coming and what we are – what the draft is underway.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think it's important here too to talk about Chuck that the standards are – we talk about how quickly people adopt a standard and the fact of the matter is it takes 2 years to first get your FDA approval, before you can start moving into adopting standards.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So the – could be 2-3 years ahead of the actual use. So, I think that would be a good point to make here too.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Okay.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

This is Dixie, you know, on slide 34 is that where – I'm kind of, you know, going back and forth between them because I can't see it on the screen, but on slide 34 many, many of these, I would say the majority of these are not EHR standards. I think it would be the – and some of them are ones we've considered and rejected, I think it would be useful – I think you're likely to get the question, are these standards that are in Meaningful Use for EHRs or are these new standards?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's a good point.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

I'm fine with pushing it to where we want to go. It's just a matter of just talking about security and that's really – the security standards were there as background information.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

My feeling on that was to eliminate it Chuck.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Okay.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I think the focus on slide 35 is in the title, the point is there are different types of devices that are at different levels of maturity here and I was trying to sort of take it all in quickly, but the angle black text at the bottom those are different devices.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

That's correct.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

And the heading of the slide is so general it doesn't help a reader orient themselves to what am I being shown.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, so maybe we can come up with another title. All right I'm going to push us along guys because I'm mindful of time. So, next slide. So, Chuck you're just going to get more into the detail.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Right these are completed standards that are available today and published and really it's highlighting the fact that these are IEEE standards that Continua is utilizing here with constraints around some of the specifics of how they're implemented.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

All right, okay, next slide. The same there?

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Again, this is the project is underway and what's being developed.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next. Okay, so now we're moving into Direct. So, we're moving from devices and now we're going into Direct to talk about the transport mechanism that can be used for patients and so we'll keep going on the build and I think this is familiar with the group but it's worth restating. So, David are you still here? David are you on the line? David was on the line earlier right guys?

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Yes.

Charles Parker, MSHI – Executive Director – Continua Health Alliance

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, so let's keep going.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

I'm still on the line, I'm sorry.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

My phone was having problems getting unmuted, yes I'm on the line.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

I'm paying attention too.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, this is the transition that will go into Direct and really the emphasis here is that Direct has already been named in Meaningful Use and there is a considerable amount of work being done at DirectTrust.org to address some of the concerns that Marc Overhage brought up and others have brought up in saying that just using Direct for patients isn't enough we need to make sure that we have the trust framework in place. So, this where David starts.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide. And again David will highlight this and I think it's worthwhile to talk about the consumer group as a separate group here, how long it's been formed and what you're doing too David.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay and next. There's a lot of members.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Leslie or David, will we be talking about how it is that patients, that people will be getting access to the DirectTrust trust framework?

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Yes. I mean, we can talk about that at any time, you know, we can introduce it as early in the slides as you'd like, you know, or we can go through these quickly and get to the slides.

I think probably the best time to talk about that is when – I mean, on this slide there are some organizations that are already targeting patients and consumers as their – as participants in Direct exchange, the Department of Veterans Affairs is one for example at the very top, the Mississippi Division of Medicaid is another which is close, Mayo Clinic is another although they're not a HISP they definitely want to use Direct exchange.

There are a number of electronic health record vendors here McKesson and RelayHealth for example who are thinking about it and Cerner as well including in their offerings after providers are stabilized patients. So, you know, I defer to your judgment, but, you know, we can introduce that, the issue of patients.

There is also a number of what I call next generation PHRs here like Health Companion which is down at the bottom in the middle, HealthyCircles which is, I can't find them right now, but they've purchased by Qualcomm and they are going to make a very large announcement at HIMSS around patient involvement and their HISP.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

It might be nice, David, to call out the ones that are patient facing and have all of this and then pull out the patient facing ones.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Yeah, some of them don't really want that public for example I just – in saying all of this for the first time –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, we probably are on a public call so we want to make sure –

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Yeah.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That if there is nothing that's public we shouldn't –

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Yeah, you know, as a matter of fact, if I mentioned Cerner they'd get angry at me, because that's not public information, if I said anything about HealthyCircles about HIMSS they'd get angry at me.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Well, we are on a public call, so it's good to know that this is probably rumor.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Well, I think public rumor is fine, but, you know, actually announcing it is not a good idea, yeah.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, let's go to the next slide.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Can I –

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

You know and I listen and I live with that problem every day.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

I think we're going to have to wait a little while before we get to, you know, HIMSS. Yeah, go ahead?

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Can I just make a distinguishing comment? This is Sue I'm with the VA David. I think there is a distinction between patient mediated exchange where there is authorization and permission versus information that's actually received.

I mean, we actually at the VA we're not – we have patient mediated exchange, you know, being phased in, but we really – they're not the recipients in viewing this data directly. So, it might be important to at least just describe at some level the different stages of what we're talking about.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

David Kibbe, MD, MBA – Senior Advisor – American Academy of Family Physicians

Well, what we're talking about here is specifically patients having Direct addresses, right, and using those Direct addresses for communication with their providers and/or anybody else that they choose to communicate with who also has a Direct address.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

Again, but, you know, we have, you know, at the VA we have the patient put in the Direct address and all they're doing is mediating and authorizing that exchange to happen.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Right that's right.

Susan H. Woods, MD, MPH – Director of Patient Experience, Connected Health Office– Veterans Health Administration

And I think it's really, I think it's really important to distinguish the patient playing a role and the exchange happening versus them being a recipient of the data, which is a very different thing.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Yeah and I understand what you're talking about.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

You're talking about bi-directional communication right?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, guys I'm going to have to cut you off because we have to have time for public comment and I want to make sure we get through all the slides, but I think it is important to note that use of Direct to patients by DirectTrust members is emerging and we'll have more information as we go forward. Let's go to the next slide.

And then David is going to talk about just how many people are already accredited as HISPs and those that are still applying. So, this ecosystem is taking off and we want to make sure that the patients are included. Any other big comments you want to make here David?

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

No, I think I wanted to make sure I understood the previous comment though because it's important, you know, you're right there is a very big difference between patients simply saying "I have a Direct address send information" and patients, you know, generating their own queries or information that they've been pushing or offering up to someone else in the healthcare system and I do want to make that distinction if you think it's important in this presentation.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I do also, because we're really talking about patient generated health data and doing questionnaires and Direct we're assuming this is provider initiated at this point in time.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

And what people will bring up as an immediate sort of issue there is what level of assurance are we talking about with respect to this.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

And I want to make sure everybody knows that DirectTrust's members are considering a strong credential for patients and patients want strong credentials.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes and I think we have an example here, let's go to the next slide, I think it's Lisa's example, I'm not sure, no it's not yet, okay, so this is your big point here David about how there is – people are interested today.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Yes.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

So, I was going to ask that very question David, this is Dixie, so the – those that provide credentials, direct credentials to consumers today are the – is the level of assurance for those that are in place today the same as for providers?

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

That's the way we're heading Dixie, you know, the only reason for HealthyCircles and these other PHRs to be in DirectTrust is because they want to get accredited and that means that they would, you know, want to have their trust anchors in the trust bundle and, you know, we have talked a lot about an assurance level 2 for a patient – a bundle but it's still too early to determine whether or not that is actually secure enough.

We have a policy opinion that we've published at DirectTrust from the Workgroup that Leslie is part of that recommends that patients be allowed to and have access to LOA 3 credentials for use in Direct.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And much of it has been that view, download and transmit of the download there has been a comfort level that data outbound can go to a Direct address at an LOA 2, but that once data goes inbound there has to be a higher level of trust and so – or higher level of assurance in a patient's identity and so that's been discussed a lot and it seems to be as people feel that patients really will be involved in this ecosystem there seems to be a movement of how do we get them into a higher level of assurance. It's almost like a groundswell discussion in my opinion.

So, we have – is it possible, is it convenient, can you do that? Where will the market go? I think that those are big questions that are still outstanding, but it should be –

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Yeah, absolutely.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

One of the things the group had discussed is regardless of who the participant is the level of – what you want to do with that information, the accesses you want to have, if you have an LOA 2 regardless of who you are you will have limited capabilities more limited levels of trust.

If you have a higher level of assurance you will have more functionality and so is that – that means that regardless of who you are that would be the case. So, those tiers can potentially be applied to everyone.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Yeah, the way I would say it is the market is assuming that that problem will be solved.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

That the first credentials will be cost-effectively provided.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes, we've seen now they go down to about a dollar now from \$25.00 just 5 years ago. Let's go to the next slide.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

I'm not really sure we need this slide because we've got that other slide.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes, okay, let's take that one out.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

You know, we could probably do without this, it's pretty clear and I'll just – if I forget to mention the use of Direct address as an ID somebody mentioned it or asked the question that would be great.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Or back in the slide where we had the XML example that shows all the different identities associated you might want to pipe up there too David.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Okay, good, yes, all right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, next slide.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

I think here we get to Lisa, yes, good.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes, so Lisa has gotten an LOA 3 level Direct address. Lisa is going to talk about this.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I don't know exactly what you'd like me to say Leslie in terms of the key points that you'd like me to make, but you know I'm on the bleeding edge of trying to figure out how this really works and how we can do it and so in order to experience the path myself I wanted to try to do it and I went to a notary public and I took two forms of photo, government issued photo ID, reading X.509 to get the specs of what I needed to do to get level of assurance 3 proofing and I sent that in a certified letter to a HISP that was offering this capability and got myself a Direct address.

When I was at the post office sending all of this material off there was a family standing in line in front of me who was applying for passports to go on a family vacation and they were doing almost the exact same stuff that I was doing to get that and it gave me great confidence that this really is a very feasible thing if it's no different than how all of us already are accustomed to applying for a passport it just seemed like it was really within reach.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's great, okay, that's exactly the point I want you to make. All right, next slide.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

And the point here was that it wasn't even hard. Once I had the address I was instructed on how to load it along with the supplied certificate that was digital to go along with my identity and with this special e-mail and it's as easy for me to use now as my regular Outlook.

I have an alternate e-mail little box basically inside my regular e-mail application and there are a couple of easy buttons when I'm sending personal protected health information that I can check that allow me to both encrypt and sign the message. So, it's really easy to use.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's great, okay, next slide.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

And then here's my dream vision that someday I will be able to know my GPs Direct address and that he and I can communicate in this way if I am producing an update to my medication list rather than having to jump off my conference call 20 minutes earlier I'll be able to send him my updated medication list the night before my appointment and when I get there on the following day all of that paperwork and the paper forms on the clipboard that I usually have to fill out to update my medication list will already be there waiting for me to have the discussion.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think this is great.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think this is wonderful it just shows what's real. Next slide. Okay, so David did you want to have any closing slides there on the next steps for Direct and patients?

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

No, I don't think so unless you've got some ideas for me.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

You know one thing I want to point out on Lisa's address, I did try to send her a Direct e-mail address, my HISP is accredited and has it's trust anchor in the trust bundle, apparently your HISP is not so you're able to communicate probably only with other members of your HISP Lisa we have to look into that, but I don't know who the HISP is for – who supplied you with these services, but probably you're only communicating with other parties – I don't think we want to bring that up.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I don't think we want to get into that but I think it's a very important topic.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Right.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

And with only 7 minutes left –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

I will say that this needs to be worked out because access cannot be limited so that people don't have the ability to get these accounts, you know, this is a proper X.509 I don't understand, right now, why I'm blocked out. My HISP –

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

I sent you an e-mail this morning in great detail explaining why, so we can talk about it and we'll figure it out and then we'll see if we can come up with an action step.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think the big points here are this is not – this is not an unrealistic recommendation for the timeline of Meaningful Use 3 and that the infrastructure is emerging to support this and that's really the points we want to make.

So, I guess I ask the group do we have – have we covered all of the initial points that were required? We have some new slides coming in, some re-orders of slides and then we have just some minor corrections, but if everyone can take time to look – Ellen can you send the slide deck to the group so they have your comments, the comments ahead of – that we had early on so we can make sure that each of us are addressing that in our slide areas?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Sure.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Ellen, okay, great, all right is there –

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

Leslie, can you remind us of the timeline for – what are our goals time-wise for getting the slides together and eventually where will they be shown?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

So, this is Ellen, I think that there are a couple of things – I think this needs to get tightened up, I think it's – we need to find a way to shorten it and to find a way to take some of the titling so that those are drive home messages in the titles, but it's a pretty quick turnaround because I know that Leslie, the Meaningful Use Workgroup is 28th of January.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

And so it's going to –

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

So, the goal is that on Friday the 24th there is a joint meeting between this group and the Clinical Operations Workgroup.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Right.

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

And so we want to be able to work with the Clinical Operations Workgroup to come to a final recommendation that can be shared with the Meaningful Use Workgroup by January 28th to inform their recommendations that will brought to the Policy Committee in February.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Right so –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And the 24th the Clinical Operations Workgroup will have some key members from the Standards Committee, John Halamka, others as well who are participating and so it's really where the dialogue will happen so that on the 28th when we report, when John, we're back in the Meaningful Use Workgroup we have a clear recommendation.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

So, the dates are the 24th, the 28th and then the Standards Committee on the 18th right Michelle?

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

Well, you skipped one, so the 24th is when we'll have the conversation with John Halamka and the Clinical Operations Workgroup, the 28th is the Meaningful Use Workgroup discussion and then on February 4th is when the Meaningful Use Workgroup will bring their recommendations to the Policy Committee, but then on February 18th the Consumer Technology Workgroup will bring their final recommendations to the Standards Committee.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

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

So, there is a meeting every week.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And so this group, the real meat of it is going to be happening on the 24th.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Right and then we also have to bring it back to the full Consumer Technology Committee.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

On the 24th of January?

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

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Okay, so that's during the ONC meeting is it?

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

It's also a travel day for many people who will be leaving HL7, the face-to-face meeting, I may actually be in the air on the 24th, this is Lisa Nelson.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

I've got it on my calendar and I decided not to travel I guess that day because of it, okay, got it, it's on.

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

Yeah, we – I mean, unfortunately we had to get it scheduled last minute it's not an ideal time because of where it is but we did the best that we could.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Russ, will you be able to attend?

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

Because we needed to have that meeting. I'm sorry Leslie.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Russ will you be able to attend on the 24th?

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

I will make sure I am. I will be at the ONC annual meeting at that point.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

But I can arrange that we have a spot to take the call, I mean, if you want to, you know, get with me Russ.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

That would be great.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay. All right so –

Lisa R. Nelson, MBA, MMI – Co-Chair, Patient-Generated Documents Project – HL7

– travel time – if we know the time on the 24th it might be cutting it close but I'll see what I can do about my –

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Thank you Lisa, can you send – Michelle can we get appointments sent to this group please?

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

It should have been sent but I'll make sure it was.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

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

It's from 2:00 to 3:30 on Friday, but yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

All right and can you – we have public comment and close the call?

Public Comment

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

Yes, operator can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

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

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, thank you everyone for this work I know it's a lot and I know it's a lot that probably everyone signed up for. Dixie if you have any advice for us please send e-mails out and I appreciate everyone taking the time, this is great work.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Thank you.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

All right, thanks guys.

Dixie B. Baker, MS, PhD – Senior Partner – Martin, Blanck & Associates

Bye-bye.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Bye.

Russell Leftwich, MD – Chief Medical Informatics Officer – Tennessee Office of eHealth Initiatives

Bye, thanks.

David Kibbe, MD, MBA – President & CEO – DirectTrust.org, Inc.; Senior Advisor – American Academy of Family Physicians

Thanks.

Public Comment Received During the Meeting

1. Versioning Control will be imperative for electronic copies of these advance directives
2. Version number & date updated should be displayed prominently toward top of this electronic document
3. Patient primary concern is ability to provide feedback on inaccurate data within their medical records. This is primary concern for patients with chronic conditions.
4. RE: Granularity of patient feedback enabled, ability for patients to comment that they are taking a medication on their med list, but at a different frequency or different dose (i.e., taking med 3 times per day, not 4 times per day as prescribed, etc) is important.
5. RE: Provenance & data source attribution, in regard to clinician needs to be able to quickly identify source attribution of PGHD data (& promote trustworthiness of data), is it possible to follow suit of Children's Hospital in Boston where PGHD data displays a small icon of a patient face (whereas Provider data on electronic pages with both PGHD data & clinician generated data, both an icon for a patient face is located next to PGHD data & an icon of a person in a white coat is located next to clinician provided data).
6. Slide 35 - Adding subheadings above each grouping of standards would be helpful to help convey each is in a different phase of approval/acceptance
7. RE: Slide 40, both patients (healthcare consumers) & clinical providers would each be VERY interested in seeing a similar slide that displays hospitals/health care organizations that are incorporating PGHD via DirectTrust. Children's Hospital in Boston has a very interesting method of displaying source attribution of PGHD vs clinician-generated data. A slide like this could help 1) motivate patients to become engaged 2) give providers a view of healthcare organizations they can look toward to see how they are currently incorporating PGHD. This can provide trust early on for providers leary of these concepts.
8. To Dr. Kibbe: Though I am a healthcare professional, from a patient perspective I would love to see examples of how highly engaged patients using PHRs like Microsoft HealthVault & also health 2.0 apps like those who have been awarded i2 challenge \$ - show an example of how super highly engaged patients are using Direct Trust to send PGHD to their providers & EHRs (especially EHRs that are now already then incorporating that PGHD feedback (possibly Children's Hospital Boston or others). Would also like to see an example of patients using Direct from within their hospital/health system's secure patient portal & then using Blue Button within their portal to share their health data originating from either data input directly by the patient or from their PHR with data imported from PHR to their provider - all done within their provider's secure patient portal).
9. Excellent passport analogy for slides 44-45! One question and caveat: Will the population of individuals physically present in the US who are not legal US citizens then not be able to obtain a Direct address? That population is still seen & treated in the US healthcare system. Maybe at some appropriate place briefly describe their privileges or lack of privileges to obtaining a Direct address.
10. Comment to all: Excellent work!