



**HIT Standards Committee
Architecture, Services & Application Program Interfaces Workgroup
Final Transcript
May 5, 2015**

Presentation

Operator

All lines are bridged.

Michelle Consolazio, MPH – FACA Lead/Policy Analyst – Office of the National Coordinator for Health Information Technology

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Architecture, Services & API Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. Also as a reminder, if you're following along via the webinar and you use the public comment box, we may share those public comments at the end of the call, during the public comment period. With that, I'll now take roll. David McCallie?

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

Here.

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

Hi, David. Arien Malec?

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

Hello.

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

Hi, Arien. Al Bonnema? David Waltman? Gajen Sunthara? George Cole?

George Cole – Principal Scientist, Community Solutions – Allscripts

Here.

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

Hi, George.

George Cole – Principal Scientist, Community Solutions – Allscripts

Hello.

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

Janet Campbell?

Janet Campbell – Software Developer - EPIC Systems

Here.

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

Hi, Janet. Jeff Gunther? Josh Mandel?

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

Hello.

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

Hi, Josh. Is Debbie Bucci on from ONC? Mazen Yacoub from ONC?

Mazen Yacoub, MBA – Healthcare Management Consultant

Here.

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

Hi, Mazen.

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi.

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

Anyone else from ONC on the line? Okay, with that I will turn it to you Arien and David.

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

All right, so I guess we have our next set of comments to comment on, I think starting with, oh, I guess we’ll go to the next slide to get what we’re starting with. We all have it all thought out, by we, I mean not me. There’s who we are, we’ve got most of us on. Next slide.

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

I’m sorry Arien, can I interrupt; we have a typer. So if you’re not Arien and you aren’t speaking, if you could mute your line that would be great. Thank you.

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

I’m typing and speaking, that...it’s all me. Umm, next. So, we’re going to...we’ve done the API access work, there are actually some draft comments that we probably should send out to the full workgroup to make sure that we have good coverage on the wordsmithing, but we tried to capture all of the

comments that we had. Today we're going to look at XDM, data portability, "create" and patient matching quality and then in our next workgroup, we're going to deal with the non-certified EHR technology related items, HPD, query and response. So next slide.

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

I'll note...this is David; I'll note that we only have 1 hour for this call, is that right?

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

Yes, we only have an hour, we do have another meeting on Thursday, but we were trying to find time when we could gather everybody for the NPRM, because...

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

Yup.

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

it didn't seem like we would have enough time with the meetings we had.

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

No, that's good; I just want to remind folks that we've got to move fast...

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

Yup.

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

...because we have essentially 50 minutes total.

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

So apparently we didn't receive any offline comments on the XDR package processing requirements. Do we have a slide that goes over the reg text on XDM package processing?

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

Those slides didn't get included, I noticed.

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

So maybe we can plan to follow up on XDM package processing on Thursday?

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

Let's try to...yeah, let's try to do that maybe.

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

Umm, I mean is it...do we have opinions that we want to...well, I guess you're...you think we need the reg text in front of us, because we don't have the reg text for any of them in this deck, I believe.

Janet Campbell – Software Developer – EPIC Systems

I think Arien was just wanting to look at it maybe to see if anybody had any off the cuff comments. If it sounds like we can maybe circle round to this next time, after we look at the other stuff, it's only HPD next time, so hopefully that will go...

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

Hopefully that's short.

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

And I'm thinking that our comment on that is going to be relatively consistent, but maybe not. Let's go to the next one then and see if we can circle back on XDM. All right, so data portability, which I think these reflect the comment of one, although I think the...I won't go with the requirement. So, data portability, just to remind people, is a...was a previously, so in edition 20, whatever we call edition 2014 certified activity, by which the EHR needed to be able to generate Consolidated CDAs for all of the patient for the practice.

As a reminder, the last time we reviewed this, there had been some criticism of the implementation of data portability in that some folks commented or criticized EHRs that data portability seemed to be a feature that existed at time of certification, but not necessarily at time of use. That is that you would know that portability existed and you asked the...your counterpart at the EHR vendor company to enable data portability and the response would be, huh, I'm not sure that exists; doesn't quite work. And in response to that, I think you see the highly prescriptive comments that ONC is putting in place relative to...trying to be very precise about what data portability is expected to receive.

And the broad requirements are that data portability has to be user-facing, has to be user-configurable, has to output a range of Consolidated CDAs, has to be able to figure where you put the Consolidated CDAs. There are some implied widgets for what switches and triggers you put in for which CDAs you do and the like. So, that's the background for the data portability. The policy issues and I think some interpretive guidance to what generated the proposed reg text.

With regard to the intent of data portability, it originally from a policy perspective was to, not to imply that it could fully enable data portability, but at least to allow for export of full core clinical summary or what we now call the common...CCDS, whatever it is...common core data set for all of the patients in the practice. So with that as background, maybe we open it up for comment starting first with this unattributed comment that maybe Janet wants to comment on.

Janet Campbell – Software Developer – EPIC Systems

That wasn't me, Arien.

George Cole – Principal Scientist, Community Solutions – Allscripts

That was me, Arien.

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

Oh.

George Cole – Principal Scientist, Community Solutions – Allscripts

You should recognize my writing by now.

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

I think I read Janet's and I think it said exactly the same thing, so.

George Cole – Principal Scientist, Community Solutions – Allscripts

Well, there's a mixture here. So...

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

Yeah, they're not...

George Cole – Principal Scientist, Community Solutions – Allscripts

I thought that the original purpose for data portability was specifically stated about being able or having the capability to move a record of a patient from one system to another and if that were indeed the original purpose, then I really believe that not only the scope but as you said, the specificity of...so not only the what, but the how has been greatly expanded.

And so, you know, I'm commenting about the scope and commenting about some of the specificity about the triggers and the data selections. I'm particularly concerned about the implied requirement to be able to create any or all of the different document types; I don't know that that matches anybody's workflow. And lastly, and I think fairly importantly, I really don't like seeing additional content be specified by regulations rather than by implementation guide. So that's kind of bullets 1, 2 and 4.

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

George, can you explain what you mean by that last comment?

George Cole – Principal Scientist, Community Solutions – Allscripts

Yeah, I'm going to have to go dig this up. There is something in here where they tal...oh, I know. So I think it was the requirement about cognitive and functional status.

Janet Campbell – Software Developer – EPIC Systems

There was that and then there was another question, I think, about what other data set...and what other data elements that are being captured throughout the course of using the EHR should be included in this.

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

Yeah, gotcha. So it's expanding the core clinical data set by other means.

Janet Campbell – Software Developer – EPIC Systems

I mean, I didn't write these comments but I think that George did a very good job of stating my concerns as well, because I think that this has gone far beyond what ONC has said the purpose of certification should be which is interoperability. And this is way, way, way, I think, beyond that. If the problem really was bad actors not enabling functionality, then let's call that out separately through the work of the testing bodies or the post-market surveillance and all of the other ways that they've proposed to address that.

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

So I'll...this is David. I'll give a slight counter to that and suggest that the notion of the goal here that it be user driven, maybe minus some of the rather bizarre triggers, but user driven without the need for

vendor intervention seems like a worthy goal. Is that...are you objecting even to that requirement, Janet?

Janet Campbell – Software Developer – EPIC Systems

I was a little bit concerned about who was defined as a user because it sounded like, as written, that an organization would have to give this to their schedulers, but...so, I think that there's some lost in the way that it was specified.

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

So this is...

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

Well I certainly didn't understand all of the strange triggers, some of which seemed perfectly appropriate for, you know, essentially doing an export of a patient's record and some of which seemed rather bizarre because they were side effects of workflow, which raises questions of what kind of portability is a side effect of workflow? I just didn't understand where they were going with all the triggers.

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

Yeah, this is Josh. I also agree...well, so first of all; without defending the particular language as it's ascribed here, I do think that the general goal of this data portability criterion is important for interoperability, which is to say, it gives users of this certified health information technology a consistent way to extract data from it.

And, you know, I know folks who have been doing some pretty amazing stuff even just with the ability to get C-CDAs out of a meaningful 2 era EHR and then go and write predictive analytics on top and it's limited, but it's interesting. And the more consistent ways you have to get structured data out of a system, the more that system can play in an ecosystem of interoperability. So I do think this is fairly described as part of an interoperability play. All that said...

Janet Campbell – Software Developer – EPIC Systems

...the tough part's there, as you pointed out, right? I mean the actual part about being able to get data out in a standard way that could then be used by other systems, that was covered in Meaningful Use Stage 2. And I do agree, David that certainly an organization that had to...that couldn't turn on the functionality themselves that was inappropriate; but it's the user problem that I have.

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

And would you be happy if it said something like an administrative user or user with appropriate permissions or something?

Janet Campbell – Software Developer – EPIC Systems

With appropriate permissions, yeah, I think that's a good way of putting it.

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

Oh, I see what you're point is, I missed that Janet, thanks for that clarification.

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

Let me see if I can summarize back the comment that we've gotten to date, by date I mean the first 15 minutes. So as we just discussed the notion that we should specify in this criteria what is meant by user and the language...the suggested language is user with appropriate permission. Number 2, and maybe we should flag this unless there...for comment/discussion unless we think it's all pretty straightforward, the notion that it doesn't really make sense to export all of the different document types. Number 3 is the highly prescriptive nature of the triggers and rules and such and see if we have alternative suggestions in terms of the...in terms of what we, I think should be there rather than should not be there. I think that's the major...those are the major comments that we've had. There's the general comment of Consolidated CDA Release 2 versus Release 1.1 that...

Janet Campbell – Software Developer – EPIC Systems

Could I...

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

...I think somebody else has a mandate to discuss, although I don't disagree with what George writes here.

Janet Campbell – Software Developer – EPIC Systems

I actually had a question about that, it came up in our other session as well, but we didn't get a chance to talk about it there. I guess I'm not sure...assuming that CDA R2 will make it into the transmit definition, I think it would make sense that CDA R2 should be mandated here.

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

But...so, it...that's what I'm saying is the broader question of CDA version 2 or 1.1 is a broader content group discussion and ultimately broader Standards Committee discussion. And that this function should use the same function that's used in the other functions that call...Consolidated CDA.

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

Oh, okay.

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

That seems...this is David, I think that's a really important point is consistency across the transitions of care as well as the view, download, transmit wouldn't we think or transitions of care is really a different...is that different, actually?

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

I don't think it's different, no, and then sorry, that reminds me of the fourth one which is the notion that ONC should define the common core data set and stick to it and not have different definitions effectively of the common core data set in different parts of certification. That is if encounter diagnoses, cognitive status, functional status, reason for referral and discharge instructions are required, they should be required in the common core data set and not just for this feature.

George Cole – Principal Scientist, Community Solutions – Allscripts

That makes sense, yes.

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

Yeah, I agree. Yeah, where did those come from and why are they called out? I was puzzled by that; is there something behind that?

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

Yeah, I...well, one comment that I would make, which may be a trivial one...this is Josh; is something like a reason for referral, that’s a contextual thing, it’s not a property of the patient. It only makes sense in the context of a referral. It’s not clear to me that a data portability operation like this one happens in the context of a referral; it would seem to me to happen in the context of, you know, somebody using the EHR system who wants to do a data dump.

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

Yeah, so I think there would be broad agreement, let me just test this for agreement that instead of the long list of possible Consolidated CDAs, that if you’re doing a data dump, it really is the CCD that you’re looking for.

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

Yeah, I might...so I agree with that...this is Josh. I might go farther and actually reflect the same language that we’ve used in the API section of the proposed rule and say, there’s an export all kind of functionality and whatever you did on the API, if we’re telling that to C-CDA, which is the current direction, great, re-expose that here.

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

That’s right.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yes, makes sense.

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

Yup, agreed.

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

So in terms of the trigger...so I think we’ve got appropriate alternative language for the user language, in terms of the triggers and specifications, do we have alternative language, I mean, I think the intent of the certification criteria and the intent of use is, as is noted, to do a complete data dump. And then I think the subsequent intent is, and then keep that data dump up to date. If you follow the twisted logic that leads to all of the triggers and such, you get a set of configurable features where you can keep your data dump up to date to some definition of up to date.

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

You think that’s what they’re trying for?

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

Umm.

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

That’s my interpretation of the reason behind the various triggers is, I want a monthly extract so that I can move it to my population health system or analytics system...

Janet Campbell – Software Developer – EPIC Systems

Yeah but, why would you do that out of production for heaven's sake, I'm...it's just a really over-engineered approach to trying to define that functionality, you know.

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

Right. So...do we have counter-proposals in terms of what we think the language should be? And one counter-proposal should be, it should...the certification requirements should be to dump out the entire patient population period. And I'm wondering whether there is an alternative or additional certification criteria that people think is appropriate? Maybe go to Josh first as he's the non-vendor among us.

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

Yeah. Umm, so from my perspective, it seems clear to me that what these requirements are trying to drive at are a lot more than data portability. They're trying to drive at letting people build workflows out of consistent parts, or at least giving people guarantees that what they need to build a workflow will be in place, right?

And triggering logic that happens whenever a new note comes into being or whenever an order is placed; well, I mean that's interesting right, from the perspective of somebody who wants to data analytics or for somebody who wants to provide value in applications that plug into the EHR like this, that's great, you'd love to have it. I'm just not sure that data portability is the place to put it. If this is an important piece of functionality, we should think about exposing that through the API.

I would personally rather see a composition of functionality where an API has certain features, like gosh, the ability to query by date, that's a pretty easy one to do in FHIR. Tell me what things about this patient are recently changed; let that happen at the API layer. And then somebody can build a very simple App that calls the API and spits out files to a file system, if that's your desired output.

And maybe the vendor should have to provide a simple App like that, just to demonstrate that it's possible, that wouldn't seem too bad, but I would try as much as possible to...if this is special functionality that we need, and that we need it for the reason that seems to be behind the motivation here, then that's functionality that should be in the provider facing API.

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

I'd also note, Josh, I agree with that. I'd also note that if there's a policy reason to have that capability that policy reason needs to be well expressed and kind of well vetted. I don't...I absolutely don't disagree with how useful a...an event trigger API would be that would let you do all kinds of really interesting things. But as you say, it seems odd to put it in a data portability requirement.

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

I think...this is David. I really like the notion that if you want to do sophisticated things you're going to need to do the API...use the API...

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

Yup.

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

...that makes a lot sense and that you can't pre-lift all of the sophisticated things that somebody's going to dream up, implying that you really do need the help of programming, whether it's your local staff or

vendor staff. But, does it make sense at a minimum to just reinforce the notion that a manual export should be triggerable by an appropriately authorized user?

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

Yeah David, that's where I was going with at least a minimum should be, from a certification perspective, at least the minimum should be an authorized user can export an up to date...

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

Right.

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

...dump, as it were, of all of the patient represents in...charts.

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

Right, that's...so I'm suggesting or asking if we're comfortable that that minimum, which I think is really frankly already there, isn't it, in Stage 2, be continued just with the simple notion that a provider at the request of the patient could sit down and dump the data out of the record on demand, without any work; somebody in the office could just do it.

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

Right.

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

That seems to be a minimum goal here.

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

So, from the perspective of sort of engineering design here, and eating one's own dog food, I strongly believe that any vendor should be able to build this functionality that's described here, using their own API? I wonder if others agree that they should be able to and if they should, is it worth trying to enforce that somehow to ensure that the API does really need to support that capability in order for certification to work.

Janet Campbell – Software Developer – EPIC Systems

You know, I see where you're coming from, what I'm worried about is that it sounds like in terms of building what our customers need, they need an API that works, right, but they don't need an App that uses it because they're building that. So it sounds like the type of thing that ultimately we would end up spending a lot of time on to pass certification that would actually almost by definition not be of use to anyone.

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

I guess I share that insight, Janet except here's one example of a use that you would have to build anyway for certification, this portability thing which is like have a user pick some patients and hit export and then the files show up. You may not agree that this is actually useful to your users, I don't know, but you'll have to build it or something like it for Meaningful Use.

Janet Campbell – Software Developer – EPIC Systems

Right, but there may be easier ways of getting that information not using the public facing APIs. So if you know both ends, that's why some applications use internal APIs, right, because they know...they can

control both sides of it and can gain efficiencies there. So having to use the external APIs to do it just seems like an unnecessary step, I guess. I'm wondering, is there another way that we can assure that same sort of API quality?

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

Yeah, oh I think that's the perfect question and I don't know, I would love to think creatively with the folks on this call. My biggest worry is that we'll have a bunch of APIs that sort of work on paper, but we won't know if they actually work. This just occurred to me as one possible sanity check.

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

Yeah, I mean I'm sympathetic to that...this is David; I'm sympathetic to that but I lean with Janet here that it's pretty likely that most of the vendors already have something in their Apps that...in their functionality that does this, perhaps not as good as it ought to be, but I suspect it can do things like trigger on existing patient lists and off of sche...you know they can pick a patient from a variety of settings where they've already got the patient in context and do an export. I think requiring that it be done with the App is going above and beyond the call of certification. Let the markets figure out who's got good Apps or not, but I don't think that's a NIST level concern.

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

Yeah, or as I said, if there needs to be an API that exposes the...all of the event triggers, which I agree would...functionality, that's not actually an API that's called out anywhere else and I don't believe that anybody's expressed a top level Policy Committee, you know, policy goal that ties back to the certification requirements. And I say that actually thinking it would be pretty darn cool if everybody had that, but...

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

But it's so...

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

...it's the wrong tool to use is a certification-based approach to come into being...to create to come into being something you think would be pretty darn cool.

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

And it would be immensely difficult to specify it precisely enough and at regulatory text, like trigger on order what, every time you write an order, you know, obviously not. But on what, the last order of the day? How do you know? I mean, you know, when the encounter closes; well what's the trigger for that? Everybody does that differently and I can't imagine specifying that in a regulatory text.

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

So I want to come back to the propo...the counter-proposal on the table, because we can recommend against something, but ultimately we have to recommend for something as well. The counter-proposal on the table is to recommend that data portability be limited to the CCD, a); b) that it be useable by authorized users and at least be available on demand and at least be able to create an export of all of the patients in the practice, all of the patients in the EHR, all of the patients in the hospital? I mean, I guess that's where you get into is it data dump of the entire EHR? Is it data dump of all the patients associated with the provider, those kinds of things? It sounds like the minimum requirement is data dump of all the patients in the EHR and...

George Cole – Principal Scientist, Community Solutions – Allscripts

I think...its George; so I think they actually got the wording right on the set of patients where they said for a given patient or a given set of patients, right?

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

Okay.

George Cole – Principal Scientist, Community Solutions – Allscripts

So I can do one, I can do all, I can do anything in between; I need to be able to choose. I thought that was pretty good.

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

Yeah, because I'm guessing that you might not ever do all patients, you may do all living patients, you may do all patients who had an encounter in the last year, you may do all patients who are a member of the ACO...

George Cole – Principal Scientist, Community Solutions – Allscripts

We could come up with a lot...yeah, I mean, and it goes towards the search criteria to determine that set can be driven by any of a number of other things.

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

Yeah.

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

The proposal then is a set of pa...a user configurable set of patients.

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

I think it would be helpful to clarify that that...one of the user configurable options should be all the patients, I think that was the intent of...

George Cole – Principal Scientist, Community Solutions – Allscripts

Including all, sure.

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

Yeah.

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

Including all, yeah.

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

Hmm, like, let me know when they run that at Kaiser, Janet.

Janet Campbell – Software Developer – EPIC Systems

Oh, you'll know, but we agree...

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

Yeah, that's where the appropriate authorization comes into play...what does this button do?

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

I want to watch the power...the lights...

George Cole – Principal Scientist, Community Solutions – Allscripts

Brown out.

Janet Campbell – Software Developer –EPIC Systems

No, the reg says we can't stop it.

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

Really. There you go.

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

All right. So do we have relative consensus here?

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

And Arien, I think when we write this up, we need to say something about the trigger specification is just...is infeasible for a user...end user drive...

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

I don't think its un...I don't think it's infeasible, I think it's inappropriate...inappropriate as a certification criterion to effectively design the UI.

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

Yes, i...that's what I mean, infeasible for certification; good correction.

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

And I think we can also say something like, it's...functionality for triggering these exports is required; it can be designed...

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

(Indiscernible)

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

...the intent is that it can be designed in third-party Apps.

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

That's right. It...this more sophisticated functionality could actually go through the API requirement. All right, I think we have enough to go on in terms of being able to do comments on data portability, unless there are other additional comments here. All right, let's go to the next section.

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

Hmm.

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

I think we addressed the first one, I think we addressed the second one. I think cognitive status, functional status, I think we addressed those. I think we addressed that, that, that...so I think we addressed all of these.

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

Oh, what about location for the output? What is it...how is the text written now?

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

I think this is now Janet's comments.

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

Yeah.

Janet Campbell – Software Developer – EPIC Systems

Yeah, this one was mine and I think it was going down to this idea of anyone can export anyplace, anytime. I think if we kind of put a little bit more productive language around it that would then protect this ability as well. I guess...it's not written to exclude this, that's mostly what worries me.

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Excuse me, this is Debbie. There are some of George's comments in there as well. I just tried to align them with the right numbers.

Janet Campbell – Software Developer – EPIC Systems

Right the 6-ii-C-v was me, v...I mean 5.

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

Yeah. But I think we addressed that, as you say, but specifying that it should be authorized user.

Janet Campbell – Software Developer – EPIC Systems

Right.

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

Let's go to the next one. Okay create and matching data quality and somebody has to remind me what the reg text here or the comment text was...

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

The gist of it was proposal for a specific set of formatting standards mostly based on CAQH for normalizing names, date of birth, phone numbers.

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

Right, that's right.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yes.

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

CAQH CORE as the standard.

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

Right. They backed off from a longer list of attributes that had been suggested in some other process, facial images, other biometrics, yada, yada, yada. And then said, you know, it's actually a pretty

minimalistic set of things, which I suppose is probably good from a certification point of view, not overly done. I don't know that...

George Cole – Principal Scientist, Community Solutions – Allscripts

This is George; so I thought they also clarified that those matching criteria were meant to be used as data were exchanged whereas in the voluntary program, in the voluntary rule it was very unclear about whether they were talking about actually the collection and storage of the content in that...using that format. So, would we all have to have our last names capitalized, for example, as stored in the database you're using? I thought it was a good approach to clarify that this is used for matching purposes during exchange.

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

Yeah, the only issue that I have just on reading this, the date of birth is an odd one; it requires year, month and date and that's great if you have the year, month and date. And then last name, family name, addresses, the rules...the formatting rules address whether a suffix is included or not included. Umm, the issue that you get into is when somebody has literally mis-entered information. I believe the CAQH CORE requires some level of automated normalization, but there's only so much that that can...that that automated normalization can take.

Janet Campbell – Software Developer – EPIC Systems

Yeah, but I think what George is getting at is that in previous cases where they haven't clarified whether they mean the ability to I guess provide the information in this way versus a restriction on how its captured; we've seen it be interpreted as a restriction on how it's captured and that does horrible things for the usability.

George Cole – Principal Scientist, Community Solutions – Allscripts

That's right.

Janet Campbell – Software Developer – EPIC Systems

So I guess maybe what they could...a middle path might be for them to have that same paragraph about how, this has nothing to do with how its captured and it's up to the developer to do it in such a usable way, but it should achieve X and then maybe write an implementation guide about it.

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

Yeah, so it does...yeah it's sort of...proposal, does not require health IT module to capture the data on data entry, but rather at the point where data's exchanged, we applaud that. And I think we'd also note that the normalization that are required can only be performed when appropriate. So, for example, if you don't have the month and date of birth, but you only have the year, I would think that you'd want to send the year of birth and not mark it as null. Or if you faithfully followed a normalization process to...the CAQH CORE normalization process and yet your normalization process can't defeat the wiliness of any random data entry person that...in the data that the intent is that you've faithfully followed a normalization process and that it's subject to whatever data you have that's in your EHR.

Janet Campbell – Software Developer – EPIC Systems

Just as a side note, are you actually allowed to specify the birthdate without the birth...without all three components right now?

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

In a CDA, you certainly...

Janet Campbell – Software Developer – EPIC Systems

I thought...like in a CDA, yeah?

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

Yeah, I mean I think it just uses the regular date type which could be even as little as just a year.

George Cole – Principal Scientist, Community Solutions – Allscripts

Yes you can, absolutely.

Janet Campbell – Software Developer – EPIC Systems

Okay. Cool.

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

And we’re saying we would agr...we want...we suggest they change it to that, back to that, if you would, right?

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

We’d suggest that they change it to include all the information, all the three components, if present.

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

If present, right, but not to reject if any one of them is missing.

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

Correct.

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

So...specify to the granularity that you know under appropriate rules, right?

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

Yeah, that’s how I would have read this. And on my reading, these are all just sort of best practice suggestions; does anyone think...

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

Yes.

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

...that these rise to the level of any sort of higher requirement?

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

No and...no, that one, the date one does not read that way. The date one says, you will always send year, month and date...

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

Right.

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

...which I think they mean day because otherwise it's confusing and otherwise you'll send null; and I think we'd want to amend that one to say, you'd want to send as much of year, month and day as is available. And if you don't have any of those or if you don't have, again, using the ISO date format, if you don't have any of that, then you send null.

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

Yeah, so I think what you just said, Arien, is actually not inconsistent with the language here, but it's much clearer and I would certainly rather see what you just said than what's written here. And similarly problem...

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

Yeah, they say that...

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

...they say should, they use should and then they say, if the date of birth is unknown, the field should be marked as null. I could interpret that as saying, if nothing about the birthdate is known, then it's null.

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

Yeah, should be required is a...is one of those like, should never be used in a standards...must never be used in a standards document.

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

Yeah.

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

But it is certainly unclear; I read it as, if you don't know all of the three triple, year, month and day, then don't use it. And I think we're saying, that's wrong...

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

Yup.

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

...it's unclear. And Josh, these do appear to be requirements, at least for sex or gender they...we propose to require developers to follow HL7 version 3...

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

Yup, no that was the bullet...that was exactly the bullet that I wanted to jump to.

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

I think they're saying these are requirements, are we going to suggest otherwise?

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

Well, I think even if did feel that requiring these data to be basically exposed as either something indicating male, something indicating female or something indicating unknown, even if we believe that that was the correct division of three options, I don't know that I would tie them to HL7 version 3 value sets, just given that in the context of exchange, those value sets might not be the right ones.

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

This drove me totally crazy the notion of null flavors.

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

Right.

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

Well, but they don’t mean null flavor...well, what do they mean?

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

They do, null flavor was a lower case “n” and a capital “F.”

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

They do mean null flavor, and this is actually in a number of places, there’s this notion of a null flavor as a value set, which is so very wrong.

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

So what...are you...how did...I read that as that that’s what they meant for u...where you would use unknown. But you’re saying...when would you use a null flavor other than...

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

Well, so again, what makes my eyeballs bleed is the notion that you would...you’re required to follow HL7 Version 3 value sets and I can’t figure out how you would follow that requirement and transmit using FHIR, for example.

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

Exactly.

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

Or transmit using HL7 V2.

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

Well the value set for administrative gender, doesn’t it only include M and F and UNK?

Janet Campbell – Software Developer – EPIC Systems

Yes.

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

And isn’t that what’s used in FHIR and in V2?

George Cole – Principal Scientist, Community Solutions – Allscripts

It’s M and F and UN.

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

FHIR has something a little different, FHIR’s actually got 4, they have male, female, unknown and other; yeah, those four. And in any case, they don’t use the HL7 Version 3 codes; they use the word male and female as their code. I just...I don’t see any reason why we would try to specify at the level of Version 3 coding set how to communicate the sex of a patient across all contexts.

Janet Campbell – Software Developer – EPIC Systems

Well I mean I think part of the reason is for the improved matching, right? So that's...

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

Right, right.

Janet Campbell – Software Developer – EPIC Systems

...actually what they've done to...

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

Yeah, exactly; they're trying to improve matching so, I mean, I don't think we're supposed to leave it up to random guess...

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

Sure, but we could say in the context of a CDA...

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

How can you express...

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

...in the context of a CDA use these, that would be okay; but there may be other contexts.

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

That is the context of this particular proposal, this is the "create" for the ToC.

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

Yeah.

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

The "create" portion of the ToC criterion, they say.

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

Yeah, okay.

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

You may be...that may be all there is to it then.

George Cole – Principal Scientist, Community Solutions – Allscripts

I still have issues because the HL7 administrative gender is M, F and UN, which is undifferentiated, it does not allow UNK that would have to be supplied as the null flavor.

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

Null flavor, yeah.

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

Right, that's what's being suggested here.

Janet Campbell – Software Developer – EPIC Systems

Well I think...

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

Well there's a typo for them to put UNK, is that right? That should be UND as you're saying, UN...

George Cole – Principal Scientist, Community Solutions – Allscripts

UN, its UN.

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

Ugh.

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

So there's a difference between saying, right, we don't know the sex of this person, which is maybe like nobody ever asked, we're saying this is somebody who has an intermediate sex or something else. The notion of using administrative gender to communicate the patient's sex is a different issue, but...

Janet Campbell – Software Developer – EPIC Systems

I think part of the issue with us is that really what this is being used, as I understand it, to communicate is almost what we might call the legal gender of the patient, whatever it is that's most likely to match the majority of downstream and external systems, which tends to be what's on your driver's license. There are other questions about birth sex and identified gender that I think have their own value sets and questions and that came up in the Standards Advisory as well. But I got the impression that administrative gender really was that it was used for administrative purposes, which may not be the same as identity purposes.

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

I agree with that, it's just that they probably should get the code set actually right.

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

Well no I think they might have meant what they wrote here which is, basically if you can't say male or female, then you use the null flavor saying unknown and those are the three possibilities. I mean I think that's a defensible position.

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

I think they should write that a little more clearly then.

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

Yeah.

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

Yeah.

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

Yeah, yeah, because that upper case M, upper case F and upper case UNK certainly implies it goes with the code values.

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

And there may be cases where it is ambiguous enough that none of those three apply, that biological sex is ambiguous enough that none of the three apply.

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

So are we...what are...are we suggesting that we go back to undifferentiated or that we have an explicit unknown for that as opposed to a null?

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

I would propose going back to undifferentiated.

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

Well those are...we’re talking about two different things, right?

Janet Campbell – Software Developer – EPIC Systems

Yeah.

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

In the HL7 V3 world, null flavor is your catchall category when you don’t actually have the information to fill in...

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

Well yeah, but there’s types of null...

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

Yeah, so what if you have a hermaphrodite baby what do you do with that?

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

And the reason to get down to the...the reason to get down to this ridiculous level of specificity is that you literally are not following certification if you have a path that doesn’t follow one of these three.

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

Right.

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

And there are cases where you have a path that doesn’t follow one of these three that are absolutely valid and it would be per this certification approach, violating certification...

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

Right.

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

...to follow that path.

Janet Campbell – Software Developer – EPIC Systems

Debbie or Michelle, is some workgroup already looking at this specific question of birth sex assign...administrative gender, identified gender, organ inventory and all of those other pieces?

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

This is Michelle, I'm not recalling its part of the certification rule, but it certainly came up as part of the interoperability roadmap.

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

Yeah, so why don't we just comment that what I'm hearing is, I think there's broad agreement with male, female and null flavor/unknown. I think it would be useful for ONC to better specify that they truly intend null flavor/unknown and this is limited to the scope of Consolidated CDA. And then we should comment that there are cases that are valid that do not follow either of those...or al...any of those three paths and that when appropriate, it should be allowable to not follow one of those three paths.

George Cole – Principal Scientist, Community Solutions – Allscripts

Arien, I was thinking as just an alternative that what we might ask here is that this simply follow the Consolidated CDA implementation guide...

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

Huh.

George Cole – Principal Scientist, Community Solutions – Allscripts

...so that we don't have something in regulation that's different than what the guide says and then we, you know, which is...I just think that leads to lots of issue.

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

Fair point.

Janet Campbell – Software Developer – EPIC Systems

Yeah.

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

I like that, I like that a lot; George to the rescue.

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

And then I'm looking at the...I'm just going back to the last name bit, so for date of birth I think we're proposing to clarify the language for date of birth to specify that you should at least have year, month and day, if known; and that you should pass as much precision of those three that you have, if you have some; and only if all three are missing should you pass null.

I'm looking at the core...CAQH CORE phase 2 normalization rules and I think there's a...there are some good nuggets in there, but they refer to a lot of the 50/10 field names and I think the meat here is there is a list of suffixes that need to be removed and there's a list of character strings that need to be removed...I think they could do a better job of actually specifying which portions of CAQH CORE 2 need to be followed. And...because as I said, I'm looking at the document and it's hard for me to understand which portions of the document I am expected to follow, which I'm not expected to follow and how I would get certified by it.

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

Yeah, I share that concern. The CORE 258 document describes things in terms of a set of standardized fields that are not fields in C-CDA.

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

Correct.

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

Things like the NM1071039 name suffix data element, that’s not a thing in C-CDA.

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

But I think the request to ONC is to be more specific in terms of which algorithm apply and don’t apply and so, if you look at the approved basic character set, there’s a list of punctuation that needs to be removed. There are specifications in terms of terminal values that are to be interpreted as suffixes and removed. And I think they mean to use just those, so there are particular subheadings that are applicable in that document that warrant better specificity.

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

Hey I have, this is David. I have a dumb question; is there any reason why those rules shouldn’t be being applied by the matching engine itself rather than by the sending system?

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

Yeah, CAQH CORE phase 2 actually does require that matching to be done by the health plan, not by the sender.

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

Yeah, so if, I mean if...it seems more dangerous to trust that all of the senders are going to get this right than to just let the matching engine be smart about how it transforms the data before it performs the match. And it could use all sorts of heuristics that go beyond CAQH, you know, with foreign languages and the like or names and the like. It just seems almost misplaced to put this into the “create” step.

Janet Campbell – Software Developer – EPIC Systems

I mean I think ideally you’d have both, right? Because as a developer, you don’t want to necessarily try to envision all of the myriad ways that people could do it, if you could start to converge on a standard.

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

Yeah, I’m just worried about throwing away helpful information by a bad implementation.

Janet Campbell – Software Developer – EPIC Systems

Ah hah, true, true.

George Cole – Principal Scientist, Community Solutions – Allscripts

Um hmm.

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

Right? I mean if somebody normalizes out a suffix but it turns out it was part of hyphenated name, you know, the matching engines will figure that out, but you won’t when you send it.

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

Yeah, and it's theoretically a deterministic algorithm anyway so it shouldn't matter at which time you apply it. I note that we have 6 minutes before the end of this call. So it sounds like we've got enough to go on in terms of recommendations and here...is there a consensus recommendation that the normalization rules should be applied by the matcher and not by the sender?

George Cole – Principal Scientist, Community Solutions – Allscripts

I think that would be preferable.

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

Well, the one issue we haven't really addressed here is, let's say an EHR system has beautiful discrete data separating out first name and last name and suffix, you know, and some combination of that just gets crammed into a single field and then we lose information that was originally there; these kinds of rules can help with that. And so to say that it's a deterministic algorithm that can be applied later isn't necessarily true if the export process destroys data. And we know that there are ways to destroy it in order to create a normalization, but you may also destroy data just because it's convenient to concatenate all your fields into one value. So there...I mean, some guidance here would seem helpful.

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

Shouldn't that be, to George's earlier point, follow in the...

Janet Campbell – Software Developer – EPIC Systems

Yes.

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

...can you follow this back and cram a suffix into a last name field?

George Cole – Principal Scientist, Community Solutions – Allscripts

Ha, ha...you know, the same issue exists with airlines and TSA in some places, I'm Cole Jr. as my last name and in other places...and it's just a mess.

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

I can't tell you how many frequent flier miles I've lost because of that, I'm a junior as well.

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

Well, so we get 4 more minutes and I think we need to go to public comment and so, we'll try to consolidate these comments and have maybe some more formal text to review next meeting, while we also deal with the HPD, HPD Plus fit. But I think we do need to go to public comment right now.

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

Caitlin, can you please open the lines?

Public Comment

Caitlin Chastain – Junior Project Manager – Altarum Institute

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

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

While we wait for public comment, just a quick note; we sent out the transmittal letter that was referenced at the very beginning of the meeting. So if you have any feedback, please share it with Debbie and the Chairs and myself; this is Michelle.

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

Was that the tra...yeah, when I looked a thought comes through, I think that was actually our transmittal transmittal that got approved. I was looking for...

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Are you lo...

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

...I was looking for the text that I wrote over the weekend.

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Yes, I have that.

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

Okay.

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

Ohh, I'm sorry, Arien.

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

I'll send that out.

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

But we never shared that either.

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

Yeah, we probably should share that more broadly, because it tries to consolidate up with what we've heard the last couple of meetings.

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Okay, this is Debbie. I will send that to the group in just a few minutes.

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

Sorry, Arien.

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

No problem. Do we have public comment?

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

No public comment.

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

Okay. So Thursday and I am available on Thursday, despite all the confusion.

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Oh yay, thank you.

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

So we'll have a fun meeting on Thursday and wrap all this stuff up.

Debbie Bucci – Office of Standards and Interoperability – Office of the National Coordinator for Health Information Technology

Okay.

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

Thanks everyone, have a good rest of your day.

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

Thanks everybody.

George Cole – Principal Scientist, Community Solutions – Allscripts

Thank you.

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

Bye.

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

Take care.