



**HIT Standards Committee
Content Standards Workgroup
Final Transcript
February 25, 2015**

Presentation

Operator

All lines bridged with the public.

Michelle Consolazio, MPA – 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 Standards Committee's Content Standards 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. I will now take roll. Andy Wiesenthal? Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Present.

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

Hi, Rich. Calvin Beebe?

Calvin Beebe – Technical Specialist - Mayo Clinic

Present.

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

Hi, Calvin. Charles Jaffe? Clem McDonald? David Dinhofer?

David Dinhofer, MD, MS – Chief Medical Information Officer – Infotek Solutions and Services

Present.

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

Hi, David.

David Dinhofer, MD, MS – Chief Medical Information Officer – Infotek Solutions and Services

Hi.

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

Larry Wright for Dianne Reeves?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Here.

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

Hi, Larry. Floyd Eisenberg? Grahame Grieve? Jamie Ferguson?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Present.

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

Hi, Jamie. John Klimek?

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

Good morning.

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

Good morning. Joyce Sensmeier?

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

Present.

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

Hi, Joyce. Kelly Aldrich? Kevin Kirr? Kim Nolen?

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

Hi, Michelle, I'm here.

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

Hi, Kim. Kin Wah Fung?

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

Present.

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

Hello. Marjorie Rallins?

Marjorie Rallins, DPM – Director of Measures, Standards and Informatics for the Performance Improvement Division – American Medical Association

Hello.

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

Hi, Marjorie. And Becky Kush? And Susan Hull?

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Present.

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

Hi, Susan. And from ONC do we have Matt Rahn?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Here.

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

And Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Here.

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

Anyone else from ONC on?

Avinash Shanbhag – Director, Implementation & Testing Division – Office of the National Coordinator for Health Information Technology

Yeah, this is Avinash Shanbhag I'm here.

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

Hi, Avinash, thanks for joining.

Avinash Shanbhag – Director, Implementation & Testing Division – Office of the National Coordinator for Health Information Technology

Thank you.

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

And I'm going to turn it over to Rich, unfortunately Andy had an emergency that he had to take care of so he won't be in attendance today, but Rich will be leading us through today's discussion.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, well, thank you very much Michelle and welcome everybody. So, this is the first like real working meeting that we've had which is great. We had time over the course of this last week to get feedback from a number of you on the interoperability roadmap comments, particularly those in Section J which relate to consistent data formats and semantics, that's where we're going to be spending our time today is going through those comments trying to see if we can get alignment on the ones that we think are most important. There were so many comments I don't think we'll be able to cover them all in this particular session.

We are looking for some follow-up slots where we can continue the work towards being able to present our feedback back to the Health IT Standards Committee after we complete our review. So, that's the basic goal and objectives of the session today. There is a list of the upcoming milestones I think on a subsequent chart, I don't know if we can kind of switch to that.

So, we're where we should be in terms of looking at having received the assignment from ONC and from the HIT Standards Committee to take a look and provide comments in these areas and we'll continue to do so. Following up from this we will have probably some follow-up work to be doing, Meaningful Use Stage 3 when we get there, but for now the focus will be on the interoperability roadmap.

We'll also probably be referring to one of the appendices which are related to use cases that were also referenced in Section J as we go through our conversation today. So, with that maybe we can just go to the next page which kind of confirms the calendar we were talking about.

We've had some really good work done by the ONC team in trying to get...getting us organized for the discussion today. Matt I don't know if you wanted to maybe at least tee up the way in which you were thinking about the conversation and the work that the ONC team has done to help our discussion?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, I mean, I think it will be good to kind of...we kind of went through...this time we just put the raw comments in and, you know, I have some little notes that say like where there are some consistent comments and then maybe where they diverge a little bit. Maybe the ones that are pretty consistent we can kind of touch on briefly and then the ones that there might not be consensus around we can kind of get into a more discussion.

I know there were some questions that were asked within the comments but this is really meant to just comment back to us instead of, you know, asking us questions, but those questions maybe we can discuss in the Workgroup and kind of get to a consensus on an answer to those questions as we go through.

But, yeah, Rich I'll kind of rely on you to help us get through this, but I'll have some kind of recurring themes once we go from slide to slide if that helps.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

It sounds good, so, let's go onto the next chart and just kind of review the questions for the Workgroup discussion. We wanted to make sure that the actions are the right actions to improve interoperability nationwide in the near-term and kind of position us for moving towards a learning health system beyond, what gaps there are, what the timing of specific actions, are those the right ones, and do we have the right stakeholders and actors associated with the critical actions.

So, those are the key questions we've been asked. I think there are a number of other comments that improve the quality of the roadmap which we'll cover as well; we didn't limit it to specifically these questions. But starting here should we go onto the next page is that where our comments begin Matt?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay. So, we're starting with...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Go ahead Matt why don't you lead us through this part and I'll try to facilitate the conversation.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so for this section I think we got, you know, three to five comments, but, I think there was a recurring theme that, you know, it makes sense to have...the question was, ONC will annually publish a list of best available standards and implementation specifications, is this a right action basically.

I think the recurring theme here was that it makes sense to have a list of available standards but implementers might not have enough time to respond and keep up with it. So, I think there was concern that there might be...we might be moving onto the next version of a standard before people are able to adopt the previous one. I don't know Rich if you want to kind of guide the discussion from there but that's kind of what a recurring theme was.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, great, all the comments, reportable comments on this page matter there are other comments on a subsequent...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

There is one...the next one too.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

In general people thought it was a good idea.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

All right, great, any conversation or discussion around Matt's summary?

M

Sounds appropriate.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, this is Jamie Ferguson, so I just wanted to comment that in the Semantic Standards Workgroup we had a lot of questions about the role of the list of available standards compared to regulatory standards. So, in other words, seeking clarification of the role of these standards in rulemaking.

Marjorie Rallins, DPM – Director of Measures, Standards and Informatics for the Performance Improvement Division – American Medical Association

And this is Marjorie, I had similar comments, I wasn't in your meeting Jamie, but I had similar comments as well.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right and that was...this is Larry Wright from NCI, we had a similar impression both from the semantic standards discussion and the comments we submitted here that it would be premature to declare final standards with some intent that they be enforced but to make them available with information about the experience and pros and cons would be a useful thing to do.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay that makes a lot of sense and Jamie out of the conversation that you had with your Workgroup was there any specific recommendation or was it more of a question?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

No, so essentially the state that we're at in terms of our comment is we've gone through and pretty much inventoried the comments that came through but we haven't, you know, made recommendations or anything as a result of that yet.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So, Rich, we can take that as kind of comment and then maybe when we go through and then we are reviewing our, you know...the comments maybe the recommendation can come then or however you feel might be best.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That makes sense, so we'll take out of this feedback we'll try to synopsize and align towards, you know, a set of feedback that incorporates the comments we've gotten from reviewers and the feedback we're getting on this call into, you know, a draft final set, would that be the right way to describe it Matt?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Is...I don't know, is Joyce on the call?

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

Yes I am, I'm sorry; I'm in the hotel lobby so I'm going to try to mute.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Oh, no worries.

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

But I'm absolutely here, feel free to call.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So, Joyce's comments were pretty specific to what should be included in this, so when we...I guess that would be like a comment to be, you know, maybe there is a review period of that list that we can provide feedback to on what should be in there. Does that help?

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

Sure, Matt and from my perspective, respect the consensus of the group and obviously I have other opportunities to submit these comments through the IHE process as well as the HIMSS process, so respect the group process here.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, Matt what you're saying is at this stage this Workgroup is not being asked to comment on the specific standards that are in that list?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so the...we're just commenting on the interoperability roadmap, the standards advisory is a separate document.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, this is Jamie, if I could also just let you know what we've done in the Semantic Standards Group, Workgroup, is just to note areas where the comments all had a common theme and where there was, I don't want to say consensus, but where there was a common theme for the comments versus areas where there were divergent views and different comments that were, you know, either opposed or overlapping, or orthogonal but just divergent views and so we just classified essentially each area of the table as we went through as having common themes versus divergent views in the Workgroup.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And to that end, just on the chart that we're on, on the WebEx, are there any concerns with the comments you're seeing on this page? We can always come back but hearing none let's keep moving because we've got a lot to cover. I think we can go...we've talked about Joyce's comments. We want to move onto the next page.

Okay, so here we're talking about implementers and decision makers should use ONC's list of the best available standards. Matt you want to summarize for us?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so, you know, I think it's pretty similar to before, you know, it seems reasonable, but, you know, there is still, you know, when, basically what do they want to see, they want to see the list, you know, I know, I think Susan had technology vendors including those developing mHealth and telehealth solutions should use this best available standard when making decisions about the standards they will use to enable specific use cases. I think a lot...there is, you know...this should be...the list should be guided by what the use cases are I think is an overall common theme throughout.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And it sounded like from a number of the comments also there was a desire for more specificity and certainty in terms of the standards and when they will be generally available by participants. Is that a generally held view or are there other thoughts on that? Okay, so any other comments or let's limit it to either additions or concerns with the comments you're seeing on this page.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah and so like when there is a question, you know, maybe there is a specific recommendation on, sorry to keep picking on you Joyce, but you know when you had how will compliance with this be assessed, incentivized, so maybe there is a recommendation from that question to ONC.

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

Sure, that's a good idea Matt. Also, that links kind of with Jamie's comment about the role of the standards in rulemaking, so maybe we can group together some recommendations around that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah and it certainly aligns with Andy's comment as well on date certain, etcetera.

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

Yes.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, we can craft that.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

We can go onto the next chart. So, here implementers will update their systems to align with a list of best available standards including Consolidated CDA, associated vocabulary standards and associated code sets supporting the common clinical dataset.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so the time to implement and response to updates comes up again on these comments, you know, kind of a little bit of tension between annual changes and time to update, you know, Calvin had said, as indicated earlier depending on the pace and type of changes proposed provider implementations could become unstable and Andy had discussed about the burden on the vendors here.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Yeah and I was going to say that the cost to the provider, users of the maintenance and upgrades I think is a significant factor that has to be taken into account as well.

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

Right and also the churn of the industry. I mean, it's going to depend on how drastic the changes are from year to year and if they are part of rulemaking or not, but if...depending on that mandate there is a huge churn year over year to have it annually.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Right.

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

Sorry, that was Joyce.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And Matt is the actual comment here it includes best available stand and it's kind of such as and then the list, but is there anything that the group wants to say about specifically what's already been implemented in terms of completing the job either in terms of getting better testing capabilities at an ONC level or having further constraints that ensure predictable interoperability with Consolidated CDA and related vocabularies?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

This is Larry from NCI there was concern discussed also in the Semantics Standards Working Group about the problems of alignment of the standards being put forward with existing practices and standards in our case specifically for oncology settings. So there were things that didn't align well and would be a major translation or transition issue should these go forward as things that were expected to be implemented by everyone.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Were those particular standards that you were referencing or was it a more global comment?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Well, the comment we put in actually is on the next slide which is a continuation of comments on point three and MedDRA for adverse events is one which is a standard used in oncology settings for reporting adverse events and it's an FDA standard for adverse event reporting generally. It's also an international standard that's widely used and so a lot of what we do is international and conforming to a consistent international coding standard is important.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Is Floyd Eisenberg on?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yes.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Would you want to comment on your comments? I think there are some important thoughts here.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well, I know some of the sets that were made available are common sets but in clinical practice clinicians see patients that require documentation of things that aren't part of the common set, obviously they're not as frequent, but there needs to be a way to...some guidance for how to handle that.

I think I had another comment on another...later and that is that all users of or all organizations that create artifacts for use in EHRs need to also align on the same sets and that relates to the value sets which might be different in C-CDA compared to measures, compared to decision support and when value sets for the same meaning are different it's complicated, but that's a little different than this comment.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

You also mentioned the challenges of a dual standard with FHIR and Consolidated CDA.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right a lot of folks are moving toward FHIR, this is Floyd again, and we're recommending C-CDA here where they're not aligned that's going to be challenging for any EHR implementations.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay and just to be clear, Matt, maybe you can confirm this, my understanding is that the roadmap is actually calling out Consolidated CDA as an example...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Of the best available standards and so really I think that the relevant part of what you're talking about Floyd is that you could in fact have FHIR, Consolidated CDA both moving forward, you know, at the same time.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, I think...this is Matt, the clear...I think the specific thing to think about here is the transition path that in Floyd's comment should be defined.

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

Right.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

I think there were a few similar comments along those lines.

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

Yeah, this is Joyce, I agree that's very important so that we don't add confusion with this and people take efforts or misaligned efforts. The only thing I think in that left-hand column if they could just clarify that those are examples I think that threw me off and that was why I had that question there are certainly other things. So, maybe in the roadmap it's more clear but here in this template or in this column approach it's not clear that it's an example.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so, you know, those are examples because in the roadmap, you know, it's aligned with list of best available standards in particular those specific ones, but those are examples of ones that are in the...that could be on the list.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Just as a working norm for the rest of this working session I think it's really important that if you come across comments that you disagree with that you call them out to us, otherwise we'll be using kind of the, you know, the positive feedback we're getting here plus the written comments that are in this deck to help create that draft for HIT standards. So, just not to have to repeat it on each chart but if you get to something that you disagree with please let us know so that we can have that conversation.

And we'll keep going but we can go back if you pick up on something that you want to come back and discuss. You want to go ahead Matt?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah so the next question is for 2018 through 2020 ONC will annually publish an updated list of the best available standards and implementation specification. I think there was some...this touches a little bit more on some of the comments where what should be included and, you know, the pros and cons of specific standards that are going to be on this list. I think, you know, that obviously will be pushed to another time to comment on that, but, you know, I think there could be a recommendation is, you know, what's threshold or definition for best available standards.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Can we advance the slide to, yes.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

I think there is another comment from...at the bottom there it talks about planning for migration and transition is important.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Just a...I'd be interested in some feedback from the group, I mean, there's been a number of comments made about concerns about certainty and not too much churn, there was also comments making sure that we were keeping up with clinical needs which there could be some conflict there. What is the group's view about, if any, about what kind of guidance would make sense in terms of best available standards if not an annual update?

Calvin Beebe – Technical Specialist – Mayo Clinic

Well, this is Calvin, one comment might be if there was advanced noticed before it was cited in the best available so that groups had time to respond, you know, just publishing it and dropping it on the industry leaves a question mark as to how quickly do you have to respond.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, that's a good comment.

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

This is Joyce and I think...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

This is...

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

I'll just go ahead, the other thing that is important I think is the drasticness or the huge, you know, transition I guess from one year to the next. So, if one year it's, you know, more basic and the next year it's sought more, greatly accelerated in terms of the newness of the standard, etcetera, industry hasn't generally adopted it in a number of areas yet, I think that's another challenge. So, more of an iterative path from year to year I guess would be my recommendation.

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

This is Clem McDonald, can you hear me?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hello.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah.

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

Because they didn't give me a live line for the last minute. Can anybody hear me?

M

Yes, Clem, you're on.

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

Okay, thank you.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, we heard you.

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

So, this is John Klimek at NCPDP, one of the things that we do with a lot of our Workgroup meetings, in fact this has been a discussion point, is surrounding, you know, adopting and moving towards new versions of standards is trying to develop a timeline for industry to prepare for moving to a newer version.

So, in particular with a script standard we've been working on a timeline now for probably like the last couple of Workgroups and we're looking at probably the next three to four years out as to when a new...when we would be looking a new version of a script standard to be adopted.

So, I would suspect or I would expect that anything that ONC put into their recommendations would take into consideration work that's being done at the SDO level.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah that's a good comment.

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

The issue of FHIR and CDA is really a tough one. I think having two in parallel is going to be nothing but problems and the question is we don't know the future well enough. FHIR looks good but it's not there. And so I don't know what the right answer is but I don't think any sensible company would want to be dealing with two.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, Clem, this is Jamie, I agree with you completely, but, you know, the reality is that just introducing FHIR doesn't make CDA or v2 go away at all frankly.

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

No, no, I know.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, every time a new standard is introduced basically it's strictly additive.

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

Yeah, no that's right. So, I confess, I don't know what to do, but I guess part of me, even though I love FHIR, would be that we should try to get CDA to work better while we have it and get something to work well. But I don't know the answer. I think we'd be subject to criticism though for not sorting through that. Maybe we should wait.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Well, I think that there are a couple of comments that have made that we've already reviewed one was, absolutely to continue to make Consolidated CDA work as well as it possibly can for interoperability.

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And the other thing that I thought I heard from the group was let's make sure that, you know, standards are, you know, well enough formed before they become a foundation for interoperability. So, you know, I think that, you know, the acceleration work that's going on right now will be helpful and may change what our perception is of the right timeline, but making sure that we've got a foundation that is solid before we're asking the whole industry to move maybe another part of our group's feedback.

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

Yeah, I would agree with that and I brought this up about 10 minutes ago but you couldn't hear me because they got me through and have we, you know, talking about what's not there we still aren't dealing with all the routine diagnostic studies that aren't lab are we? I don't see anything about EKGs, this is a very important test, cardiac echoes although that might be covered by imaging, EMGs, you know, there is a whole pile of studies, ophthalmologic test studies looking at visual fields that just aren't even hinted at and in a real medical record, you know, based on a hospital medical record most of that stuff would have been there 10 years ago and we're still not talking about it.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, Clem, this is Jamie, I want to agree with you again and I'll just note that one of the main reasons why we see, in the field, significant new implementations of version 2 messaging is precisely because the CDA standards do not include those timed series and imaging and other common studies.

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

So, but isn't it our fault? I mean, we've been doing this for three cycles and we still don't even remember that it's kind of a bogus medical record for clinical care if we don't have that...we're doing all this other wild stuff but the basics aren't there yet.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, so I'm going to say that we're going to take note of that and unless I'm missing something I think that is more a comment on the list of available standards is that correct?

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

No, no, you can...I mean, it's all getting sent by version 2, it could all be sent by CDA it's just not been attended to. It doesn't need a different standard.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, got it. Let's...Matt let's see if we can keep going.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

The next one was still on the same question so we'll give a little bit...I guess, you know, it's a similar focus on incentives for adoption, implementation and deployment of best available that's from Joyce, we need to expand the scope of best available. I think it sounds like that is a definition that you guys would like. Is it? To define best available. And then vendors, from Floyd, you know, vendors should have been able to given time to test, provide feedback to improve and implement the standards that are a part of that list.

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

Can you move the slides forward?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Oh, sorry, yeah, okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Now I think...Clem what do you...you called out what would be some specific examples of areas for improvement here.

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

Enrichment, I mean, I just think it's a fraud to call it an electronic record when you don't have what's always been in there, it doesn't compute to me.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, Matt, let's keep moving we've got a lot of recommendations to get through.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, next slide, please. So, ONC will annually publish an updated list for the 2021 to 2024 and this will achieve the nationwide learning health system, you know, what's the right stakeholder input, what's the mechanism governance for determination. So, that was kind of the question that seems to be that we see here.

You know, Calvin has prior to establishment of a nationwide implementation there should be regional experiments to assess the proper technologies, procedures are being, you know, appropriately managed. And then Floyd obviously had the same for the previous comments. So, does anyone have any comments based on what they see for this one?

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

That's number five, I like the idea of doing regional trials a whole lot but this slide is talking about also delivering vocabularies, right, I mean that's a different issue.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so stated vocabulary standards, code sets as examples.

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

I'd like to hear from NCPDP and others who are now using code sets and getting them in a batch and whether that's not working?

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

Well, this is John Klimek, at NCPDP, I mean, a lot of the external code sets are fairly new to a lot of our standards and I've not really been, you know, informed that there are any issues per se, but that's certainly something that we would want to keep an eye on as well being that a lot of our standards now depend on these external code sets.

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

But you get them now as a batch delivery, right?

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

Well, we don't, the vendors who use our standards do.

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

Yeah, okay.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, this is Jamie and I would also want to put in a comment on this item to make sure that the updated list of best available standards and implementation specifications includes updates to the pre-existing standards that are in place and it's not just about essentially new standards and the reason why this came to mind for me is I was just reviewing the HL7 Version 2 messaging specifications that are newly being implemented for statewide HIEs in, let's see Colorado, Maryland, California, Georgia, Hawaii and so, you know, it's not like, just back to I guess my previous comment, version 2 is not dead, it doesn't go away just because you introduce something new. So updated implementation guides would be really helpful.

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

Yeah, hear, hear. Well, remember, you know, it may be good that they're not turning over so fast. Internet just changed after 20 years and maybe that's why it was so successful.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, you know, I think also the definition of a learning health system needs to be, you know, given some thought and I think there are a lot of challenges within the bounds of our healthcare system about sharing of data, you know, what healthcare organizations are willing to share for various reasons whether its competition or whether it's for other considerations.

So, the way in which we can gain needed knowledge may not be through standards that are the same as for payment, treatment and operations and, you know, we may need to be thinking about, you know, some of the work that's been done by a number of different folks, FDA, PCORI, others where they're sending, you know, questions to the data, you know, and basically dealing with population level answers.

So, it may be that we also need to just have some deeper thought from ONC about what that learning health system is going to address.

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

I mean, just to be clear the current PCORI Data Model is really a billing model plus vital signs, it's nothing very radical yet. It doesn't even include lab results.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Any other comments on this section? Okay, Matt let's keep this going.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Next slide, please. All right this is J2 architecture and support of standards activities, you know, establish and maintain a priority set of use cases and functional requirements for delivery system reform and learning health system. There is an appendix of use cases in the back of the roadmap.

And then second, develop a nationwide technical architecture for interoperability learning health system. And third define a set of standards activities to support prioritized use cases, functional requirements and agreed upon architecture and we'll look at that and comments from 2015 to 2017, 2018 to 2020 and 2021 to 2024. Next slide, please.

So, this one we got a lot of...I think we have three slides of, yeah, three slides of comments here. So, starting at the top, you know, Calvin talks about the list of use cases represents a nice set of ideas, you know, they need to be...the ideas need to be ground in reality profit loss and cost benefit. There is a...

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

Hear, hear.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

There is a theme here of, you know, this needs to be looked at closer and maybe be placed into buckets instead of just one long list of use cases. What else? And then I know Rich you had said in discussing the prioritized list we need a stable set for some committed period of time you know...

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

Hear, hear.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so I think the theme here is while it's nice to have that list, you know, I think it needs to be vetted in the community and there needs to be some like buckets of use cases I guess. I don't know if there is more discussion.

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

Can I just weigh in, I mean, some of this stuff looks like dream world to me and it's because there is no tie-in to anybody having to pay for any of it in a large part and actually it's the practices that will probably have to pay for it one way or the other and that's not how anything else works in life, you know, there is sort of a cost and a benefit and we're just...you know, people are just imaging whatever they like and putting it in. So, I really, really support the bucketing.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

The bucketing you're referring to...a means of prioritizing and...

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

Well, prioritizing and being realistic about what's the work involved both for the vendors, what's the work involved for the practices, what's the change in workflow, what it's going to do to patients...being able to see patients. There are just all kinds of aspects that are just ignored in this world of inventing new things.

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

Right, this is Joyce, I totally agree. In addition to prioritizing and grouping I think there also needs to be a staging, because some of them seem like the end goal and some of them seem like an earlier goal. So, perhaps they can kind of put them in order within their groups in a way that makes sense.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So, this is Matt, so I know the Advanced Health Models and MU Workgroup and the Policy Committee is working on a process for how they could bucket these use cases.

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

Well, could we make feedback to the actual things that Calvin, was it Calvin or Jamie, had asked for in relationship to the doability and the cost and the benefits?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Who pays for it.

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

Yeah and what is it going to take. It's just...it's like a dream world right now.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, we can take that down as a comment.

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

Would anybody actually buy it? You know would anybody want it bad enough they'd buy it?

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

This is John Klimek with NCPDP, it all boils down to business needs, I mean, a lot of our standards that grow in versions are meeting certain business needs out there and that's why we depend on our members coming to us and saying what they need. And then also, what they're willing to pay as far as implementing these new standards. So, that's the reason why we looked at this timeline very closely and very rigorously to make sure that we're not putting that undue burden on vendors to have to implement these standards.

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

Well, I don't think all of the items, you know, go through that kind of vetting.

John Klimek, RPh – Senior Vice President, Standards and Information Technology – National Council for Prescription Drug Programs

Right, I totally agree.

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

Yeah.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, let's move on Matt.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so if you can go to the next slide.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think we've covered this.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, input from NCI, input from communities that have actual lessons learned and feedback. So, I think, you know, those are good things and definitely to everyone, just to reiterate what Rich had said, if there are issues with some of these comments please let us know and we can discuss commonality or whether we take certain comments out or whatnot, but before the next meeting we'll have, as far as we can go, we'll have a list that's gone down, we'll dwindle it down a little bit to like being specific to what the comments were and our meeting is next Tuesday, FYI.

Okay, next slide, please, that's the same one, go to the next slide. Okay here we go, number two, develop a nationwide technical architecture for interoperable learning health system. Calvin, a nation unwilling to establish a national patient identifier seems unlikely to be successful in establishing a technical architecture for a learning health system.

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

Hear, again.

Calvin Beebe – Technical Specialist – Mayo Clinic

I'm in the trenches guys, I build systems, we have patient IDs that work, so we've got to fix this that's the way it is.

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

And...created a bunch of studies without social security numbers it's almost impossible to get, you know, clinically accurate matches. And you don't get the perfect with it either you need more.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

So, yeah, this is Jamie, I would just note that, you know, some...there is a movement to support the National Strategy for Trusted Identities in Cyberspace, the NSTIC, White House Initiative, which instead of essentially MRN matching the way we're doing it for most HIE, in essence it gives everyone a certificate that can be used for a portable unique identity not just in healthcare but in every aspect of life and it may be worth, you know, seeking alignment with that to address the issue...

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

Now is that...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

Calvin raised.

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

Does that allow these people to have many identities? I think a lot of them do.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente

I don't know the answer to that.

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

It kind of makes it hard to get, you know, to combine data.

M

Yeah, well this...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

We should probably make sure that we don't let perfect become the enemy of the good. I mean, I think it's a level at which we can make a comment here, we can say that, you know, the ability to have, you know, durable patient identifiers, you know, between various settings of care and, you know, is it going to make a big impact.

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

Yeah...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And, you know, I think trying to solve the problem in this go around probably is beyond the scope.

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

Well, there is one piece, the last four digits of social security would help a whole lot and I don't know if that's got any traction. It would help a whole lot.

Calvin Beebe – Technical Specialist – Mayo Clinic

They have such a wide timeframe set up for establishing this architecture if they never deal with this issue at any point in that time, is it just off the books forever?

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

I think so because of the law that they wrote about 10 years ago.

Calvin Beebe – Technical Specialist – Mayo Clinic

Well, that's not how you build...you can't have a system.

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

I'm with you Calvin, I'll march with you.

Calvin Beebe – Technical Specialist – Mayo Clinic

This is...

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

But, you know, we've got all this schizophrenia in so many of these places.

Calvin Beebe – Technical Specialist – Mayo Clinic

Well, anyway I had to put it in.

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

Thank you for putting it in.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Suggestions there?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And I would just echo Andy's comment, this has some urgency to it particularly given that this is all kind of a precondition to establishing learning system feedback. I mean, this is something that makes a big impact for people who are actually dealing with clinical choices today being able to have better knowledge and better understanding could have a really big difference. So, I would personally think that this would be something that we would want to strongly encourage forward movement on. I not sure if the Workgroup would endorse that.

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

What is the "this" though, what is the "it" we're talking about here?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Well, I think that we...that we have to...well the “this” is related to a nationwide technical architecture for an interoperable learning health system. I think your point is well taken that learning health system is not well-defined at this stage but the ability to have the feedback mechanisms to learn from what’s actually happening out there in the real world and to be able to benefit from that for other clinical decisions and so on is, you know, very valuable.

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

Well, it is if it’s possible you need the existence proof first. I mean, there’s a whole lot of issues. There are studies that have been done already. PCORI proved that this one drug was safer than warfarin and then it turned out it wasn’t. So, there are a lot of problems with retrospective data even worse when you can’t really know the full space because you don’t have connections. And if I was to start I’d start with Medicare database trying to learn because at least it’s complete.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, let’s see if we can keep going.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

All right, next slide, please. Okay, through coordinated governance public and private stakeholders will define a set of standards activities to support prioritized use cases, functional requirements and agreed upon architecture 2017. So there is a, you know, there is a likelihood that each new use case could change the implementation guidance and Calvin has a process recommendation.

Calvin Beebe – Technical Specialist – Mayo Clinic

Yeah, I think the key to the recommendation is really the issue that I started with which is the pace of change that’s imposed and it just question’s what’s an acceptable pace to the overall industry for nationwide changes.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, kind of like how to determine the success of these activities, you know, there are suggestions for existing resources, you know, like crowdsourcing.

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

Well, again, I really like Calvin’s suggestion it’s specific, it’s doable, it’s realizable.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Anyone have any comments on Calvin’s suggestion, anyone else?

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

This is Joyce, I like it, I think just to emphasize that it’s not, you know, you don’t start at number one and go through number 10 and then start over at number one, you know, it’s again, I’m overusing the word, iterative, but, you know, it’s ongoing.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

And this...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, I think...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

And this is Floyd, I would agree with all that. I think it also addresses the...is there a real business case which is something that has already come up on this call and has been an issue.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

And so this is Matt, there is another, you know, another theme I think that's throughout, we need to be transparent.

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

Yeah.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

And, you know, let the public know early so they can respond.

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

Right, Matt that's a great point, also, sorry to interrupt you, but the idea of the governance and involving the right parties and stakeholders. So, for example the standards and implementation guides are going to come from various SDOs so making sure that there is communication across that community and collaboration, which I think they're perfectly poised for, is really critical.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thanks, yeah, next slide. Yeah the...so Joyce you have the stakeholders need to be defined. I did get a kick out of Andy's example you see that about genders, how many genders there are.

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

Yeah, that's very timely.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Does anyone have a comment? Rich?

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

Well, the only thing to be aware of the more coordination you have with these different groups the slower it will all be and probably the more...the bigger it will all be because the way you get agreement is by putting everybody's stuff in. So, there is some attraction to having some dynamic independent parts. I'm not saying they shouldn't coordinate but if you really lock it down into one big organization of the federal government we're talking about decades.

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

Yeah, Clem, this is Joyce, I don't know if you were referencing my comment, but I do agree with you I'm not saying this is one big kumbaya group but I am saying that more than today...than what exists today we need coordination across these parties the government, the federal sector, the private sector, the SDOs, etcetera.

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

Yeah, I agree with you.

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

So, we're in alignment.

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

Yeah, I agree but it's going to take a Solomon to do it in a way that doesn't just, you know, put sand in the gears. So, yeah, I think if they're just encouraged that would be the best rather than sort of another big group that has to agree.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, I think that's a good call out. You can't master plan this stuff on the scale that we're dealing with for sure. Okay, should we keep going?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so for...we got a few comments for this one but the stakeholder input requested, you know, continue the open process, you know, technical architecture development is prioritized to address learning health cycles at a person-centric, ongoing measure and focus on use of standards-based and interoperability IT.

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

Well, could I just come back to that, I mean, I don't disagree with the idea that we really want to have...know who the person is across all these systems, but the reality is the institutions are buying, purchasing and contracting to get this stuff so I don't think we can ignore them. And the magic to person-centric would be what Calvin suggested but I guess we can't get there. I mean, who...a person is not going to buy it. Institutions are negotiating with the vendors.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, we may not get there through the federal government, I mean, I think, there are industry initiatives out there that are coming up with solutions to these problems that are not relying on the federal government so whether it's durable identifiers that solve 80% of the problem that might be similar to your, e-mail, use of your e-mail address or your cell phone number or something else. I mean, there...

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

Well, I'm only saying...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

...of being able to have person identification methods.

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

Yeah, well, I think we all agree on that. The challenge here is saying not institution-centric is a little unrealistic.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Yeah, this is Suzy Hull and I would say I think that should be modified. I submitted that but I think it's a both "and."

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

Yeah.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

So, that we're working on both sides of the equation.

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

Yeah.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

And we're growing the person-centric as we continue to develop the institutional exchange and sharing.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Then the next comment about technical architecture development is prioritized, is that a 2018 or is that actually earlier in our calendar that we're doing that? Or are we suggesting it should be done later?

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

This is Suzy Hull again, I think that one of the things that the CDISC group is doing is trying to actually articulate very micro, very specific learning cycles that we can start to strive towards as you're talking about a few simple rules and so as we bake those learning cycles in and make them more explicit we actually are able to accomplish some of those core learning cycles particularly from the person-centric. So, I think it's earlier than later that's why I think I suggested it in 2018 to 2020.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

I think...

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Maybe the other comment is that, you know, the prioritized use cases in our previous discussion maybe that's a category within the use cases is what is the learning cycle that we're trying to amplify and maybe to be explicit around that and then which stakeholder group does it touch. But to get the use case so explicit that it's a very simple rule that we're trying to accomplish that's illustrated in the use case but what is the learning cycle that we're trying to grow.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

All right, so Suzy, you're distinguishing that from the development of a nationwide technical architecture for an interoperable learning health system, here you're referring to kind of within that framework specific learning health cycles?

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

Yeah, and maybe we should challenge whether it fits there but I think that it's an added piece as we think about it even in the nationwide architecture.

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

But what is it really? You know there are issues of sample size, there are issues of coverage, there are issues...has that been all analyzed that this is achievable? Anything will be achievable except you get some numbers.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Well, I think, we said earlier in this call that kind of getting better definitions around that is an important early step.

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, anything else on this chart?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

It seems similar for 2021, 2024. Okay, next slide, please.

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

Yeah, while we're transitioning, just my comment was focused on let's learn from what we've accomplished in the previous, you know, three year cycle and build on it.

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

That is...

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

...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay, that's good we'll jot that down and then, okay, Section J3, develop and pilot new standards for priorities. I'll just go through this quickly for 2015 to 2017 SDOs will advance and accelerate semantic standards for lab orders, other orders and other learning health system priorities.

Research and clinical trial communities will pilot these for common clinical datasets, SDOs will advance consumer friendly terminologies, HIT developers and SDOs support human-centered design, stakeholders will pilot data format and vocab standards and to provide feedback to the SDOs for further refinement.

States and other stakeholders to further explore and determine the role that NIEM can serve with regard to supporting healthcare and human service interoperability and SDO and industries will agree on best practices and provide guidance on unstructured data exchange for example a physician note. Next slide, please.

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

Could I just talk about consumer friendly terminologies just for a minute because I think that's tossed around a lot and I don't know if people...what they're really talking about. Clearly there are simpler terms for a lot of things that we use in medicine but there aren't for a lot of things also and I think Kaiser did study that suggested patients with serious diseases feel talked down to when they don't use the official term. So, that needs just a little bit of clarity on what's really thought.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

So, your comment is to...for SDOs will advance consumer friendly terminologies to...

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

Well, to...

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

To be more clear?

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

More clear about...do they have examples, are there some particular terminology they should be using, are they talking...are they just assuming that all medicine can be described in consumer friendly terms, which I think it can't, you know, is it vernacular, you know, they want to, you know, say low blood or high blood for high blood pressure or is it just simpler terms like heart attack instead of myocardial infarction.

But there aren't simple terms for lots of things in healthcare. You know myelocystic anemia, you know, there is not any other way to say it that I know about. So, I think that this should be, you know, parsed a little bit closer about what they really expect to have happen.

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

I'm sorry, Clem, this is Michelle, you might have your computer speakers on, if you do could you mute them because we're getting an echo.

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

Okay.

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

Sorry, about that, thank you.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thanks, Clem, so we'll note that, you know, be a little clearer there, I mean...

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

But it isn't magic and some articulation of what people expect and could be done should be kind of clarified I think.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, I mean, this one specifically calls on the SDOs, so, we can discuss the comments on that whether it should be SDOs or ONC have more specific...

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

Really it's going to be output, you know, is someone misunderstanding the reality or do they have a particular target that's doable and they should articulate it so it gets done.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah. I know that Rich you had some...you wanted to change that, do you want to kind of talk through and can you go to the next slide, please. Rich, I think you had some recommendations on how to change that previous slide.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Matt can you come back to me in just a minute I'm just having a technical glitch here I'm dealing with.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Okay. We will go to the next slide, please. So, SDOs would advance and accelerate semantic standards for lab orders, other orders and other priorities. There are comments on the process of this, the evaluation of emerging standards, the implementations of new technology, you know, piloting standards versus architecture in addition, you know, roles, functions of both SDOs and ONC in relations to SDOs.

I think we have to stop...Calvin you're always at the top because I think it's in alphabetical order, the establishment of standard orderable codes will represent a significant undertaking for the industry as organizations currently operate with locally defined coding and you see those other comments from Floyd, Suzy, Joyce, Kim and Andy. Do you guys have any comments about these specific ones?

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

Could I just comment? I mean the lab orders actually has significant effort already done with the idea that if the dataset described doesn't cover it the users use local codes. So, this diminishes the fact there is progress by saying they will develop, so that's the only thing I worry about. I think it would be good to have it but I agree with Calvin it will take a while for all kinds of orders.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah it says advance and accelerate so maybe its advance on the work that's already been going on.

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

I think that it is okay recognizing that life is hard.

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

Yeah, this is Joyce, I guess my only comment here would be that today with the S&I Framework there is involvement of ONC in that activity, sorry about the noise, and it does help in terms of prioritization and focus of the SDOs but it has to be a lightweight approach, you know, obviously ONC doesn't have a governance responsibility around the SDOs so there needs to be kind of an expectation set and then maybe the prioritization will help the SDOs deliver as promised.

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

Well, I mean, what the S&I Framework for lab orders did, it did embed itself...it did get embedded in the standards.

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

Right.

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

Without...

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

Yeah.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Rich did you fix your technical difficulty?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I did, did you want to go back.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, yeah, can you go back one slide, please?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And so basically it was just a reframing of, if you go back another slide I think it kind of shows you the send, receive, find and use a common clinical dataset, I know there were a number of points under this, develop and pilot new standards for priorities. It was an attempt to try and simplify that, it just seemed like it was too much for the community, an aligned community to be able to absorb and so I proposed, if you go forward now a slide, something that would try and get the priorities simplified and identified the way that I think would be more manageable. So, if you can go forward one slide.

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

Well, you leave out on that one I think other orders and lab orders and results are pretty much specified, I mean, it's not perfect but this isn't where they have to start. I mean, this has started. The other orders I think is gone now and that actually could have some value but it will take some time.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, well we can certainly add that back in.

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

And result is a different thing altogether, firstly is that the value of the test or is it the total test result? It's an ambiguous term and I think it's pretty much specified in the regulations already.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Any other comments on this framing?

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

I actually like the other phrasing better, but, for that first line granting goals and interventions, and care planning needs work.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay. We're trying to add some specifics there, but so your preference would be to stay with the way it was written is SDOs will advance and accelerate semantic standards for lab orders, other orders and other LHS priorities.

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

I would, but I'm not...I wouldn't fall on my sword for that, what do others think?

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

This is Suzy Hull, I really like the call out of care planning given it's such a problem.

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

That's okay, yes.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

All right, moving down into the pilot to common clinical data with the number of sub-bullets there.

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

Well, again, it almost begs a question because this is required in a lot of these systems already or will be, so it almost sounds like we're starting new, its saying "pilot." Now EHRs...I'm not sure what the twist is here, but, and maybe I'm wrong about it, but the Meaningful Use 2 said you've got to...if the clinical dataset is mostly what's in CDA and says you've got to have it, you've got to use it.

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

This is Kim and I think I'm getting little confused between the terms being tossed around with datasets and like value sets. Like when I was first reading this I was thinking of dataset being some of the new datasets that they're developing through that Argonaut pilot or project and then value sets like through the Value Set Authority Center. So, can we define that a little bit better? Or can somebody explain it to me better?

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

Well, I think it's the common clinical dataset are the things that are specified in Meaningful Use 2 like problems, medications, laboratory tests, there is a little list.

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

Oh, yeah, the 16, okay, but I guess that we should define that like that it's the ones in Meaningful Use, because when I hear it I think of like three different things now.

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

I can appreciate that and I'm not positive, can anyone confirm my bias or dispute it? The word "common" is what the key is.

Avinash Shanbhag – Director, Implementation & Testing Division – Office of the National Coordinator for Health Information Technology

Hi, this is Avinash from ONC, I just wanted to agree that when we talk about common clinical dataset the list in the interoperability roadmap is primarily the list that's already that in the certification for the sets of elements that are required for exchanging summary of care record or other specific criteria in certification so problems, medications, medication allergies and that list.

Just one clarification and just kind of...I think what we're kind of aiming at here was, and that maybe something to comment or clarify is, what our experience has been it will be certification even when we have requirements for putting in standards or defining problems, medications, etcetera in the C-CDA. We define them at the section level in a structural sense.

So what we find is as that information gets implemented or coded by different systems slightly differently, they may all have a medication section but the actual information about what medication they're taking, the actual elements or entries are not consistent and because of that essentially what you get is a lack of semantic interoperability.

So, the question here is, I think it is from a perspective value we're looking at is to see if there is a need to unambiguously clarify those, at least, initial start effect that hopefully most systems have already implemented or are implementing due to the certification. Does that help?

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

So...

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

I agree with that but that's not this...I think pilot sounds like we're starting.

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

Hi, yeah, that's where I'm...if we're using the ones and technically aren't they supposed...the 2014 certification criteria states that they have to have these 16 datasets at a certain level of functionality with them so it's more of an evaluation of how well that's going right?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And how do you see it, to the point of this, at least in the way we had framed this and I can certainly take your point about pilot as it relates to EHRs, how do you see as it relates to the other kind of healthcare domains that we've laid out here, you know, research and clinical trial communities, public health. Do you think that there is the same kind of implementation in those systems as we'd find in EHRs?

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

Well, no, research is something that is usually independent of the whole healthcare system in academic medical centers.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so that was what we were trying to do is to suggest, you know, there is a broader ecosystem that if we really want a learning health system to work that if we can try to get alignment across that broader ecosystem that there would be value in doing that.

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

Yes, but we already know that they're not right in the place they're supposed to be so wouldn't it be better to first get that working and let the other places try them. If they're going to ask for them anyway, you know, to the degree they're available.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think that makes sense as a first step, basically to Avinash's point, yes.

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

So, I mean, I'd like to see us walk before we run in a lot of these places.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah I think that's consistent with some earlier comments. All right, well, let's keep going. Matt do you want to bring us forward here?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Yeah, so are we at...okay, all right, yeah, so I think we talked about slide...go to the next slide, please. So, we're on J3 two here, research and clinical trial communities will pilot the use of the common clinical dataset. So, I think this is the first time where there are differing opinions and so, you know, Floyd you had bringing the research and clinical trial community into the same standards, standards used for routine clinical care is essential.

And then NCI had research and clinical trial communities will not be able to use standards that do not include vocabularies that are used to describe research for use cases.

I think there is a little bit of a difference there. So, I don't know if we want to kind of...

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

Well, I mean, this is really saying...so there has been a really strong effort to focus and get people using the same thing in the clinical space. They don't use the same thing in the research space currently and whether the direction should be which tail wags the dog, you know, let's add in and everybody's got multiple standards in the clinical space or we map or something. I worry that we're going to have even more trouble if we have more diversity in the standards in the clinical space. And MedDRA has certain...do you have to buy it, does anyone know? Is that free?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

This is Floyd, I don't believe it is.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

It is licensed in various ways internationally, yes, so it's not free.

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

So and that has never been brought up in the last 10 years of standards development and I think NLM would not be enthusiastic, maybe the answer would be to map it to SNOMED CT if that's allowed so...

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Well SNOMED also has licensing issues.

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

Not in the US though.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right, but if we look to use beyond the US.

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

Well, I mean...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Our focus for the purposes of this exercise is strictly US.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

I realize that but where research activities are international that's frequently a barrier if it's a US standard that isn't shared internationally.

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

Well, the codes are...it's been hard enough in the US alone to get this stuff working. There are other choices in other countries already, right, for drug codes and a lot of them use LOINC for lab but...

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Yeah, well MedDRA is an FDA standard as well as a European and...

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

Well, I'm just saying...

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Even Chinese standard and so on so it's not just an outlier it's a federal US standard as well.

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

But, well, I guess we have to investigate the cost and whatever, but it's a brand new idea, it wasn't considered in previous long discussions.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Well, it's not at all a new idea in oncology or in FDA regulated activities.

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

Well that speaks to coordination.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right which was the point here is that we needed to have a broadening of perspectives to coordinate with...

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

But if we just...well the ISO standards typically get agreement because everything but the kitchen sink goes into them and then everybody makes a sub-selection of what they specify as being required and we've got to be careful and not do that in clinical standards which are just starting to take hold. Does anyone else have thoughts on this?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well, this is Floyd, I would agree some kind of mapping would be important instead of just two completely different sets that don't relate.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right and so there are a number of mapping activities but many of the things don't map cleanly, they're not represented it's something about research activities that often they require new concepts, more specific things, investigational agents which aren't yet in the standards that have tended to be mentioned in these documents so far.

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

Yes, I think I agree with that if I understand everything, this is Kim, you can map it to the terminologies but the standards how they're built today are...they're built with the allergy first and everybody puts everything in as an allergy and it really should be built as an adverse event first and then...because when you look at how these terms are used in the world you have a big space of adverse events and an adverse event may or may not be an adverse reaction and an adverse reaction may or may not be an allergy.

So, our standards around allergies and adverse events, and adverse reactions need to be modified to fit that better so there can be better reporting around it. They don't fit. So, even if you map them it's still not going to work right because the standards don't have the capability.

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

Well, just to clarify, the vocabulary standards aren't the only way to convey that and I think the HL7 allergy adverse event specification I think has those capabilities, it's not in the code system its separate attributes.

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

Well, what I saw, and I don't know it well enough, but the ONC actually held a summit back in November and Chuck presented and what I saw was the way the standard was built was to capture the allergy and the allergy had attributes of like an adverse reaction and that's actually backwards, it's the other way around. So, I don't know maybe I just don't have a clear understanding, but I think...

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

I don't know either.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

If I can jump in here, I think we've got like a...you know kind of a legitimate challenge in this area that we need to be able to flush out and I was wondering if I could ask...I'm not following all of the names of the folks who were just talking, maybe a sub-team to be able to identify, you know, the problem and a path to how we would come to address it so that we would have a recommendation of how we deal with this conundrum.

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

Well the conundrum is really MedDRA versus SNOMED CT right?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yes.

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

Well, I think it's more than that.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Yeah it's much more than that.

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

Yeah.

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

Well, I don't think we can start all over I'll be honest, I mean, well we could that's how life is and nothing gets done. But I think...worry about the allergy, adverse you should look at the current specification in CDA and in HL7 v2 before you assure that it can't do what you want and then...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So...

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

...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

In the interest of time...we only have about five minutes left I want to make sure that we use this productively. Are there a couple of folks that could maybe get together and see if we can get clarity on what the problem is and what might be a path to try and deal with the issue?

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

Well, at risk of this being too loud of a person and making us not having time, I'd be interested, but they may not want me on the committee.

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

Who is the NCI person that's speaking?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Well, I'm Larry Wright but I'm...

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

Okay.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Here just because Dianne Reeves who is the NCI representative on this group had to be called away for something urgent. So, she asked me to sit in for her. So, I should volunteer Dianne for this. I know she has a deep interest in this.

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

And this is Kim Nolen I had an interest in it also. I would like to participate on the group I don't know that I'm the best person to lead it but there are some things that we've been studying around this area that we would like to see better. So, I definitely have an interest in participating and giving feedback.

Calvin Beebe – Technical Specialist – Mayo Clinic

And this is Calvin, Calvin Beebe and based on my connections with the Consolidated CDA I'd probably have an interest.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, so Michelle or Matt do you think you might be able to help us facilitate a conversation with those folks that drill into this further?

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

Yes, this is Michelle, so I heard Calvin, Clem, Kim and Larry for Dianne. Anyone else?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Well, I think Dianne should be the one. Dianne should be the one on this.

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

Okay. If there is anyone else who is interested you can either let us know now or send me an e-mail, either way.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

This is Floyd I'm not volunteering for that effort but I think we need to be sure we address what EHRs do today and what's in standards. Many EHRs do manage it just the way Kim discussed it but that doesn't mean the standards aren't adequate. So, I think you need to address both issues.

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

Well, shouldn't you be on it Floyd too?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Sure.

Susan Hull, MSN, RN – Chief Executive Officer – Wellspring Consulting

This is Suzy Hull, I just wanted to advocate for the consumer being caught in the middle of these two silos and eventually as we find ways to give consumers back some of their data from clinical trials and building their longitudinal health record this is an issue.

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

This is Michelle, I'm just looking at the time, I might ask if we can open up to public comment and then we'll go back and do some wrap up and talk about next steps. Is that okay, Rich?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks, Michelle.

Public Comment

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

Operator can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

Okay, so while we wait to see if there is any public comment we'll follow-up off line with those folks who volunteered and it sounds like we'll take the comments from today's meeting try and consolidate, and revise as we heard. Our next meeting is next Tuesday I believe, Matt is that right?

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Tuesday, yes.

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

So, we have some work to do to synthesize before then. Any other next steps?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Well, I would thank the group, I mean, I think we made great progress getting halfway through what is a large number of important comments and, you know, hopefully we can make with equal pace progress through the remainder on our call on Tuesday or most of the remainder on Tuesday and thank you very much to the ONC team for some great work in getting this organized so that we could have a productive session today.

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

So, thank you, Rich and we don't have any public comment at this time so we are able to end perfectly on time so thank you everyone we really do appreciate your feedback.

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

Thank you.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Thanks, everybody.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Thank you.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks, everybody.

Matthew Rahn – Program Analyst, Implementation & Testing Division, Office of Standards & Technology – Office of National Coordinator for Health Information Technology

Bye.

Public Comment Received During the Meeting

1. I agree with adding the comments from Hull - red highlights
2. Thank you - do I need to note then what page I was referring to? It was for the planning for migration and transition with mobile health, device and sensor ecosystems.