



**HIT Standards Committee  
Content Standards Workgroup  
Final Transcript  
March 3, 2015**

**Presentation**

**Operator**

All lines bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 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'll now take roll. Andy Wiesenthal?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Here.

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

Hi, Andy.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Hi.

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

Rich Elmore?

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Here.

**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**

Here.

**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**

Here.

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

Hi, David. Dianne Reeves? Floyd Eisenberg?

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

Present.

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

Hi, Floyd. Grahame Grieve? Jamie Ferguson? John Klimek?

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

Here.

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

Hi, John.

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

Hi.

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

Joyce Sensmeier? Kelly Aldrich? Kevin Kirr? Kim Nolen? Kin Wah Fung?

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

Here.

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

Hello. Marjorie Rallins?

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

Present.

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

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

Yeah, I'm here.

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

Hi, Matt. And Mazen Yacoub?

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

Hi, I'm here.

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

Hi, Mazen. Anyone else from ONC on the line? Okay, with that I'll turn it to you Andy and Rich.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

I don't have much to say, I just regret I wasn't on the last call, it sounds like things were fairly productive. And that we got our way through...part way through a review of the comments and we have more of that to do today. Also, dispatched a subsidiary working group to talk about issues related to research and requirements for research; we may have an opportunity to talk about that as well. So Rich, any further comments from you? Uh Rich...

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

Rich, if you're muted.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Rich, I think you're on mute.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Okay, sorry. Andy, so first of all thanks, I think that's a good summary and we're going to make you pay for missing the last meeting, since I'm at the airport, so thanks for taking the lead.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

You're very welcome. And Rich and I actually live at airports. He was at one yesterday when we were having a call, as was I, but today, I've been made homeless and I'm actually in an office as opposed to an airport. So, I'm in a better position, as Rich says to lead the call. So, I'm not sure who is going to continue to walk us through the standards from the point where we left off, Michelle, but I will turn it back over to you guys to begin and allow us to look at the content comments, where we need to pick them up.

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

Hey, so this is Matt, I'll do that. I'll just...everyone, just kind of go through the same way we did last time. So, we'll kind of tee off with what's discussed in the slide...the comment and then kind of have you guys discuss amongst each other each comment. Hopefully Rich and Andy you can just chime in and help keep the discussion moving for everybody that would be great. So operator, if you could go to slide 21, please. Okay. Hold on, I'm trying to...I think we might have different versions. Hold on. Okay. Okay, so this...all right, we're good.

So this slide, I just wanted to start with real quickly; we do have a subgroup that's going to discuss this and we have our meeting on Friday at 3 o'clock, so just wanted to clarify that we didn't get a time down, so we'll be discussing the comments from this slide on Friday. Next slide, please.

So this is, again, just to go over where we are right now; we are in J-3, develop and pilot new standards for priorities and SDO, we're in section 3 so SDOs will advance consumer-friendly terminologies. There were a lot of questions raised in this, how do we determine success? There needs to be more guidance on the definition of consumer-friendly terminologies. There were some suggestions to additions to the roadmap and just overall, I think a better understanding of what the terms like consumer-friendly example...or consumer-friendly terminologies would be.

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

This is Clem. I worry that there's some...about what really is passable in this space. There's certainly some things are possible and useful, but it would be nice if it was delineated.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

So this is Dianne Reeves from NCI, I really did not understand, Clem, what you meant by that.

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

Well, if the idea is that everything...all the terms in medicine can be expressed in a way that can be understood by, you know, a fifth grader or an eleventh grader who haven't been...who don't know that particular word, like take myelophthistic anemia...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Um hmm.

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

...there's no consumer-friendly word for it. So, I mean, there aren't...but there are for some of the more common terms.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Um hmm.

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

So I mean I think that there's a space where one can really...and actually there's, I think I mentioned before, there are some studies at Kaiser that suggested patients that had long-term chronic disease, they know the vocabulary and medical terms...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Right.

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

...because it's so...to them.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Right. So Clem, this is Andy. What I...and I...there's a right common grounds here, because I was at Kaiser when we did those studies and what we found were two things. One that patients actually wanted to know exactly what their doctor said, even if it was highly technical.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Um hmm.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

They wanted to know that when we did focus groups and asked them. And two, where it existed, not just for patients but other users of the system wanted more colloquial expressions and so those colloquial expressions typically exist for more common things.

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

Exactly.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

And so we ought to stress coverage for common clinical problems, issues, procedures where there's clearly going to be a user-friendly term for system users that isn't a fully specified SNOMED name or something like that and a consumer-friendly term for lay people.

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

Well, do you have...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

And the more...

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

Do you have that work that you can kind of embed in this and say, in this context or something? Did Kaiser publish that?

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Well...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yes, well...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

You know, consumer-friendly doesn't always mean that people can comprehend it. I mean, you can use the opportunity to use these big words that people don't really understand, but at least if it's there they can see it, they can read over it, that would be consumer-friendly. It's when you don't have any kind of a working definition or don't have it presented in a way they can't find it easily, that's consumer-friendly.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

So, with...I mean, we can sort of put this to bed but I think the point here is that when something is available in a more English rather than technical vocabulary, we could strongly urge its use...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

That's right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...but...and that there's some available consumer research that tells us a few things about that, and that ought to be used, from places like Kaiser and others. And that where it's not, efforts to link technical terms to dictionaries, more explanatory educational material is what we ought to be striving for rather than to fully translate every vocabulary term into something else for the lay public.

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

I like just what...

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

This is Marjorie Rallins, I agree with that wholeheartedly. Yeah, I'm reading the...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yes.

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

...add also a set of just the term consumer-friendly terminologies?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

To do what to that term?

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

If you could...after what you just said in our goal and what we're going to try to do, I think the phrase consumer-friendly terminology, by itself, isn't sufficient.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Right. So we'll try to capture that, I think...I hope we're recording it and everybody is diligently writing down all my pearls of wisdom. So...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

So let's...any other comments on this page? On this comment.

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

Well just that...this is Marjorie. Will we have a chance to have input on the rephrasing?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, I think what we're going to try to do is get...develop some synthetic material which tries to extract both the themes that we've gotten from all of these comments as well as the final comments that we would submit to the larger committee. So we're not going to redact the comments that we have, we're going to have them as background material for the committee to read if they need to, the HIT Standards Committee and everybody else, but we'll have themes and so you'll be able to see all of that.

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

Now some of the items here don't fall into the classification of advancing consumer-friendly terminologies.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Um hmm. Yeah. Well, people commented however they, including me, however they did.

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

Yeah, so what we'll do is we'll like synthesize these down to clear recommendation comments and then we'll also have the unedited version of people's comments sent separately; so we'll have two different PowerPoints here, if that makes sense. Are we all right to move on?

**W**

Yes.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yup.

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

Slide 23, please. And just to make sure, if anyone disagrees, please...with anything that's on these slides, please definitely raise that. Okay, section 4, 2015-2017, send, receive, find and use common clinical data sets. HIT developers and SDOs support human-centered design including abilities to provide information to those with varying levels of health literacy and in primary language.

Several recurring themes here; how will success be measured? And there's a need to...need for attention to workflow. And Floyd had put the method for evaluating support of human-centered design must be clear and measurable to achieve these goals. And there was, Joyce and Susie had mentioned OpenNotes...looking at OpenNotes research.

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

This is kind of all over the map so I'm not sure what...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well, it's...don't you think, Clem, it's related to the last one? Really the...

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

Well...it sounded like, I mean the part of as workflow, that's really for the users of the clinical systems and then other parts are conveying information to patients and others. It seems it's really a mishmash of things. What do you think it is? When I hear human-centered design for the systems and the workflow...it's the providers, nurses and physicians and pharmacists get their work done better. But then there's this other thread of, patient-centered and patient being able to read the material, I don't know what the human-centered design means, I guess.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well, it seems to me in here the same thing we were just talking about before, transmitting information to people with varying levels of health literacy.

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

Okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

And so that means, professionals have one level of health literacy and patients and consumers of healthcare have varying levels of health literacy. There's a degree to which you want to reach some sort of mean of health literacy as the ordinary kind of information to be transmitted and then a way for somebody who wants more information, whose a little bit more literate to get at it and a way for somebody who doesn't understand what they're getting, to help get interpretation from someone else.

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

Well, the last two bullets I understand clearly I just think the human-centered design just...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Now I know what that means to me and to you, but that doesn't seem to be what they're talking about here. They're not talking about credible workflows that are highly functional and efficient for the system users. They're talking about getting together focus groups of patients to understand what they can understand, that's how I read it.

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

I can read it both ways, I just think we ought to state it one way or the other so...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

This is Floyd, I would agree with Clem's comment. I guess I interpret it as whatever design the system has to provide access to consumers, needs-centered design as well whether it's...and part of it can include focus groups, but it might actually be the workflow to get through the system to read the content. It's not just the content. So that's really what my comment came from.

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

Well I worry just generally about these very, very high, lofty sort of statements that can't be...you can't know what for sure you're supposed to do and they end up...I think we end up wasting a lot of time wandering if we don't nail what people really are talking about.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well so that's a more generic comment that I think we should make, Clem.

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

Okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

That we...some of these...this one we can check off a box that says, this doesn't seem to be specific enough, this is not a well-defined piece of the roadmap, if you will. And before anybody can answer whether or not they can do it and even try to do it, we don't know what you mean about what you want us to do.

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

Right, okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Right? So you can't comment on what is it they want us to do because we don't know. So do you mean UCD related to systems designed for end users or do you mean delivering terms that have been well-tested in health literacy evaluations to general consumers.

**M**

Yeah, that's a great clarification.

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

Thank you.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right, let's move on to the next one.

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

All right. Okay. Stakeholders will pilot data format and vocabulary standards to provide feedback to the SDOs for further refinement. Some...most of the feedback is process oriented about how we're going to get...the feedback loop. It seemed like most people agreed; I don't know if NC...is there anyone from NCI on?

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yes, Dianne Reeves.

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

Dianne, if you want to kind of discuss your comment.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Well just that we're talking about SDOs and CDISC is a major SDO and they do not use SNOMED or LOINC to describe their value sets. So it would be worth working with that community to find out what the barriers are or CDISC is a major stakeholder in the research community so, we just need to look at that.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. Understood.

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

Yeah, I'd like to help them that way. But there are two parts; it's just not that in the section, it was the pilot data. And there was another one that said will provide feedback when they use it. I don't know that you're going to be able to pilot when the stuff is already required in the Meaningful Use.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well I don't think the word pilot is the right word, Clem, I agree with you.

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

Yeah, I...well there's...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

I think you're putting it into operational use, you want to evaluate how good it's...how fit it is for purpose and have continuous quality improvement on it so that there's feedback to the SDOs to make their standards better and there are feedback to the organizations about how they're using the standards so they can use them better.

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

No, exactly. I thought there was another item, another slide that said exactly that, that said they would provide feedback from the use of it rather than the pilot.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, I don't like pilots because if we're going to have a standard, we just should do it and then make it better. Pilot mea...you know...

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

...a separate slide that says that.

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

Yeah, can you go to the next slide please? This is what you're talking about.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yeah, no piloting here.

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

Yeah, so Andy had mentioned that.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yeah.

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

Okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, that's what I said and I still...I believe it because in my own former organization tended to use the word pilot when they wanted to crush something out of existence.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yeah.

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

Right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

No, and I think a lot of organizations are like that, oh come on, you're enthused, yeah, go ahead you can do a pilot somewhere and will never pay attention to the results. What we want is to start a process of CQI.

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

Right. Can...will someone reformulate these?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well no, we don't have to reformulate the comments but we can say, in addition, what we're really driving for here is implement the standards but have an overt continuous quality improvement process

so the SDOs are getting constant feedback about the quality of a standard, gaps in the standard and so on.

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

Good. Okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right, let's move on beyond this slide. I think we've taken care of the last two there. Great Matt, thank you.

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

We're going to need comments based on the incentives comments, do you wan...

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

Where...which...was that another slide that just went by?

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

I was, I think Joyce had said, consider incentivizing stakeholders to adopt and use new standards. I don't know if she's on.

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

Hi Matt, yeah, I joined. I joined late, I'm sorry.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well I think you're right, nothing like money or the withholding of same. We won't pay you if you don't use it. Oh you mean it, oh, okay. Anyway, yeah.

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

I'm just trying to see if that...like if we end up...if that's part of the overall comment.

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

There was...I missed that slide though. Is that on a previous slide?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, it was.

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

Oh, I...right past it.

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

Yeah, sorry Clem, it's at the top there.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

There it is.

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

Well I thought they did have it, that's the business about getting extra money and then losing money in Meaningful Use.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. By date certain they have to report using certain vocabulary standards and so on.

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

I mean, I'm for incentives but I think...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

...it's not that we're without them now.

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

Um hmm, okay, just want it clear. All right, we can move on; next slide, please.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Is Calvin on?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Yeah, Calvin's here.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

So what...can you...this is Andy, Calvin. Can you help me understand what you're interesting opportunity is?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Some time ago I looked at the NIEM standards or the NIEM guidance's that were out there for the National Information Exchange Model and in looking at the premise about how it was designed and looking at FHIR, it seems to me they're possibly...that FHIR could possibly be adapted to fit into it. And I know that that's their goal is to have a healthcare topic. So I'm curious to see if we can bring these two initiatives together is all that I'm suggesting.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay, let's add that to what you said.

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

Well could I...at the risk of getting in deep trouble, is that a good thing?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Well, it's a potential opportunity that they're modeling strive to not be like the V3 which was deeply modeled, but to be more...make reference to different objects, which is very similar to what FHIR's been doing. So, I mean, from a structural standpoint I saw compatibility in some ways. I'm not saying they're 100% compatible, but...

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

No, what I'm really asking is if we get one more player in just before we're starting to make progress, will that speed it up or slow it down?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Well that's always the risk and the opportunity, I won't disagree with you.

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

There was a conference call earlier this week from the W3C people talking about how they make standards and how long it takes and it was 20 years for one of them, but they were steady on one path. I just would be wary about getting new threads going if we're trying to get something done, but...

**Calvin Beebe – Technical Specialist – Mayo Clinic**

The alternative is, do they come up with a different standard and it's identified as the National Information Exchange Model for healthcare?

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

Well that would be bad.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

And they have that as a goal.

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

I know, I don't think...

**Calvin Beebe – Technical Specialist – Mayo Clinic**

So...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right. We've got to explore a more productive and how do we word this politically, productive relationship with them?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Potentially.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

**M**

Do we understand what NIEMs intentions are with respect to healthcare; is anyone on the call familiar with that? I mean, some of the comments were, we're going to need education that it's very...that it would be necessary to have education around NIEM, so, it seems like that might not be the case for everyone.

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

Well I think, as Calvin says, they would like to be the whole world, but reali...this started with the FBI and it's not really necessarily the thing you think of as the most fitting for healthcare.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Michelle is there a way to get briefed on what their intentions are with respect to healthcare so the committee can understand this...

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

Yeah, I think that we can coordinate something for the next call or at least provide something to help inform steps.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Yeah, the stuff on their website is very kind of general in nature; I couldn't really track what it was their intentions were.

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

Yeah, so we'll follow up and either share something that they have via email or have them at the next call; whatever works best.

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

Yeah, I mean the section, it says states and other stakeholders to further explore and determine the role that NIEM can serve with regards to supporting health care and human service interoperability. I mean, for now, until that happens, obviously we can comment...you guys can comment based on saying it might not...it's prob...it could not be...it might not be the best thing for supporting healthcare. I know Joyce had said that we should not be too prescriptive; there could be other things that could be used instead. Kind of what Calvin was discussing, so...

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

Right.

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

Can we move on to the next one?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yes, let's go on.

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

All right. Okay, number 7; SDOs and industry will agree on best practices and provide guidance on unstructured data exchange. Overall I think people agreed, but the timeframe is a concern and also leveraging current projects would be a good thing; Health Story project was mentioned twice.

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

What is that?

**Calvin Beebe – Technical Specialist – Mayo Clinic**

That's the group that helped put together some of the...this is Calvin; the implementation guides in Consolidated CDA that were for the typical documents that go in your medical record.

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

Yeah, okay. Yeah. So, I mean, we're probably talking about the narrative text and putting some regular sections in them, right? Is that what you're...

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Yeah, that's a lot of Health Story, yeah.

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

Yes. This is Joyce that is...it is still an ongoing project and the focus is to make sure that the patient's story is still able to be reflected in spite of the importance of structured data, but not to lose the narrative component.

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

Well I think...yeah, I love narrative.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay. Moving along, then.

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

All right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Clem loves narrative; let's release that to the press.

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

Okay. So this is Matt again and I'll have Michelle confirm my assumption here, but...so...

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

I agree.

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

...for 2018 to 2020, expanded interoperable health IT and users, it says stakeholder input requested. So I think we are asking that you guys make a recommendation on what should be here, is that correct, Michelle?

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

Yes.

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

Just the phrasing, what's an interoperable user? I mean most users, humans are pretty interoperable, and maybe that just goes without saying but...

**Calvin Beebe – Technical Specialist – Mayo Clinic**

So I think it's being applied to health IT here.

**W**

Yeah.

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

Well, there's that...the conjunction with and users, I don't quite understand what's being discussed.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

You're taking me back to 8<sup>th</sup> grade grammar, Clem and I'm not liking it, okay? I don't want to diagram this sentence. I agree with you, the modifier applies to both if you're just parsing the English, but I don't think it was intended to.

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

Yeah, so the...it's actually expand interoperable health IT and users to improve health and lower cost.

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

I'm still having trouble understanding that and users but, I would like to get some emphasis on machines, if I may. I mean, there are a lot of instruments and devices that where it's it kind of free for the clinicians and everyone else that the data comes out of it in an interoperable form. And we at least ought to emphasize that, because if humans are just typing it, it isn't as much of an advantage as...I don't know how to say that between devices and...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

We can control the...through FDA and other standard-setting processes the output of health related machines, right?

**W**

Device integration.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Devices, yeah, so that we can...

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

Well my...it's not necessarily the integration among devices but from devices to medical records and maybe among...

**W**

EHR, the EHR...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Right.

W

...and back.

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

There's a lot of opportunity there.

W

...EHR back.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Thank you.

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

(Indiscernible)

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

Can I move it on?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yup.

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

All right, 2021-2024; so here again we just need a recommendation of what should be occurring in this timeframe.

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

Well, I'd like to be healthy then.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

So we...I recommend a reunion meeting of the Content Standards Workgroup in 2024, all of us who can get to it without aide or other healthcare related devices will be congratulated. But other than that...you've got a lengthy comment here, everybody should focus on that.

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

Well, I don't know if you want to focus on it or not, but I guess my concern was, I was thinking in terms of decision support, trying to use some of the data that's coming back and forth and not trying to be prescriptive about who gets something but what kind of function someone plays in the workflow and how you make sure the right person gets it. And maybe I was misinterpreting, but just don't feel that we have a good taxonomy to manage that.

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

What does the LHS stand for, it's the nationwide...

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

Learning health system.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Learning health system.

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

I just saw that as a gap.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

Floyd, this is Calvin; I think you're right. I think if you're going to have learning, you're going to have to have comparability and comparability comes through standardized taxonomies and coding systems and standardized models of sharing data.

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

Maybe even a standardized patient ID.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Oh now, let's not start.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

I like your idea.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right, I don't want to get started on that, really, it's just not...it's not happening politically; it doesn't matter if it makes sense or not. I'm actually at the moment, overlooking the Potomac River from the Virginia side and I can't see anything over that other side that makes any sense. So, keep on going.

**M**

Yeah, I'm over here Andy, thank you.

**M**

Capital...

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

Not much control...general. Now that's not quite...I mean, the learning is upper level, but whether we'll have envision systems that would...things or be able to detect problems in patients as fast as that's all moving, it may not fit the learning health system though. But if you just want to get wild into the future, I would toss those out.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

And I would offer up, I don't know that achieving a nationwide learning health system is a technical activity.

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

Yeah I...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

No, no, but technical activities contribute to it.

**Calvin Beebe – Technical Specialist – Mayo Clinic**

True, but without the professional societies and the practice groups...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

No, no, I don't think it says that they're excluded in fact, they are vital. It just says, I think it's asking the overarching question Calvin is, what content standards are necessary as an infrastructure so that the country can have a learning health system?

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

Well I guess if you want to get critical, we already do that in some ways, it's just not the whole system isn't contributing to it.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

No, so we don't have a system, we have pockets that are good learners.

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

Well I meant...clinical trials and the new cancer therapies and all this kind of stuff.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, but you could argue, and I don't want to get into the argument, that it takes way too long to take the data produced by those trials into clinical practice, so that we have a flawed learning health system if we're going to talk about the outputs of research as it applies to real patients in practical settings. But I don't know, I think Floyd's comment is well taken here so I'm not sure...does anybody have anything to add to it?

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

Well it's another one of these fairly fuzzy scope that should go on in 2021-2024.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

You know, 10 years out is going to be a modestly fuzzy anyway.

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

That's why we're asking for you guys to tell us.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

All right...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right, moving along.

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

All right. Okay. Section J4, vocabulary approach; through coordinated governance, public and private stakeholders will work with SDOs to define a standard approach to federated distribution of centrally maintained code sets. And this is from 201-2017; health IT developers will provide accurate translation and adapter services where needed in order to support priority learning health system use cases, see Appendix H for priority interoperability use cases.

You can go to the next slide, please. Rich, if you're there, are you saying that you want to add NLM, a third bullet or as should be sourced there?

**Richard Elmore – President, Strategic Initiatives – Allscripts**

I suggested...I'm not online so I can't track the question.

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

So it was J-4, vocab approach, you had put, the omission of NLM Value Set Authority Center seems like a glaring omission here.

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

I agree.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Yeah.

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

So where would you suggest putting that, in...

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

Mention that's it's already doing it or heading in that direction.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well I think Rich's comment, and so Rich, just to try to help you out I'll put words in your mouth, is that what the roadmap appears to be directing us toward is a situation in which standards organization, it might be an international body, and then we have, at the national level we have the NLM creating a national space for what the US needs, right? And that below that level there might be a cou...one or two hierarchical levels below that, one where specialty societies have a place to experiment with the additional things they might need that might not be required across all of medicine, as an example.

And even individual organizations have a space where they can add terms or concepts that they believe they require and that there's a formal process for escalating those potential additions up to the NLM for acceptance or rejection into the national space. And that the same thing would be true at an international level is it is an international standard. Does that make sense? I mean, I think that's what Rich was driving toward, so...that out.

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

Is that the previous slide though?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, it's the previous slide, but Rich's comment just got added on because there wasn't any room on that slide.

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

Well I...

**Richard Elmore – President, Strategic Initiatives – Allscripts**

So if I understood, so Andy, I agree with how you're characterizing it. Matt, I was wondering, was your question about where this should appear in the various charts?

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

Yeah, or are you saying like NLM should be that source, I think I was getting that from Rich's comment. I was just saying should it be added into the section 1 or 2.

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

Well I would ask the qu...was this sound li...is this supposed to be like a real time updates for all the vocabularies that are captured in real time? Is that what the goal is here?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well Clem, I think it's, there are lots of ways in which vocabularies can be updated; some of it should happen in real time because there's a real time gap or requirement, other aspects of updates should happen in a much more measured fashion. And so what I think this is saying is that there's...there should be an organized way for that to...to work with the SDOs so there's an organized way for all those things to occur.

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

Okay. I mean I would worry about trying to...real time because a lot of the receivers don't want them, they have to...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

No, no, they can't handle it in real time. On the other hand, sometimes they absolutely desperately need it in real time.

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

Okay. All right.

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

And this is Kin Wah Fung here from NLM and just wanted to add that the Value Set Authority Center from NLM is providing a special service for value sets that are used in various cases and the most common use case would be the e-Quality measurements. And we have other terminology services that are available, so maybe this can be listed as one of the examples and not...and may not be, I mean, covering all aspects that are included in the goals.

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

I think number 3 saying it was omission I think is right, it should be listed here at least.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Um hmm.

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

Yes, at least; yeah, I agree Clem. But there are other...

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

Right.

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

...that we're providing.

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

Okay, we'll make that note.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right, so move on.

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

All right, next slide. Okay, through coordinated governance, public and private stakeholders will work with SDOs to find a standard approach to federated distribution of centrally maintained code. Most agree...

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

Is this the same slide as the previous one?

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

No, this is the comments based on number 1. The 30...two slides ago was just like the actual question and then kind of what you guys are commenting to. There were some comments that strong governance is also required to require harmonization so the same value sets are used for the same meaning across clinical care, quality measurement, decision support and research.

Susie concurred on approach to federated distribution; Joyce agreed. But there was also a comment, Andy you had said that it needs to incorporate not only SDOs but also specialty societies.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Um hmm.

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

Well I mean some of this is a wish and a dream, a good one, we should confess that. I just was talking with a group that has got sort of an NIH interest group behind it and they don't even get the researchers to use the standard way to do GLASGOW coma score. So, I think this is an aspiration but I don't think we should plan on being able to harmonize all of it in any fixed time frame.

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

This is Joyce; I think just one thing should be added though, and Andy, I believe, confirmed or said the same thing that I did in a sense. The specialty societies have really done a lot of work around standards and trying to refine their approach. For example, the American Nurses Association now is coming out with a position statement on leveraging the national standards and giving guidance to nursing because we have the 12 recognized terminologies, which is not effective. So...

**M**

Its 10 too many.

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

...I just want to recognize...I want to recognize the work that has been done, which may no...the others may not be aware of and make sure those groups are pulled into this discussion. And I know the nursing space well, but I'm not as familiar with the physicians and other societies, but I would imagine similar work is ongoing. So I think we should just make sure we reference the specialty societies in this.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yeah, I agree.

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

That's a good...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. Okay, thank you. Let's move forward.

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

All right. Okay; sorry, I'm just taking notes.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right.

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

Okay. Health IT developers will provide accurate translation and adapter services where needed in order to support priority learning health system use cases, see Appendix H. Yeah, there are very similar opinions in this section. There needs to be a clear definition of translation and adapter services. I think that's pretty...it's said throughout.

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

Is there an existence proof? I mean, is there such a thing or is it a hope?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well they...I mean, I don't know. If you're asking do they have adapters, they have some.

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

I mean, I don't know what it means. I mean is it a mapping system?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, and it's also translation tools...

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

Translation...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...so some of the language vendors provide tools to translate...

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

Oh, you're talking about Spanish to English, that kind of thing?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

No, no, no, no, the vocabulary standards I should have said, health language vendors. So yes, there's also that kind of translation, but that's not an issue within the United States, so it's probably outside the purview of the roadmap, unless we want the roadmap to apply to international health information exchange. So we do have...

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

But there is...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...we have agreements with...there are Spanish speaking consumers, but I don't know of any electronic health record in the US that's not English-based.

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

...okay. Well I guess...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay?

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

...it's one of these real vague things that I wish we could nail it down so that we knew when we won or lost. A lot of inventiveness on big committees to come up with totally different things.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yup. Okay.

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

Yeah, we'll move on. Next slide, please. All right, this is 2018-2020, expand interoperable health IT and users to improve health and lower cost. Floyd said, the infrastructure developed in 2015-2017 should provide ongoing continuous mechanisms to maintain the input, harmonization and updates. I think it was fairly throughout, even for 2021 and 2024. I don't know if anyone has any other comments. This is where we would be recommending a specific item to be placed where it says stakeholder input requested.

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

Could we put something in some of these things that's at least funding for studies to see what we've achieved? You know, how is data moving? How about the coverage? The benefits to health or whatever; I mean, that's a common dimension of futuristic...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

So it doesn't really...I think that's a good overall comment, Clem, it doesn't really apply to any one of these individual roadmap recommendations...

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

Right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...but an overall assessment of the progress along the roadmap needs to be funded, right?

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

Right. And the year over year...the evaluation of year over year.

**M**

That's right.

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

Well I think...I would be happy if they did it every 5 years because it might take that long to have enough of a difference.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well, some of the outcomes are...you're right, but there are specific annual milestones or at least bi-annual milestones in this roadmap and so some assessment of whether or not...a rational assessment of whether or not the country actually met the milestone would be important to report to the country, to the health delivery system and to Congress. So, some funding at ONC or within HHS more broadly to accomplish that evaluation is important. That's an overarching recommendation, it's not just related to our segment of the overall roadmap.

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

Well yeah, I'm for whatever you can get, but...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

...on the other hand I think we probably won't achieve the milestones on a schedule, that's how life is.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

That's okay, but we ought to say it out loud and what we're going to do about it so we need to have an evaluative process...

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

Right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...to tell us that we didn't achieve them. All right. Are there any specific comments on these areas? Okay, next.

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

Okay. All right, J-5...next slide, please. Okay. Maintain and improve standards. SDOs will maintain and improve existing standards based on implementation feedback for 2015-2017 and then for the next few boxes there, SDOs will maintain and improve standards. If we can go to the next slide please.

Rich had made another comment for VSAC and the process advice that stewardship should be incorporated in that.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah, I think we've already dealt with this area. I mean, I think I heard everybody that's on the call say loud and clear, yes they should and there should be a process for them doing that that should be

sensitive to end user requirements where they need to be...gaps to be filled that the process should be rapid and where they don't have immediate requirements, it should be sensitive to their release, recycles on the part of the vendors and the capacity for uptake on part of end user systems.

**W**

One thing came to mind, I agree that we've stated this before and I like what we're saying; it's important feedback. I think one thing that we didn't talk about before was the idea, could we identify SDO best practices that other SDOs might learn from or, I mean, that sounds very pejorative, I don't...we probably don't want to word it that way, but...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Could we convene SDOs to learn from each other's best practices?

**W**

Yeah, thank you. Much better.

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

If you go back one slide, this is...I mean, this is the working slide, but I thought the other thing, I want to see the overall...are the actions the right actions to move interoperability, and I don't think they are. I think the biggest problem is that we haven't even touched most diagnostic studies, although there are standard codes and messages you could send them, we just aren't...we haven't even mentioned them except maybe a little imaging now. Crazy, we're not going to have a medical record without EKGs and without spirometries and...measures, things ophthalmologists do. And I guess I'm the only one that thinks that, so I don't know what...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

You think in all of America you're the only one; that must feel lonely.

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

No, I don't think I am, but nobody's yelling about it, it's just crazy. The electronic medical record of 15 years ago all had this stuff in it, the ones...the pioneering ones, they had all that data in it and now we're talking about all this learning and we don't even have what's in a usual medical record in the electronic one now.

**W**

I think we made comments like that somewhere, I know I did somewhere along the way about...other specialties.

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

Maybe I wasn't on all the calls.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

But if you're talking about what we need to get interoperability, we need to be able to send all the clinical data that's now provided in a routine medical record, including the diagnostic studies.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Um hmm.

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

The second thing is we probably have to use standards more intentfully.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yup.

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

And there's no...there's really no other requirement in any of the regulations that the senders...well, I should take that back, labs in hospitals, but for the most part, the only pressure on the producers of data, at least certainly test data, to do...to send them in a standard form is from their customers, with the exception, I think, of hospital labs and messages to public health for labs.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yup.

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

That's a big gap.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay, noted. It is a gap and I work a lot with the CDC so believe me, they're trying...they're struggling to figure out how to get public health reporting data that's really usable for them.

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

Well that's different, that's different. I mean, that's different in a couple of directions; firstly, they were just...a couple a years ago and a lot of them couldn't take in HL7 messages, so, I mean, they have...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Oh I know they can't, but they need to learn how separate from...

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

The other thing is, and the laboratory reporting should be easy and it will flow, but there's going to be a burden on office practices if they got elaborate reports every couple of hours for something they saw with the patient. And I know it's kind of...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. Well, you know, so trust me, I'm working on that; that's not part of this roadmap but I'm actually work...CDC is one of my clients, so in my real day job, I'm working with them to do burden reduction for practices and use what they...what's real and what's in the data models of the existing vendor supplied electronic health records in a much more productive way; topic for another day.

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

Oh yeah...hear that.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Let's move on.

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

Next slide, please; one more. All right. So SDOs will maintain and improve existing standards based on implementation feedback. Calvin agreed. I think most people agreed, but there should be systematic reporting of issues, identified issues, resolved issues, deferred or outstanding. I think we kind of discussed that a little bit.

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

This is the slide that I thought should replace the one that talked about pilots. It's saying what we really want them to do.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. That's right. I think that's right. Matt, can I do a process check with you here?

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

Sure.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

I'm just...how...we have about 30-35 minutes, or at least 30 minutes if we want to leave a little tiny room for public comment. How much more do we have to do? How many more do we have to through?

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

So we're on slide 37 and there are 52 slides; but, we are almost done...some of them are very little comment.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

All right. So let's just move along.

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

So yeah, we should be fine but I'm going to try to...we'll try to speed this up here.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay.

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

So any more discussion here?

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Yeah, this is Dianne Reeves from NCI. Just a question, in simple English, when we say that SDOs will maintain and improve existing standards; when we're talking about SDOs that may not be using the same standards that we're talking about in this context with roadmap, are we saying essentially we're going to help them realign to use these standards?

**M**

No.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Because they could say that they are improving their existing standards, but they may not be in alignment with what is outlined here.

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

...clinical...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

I could tell you, speaking...since I'm on the management board of IHTSDO, they would never do that.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Never do what?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

They would never want to be out of alignment with what a key member nation requires.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Okay, so we're talking about really realignment as needed is part of improvement?

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

Well Dianne...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

And keep in mind that what happens also, Dianne is that each nation in the case of an international standard, so that the nation...an individual nation doesn't control it...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Um hmm.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...as Kin Wah pointed out, each nation has lots of room to develop local extensions of a standard that...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...fit within the structural framework of the standard for their own use, and that's certainly happening in the United States and there's no reason for it to stop. So there are two levels...

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...of standard improvement; one is at the national level, so the national space and that would be under the control of the NLM in the case of many of the standards and other agencies in some cases. And then there are the international standards organizations which would be improving the core and the overall infrastructure. And they're all sensitive to the major national users, which include the US.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Okay. If somehow that could be included in language as clearly as you just said, that would be helpful.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Am I being so clear today.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

You really are because otherwise people...there's just one way to go...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

...there's this silver bullet approach and that's really difficult.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. Right.

**Dianne Reeves, RN, MSN – Associate Director for Biomedical Data Standards, National Cancer Institute – National Institutes of Health**

Okay, thanks.

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

Joyce had said need to define true disciplined implementation feedback, I think that was said a few times. Only use standards that we need and work for the learning health system. And involve SDOs in the process.

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

Yeah, I would just add the wording about the best practices solicited across the groups...

**W**

Yeah, good.

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

...and shared.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Um hmm. Okay.

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

Next slide, please. Okay, this is for 2018-2020. I think we're pretty...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Pretty aligned on that.

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

...pretty aligned there. Everyone pretty agrees...and then next slide please; 2021-2024, kind of continue those efforts and SDOs will benefit from being involved in evaluating progress of the learning health system. I think we're pretty in alignment there; just continue work there. Next slide, please.

Okay, J-6, new standards that support new and evolving requirements and priorities. Through coordinated governance, public and private stakeholders will advance the development and maintenance of data format and vocabulary standards and implementation guidance necessary to support priority learning health system use cases. And then we're asking for stakeholder input for 2018-2020 and 2021-2024.

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

...to God and motherhood, but I think though that we have to be cautious about stimulating the development of brand new kinds of messenger structures that might better have been extended from the existing ones. This is sort of an invitation to let's build something brand new.

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

Okay. If you can go to the next slide, please; all right. So Calvin had said, the requirements derived from community identified use cases should be forwarded to SDOs, the SDOs then should be charged with development of standards formats, vocabs and implementation guidance. If that doesn't work, it should be fixed.

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

That's what I wish I said just a minute ago.

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

And I think...Rich had put, this just basically seems a restate of J-1, but I think it was J-2 that you meant. And I know that Kim had said similar things, which J-2 is architecture and support of standards activities and we had said, through...multiple times, through coordinated governance public and private stakeholders will establish or maintain priority set of use cases, develop a nationwide technical architecture for interoperable learning health systems, define a necessary set standards activities that support the prioritized use case and function requirement. Do you guys agree that it's similar to J-2?

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

Well the comments are different. I like Floyd's comment here; I think we ought to emphasize that. I mean, could we move the comments around just so we hold on to them?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Sure, I mean, we don't want to...we're not burying any of the comments, so...

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

I'm not going to move them, I was just saying like do people think that this was too similar of a question? Did we already ask this question of you, I guess?

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

Well you've asked a lot of questions more than once.

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

Okay. Well maybe we should...we'll note all those.

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

Try to squish them in.

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

Okay.

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

The difference between 17 and 20 is not going to be anything substantive, it's not going to be more of the same.

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

Okay. All right. Any other comments on this one or we'll move forward.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

(Indiscernible)

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

Oh, we have more comments there too. Both Susie and Joyce said...had discussed incentives for innovations.

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

Yeah, I mean, it's...to Clem's points, we don't want to bog down the process, but we don't want to lose sight of the future so is there a way to create those paths that are parallel at some point and then realign as relevant.

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

Haven't been dreamed of probably.

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

Yeah.

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

Need some optimism, Clem.

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

Well it hasn't...that's good stuff.

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

All right, so...okay, we'll just move on; next slide, please. I think we're still on number 1, so...Rich had said establish a definition for population health membersh...or measurement. And I know he was...Rich, you had specifically commented on some of the use cases. And I think there is another workgroup that is commenting specifically on the use cases, Michelle, is that right?

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

Yeah, the Advanced Health Models group on the policy side is.

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

Okay, are we able to share these comments with them or, I don't know how that works or if Rich wants to give these as a general comment to...outside of this group.

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

A lot of good questions about how these vary, like 16, 7; is that going to be addressed offline, trying to unify the...

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

I think there are a couple of different ways that we could go about, to answer your question, Matt. We could add additional comments from the group or we can share these back with the Advanced Health Models group. Why don't we think about it offline Matt and figure out what's the best way to do it.

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

Okay. All right, yeah, we'll do that and then get back to you all or Rich especially.

**Richard Elmore – 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, next slide. This is stakeholder input requested, Susie said SDOs will benefit progress the learning health system community is making on defined learning cycles to assure that the standards are facilitating easy movement of health data to support the learning cycles. And then Floyd was similar to his last comment, then again SDOs will benefit from being involved. Any comments based on what should be added here for 2018-2020, 2021 and 2024?

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Hey Matt, I'd just like to make a general comment that I'm really not sure that anyone understands wholly what is being contemplated by a learning health system so it's not specific to these sections but...

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

Um hmm.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

...is there a concise definition from ONC that explains this?

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

This is sort of along the line of getting consumer understandable vocabulary. We're the consumers this time.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah. All right, let's move on.

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

Well this is Joyce, to answer your question. I think there is some verbiage in the beginning of the roadmap around that, but they're referencing the IOM report and then saying a changing of the word from healthcare to health system. So do...are you suggesting that we want more of a definition in the roadmap or specific to this question?

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Yeah, so I read that portion and I mean I think that the...kind of the emphasis that we're putting on this in the interoperability roadmap, it comes up all over the place, it's the ultimate goal. And I'm not sure how well defined it is at this stage. Is there a comment that this committee wants to make about the need to make sure that we've got clarity about where we want to go.

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

I think that's a great point. Scanning the document quickly, they're references are from 2007, so...

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

I mean...

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

And we can also make a...you made comments based on...this is Matt, sorry; made comments on what you guys think it should look like.

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

Well I mean is it in a nutshell it says we're going to analyze all the patient's data to figure out how...what works best and that is a worthy goal, but it's not clear that it can be done because of the problems of bias and missing data, all kinds...and all kinds of reasons. So, I may be wrong in my over-simplified view of it.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Matt, I think it's probably beyond the scope of this workgroup to be able to define it by ourselves, but I just think it's important to have a good target.

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

Yeah, for sure, I mean, on page 18, they discuss it, it starts with a discussion where it says a learning health system, and then why a learning health system and it goes through kind of...there's a graph that talks about the health IT ecosystem as a learning health system. So, maybe we just go back through there and...I know, it's a little off...it's not specific what we're supposed to comment to but I think at a high level, it's...it should be fine to comment based on you're not on...it might not be clear to you what that is, so you recommend that it be clearer, I guess, if it isn't clear. So...

Okay, we can move on. All right, now we're getting into general comments. So we've finished the...going through the specific sections that were commented...they asked questions for. Now these are general comments, so I might pick on the specific people to explain their comment. And page 77 and 78, before section J starts, are out of scope for this group so Clem, this specific comment is out of scope for us.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

But I think we should record it and give it to the people who are commenting on it.

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

Yeah, for sure. So that's what I was going to say. And I'll talk with Michelle on how we're going to work with those.

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

I just think that it's not clearly delineated what's intended. I think when they mixed content, well anyway, I said it here.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay.

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

And then Marjorie, are you on?

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

Yeah, so this actually is not all of the comment, this was sort of the intro. This was a cut and paste from the roadmap itself.

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

Yeah.

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

This comment really related to the intentional value sets that I recommend, which is later on in the slide deck.

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

Okay. All right, remind me and then we can add that on there.

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

Sure.

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

And then Clem, you just wanted to add vital signs and other observations to page 79...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

I think he's saying LOINC is not restricted only to lab results...

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

Okay.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

...it's whatever LOINC does, so.

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

Yeah, definitely. Okay. Next slide. Um...had some comments on figure 8. It's technically not in our section, so I'm going to have this kind of...these notes sent to that group that it is, if that's okay or I'll talk to Michelle and we'll come up with a good...

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

This is a little bit to my point from the previous page, too; along the same lines.

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

Okay. Next slide, please. Okay, um, okay Susie, you're just adding some developing mHealth, telehealth, wearables and sensors, right? That's the only...to make a clarifying comment; or is she not on...oh, are you on Susie? Okay, that's fine.

Rich, I know you're not on the...you're not on line, but your comment to the suggested variability in implementations does not allow receive system to process the information and properly integrate it into a patient's record and may even prohibit the end user from viewing the information in a human readable format. You had said you strongly disagree with that comment or that part of the roadmap. Do you remember this specific part or do you need to come back to that comment?

**Richard Elmore – President, Strategic Initiatives – Allscripts**

I could circle back with you.

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

Okay. I just wanted to kind of get that clear. Okay, next slide please. So again Clem, the common clinical data set is being looked at by the Semantic workgroup, I don't know if...

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

Well it just seemed like a big gap to have...leave out two SDOs that are, you know, HIPAA had X12 in it and DICOM is, I think is in part of the current Meaningful Use.

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

Yeah, that section is just these organizations include but are not limited to, so we can...

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

Take two more and be a little more complete.

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

Yeah, I mean, they were just used as examples, those SDOs that are listed there.

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

My other complaint was back to the fact that all we've talked about for the last 8 years is labs and there are a lot more diagnostic studies. Radiology costs four times as much as laboratory in the US and we haven't been active about sending those reports around, although it's starting, I think, in the next round.

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

Okay. And Marjorie...

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

Yeah, so I don't...maybe we share these with the Semantic Group or not, but...

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

Yeah, no, that's fine, we can. I think that that's all right and I'll talk to Michelle. I think that's probably what we'll end up doing, but...

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

I mean, it's pretty self-explanatory, I think.

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

Yeah, yeah totally. That's fine. All right, next slide, please. Okay Rich, I think the general comment was backwards compatibility is a must. I'll follow up with you on that.

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

I voted on that too, that's a good statement.

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

Yeah. And then Susie again, I can...if you guys, if I can follow up with her and I think we'll just put these at the top, like general comments on the whole section, okay. And since she's not here, we'll move on. Next slide, please. All right, Clem, page 81. Basically you want to clearly define what the content is. If you want to maybe explain a little bit your comment.

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

I just think...I think clarity helps the future.

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

Um hmm. All right.

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

I could help...I mean, I don't remember exactly what I was reading when I wrote this, but...

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

Well just specific, we have in here content standards should continue to accommodate the exchange of structured and unstructured data but developers and end users should design and subsequently implement systems with a very intentional movement and bias towards increased exchange of more structured, standardized and discrete information.

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

I think the problem with content is it's often just thought of as the information inside the fields and you're conflating it with the structure and the codes and...it's just, I think it's too blurry for people to really follow well, or at least to make good decisions. And in the case of confluations, we have version 2 messages, people may not like them, but they're used everywhere and the problem with...what makes them not interchangeable across institutions is a lack of standard code, it's not...

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

Um hmm.

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

...so you get all this blending of ideas when you lump them all together.

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

Okay, so I highlighted the part where you...

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

None of this gives you very good direction, but I would, if you have something you think you can say, I'll help...this a little better.

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

So the part where you say we should push mightily to have such reports stay in their discrete state when they get shipped to practice; that's what I had highlighted from that.

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

I mean we start with them and then they come across...so that's yet another problem. You've got this nice structured report, it may be local codes, but its separate rows and separate fields and then we send it as narrative text.

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

Um hmm.

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

On the other hand, the guys that are doing narrative as dictation I don't think there's any...I think we should leave them alone, for a long time anyway.

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

Okay, so we'll move on from tha...we'll consolidate these comments and obviously everyone will get to review them before they get pushed forward.

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

...have an effect on the guidelines or is it just going to be our list of comments? I mean, is anything going to be revised after all of this?

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

What do you...I mean, as far as...

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

Yes.

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

...yeah, so that's what...

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

Sorry.

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

...we have another meeting in two weeks, but that's when we'll go over the...what we've done to kind of condense them into specific recommendations and comments.

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

It's not going to be easy, I know.

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

Yeah. But we'll go over that in the next meeting. Okay, next slide please. So, we've got Rich's comment it's very clear we need better alignment between federal and state requirements, wide variability between various regulatory organizations, even those down...so it leads to significant additional work and complexity. I know he's not able to see this specifically, but does anyone have comments on his comment, I guess?

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

It's a good thought.

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

Okay, the next one by Floyd, common data set is not complete solution...so yeah, I mean the common data set is the floor, obviously, but it's...common data set is helpful as a floor for what products should address but documentation of a patient care but not the ceiling. Umm, Floyd...

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

Yeah, this is Floyd, I was also addressing what Clem referred to as the narrative is actually important as well; we can't ignore that.

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

It says things differently and it's easy to say.

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

Um hmm.

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

So that stuff that starts the narrative; now if it starts...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well you know, I don't want to get into the weeds but as I think about this, when I'm...my behavior as a consultant is that pieces of my notes are always...and the same pieces are always highly structured, it's the way that I create them. And other pieces are always narrative and so history of present illness is always in the form of a narrative, chief complaint is generally a mix of...little bites of structure and narrative. Whereas the objective findings, physical examination, vital signs and so on they're always structured, always. And my assessment is structured and sometimes commentary on the structure. Right?

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**  
Right.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

And same with the plan, the plan is structured elements then you might put an explanatory note in about a specific element, why am I doing this. But it's still stru...so, I think we just have to acknowledge that there's an important place for structure and we ought to encourage it and there are important places for narrative and that has to be encouraged there and neither is right for everything.

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

Or for everybody, I think.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Well, it's absolutely right for everybody. I mean, when you think about it Clem, when I was in medical school was when the problem-oriented medical records format, a structure for organizing how we record data in the chart, it took the medical education world by storm and everybody started to use it. Now they're...they did their own implementations of it, if you will, but everybody started to use this and now we don't...nobody gets to write a medical record without sighting problems.

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

Well that's true, but the notes really...never really captured and the ability to hoo...make that...

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

But Larry Weed said there ought to be a subjective part to the note, an objective part, an assessment and a plan and nobody argues with that structure, because it's a good way of doing it.

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

They may, but I...you don't see that many of them written that way, I'll tell you.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Oh, you see a lot of them written that way and the ones that don't are wandering uselessly.

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

I think that we...on that one. We'll move on to the next slide.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Yeah.

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

All right. Sorry, we can go back real quick, Marjorie had a comment; agree with the shift from static code list that define a concept within a single application or organization to systematic was of representing meaning. And your comment was, it would be helpful in quality measure efforts. Did you want to...

**Marjorie Rallins, DPM – Director, Measures Specifications, Standards and Informatics – American Medical Association**

Well in quality measures...but in general, just maintaining value sets looking long term, it's nice to use some intentional value sets, define the value sets itself. I think Floyd mentioned a comment about that earlier, because managing value sets is becoming unwieldy. We've got the VSAC, of course, which helps but it would be nice if we could get more granular in how we maintain value...maintain them and update them. And that's what this comment is about.

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

Thanks.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Okay.

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

Next slide, last one. Okay, Clem, you mentioned here that you see little value in NIEMS for any healthcare data.

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

Well, I guess I was a little stronger than I meant to say publically.

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

Okay.

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

You know, we have enough tr...if we keep looking at the next new thing, we're never going to get this working.

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

Yeah, I mean that can be a...

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

I guess it'll...I think the right answers of what we should...we've got to stay on one track for a while.

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

Sure. Okay, last on...to David's general comment. Do you want to kind of talk about your comment, David?

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

Well, hi everybody. That comment was already...I think we discussed it a bit earlier. Basically I just think, as I think Rich or Andy said, we have to keep the specialty groups in the loop and have a mechanism for them to kind of work in the roadmap. It's just really to build that mechanism in; that was my comment.

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

Yeah. Thank you.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Thanks.

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

All right, Andy.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

I think...first of all, thank you everybody, all of you have been very diligent in attending to this; it seems to me we've produced an important body of commentary for the larger document. I wouldn't want to see it be a pointless exercise either, Clem, so I'm...Michelle's short answer is the right answer, these comments are going to have some impact, I can't say how much, on the final roadmap as it's produced. And by the way, looking forward to the output of the little working group on the needs of the research community on Friday, because I think we need...that's an important clinical community to address.

So I don't have any further comments, I think it's been an interesting exercise to go through. This is hard to do and we want to improve this document, so we're doing our best. Rich, I don't know if you're still on, if you have any final thoughts.

**Richard Elmore – President, Strategic Initiatives – Allscripts**

Here, here, Andy and thank you all for I think some really good work. And I think it sets us up well for the next step which is trying to synthesize this and put it in a frame that we'll be able to present it back to the Standards Committee.

**Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Thanks Rich. And a final thank you, and a repeated thank you to the staff, to Matt, Mazen and Michelle, because they're doing all the hard grunt work here, we're just pontificating. So, I look forward to the themes that you guys elucidate, now that you have a chance to read through all the comments and have had a chance to listen to our discussion today. And that will be the next round of discussion will be looking at those themes and understanding what they mean. Okay. So I think with time, if we have it, for public comment, Michelle.

## **Public Comment**

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

Thank you. Lonnie, can you please open the lines.

### **Lonnie Moore – Meetings Coordinator – Altarum Institute**

Yes. 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 listening via 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**

While we wait for public comment I want to echo Rich and Andy's thanks to all of you for a very rich discussion today and thank you Matt for helping walk us through everything today. And it looks like we have no public comment. So thank you all and we'll be in touch soon.

### **Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)**

Thanks Michelle and thanks Matt. All right, take care. Bye.

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

Bye.

## **Public Comment Received During the Meeting**

1. Agree with adding Mobile Health