



**HIT Standards Committee
Content Standards Workgroup
Final Transcript
May 18, 2015**

Presentation

Operator

All lines are now bridged.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – 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? Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hi, Michelle.

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

Hi, Rich. Calvin Beebe? Chuck Jaffe? Clem McDonald? David Dinhofer? Dianne Reeves or Larry Wright? Floyd Eisenberg?

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

Here.

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? Joyce Sensmeier? Kelly Aldrich? Kevin Kirr? Kim Nolen?

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

Hi, Michelle I'm here.

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

Hi, Kim. Kin Wah Fung?

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

Yes, I'm 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 of Measures, Standards and Informatics for the Performance Improvement Division – American Medical Association

Present.

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

Hi, Marjorie. And Susy Hull?

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

Here, thank you.

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

Hi, Susy. From ONC do we have Matt Rahn?

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

Here.

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

Hi, Matt. Is anyone else from ONC on the line?

Mazen Yacoub, MBA – Healthcare Management Consultant

Yes, Mazen Yacoub.

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

Hi, Mazen.

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi.

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

Okay with that I will turn it back to you Rich.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks, Michelle and good morning everyone. I want to give you a brief update on an administrative call we had with the other Workgroup Chairs because I think it will inform some of the conversation we want to have today. At a high-level I think the conversation really revolved around the question that we have touched on a couple of times which is, you know, which areas of the proposed rule are, you know, really important for us to move forward, you know, and which ones are maybe not in that category, maybe important to move forward but may not be ready to be moved forward and I think where we came away from the conversation was with the guidance that we should be coming back to the Standards Committee with a discussion of which of the standards or which of the recommendations could be ready in the timeframe and that this may help inform as much as anything else, you know, a lot of the decisions that ONC will be making based on feedback that we give and others give.

There is a Standards Committee meeting this Wednesday where we're due to report out and so the purpose of today is really a final review by the Workgroup on the work of the various teams that have been engaged. So first of all, thank you to the leaders of those teams really appreciate all your efforts and all the folks that have been a part of that and, you know, really digging into the certification rule and getting us to where we are today.

So, I think what we want to try and do as a result of today is to try and come up with some overarching guidance, there is a page in there now, but I think maybe a little more is needed, to summarize, you know, where there are maybe some gaps that aren't going to make it and things that we think are going to make it as a result just of the practical reality of where we are in the standards process leading up to, you know, the certification rule and the timeframe in which it would be implemented.

So, Michelle or Matt, I think you were both on that administrative call. Is there any other background that you think would be helpful to the group here?

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

This is Michelle; thank you so much Rich for bringing that up. So, as Rich mentioned we have our Standards Committee meeting on Wednesday and then we're planning a follow-up meeting on June 11th. It is during that call that we're hoping to get from each group basically a list of items that should be prioritized in the rule and the list of items that possibly should be left for a later time because standards aren't mature or, you know, whatever the issue may be. And kind of bring it up to a pretty high-level so that we can easily identify what those items are so that will be our next step after Wednesday's meeting.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, great, so in terms of having to provide that kind of summary list we have a little bit more time then is what you're saying?

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

We have a little bit more time but I'm sure most of those items will come out during today's discussion.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

So, it would be great if we could identify those and then my hope is that we'll have one more call and review the list of items that we've identified and just confirm that we have it right.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, sounds good. So, thank you for that. Any other background you want to share on the administrative call?

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

I think that's all. The other item that we could possibly share Rich, and I'll leave it up to you, is the framework document that was sent around from Dixie and the two John's of how to assess standards making sure we're all using the same framework when we look at things.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, this a maturity framework that was established a few years back in terms of, you know, how do we assess which standards mature enough for national adoption. So, maybe it would make sense if we haven't done so already to just get that out to the team so that they're aware of it. Thank you for that.

Okay, great, well look, the purpose of this is a working call, again we want to take one last pass through each of the group's work, it obviously doesn't give us enough time to do each group team that has been working so hard justice there is a lot in each section but we'll do our best to get through, hit the highlights and, you know, where there are concerns or objections from the Workgroup this is your time to have that final review and to give us your feedback so that we can finalize this document for the Standards Committee on Wednesday. So, with that we'll turn it over to Kim for Group One.

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

Thanks, Rich. So, Michelle, are we going to go through the slides? Okay, yeah, you can go to the next one. I want to thank everybody on my group. This one we went over on the last one, however, I did want to suggest one additional bullet if possible. I was going through these again and there were a few of them that I saw a couple of things that was asked and maybe we didn't answer the question.

I just wanted to clarify there was a question about whether food allergies should be put in with the medication allergies and this was my recommendation, so I'll get feedback from the group, was to recommend not putting the food allergies in with the medication allergy list but that they should have...it should have its own discrete field. How does the group feel about that?

I think with some of the higher level decision supports that we're trying to do with medications if you put something that's a text in there with it's going to create complications and as each of them continue to grow it would grow easier if it had its own discrete field. Should I take silence as its okay?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

Okay, all right, so Michelle or Matt and Rich, should I just...if we have already gone over these just ask if there is anything new and not go back through them in detail?

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

So that last bullet, this is Matt, did you want to change...

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

Oh, yes, follow-up on that, thank you.

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

Did you want to make a recommendation?

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

On the last bullet?

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

Yes, like...

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

Well, it has a question that you were going to follow-up with Rich on the...something about the reconciliation between the RxNorm and the Consolidated CDA and we just wanted to make sure we understood it before we put into the recommendations.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So the concern there was that the NPRM, you know, conflicts with the 2015 standards advisory where RxNorm is listed and I think that might be a mistake.

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

Yeah, so that's what I was saying because you're right, you know, so the C-CDA has LOINC for medications and we had put RxNorm and standards advisory. So, we'll just kind of turn that into a comment based on...back to us like what did we really mean.

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

Or we could recommend that it have RxNorm right?

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

Are you guys in agreement on that? I mean, to me it might be good to align with the standard, but...

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

Yeah, this is Kin Wah; I agree that it is better to have a unified standard instead of naming different ones.

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

Kim what do you think?

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

Yes, I agree with that.

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

Okay, so we'll just kind of turn that into a comment that it's different from C-CDA and the C-CDA standard is different than what we have in the standards advisory and you'll be able to see that and you guys can let us know if we should change that or not.

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

Okay, perfect, thank you. And then can we add the bullet about the food allergies should have their own discrete field they shouldn't be lumped in with the medication allergies?

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

Yeah, we'll add that.

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

Okay.

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

And that will be part of it, just make a note so when we send it out to just make sure that that's in there.

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

Okay, all right, so we can go to the next slide Michelle. We already did the CPOE on medications and laboratories, are there any additional items that people thought of after we discussed this on the last call? Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

As we discussed this on the last call Kim would this be one that we would consider to be not ready?

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

For the medications...no these are ready.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

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

Right? All of these...the only one that, Rich, there was the question we wanted to verify they had a standard, hold on, let me look back at my notes. I'm getting confused with all the laboratory ones, I'm sorry. There was one that was in ballot and so we did on the other laboratory one, the new one that we did, we did put a statement in there about it being at ballot and they should go with a standard that is already being used until the ballot is over and if the final comes out before it's my understanding y'all can't put it in the final if it's not been balloted and adopted. Is that correct? Like in the final ruling you can't put a balloted standard in the final ruling can you?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Does someone from ONC know the answer to that question?

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

So, I'll have to talk to Mike, Mike Lipinski, and get back to you on that.

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

Okay, maybe I always had a wrong assumption but I thought that it had to be adopted like had been voted on and approved before it could be in a final ruling.

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

Yeah, I think you're most...I think you're probably right, but let me double check because I...

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

Okay, that's fine.

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

There may be some things in the past that may not have been.

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

So, Rich to your point and I had a note from the last call you had asked if the standard was mature enough in the laboratory. I think if they went with a standard that's available that's already being used and yes that was what Clem said, now if they go with a balloted one and I believe we put this comment in the new laboratory, the other laboratory one that we mentioned, that we would like to see what the additions or the differences are between the old version and the new version to determine that maturity level. Should we put that comment here also you think?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

It's probably worthwhile because I think that's one of the key questions that's being asked of us right now.

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

Okay. So, Michelle if you go to slide...if you go down a couple of slides quick and I'll show the comment, not that one, one more, here, okay, it's the third bullet or the second and third bullet, it's in draft standard for trial use release two is under ballot and should not be named in the final rule until the balloting process is complete assuming it passes the ballot process and then we put, there should be some consideration given to the differences and impact of implementation between the two versions of LRI. So, if we could take those two bullets maybe and put them into CPOE laboratory also.

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

Kim is it helpful, this is Susan Hull, to put the date that the expected balloting will be done?

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

We can do that; we can add that in there.

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

I think that would be helpful because that gives the ONC more guidance on each of these when we think the cycle time will be.

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

Okay and I'll get that I think it's in the NPRM but we can get if not. Okay, now Michelle if we can go back, I'm sorry I just wanted to show those two bullets to put in the other one. Go back one more and one more. So we need to make sure it was the LOI, okay, we may have to reword that a little, but Rich if we put two statements similar to what was in that other laboratory one would that work?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, it should, yes.

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

Okay, all right, so we'll get those added in there. Okay, we can go to the next. So CPOE diagnosis, diagnostic imaging and the drug-drug, drug-allergy interactions, the diagnostic imaging is the same. We did update the wording on the drug-drug, drug-allergy interaction which is underlined and we put "we think it is the right approach to track actions for drug-drug, drug-allergy interactions, however, we also feel that it should be non-interrupted, it should be a non-interrupted process and there should be factors and consideration for the end user needs and usability to minimize disruption to workflow.

And then the last bullet we added "there should be consideration around the specificity of alerts or built in logic, I believe Clem brought up, you know, if they've been on the medication for a year but you're getting the alerts then, you know, you probably don't want that to pop up or have some type...make somebody recheck that because, you know, just through the nature of them being on the medication and they haven't had a reaction then, you know, there is not a reaction so from the discussion last time those were the two additional bullets that we put in. Any discussion around those?

I tried to capture everybody's comments and put them together. Okay, if we have no comments, Michelle, we can go to the next one.

For drug formulary and preferred drug list, that one is the same, however, I did...when I was going back through I had one more addition that I would like to introduce to the group. The way that it's set up today you can't really properly identify the patient to their plan, their prescription plan, and I can send this in, but I had written the Health IT module should have the functionality to capture data in discrete structure fields to accurately match the patient to their prescription benefit plan similar to how the pharmacies do today.

CMS has mandated for pharmacies to include the four Rx data elements which are RxBIN, RxGrp, RxPCN and RxID for adjudication and these same four data elements could be used to accurately match the patient to their prescription benefit plan if it were included in structured fields in the Health IT module which would lead to better information getting to the point of care and keeping data consistent between healthcare settings within the patient journey. These data elements could be captured in the eligibility transaction 270/271 when pulled into the Health IT module. So there are a couple of ways.

So, really all it's asking is for the Health IT module to have these four fields in a discrete fashion so either when they do the 270/271 at night before the patient comes in it could pull in those four fields or either they could, just like when they get their medical insurance card they could get their prescription benefit card and have that information for better matching to get that accurate drug formulary information. Any thoughts on that? The silence is killing me.

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

This is Susan Hull again; I appreciate that addition, the only thing I noticed on some of these slides we're using the word "the physician" rather than "eligible provider."

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

Okay.

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

Or just...because there are more than physicians that are doing this like nurse practitioners so I don't know how we want to make that edit overall in the documents.

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

Yes, so I think Mazen and I could work on that for our section.

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

Thank you.

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

Yeah, we'll just make that change throughout. This is Matt.

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

So, any comments about the one addition that I had? It really would be a benefit as we move forward with the real-time benefit inquiry to be able to have it match the patient to their correct plan.

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

This is Susan Hull again, is there...this is really such an excellent new effort and I'm wondering what is the transparency to the consumer. Currently, I guess, the marketplace will begin to work with that once this continues to go forward but are there any comments about that that's helpful or is it irrelevant at this point?

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

I wouldn't say it's irrelevant but I guess it depends on what you're doing if it's in the EHR module then that's to the eligible professional as you mentioned now that doesn't mean somebody could make a mobile App or something along those lines that has that information so that the consumer could also get that information.

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

Yeah, I was relooking at the whole piece yesterday from the stand-point of, you know, the consumer and also thinking about just the other HIT modules that might get certified using some of these standards or criteria, but I haven't done the background on this one to know if it's relevant to make a comment or not.

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

Well, correct me if I'm wrong, Michelle or Matt, but all of these are for the Health IT module so that would include consumer?

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

I can get clarity on that.

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

Okay that would be helpful. I'm just making a note so I don't forget. Okay, if no other comments...and Matt I can send you that statement I just read to add in there for that one.

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

That would be great, thanks.

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

Okay, we can go to the next slide. Electronic prescribing that one is...we did add one bullet down below; consider greater specificity in RxNorm implementation guides. Is Calvin on the line by chance? No, okay.

I just...I've noticed this in some things that I've done with the industry with data extraction the RxNorm codes are implemented differently and I believe Calvin sent a letter last year to the Standards Committee kind of expressing that same concern and so we would just like it for the implementation guide to have a little more specificity so as people go to implement RxNorm in the EHR system that when you're going to do higher level activities either around clinical decision support, analytics that you're able to do it with the RxNorm code and they're all implemented the same so that you can do that. Any comments from that one bullet that we added?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, I'm sure if it a comment on that one bullet, but, you know, there is kind of the implication of multiple Consolidated CDA version support, you know, there are incompatibilities between R1 and R2 and I'm just wondering if those don't become really problematic for the implementation of this as opposed to focusing on, you know, one particular standard.

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

So what would be your recommendation to add C-CDA in there too with greater specificity or...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, I'm going to...we came up as part of Team 3 so I'm not going to answer your question directly because I really want that to be a team one kind of guidance here, but in Team 3 I think we faced some of the same issues around, you know, both and came up with a recommendation that we should focus on one and there is an overlap period of about a year that it's not worthwhile the complexities it introduces and everything else that it's much better to focus on one and get it right. So, when I say one meaning 2.0.

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

2.0, okay, is everybody in agreement with focusing on 2.0? And Rich this would just be...now that I'm kind of processing your statement, so this was with the Consolidated CDA is that correct?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Correct, correct.

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

And so that doesn't really...for the actual transaction for electronic prescribing itself it doesn't really play a part it's more a part in exchanging the information after the fact is that correct?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

That's right, so the...I mean, it makes sense to include the...you know the additional content and, you know, the problem medication, medication allergy list, you know, are probably sufficient for that. It's more in the exchange of that information and have that as being them being messaged.

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

So maybe a statement to improve...I'm trying to think, exchange of historical prescription, historical information or from the medication, the active medication list. I'm kind of wondering does it fit here or does fit better in your group? Is there a section in yours or a bullet in yours that could mention the exchange of prescription information? Because ours is really about going from the provider to the pharmacy versus putting it into the C-CDA and please push back if I've got this wrong because I'm just thinking of it off the top of my head.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think there's some implications here but, I mean, if we want to just put the comment in one place and reference it, you know, Kim if you think works better, Matt, I mean, that sounds like we could do...Mazen, I mean, that sounds like something that we could do right?

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

Yeah that's fine.

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

Okay. Any other comment on ePrescribing? Okay, we can move to the next one. Okay, structured and codified Sig was a new one that we did not present last time so I will go through this one. We are in agreement in having a structured Sig, however, we would like consideration of the structured Sig that's already in use in the inpatient setting over NCPDP Script v10.6 and we are in agreement with continuing to enable users to enter free text in addition to structured Sig elements.

This one, from a maturity stand-point, is low on the maturity stand-point because a lot of people...the NCPDP structured and codified Sig is something that's been available and been around for a long time but a lot of people have not implemented it. So, when we get that handout that y'all are talking about we can kind of grade it that way but it's on the lower, however, with that being said it would improve efficiencies especially on the pharmacy end because they could get more automated.

But the one question from our group was, you know, the inpatient setting already uses a codified Sig and so how does that vary from the NCPDP Script structured and codified Sig and should we kind of do a due diligence between the two. Any comments or other suggestions or people who know more about the inpatient structured and codified Sig that could share or the inpatient ones?

Okay, we have a very talkative group today. For the next one, incorporate laboratory tests and value results, this one we still need to get some clarity from Clem on the last bullet. We did change the word "trump" to "supersede" saying the functional requirement should not supersede implementation guides where there are inconsistencies between the two. And we probably should put the standards that we're talking about there Mazen. I don't know if we erased that by accident. I'm going to make myself a note.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

We had also in the last call talked about eDOS as not being ready for implementation.

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

Yes that one is the one I believe that's still in ballot, but that is not part of this one I don't believe. Hold on just a minute.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

It is referenced, there is harmonized data element usage and cardinality requirements with LOI release one and eDOS.

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

Okay. But is that in the CPOE or this one, or both?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

It's in this one. It's on page 121.

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

Okay, oh, here it is I got it. Okay, all right, we'll get those added in, those comments. We can go to the next section, next slide, sorry. Transmission of laboratory tests results, this one is a new one that we worked on since the last call and we put, we are in agreement with adopting and including HL7 v2.5.1 implementation guide.

The S&I Framework lab results interface draft standards for trial use release 2 is currently under ballot and should not be named in the final rule until the balloting process is complete.

There should be some consideration given to differences and impact of implementation between the two versions of LRI release one and release two.

And we are in agreement with the incorporation of laboratory test results compliant with CLIA as it relates to incorporation and display of test results in a receiving system.

And we are in agreement with the designation of LOINC as the vocabulary standard.

Any comments or suggestions for this section?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

They're in agreement with you.

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

Okay, we can go to the next one. And this also was a new one, pharmacogenomics data and I'll just read the information so everybody can hear it. We do believe that genotype-based drug metabolizer rate information is important; however, it is not the same as a medication drug allergy and therefore should not be included in the medication allergy list. It should have its own category or concept. The maturity level relative to being able to capture pharmacogenomics data in the CDS maybe low such that it would not be of benefit to include as a certification criteria at this time.

In the NPRM they continually mention pharmacogenomics information in the CPOE system but should also consider how this would be influenced in the ambulatory ePrescribing module as two different standards are used and similar to food allergies a good first step might be to enter the information as text in a discrete unstructured field because there is a lack of standardized vocabulary and it would be challenging to represent and capture pharmacogenomics data in a structured fashion.

Another potential starting point or opportunity might be to capture genotype-based drug metabolizer rate information and we have a double, that just needs...that last piece needs to be deleted.

Clarification may be needed regarding the correlation between pharmacokinetic and pharmacogenomics information. Drug labels typically feature pharmacokinetic information but not pharmacogenomics information. So, there would be a lack of information that could be provided because today that's not proactively collected. Any comments or suggestions on this section?

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

This is Susan Hull, these are really clear comments and I think that the market may move quicker than the standards are here. So, I think that your comments are right and particularly being able to start to capture this information and then allow some of the innovation particularly with pharma companies and retail like Walgreens and some of the other work that's being done to start bringing this to forefront.

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

Okay.

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

This is excellent, I don't want to...I guess I don't want to see it eliminated, but rather offer the alternative since the maturity level is so low. I don't know how others feel about that given the introductory comments about prioritizing the maturity in which things we think should be held on.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I think that's a general comment, it doesn't need to apply to everything. If there is something that is of compelling importance to the industry then, you know, we should make it known that this should be balanced against the relative maturity level. I mean, what would your recommendation be?

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

Well, I think there's a few like this that kind of fit in that category that there may be a lot of movement just in the marketplace and with industry that might influence the maturity so we should start preparing rather than slow down, but the current state of the standards, as you said, is relatively low. So, just capturing the data as first point would be important.

And I think because we're moving to these HIT modules that, you know, maybe certified from other sources and other kinds of use cases particularly retail care of clinical trials or other kind of efforts it may start to squeeze into this space or move into this space, this is such an important I think breakthrough for patient safety as well as in just understanding it, we should encourage its continued development.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, Kim, based on that do you know what...I mean, what are your thoughts in terms of what we say here?

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

Yeah, I think we should put a statement similar to what you just ended with Susy like encourage the continued development of standards around pharmacogenomics. One, we could start with a vocabulary what that may look like and then which standard would this fit into and that kind of goes to our bullet, you know, they continually mention it in the CPOE system which is more of an HL7 standard versus the ePrescribing module which is more of an NCPDP standard.

So, you know, when you were talking about the market is going to be pushing this it would be nice to give the market direction as they start to build their Health IT modules they don't have to redo in 3-5 years, if we could give a better direction. Is that, Susy, like what you were thinking about like...

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

Yes, I think you said it well and much better than I did, because I think if we're looking at a 3-5 year horizon a lot is going to be in development in that time period.

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

And then, you know, I'm thinking about the drug labels, sorry I'm having a lot of thoughts right now, and we do that through the SPL which is an HL7 standard. So, if this is going to be something that's part of the drug label then you may want it to match through that process. So, those are a couple of thoughts to think about.

So, just a quick clarifier, I think this is our last one, will...Rich, I know you and Andy are presenting on Wednesday, are you going to go through each of these or are you just going to pull out the ones where the standards are ready? I wasn't real clear at the beginning.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I think what we want to try and focus...we have a limited period of time I can't remember exactly how long it is, but I think we want to focus on, you know, the highlights. We will not have time to go through each individual slide, but the intent is for the entire document to be conveyed to the Standards Committee and eventually to ONC with an endorsement from the Standards Committee.

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

Okay, so maybe like today and tomorrow we can re-tweak some of the comments so that they're ready for y'all on Wednesday. Is that...I'm just trying to make sure I have everything done for you before you present on Wednesday.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, Michelle, when do you have to have the material ready for...when do you have to send it out?

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

Well, they were...tomorrow morning would be great so the committee has time to review it before the meeting on Wednesday.

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

Okay.

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

Hi, Kim, this is Kin Wah, I just have a quick comment about an earlier...about an earlier slide so it's about the suggestion of adding greater specificity in RxNorm implementation guide and I think it would be helpful if we can include here some examples of where greater specificity is needed and will help the RxNorm create maintenance to improve the guide.

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

Okay I'll put that on my "to do list." It's really probably around the term type, but...

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

Put some...I mean, areas that needs improvement and maybe some examples and that way it will be a great help.

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And Kim and Floyd you'll both be there Wednesday correct?

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

Yes, I'll be there.

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

I will as well.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, great, so, you know, to the extent that there are questions in these sections we'll also not limit it to Andy and myself I think, you know, I think you'll be valuable contributors to questions in these sections.

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

Okay. That was the last one on our section. Thanks, everybody.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thank you, Kim. All right so we'll turn it over to Floyd for Group Two.

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

Great, so I apologize I did not have any time to go through, I was going to this morning, to update these but my Outlook has failed and I have not been able to fix it yet so I couldn't get them pulled up. So, basically what I can do is in summary most of what our team came up with was the NPRM is recommending moving in the right direction but most of the work that they're referencing isn't ready yet, that's a general comment about all of the CDS and quality work.

If you go to slide 15 that's a summary for the first question and I can hopefully get in and update some of these for you for tomorrow to help go through these. But, I'm not seeing anything...oh, there it is. So our recommendations on knowledge artifact is, yes we agree to support and harmonization of standards about measurement and decision support, encourage adopting a framework that moves standards forward, but CDS standards aren't sufficiently mature at this time and we also suggest that if you're talking decision support patients need to be included in consumers not just clinicians. That was the first one. Should we take comments on that before we go forward?

Okay, the second was slide 18 which is talking more about the summary of what we discussed regarding clinical quality data and the standards are still being stabilized. We do suggest that for HQMF it is evolving, it may be helpful to address the newest clinical quality framework sponsored HQMF update which in HL7 is called the clinical quality language HQMF, because it incorporates the new expression rather than the ones that have been in there before and much of the measures that are coming out address the newer expression language meaning how it's calculated but doesn't change, at this point, the data model how they refer to different types of information. But since that has now gone through ballot and seems like it will succeed and be published within the next, well, it's HL7 I can't guarantee, but within the next couple of months that seems to be the version that should be discussed and that was first bullet.

And I can't remember if it was related to this one or a different one, but we recommend that the rule adopts the newest version that's being published now for QRDA based on the January ballot rather than the 2012 version that was another piece we came up with.

And as far as the rest we have suggestions around how measures might be better implemented but...and how we...development of measures might move forward but they're not helping as far as what we can suggest to ONC about putting into the rule. There is a typo on that last bullet, HQMF is still evolving, it's premature to expect that an engine can just accept it and export it, and import it and export it.

So, the next summary slide is on slide 21 for the next segment and if we can go to that, this was referring to what to import and calculate...it was unsure and it's really more of the second bullet what data is the NPRM referring to because it was somewhat vague and we need to understand what data is really needed so we could understand better about where the standards are to help that and so that was a challenge but we felt the data should be structured and accessible as published in the 2015 interoperability standards advisory and I think there is an edit to the name of that which I haven't had a chance to make. That was the main thrust of this set and the next set, I guess I'll take questions at the end, just move to the next slide.

And here it's a matter of what are the standards for quality measures, basically we're recommending that greater input is needed into...public input into the measures and SDOs and other measure decision making bodies need to continue to collaborate and coordinate alignment with measures and the standards.

The other issue here is on importing CQM data. The issue here is not all data points come from the EHR primarily and when stored in the EHR may not have all the data necessary, all the metadata necessary to compute measures or decision support and so importing may not be the right answer for ability to import CQM data. Next slide.

I'm doing a quick summary, one because of time and two because they're the highlights of all this. And this is really just summarizing what we had before. So, I'll look for other comments from the group or from the rest of the Workgroup.

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

Floyd this is Joyce Sensmeier, I joined late, but I heard your summary, thank you. Could I make a comment on your statement about the public has an opportunity to provide input and vote on HL7 standards?

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

You're asking why I said that?

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

No, I just wanted to...well, just to have a little discussion around that. I just want clarify, so I think it's great and I just want to make sure I understand that, so is this anybody that's not an HL7 member could actually be a part of the comment period? Is that what you're saying?

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

Yeah, they actually can, you can...now you have to pay to comment on a specific standard if you're not a member but you can do that. So, it is...there is an ability.

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

Okay, that's great and, you know, what it made me think about is all of the effort that's going into this process as well as, you know, and this is open for public review, HIMSS has a process in place, IEG has a process in place to look at the certification criteria and to offer comments back but those opportunities only happen periodically throughout, you know, whenever those NPRMs are published, but when you think about all of the thought leadership that's going into it it's amazing and I think to make people aware that those types of opportunities occur year round and could be leveraged intentionally by groups like, you know, HIMSS for example, to bring our membership into a comment period for HL7. It's just something that kind of opened up my thinking. So, I don't know if that's helpful at all but I think it's a great idea.

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

No, I like your comment, the general thrust of the reason that's there is in order to really make sure these standards are appropriate it needs to be...the review needs to be open to real users and enough folks to get the right input. In a sense if we all rush to answer a comment on one thing and another it ends up being the same people who are giving the same comments but the rest of the community gets overwhelmed and doesn't know where to go.

In general a side comment to what you're saying is they have to be written in more common language so the average person really understands what they mean too to add to your comment.

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

Yes and there is an educational opportunity around the whole process as well. So, thanks...

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

So would you suggest we add, in addition to HL7, but other organizations such as HIMSS in the recommendation?

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

It's up to you, maybe just framing it, increase awareness of opportunities to provide input and vote on standards including HL7.

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

Okay. So, Rich, I guess as far as the summary for the Standards Committee and what we can recommend out of this is...we're really saying much is really a good direction but premature, standards aren't tested and ready enough yet by end users showing that they achieve the outcomes expected using the standards, but of the standards that were mentioned QRDA category one should be updated to the newer version because it's incorporated not only errata but changes that will support better reporting and that HQMF should be referenced with the newest version that's now balloted so that it's a little bit easier to understand and has a greater chance of being imported.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks, Floyd.

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

Yeah, unfortunately, for CDS or clinical decision support since the data model underlying it is vMR, the virtual medical record, to begin with and that's now moving to something new, but that something new doesn't exist it's really difficult to go much further on that at this point, but at least that's what we've been commenting on.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I think that's a correct summary. Okay, any other comments on Group Two? All right we will move onto Group Three and Calvin is unable to make it today so I'll stand in for him and do my best Calvin imitation.

So, Consolidated CDA creation performance, we had some discussions about this really with a lot of the focus, since we provided an update last to the whole Workgroup, was about a recommendation to try and limit the number of templates that were in the rule. We felt that if we could get a limited set that actually were implemented and implemented broadly at national scale it's going to accomplish a lot more than requiring all the...addressing all the variations and all the templates etcetera. So, the recommendation was to limit templates to CDA, to discharge and to referral. Before we go on let me just stop there and see if there are any comments or thoughts on that?

Okay, we'll keep going. If we got onto the next...sorry, we're not on the right chart on the display so folks weren't actually looking at it, if we can go down one chart so you can see the note, this is the note that I just referred to, well executed implementation of a limited set of templates at national scale will accomplish more. Okay, let's go ahead to the next chart, please.

So, we'll...update on the clinician information reconciliation incorporation is pretty much the same. So, incorporation system performance, there were some recommendations here about...that we ought to make sure that any specific test requirements that are referenced in the regulation or if there are going to be specific test requirements they should be referenced in the regulation not after and if we're not able to do that then this requirement should be deferred.

If the test requirements come later it creates this kind of circular problem that the development is already started, it's too late to incorporate the test, it contributes to more rework than it perhaps solves.

And so while we're supportive of the idea of test requirements, from an implementer point-of-view, it seemed to make sense to make sure that those were either available upfront or deferred until they could be.

So, the next point was basically that there may be some issues with changing EMR to EMR, provider to provider exchange functions like medication reconciliation may make sense for EMR but when you change it from an EMR to Health IT it could change the applicability to some of the use cases that drive certification criterion. So, an example that we cited was medication scheduling patterns and there are many more that I'm sure you can think of.

So, there was a recommendation there for ONC to just rethink about, as we broaden the definition to Health IT, you know, would this apply in the same way.

And then one I noted earlier, and maybe here's where we create the reference back to you Kim, was around Consolidated CDA 2.0 to 2.0 base exchange, the team felt that there was too little value, too much complication for too short a time period to solve for handling Consolidated CDA 1.1 in addition to 2.0 there are standards, differences in both vocabulary and value sets for the same concepts which makes, you know, gratefully accepting an asymmetric, asynchronous upgrading which, you know, I think is what everyone aspires to be able to have happen become difficult when you have those differences in vocabulary and value sets and the example we cited was the problem type changes from SNOMED to LOINC between 1.1 and 2.0. So, that's kind of a, you know, kind of a big recommendation from the team and so let me just stop there and see if folks have thoughts on that.

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

Hey, Rich, this is Kim.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hi, Kim.

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

I just want to make sure I understand, so the recommendation is to be able to exchange and reconcile like the active medication list and the allergy list, and problem list? Is that correct? But just do it with a certain version? I'm just trying to summarize it in my mind maybe I'm summarizing it wrong.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, so we should probably go back over that with you and I think that I'd have to go back into the rule to see where exactly it gets picked up but it does get picked up in your section, which I think is your question now, is it does reference Consolidated CDA and its applicability for exchange I believe is the intent. So, we should go back over that as a follow-up from this just to verify...

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

Okay.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

And make sure that we have the right follow-up.

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

Okay, that sounds good.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, no other comments on that we can move onto the next chart. All right so we had a fairly in depth discussion there was, you know, a recommendation related to care plan of a care plan document which the team believed was a relatively immature standard and may actually not be the real priority for our healthcare system that it may be much more important for us to think about dynamic care planning.

There are certainly some work going on in terms of HL7's coordination of care services functional model that could be part of that, but in any event, you know, the thought was that it shouldn't...the care plan template should probably not be included in the certification requirements, we should be engaging professional societies to get the feedback on the care plan and what would make it valuable and then look at, you know, the ability to process care plans dynamically across the settings of care.

So, I think that those were kind of the high-level call outs from this section. Any comments or thoughts on that?

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

This is Floyd I fully support the comments you just made about care plan...greater input and making sure they're somewhat dynamic and not just a static set of data would be very helpful.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, thanks, Floyd. And moving onto, I believe it's our last chart, this was around the API and there was a fair amount of discussion around what the requirements should be here, because FHIR is, you know, by all definitions an immature standard. The team felt that despite this that not specifying a standard caused greater harm than specifying an immature one perhaps with a low bar of, you know, what it meant in terms of certification so that we tried to get folks aligning on doing APIs in a more consistent manner across various Health IT systems.

So, part one was that FHIR should be specified as a required standard, but keep the bar low given how new it is. I think we raised this in that administrative call I referenced and I think John Halamka's thought was slightly different, I think he was coming at it, and Michelle or Matt you might be able to help with this, I think he was coming at it more from the point-of-view of we should, you know, the standard is immature and we should let the market, you know, play this one out and I think the team's thought on that was that the market playing it out may work generally but will not work globally, you know, may work in selected, you know, vendors but it may not work globally in terms of giving easier API, consistent API access to some fairly important health information.

And then the second point that was raised in the conversation was around a recommendation that basically said, when you're asking for all of the information from the common clinical dataset that this could be returned in the form of a Consolidated CDA.

And the thought of the team was there that there is a FHIR composition resource which is the natural way in which FHIR would fulfill that kind of a requirement and so the recommendation of the team was don't mix up FHIR's implementation with Consolidated CDA that this was, you know, going beyond what we should be seeking from the API. So, let me stop there and see if there are any questions or comments on that?

And Michelle or Matt I don't know if you had any color to add on the way John Halamka was thinking about it in our last call?

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

No that was fine, that was good.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay, well, look, I mean, I think that this is it for Group Three. Can we go onto the next chart? I think that the key dates here now are the presentation of the certification NPRM comments on the 20th there is a follow-up with the Standards Committee again on June 11th I believe is what Michelle said where we will try and summarize all of the various maturity recommendations that have come out of these various conversations.

I would think Matt, Mazen and Michelle if it were possible for us to take our first pass at that, based on the feedback that we got from the three teams so that we could include that as part of our overarching and preliminary comments, I think it would be good for folks to be able to see that. Do you think that's reasonable for us to take a stab at?

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

You mean so today is that what you're saying?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah.

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

Yeah, yeah, so after this call we'll put together based on what we've heard during this call and make sure we have some...it up-to-date as much as possible, but I think, at least for you, for the Wednesday, but I think we have another meeting on June 4th I believe.

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

Eleventh.

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

Eleventh?

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

Oh, your Workgroup I'm sorry.

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

Yeah, yeah. Yeah we have another meeting on June 4th I think, yeah, and I think...Michelle is that all right if...we just make sure everything is finalized then right?

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

Yes, so when you're...I mean, today when you're updating it there are things that are easy to pull out because...

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

Yeah.

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

It's very clear from the recommendations and we can start, you know, just having two slide sets that says this is ready or this isn't.

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

Yes.

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

Maybe that's something that you'll be able to pull out today.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yeah, I think if that's easy to do, I think that would be, you know, helpful to us as a Workgroup probably as well and then it will give us something to chew on between now and the 4th and it will at least signal to the Standards Committee where the Workgroup believes this is headed.

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

Yes, I mean, that's fine with me, this is Matt.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Okay.

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

We'll try to send something to you Rich by the end of the day.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Great, okay, thanks. Okay, I guess turn it back over to you Michelle?

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

Okay, so we're ready for public comment?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yes.

Public Comment

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

Caitlin or 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 on the telephone and would like to make a public comment, please press *1 at this time.

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

We have no public comment. So, thank you everyone, especially to the leads of the three groups who have helped us get to where we are, we greatly appreciate it. We'll try to get something out as soon as possible in preparation for Wednesday's meeting.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Thanks, all, bye-bye.

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

Thank you, everyone.

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

Bye.

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

Thanks, bye.