



HIT Policy Committee Interoperability & Health Information Exchange Workgroup Final Transcript November 5, 2014

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Interoperability and Health Information Exchange 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. Micky Tripathi?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Here.

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

Hi, Micky. Chris Lehmann?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Good morning, Michelle.

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

Hi, Chris. Arien Malec?

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

Good morning.

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

Hi, Arien. Barclay Butler? Beth Morrow?

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

I’m here.

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

Hi, Beth.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

Hi.

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

Brian Ahier?

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

I know...

Brian Ahier – Director of Standards & Government Affairs – Medicity

I’m here.

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

Hi, Brian. Carl Dvorak?

Carl D. Dvorak – President – Epic Systems

Present.

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

Hi, Carl. David McCallie? Dave Whitlinger? Deven McGraw? Hal Baker? Jitin Asnaani? I know Jitin is there.

Jitin Asnaani, MBA – Director, Product Innovation – athenahealth

Good morning.

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

John Blair?

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Here.

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

Hi, John.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies

Hi.

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

Kitt Winter?

Kitt Winter, MBA – Director, Health IT Program Office – Social Security Administration

Here.

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

Hi, Kitt. Landen Bain? Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Here.

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

Hi, Larry. Marc Probst? Margaret Donahue?

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

I'm on.

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

Hi, Margaret. Melissa Goldstein?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I'm here.

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

Hi, Melissa. Nancy Orvis? Ray Scott?

Ray Scott, MSW – Arkansas HIT Coordinator – Arkansas Office of Health Information Technology

I'm here.

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

Hi, Ray. Shelly Spiro? Tony Gilman?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Here.

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

Hi, Tony. Troy Seagondollar? And Wes Rishel?

Wes Rishel – Independent Consultant

Here.

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

Hi, Wes. And from ONC do we have Kory Mertz?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi, Kory.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Hi, Michelle.

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

Anyone else on from ONC?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Erica Galvez.

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

Hi, Erica.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Good morning.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

And you have David Whitlinger as well.

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

Hi, David.

David W. Whitlinger – Executive Director – New York eHealth Collaborative

Good morning.

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

Good morning and with that I will turn it over to you Micky and Chris.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, thanks. Thanks, everyone, this is Micky Tripathi and Chris Lehmann the Co-Chair is on as well. And thanks so much for joining today we've got a great turnout. So, we are very happy about that. Hi, can everyone mute your phone unless you're going to speak, please.

So, today we are going to, if we can go to the next slide please with the agenda, today we are going to talk a little bit at the beginning about the feedback that we got on the early thoughts that we put together based on our last call and the call before regarding comments, thoughts, perspectives on the draft ONC roadmap and as you may recall we sort of walked through the vision a little bit and then started to go down into one of the building blocks which was the governance building block.

We had a bunch of comments, we synthesized those, we circulated those last week I think. We will just sort of flash by them today just to remind you of what we said and we can talk a little bit about the feedback and then we want to dive into the content, complete the engagement in governance building block and then start to go into the core technical standards and functions and just looking at the policy side of that.

So we have the great privilege of having Erica Galvez on the phone who is going to, once we get to that part of the presentation, she will be able to describe and do a much better job than I could do just reading off the slides, what, you know, the sort of thinking is behind those pieces of the ONC roadmap that we are going to be looking at today. So, thanks, Erica for joining.

All right, so why don't we just go ahead. I think all of you know where we are here. We are at November 5th, this is...we have three meetings now before the next Policy Committee meeting where we are slated to deliver our final thoughts on the ONC roadmap to the Policy Committee.

I think as Kory had mentioned last time we'll be looking at this again in January I think once ONC takes all that feedback and then it is, you know, sort of put out again for public comment, but, you know, I think the hope from ONC and from the Policy Committee is that we can provide some course guidance here as they're still in the draft phase so that they can incorporate whatever input they can get from as wide a variety of players as they can encompass in this time period. Next slide, please.

So, I'm looking at the work plan, you may recall we, you know, said let's look at the vision part and we talked about that a lot last time and then we also started to get into the engagement and governance we'll continue that today and then ahead of us we were also hopefully going to start on the core technical standards and functions today with an eye toward over this meeting and the next two getting through the core technical standards and functions and then as far as we can in the support of business cultural and regulatory environment building blocks. Next slide.

So, these were the early thoughts that we shared with the Policy Committee. We did walk through, and again this was distributed to all of you last week, that mapping that you may recall where we looked at the...just for 2014 to 2017, we looked at the specific milestones that were in the roadmap and mapped them to the JASON Task Force and Governance Sub-Workgroup findings just to be able to provide, you know, sort of the perspective that many, if not all, of the things that were identified in the 2014-2017 milestones for the governance building block were actually things that were already, you know, sort of spoken to and mapped to things that came out of the JASON Task Force work.

So, we wanted to sort of provide that perspective and give it a little bit more refinement and have it speak to the language of the coordinated architecture and the public API. So, we presented that at the Policy Committee and then we ended with these four high-level thoughts, which, you know, hopefully all of you agree capture the thoughts that we had coming out of the last meeting. So, next slide, please.

In terms of feedback I'll just give one...my perspective on we didn't...we got very positive feedback overall, there wasn't a whole lot of discussion around the early thoughts that we had except to say that they thought that the framework looked right, the framework that we're using to think about this and they, you know, were overall very positive about the early thinking and what that suggests about the direction that we're headed.

The two areas of comment, and I'll mention these and then I'm going to ask Chris to comment, Chris is on the Policy Committee. So, you know, welcome your thoughts as a member as well as participant in the meeting.

So, one comment was from David Lansky that I think was really a draft in our discussion last time and he was speaking to, I think, if I have his comment right, that, you know, the focus needs to be, you know, sort of on the things that we want to do, you know, sort of the "what" and, you know, thinking about the use cases and the kinds of outcomes but there also needs to be a perspective on the "how" which he was speaking to architecture and I think that was, you know, part of the discussion that we had last time I think that David McCallie and others had said that, you know, the roadmap as we were reading it spoke a lot to, you know, sort of use case kind of perspectives and that the addition of the JASON Task Force sort of recommendations related to the coordinated architecture provided an important core which was more about, you know, what kind of, you know, thoughts do we have about architecture and technical capabilities going forward. So, I think that was covered, I mean, his comment I think was covered by the mapping to the JASON Task Force.

The second discussion was related to measures and metrics. So, you know, as you may recall we...they did, looking at the findings of the JASON Task Force and the Governance Sub-Workgroup, which both talked about the importance of having meaningful measures about what constitutes interoperability from a nationwide priority perspective how are we going to actually measure whether we're getting the interoperability that we think that we need from a nationwide perspective and we had both of those Task Forces had identified that as being, you know, sort of one of the most important things that needs to happen first is a perspective on what it is we are trying to measure and how are we going to measure it, that was a part of the conversation as well.

I think Paul Egerman and a number of others had picked up on, you know, what are those metrics and how would we get meaningful metrics and had raised the question, which really isn't a question for us on this Workgroup it's more a question for Erica and the ONC team which is, would a milestone, would a roadmap with milestones be put out without metrics associated with it and, you know, I think that's a...Erica can, you know, talk about that as well, but I think the perspective was, well, you know, we'll try to get as much metrics as we can recognizing that some of these things are going to be pretty difficult to measure and are probably going to be something that evolve over time.

But, first let me ask Chris to comment on whether that was his perspective on the meeting and the feedback and then, you know, certainly, Erica, if you wanted to comment on that metrics piece or on anything else I know you were at the meeting as well, would welcome that as well.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you, Micky. So, first of all I want to share with you all that Micky did a fantastic job presenting this to the Policy Committee and I was very grateful that he was doing the heavy burden of delivering this. So, thank you, Micky.

I agree with Micky that this was very well perceived. One thing, in form of feedback that you didn't touch upon was the feedback, a reminder by Karen DeSalvo, reminding us that really the goals...that part of the goal and part of the direction that we need to focus on and need to keep in our target is the public health aspect, the need to use the interoperability as a tool to support the care of under-represented and vulnerable, and underserved populations and I think that was a very timely reminder.

The other thing related to the metrics, I think it was...the metrics really were used as a proxy, it's a proxy. In my perception they were used as a proxy for what we really want to achieve, you know, it is not...that are being sent to the...that we want to measure it is meaningful change in healthcare and health outcomes that we want to measure as a function of health information exchange.

So, with us keeping in mind the right use cases I believe the things to measure will fall into place quite by themselves because they will be just a reflection of what our goal is with our roadmap and the achieved interoperability and the public API.

So, it was less of a criticism but it was, you know, your metrics and your goals need to be aligned from the very get-go, a kind of reminder to that effect.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, thanks, Chris. So the only thing I missed was telling everyone about Karen DeSalvo's comments, so thanks for reminding us of those. I'm sorry, Erica were you going to say something?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, Micky, I was just going to respond to your question a moment ago. I think you captured the essence around metrics correctly as it relates to the roadmap. Based on the feedback we've been hearing from all of you and the conversations, internal conversations that we've been having around the roadmap I actually think we are in violent agreement on the measurement question and the intention is to include, to the extent we can, measures in the draft that we put forward for public comment in January as I think many of you have recognized there is a key exercise around making sure we have the right measures and that those measures tie to things that matter because if we're measuring things that aren't actually what matter it could take us off course because as you also know what gets measured tends to be what gets done.

We have also found, as we have conversations in earnest trying to sort out what measures could be and what the data sources could be for those measures that we can construct really cool measures, but finding appropriate data sources for those measures is a different question and that's another aspect of this measurement conversation that I think we will probably have to pursue over several months and it's probably a conversation for the broad ecosystem to contemplate because the data have to come from somewhere in order to know what progress looks like for certain measures and I can tell you with a high degree of confidence for many of the measures we think we probably care about and would makes sense to include in a roadmap like this there are not, to our knowledge, good data sources presently.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thanks and I certainly, you know, don't...one thing that came up in the October 15th meeting that, the joint meeting, was that we were also talking about measures at that time because it was one of the priority items from the JASON Task Force and one of the things that Dave McCallie had offered I think taking off his Co-Chair hat of the JASON Task Force and putting on his vendor hat for a second, was that, you know, to the extent that we place a lot of, you know, sort of responsibility on providers to provide measures of what they're doing and that moving into this, you know, sort of new realm where we want to measure this better probably has with it a corresponding kind of responsibility on the vendor side those who are implementing CEHRT to expect to have to produce measures, you know, measures of what they're doing as well.

So, which I think speaks to your point of, you know, right now we don't have the tools to even figure out how we would get that kind of data and we probably need to think through as an industry how we're going to get that kind of data.

So, why don't we move ahead and we can start to, you know, think more about the next set of milestones related to technical standards and functions. So, this was...these next couple of slides I actually won't spend time on, these are slides that you've seen and they were the slides that we covered last time, so this was, you know, the perspective on looking at the building blocks, each of which has a set of milestones and a set of actions as you may recall and as we go through the next set of slides you'll see that we've done, you know, sort of the same kind of layout with the next set of building blocks which is the technical standards one.

We've got a couple of slides that will give Erica the opportunity to talk a little bit more and provide a little bit more color to what's there on the technical standards recommendations both on the milestones as well as the actions and then we can, you know, look at the 2014-2017 milestones side by side with what might be the corresponding recommendations from the JASON Task Force and the Governance Sub-Workgroup output in the same way that we did last time. So, next slide, please.

And so these slides you've seen, this is what I described, this is what we covered at the Policy Committee already. So, this slide and the next slide, please. I think we've already gone over, we went over it at the last meeting and why don't we move now to the next slide. And so that completes really the governance, you know, piece of it unless there is more for us to say on that, you know, I would suggest that we can move to the technical standards and functions and have Erica describe this.

But let me pause for a second and see if there are any other remaining thoughts on the conversation we had on the governance building block?

No, okay, then Erica if I could ask you to, you know, sort of describes on the next couple of slides the thinking behind this set of milestones and action items that are in the draft roadmap.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yes, yes, I would be happy to. So, a quick refresh on this particular building block, the technical standards and functions, there are two big pieces that comprise the building block standards and functions. So, you'll see in some parts of these slides clearly discussion of technical standards but you'll also see sprinkled in some of those functions like individual matching, directory services, authentication, authorization, etcetera. Actually, I might be wrong, we may have pulled authentication and authorization into privacy and security, we'll see as we go through the slides.

So, because this is such a dense building block we included an overview slide at the beginning of this particular building block to try to give a high-level overview of what you find on several of the other more granular slides and we parsed this into maintaining and improving current, either currently adopted or currently developed technical standards and functions, curating or refining certain technical standards or functions to meet specific requirements.

And then we have this other category because there were a couple of things around technical architecture that we pulled into this building block because we recognized, again from a roadmap perspective, those things need to be done. They seem to fit well within this building block but they don't fit well within the two categories of maintain and improving existing or curate and refine to meet specific requirements.

So, maybe I'll start on the right-hand side and then talk about the other two columns. So, under the other category there are two kind of high-level milestones here, one around defining functional requirements. I think I mentioned this in the October 15th meeting as we've been thinking about the roadmap and trying to design milestones and actions that move us from our current state to the learning health system we've tried to be very driven by functional requirements and there have been two big things that we have been thinking about in terms of driving or establishing those requirements.

One is the learning health system itself and what has to be in place in order to realize that type of ecosystem. The other is delivery system reform and we can talk a little bit about why that has been one of our driving elements if that is useful for folks, but in my mind it speaks a little bit for itself in the sense that delivery system reform is intended to evoke pretty dramatic changes across the care delivery system.

So, the first building block or I'm sorry not the first building block, the first element under that other category is focused on defining functional requirements for those two pieces delivery system reform and the learning health system and ensuring that architecture and standards activity directly support these requirements.

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

Erica is now a good time to ask...Micky is now a good time to ask questions or should I hold it until the end?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I would suggest asking now if Erica you're okay with that?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, I would too, I think that's helpful.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Have dialogue, yeah, that would be great.

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

Yeah, so, I'm sorry, this is Arien. I'm looking at this column and trying to...the question that is going on in my head is floor versus ceiling and what I mean by that is that you look at the activities that some of these systems that we would consider to be learning health systems or some of the systems that we consider to be advanced transformed health care, I don't think anybody would claim that they a learning health system or a, you know, advanced delivery system.

And there is some homogeneity and heterogeneity at practice and when you're talking about functional requirements it's hard sometimes for me to understand are you taking...so, I'll take Vanderbilt since Chris is on as an example, you know, are we going to take the work that Vanderbilt has done in genomics and say "everybody should do it this way, everybody should do this function" or I don't think that Vanderbilt would say "we've got it figured out how to translate genomics into clinical practice."

So, I wonder how to account for, when you're talking about functional requirements, variability in practice and the fact that we're learning as we're doing and how you think about functional requirements in terms of teasing apart the things that everybody does and are good and are truly best practices versus the things that everybody does because we're still figuring out versus the things that are variable in practice. So, I'm wondering if you can address that.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, it's a really good question I'm glad you raised the floor versus ceiling thing because that's something that if this group can keep some of that in mind as you guys think about recommendations it will help us in part because what we have tried to be very explicit about is wanting to focus on that common floor across the ecosystem.

In terms of functional requirements we included...there is another slide in the deck; it's not in this particular section that outlines the functional requirement for the learning health system that we came up with thus far. I don't pretend that it's a complete or comprehensive list but it's our best first stab.

And the way we thought about that list of functional requirements was not that every piece of the ecosystem of the learning health system would be doing genomic work like Vanderbilt but rather those nodes or portions of the ecosystem that want to and need to can, right, we've built enough interoperability that where that activity needs to occur it can occur and so we really have tried to think about that set of functional requirements.

Now, I will tell you we have not defined those yet for delivery system reform but at least from the perspective of the learning health system what's the minimum needed in terms of functional requirements to enable this kind of common floor for the learning health system. Does that make sense?

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

Yes, that's super helpful. I'd say one, just one warning sign that I have is that we sometimes in the Meaningful Use program establish a floor and then we have the somewhat paradoxical effect that the innovators are spending so much of their time meeting the...crossing the T's and dotting the I's of the floor that they're actually under investing in some of the innovation. But that's...

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, you're right, you're absolutely right it's a real risk and it's something we have to be very, very careful about.

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

And some...

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

And to your point, I actually think there are probably some lessons from Meaningful Use that we can apply.

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

That's super helpful, thank you, so much.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yes, you bet.

Wes Rishel – Independent Consultant

Wes, here. So, this is Wes, I think Arien did a good job of getting to the very heart of the matter so I'm going to balance the teeter-totter by being fairly trivial here. The word "enablement" I think is helpful in understanding this third column particularly as opposed to other. There is an implicit message here that other is somehow less important than curating and maintaining which we wouldn't want to make but I think more important is that we are looking to enable the meeting of functional requirements as they become clear and the lesson from Internet days has been that there are central capabilities that are enabling functions for a lot of different things and enabling functions for things that haven't been identified yet.

So, I would favor some sort of 50 cent phrase involving the word "enablement" for the third column and including identifying functional requirements as a distinction from defining them in the sense that define more or less implies we already know our target and identifying does less of that.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Those are both really great suggestions and we can adopt those, that's very insightful and I think reflects the intention that we had in pulling this together.

Wes Rishel – Independent Consultant

Thanks.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Other questions on this...so the other piece maybe that I'll mention under this third column is focused on defining or describing a nationwide technical architecture for interoperability to support those two primary pieces from the top bullet, the delivery system reform component and the learning health system component.

So, then cycling back over...and I would invite all of us to keep the comment that Arien raised in mind as we think about these standards pieces is this notion of wanting to establish a common floor and not inadvertently establish ceilings.

You'll see through, again remember this is an overview slide, so you'll see through the course of some of the other standards and function slides some description of maintaining and improving existing standards, these would be things like Consolidated CDA, Direct, some of the HIE profiles, the new specification for data segmentation and some of the quality improvement, quality measurement specifications.

Under here you'll also see on the subsequent slides some elements of curating and refining standards or functions for specific requirements that can meet specific needs. Again, from an overview perspective these have to do with functions like directory services and consent management, RESTful web services including OAuth 2.0 and OpenID Connect, and FHIR, some of the modularized HIE work that has been happening around things like data access framework and CQFs, data provenance is certainly part of that.

We've got a piece in here around real-time medication price transparency checking, resource discovery and individual matching, and standards around some of the genomic data and other "omic" data that we know will be critical as part of the learning health system. Any questions?

This is an overview, so the following slides we'll get into some detail on each of these, but any questions on this particular, the rest of this overview before we go into some of the detail?

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

This is Arien, I do, and I look at this list and I can't argue with any of the particular items because there are constituencies that are using or need all of the particular items. I'd also, when I look at the list and step back, I recognize that, you know, as an HIE vendor, as somebody who provides support for EHR vendors there is only so much that the development teams can take on in any particular cycle.

So, it would be, I think useful, for ONC to be thoughtful about what are the things that are the focus areas, what are the things that we should all be doing together that we should all be focusing on recognizing that you only get, you know, a couple of shots at doing something well.

And, you know, what are the things that we need to curate and improve over time that maybe don't drive them the same way that we do the few things that we need to do well. So, it would be useful, for example, to learn from practice for data segmentation for privacy, curate those standards, improve them. Do we expect that everybody does them and everybody does them at the same time, if so that's you're one shot, one of your two shots and you don't get to do that many other things that well.

So, that's one thing that I'd hope ONC would keep in mind is, you know, you've got three bullets in the chamber, two bullets in the chamber and you get to pull the trigger twice and everything else, you know, you can try but you're going to shoot blanks.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yes, it's an excellent point.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

To follow up on that comment, Hal Baker here, I'm struggling here to try to figure out what is the clinically compelling exchange process that is going to be sticky and viral and move people to want to do this as a value adding exchange versus a compliance requiring exchange.

If you only have a couple of bullets we need to have something that comes through and is clinically compelling that makes people want to have traffic moving through this conduit. Once traffic is moving a whole bunch of other things will likely follow but we've got to get the first high volume screen glowing and at least in my community to date Direct and CCDs have not yet crossed that clinically compelling pathway.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

That's also an excellent point and that's one of the dangers that we run into when we start parsing things like the roadmap by different building blocks because we...the pro is it allows us to go fairly deep in one topic area, the con is that we lose some perspective around some of the other pieces for example the "for what" piece that wraps around standards that has to be with things that are clinically compelling because we have, you know, we've just taken one slice.

It is really important, I agree, that whatever we focus on, to Arien's point, with those two or three tools that we can really drive that those are clinically compelling and that they tie back to something that is of value, that's one of our guiding principles for this roadmap that we focus on value.

And so, if we've...and this maybe a question...I don't know if it's a question for this group or one of the Standards Committees, but we absolutely have to make sure that our standards work is driven by those value add clinically compelling and from a broad health perspective, compelling activities and requirements.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Yeah, Erica, this is Chris, just to expand on this, I think not only do we need to look at that there is a compelling case and that there is value, but we also need to look at the complexity of the task. So, as we go forward I think while we look at any of these items we should always have a discussion about utility as well as cost, you know, of the developing this or implementing this. I think that will be helpful in narrowing down the two things that we're really going to aim the real bullets at.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah that's true.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Yeah, this is Larry Garber, I wanted to add a couple of things that, you know, I think are compelling but may also be costly but should be considered for this curation list. I mean, one of the...we want to improve the clinical quality that we give but we also want to reduce the hassles in the lives of our providers that certainly will increase the adoption of this.

And so one of the biggest hassles that, you know, our offices are dealing with is prior authorization for procedures, for medications and so you sort of just start to touch on it as you do the medication price transparency check, but I really think that needs to be expanded to look at, you know, defining what are the prior auth requirements for medications and procedures and being able to convey those electronically hassle free.

The second thing that I think is missing from here is the big gap in vocabulary for a test compendium so orderable tests and procedures that's one of the biggest...I find it a huge barrier in our ability to communicate discrete data between organizations is the definition for what is a CBC or a thyroid cascade, or a CT scan of the abdomen and pelvis with and without contrast, you know, the CPT codes don't cover it, LOINC is not complete, SNOMED, nothing completely covers the test and, you know, every organization has their own list and I think that's something that really needs to be brought out in this list too.

Wes Rishel – Independent Consultant

Question.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Terrific suggestions.

Wes Rishel – Independent Consultant

Larry...

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

This is Margaret Donahue from the VHA and just to reinforce what was just said, I think if we could put a bullet in this first column just on advancing standards in general I think that's...you know, not just that the information is standardized but that we are all committed to incorporating standardized data into our EHRs as well. So, I think that is something that we need to maintain and improve and should be bulleted in the first column and in a general way as well.

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium (CDISC)

This is Landen Bain, I support that I think it's a great idea.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Terrific we can do that.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Erica, this is Tony Gilman...

David W. Whitlinger – Executive Director – New York eHealth Collaborative

This is Dave Whitlinger, I'm curious, is there a column to the left, just based on some of this conversation, that could be incorporated as to what are the use cases that...maybe it's to Arien, to build on Arien's point of what's the floor, you know, what are the key use cases and in what specificity are trying to be enabled, because to some degree, you know, talking about the building blocks is somewhat of abstract without saying, okay, if we're going to try to define a floor than what are those, you know, there does seem to be a need for some sort of use case floor discussion or description if it's already known.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah it's...the use case question is...I think this came up maybe on some of Micky's earlier slides and I can reiterate for this group how we've thinking about use cases because it's...we've actually tried to not start with use cases, which I know makes some people sick to their stomach, it's not that we don't intend to use "use cases" we really tried to start though from a perspective of what are the requirements for the ecosystem, again, from this kind of minimalist perspective to create a common floor that would enable a number of different use cases and take a first pass at a roadmap based on that minimum set of functional requirements and then introduce a set of use cases as a test function to say, okay, based on what we've put together can we support this use case.

If everything falls into place the way we think...we describe it, you know, will this use case flow, will the next use case go. And so we have a list of priority use case and we could add that here and in many respects, actually for the standards conversation I agree with you having use cases is very, very useful because then it allows us to be pretty precise about which standards we need for which purposes.

So, that's, just by way of background, that's how we've been thinking about use cases and it's how we have actually started some pieces in motion during the month of November to refine the material that you guys are reviewing now.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Hi this is Troy Seagondollar...

Wes Rishel – Independent Consultant

This is...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Sorry...

Wes Rishel – Independent Consultant

Wes Rishel.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, Wes...

Wes Rishel – Independent Consultant

Thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And then who was the other person, sorry just to get the queue right?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Troy, Troy Seagondollar.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, Troy, so Wes go ahead and then Troy.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Okay.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

And Tony Gilman too.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay and then Tony.

Wes Rishel – Independent Consultant

So, I think that the issue and approach that we've been dealing with since the start is whether the use case is illustrative of the use of a standard or whether it sets a project limit on the capabilities that we're trying to get to.

We have specific capabilities like...that are particularly those that are involved in transport or in the trust framework or in the implementation the technology that implements a trust framework that are meant to support a lot of different use cases Direct, OAuth 2, RESTful web services and so forth fall into those categories. None of them, by themselves, does anything for a clinician; it's only when you add a use case on top of that which is enabled by these core capabilities that you get to doing actual work.

A problem that has been pretty substantial for us is that we have tended not to isolate the enabling functions or provide a way that they can be used selectively to enable some clinical value but instead lump them all together in a tightly coupled stack and I think we need to identify perhaps our efforts by how close they are to the narrow part of the hourglass in the sense that a model that's used a lot in the Internet is the more universally enabling standard of it is usually the smaller it is and the closest to the center of a conceptual hourglass. Thanks.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Terrific.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Troy?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Thanks, you know, I need to echo I think the sentiments that Wes just expressed, you know, it really comes down to the clinical value to make the specifications to say, okay this is what we need as a floor without having any purpose or any direction as to what the implied or intended goal would be it's kind of like reading the cover of a book and thinking you've got everything, you know, figured out that that's the one you want to read, you've got to read, you know, a few pages to kind of get a feel for what you want to do or you have to get examples from somebody else to say, yeah, this is a good book you should read it.

So, you know, I'm just kind of advocating for the fact that I think some examples of what the expected goals would be, situations where this functionality, this floor, specifications to have added value not only to the clinicians life but to the population in general that kind of needs to be emphasized and we got into that situation with Meaningful Use now there are many, many people out there who are questioning why are we doing this. So, I think we kind of need to bend the trend a bit and make sure that they understand.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

I agree, I think it's an excellent point and I think maybe part of what I hear many of you echoing as missing in this conversation is in part a function of...the format in which the information is presented, absent a lot of the other context that, you know, wraps around it in a more complete document. But these are excellent points.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, yeah, I think that's right and we did go through some of the vision stuff, you know, last time, but I think there is, and I haven't seen, you know, I would have to go back and look at the presentation, but I guess there does seem to be, just pulling the threads in the conversation, a request for perhaps some more, you know, some tighter mapping than I think we've seen to date and I don't...again Erica, I don't know how much of that is in all of the working drafts and everything else that you have.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, I think some of it is there, but I think this feedback reinforces that for us that it's very helpful.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, Tony?

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

Erica...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Sorry, Tony and then who was that?

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

Margaret Donahue.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, Margaret, let us go Tony and then Margaret.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Great, thanks, this is Tony Gilman from Texas, first Erica I would like to thank you for all the good work you're doing. I'm really pleased to see that you're moving towards defining a nationwide technical architecture; I think that's incredibly important.

In terms of column two I think all of the items identified are important but as some of the other commenters have mentioned it's a lot to focus on and just from a large state kind of networks of networks model that we're operationalizing here in Texas, in terms of priorities, at least from our perspective, you know, alignment on attributes for patient matching and then again alignment on automated patient consent management are two areas that we think would be really valuable for Texas but for the nation as well. We think that would really support greater interoperability and really support getting more information moving across the health sector. Thank you.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Terrific, thank you for that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, Margaret?

Margaret Donahue, MD – Director of VLER Health (Veterans HIE), Co-Director of the Office of Interoperability – Veterans Health Administration

Well, I'm actually going back to the clinical usability and just wanted...I know it's redundant, but also wanted to really reinforce that as a clinician I think both Direct and C-CDAs are a good example of, you know, the difficulty that we're having actually implementing these things because of the poor integration of them in a lot of cases into the clinician's workflow.

So, I know that's more at the end user application level, but we have to make these things easy enough that they can be incorporated right into the physician's workflow. You know C-CDAs, as they stand now, if it's only in a document form, is very cumbersome to physicians and if physicians don't have the direct usability right in their EMRs it's not something that they're going to use.

So, I know that these things...everybody already knows this, but, you know, when we think of this we always have to think of that end point of the clinician using it. So, just repeating what everybody else said that I think is really important.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

All right, okay.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yes, thank you for that. That's very helpful and I hear some very common themes across several questions and comments which, you know, is actually really helpful when people tend to have a common perspective.

One thing that I would invite this Workgroup to keep in mind, maybe as we go through some of the next slides and as you're conversations continue and you refine and formulate recommendations, is I think what I'm hearing consistently is the need to really hone in on a few very specific areas that we think collectively are of the highest value, the highest clinical relevance, that we have the highest degree of confidence will actually result in impact, that means we have to think about trade-offs, right, we have to think about maybe what we don't push forward as quickly as we may have, and what it means, you know, for those two or three things that are going to be elevated, what does that set of activities to really advance those look like.

And I just want to reiterate this notion of trade-offs for this group, because I will tell you, in taking on this work we hear a lot of people say, you know, really hone in, especially around standards and function elements, really hone in on these few things that matter but then we get a laundry list of all the other things that need to be addressed and if we don't have those reflected somewhere inevitably someone, you know, or a group of folks think we have not done a comprehensive job.

And so I raise that just because it's a real balancing act, right, for all of us to think about what are we willing to let go of or what are we willing to maybe decelerate or just...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, so...

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Decrease rather than advance.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, Erica, if I could just interrupt on that point, so, and I'm glad you raised it because, this is Micky, as I was first looking at this list as a part of the discussion I was thinking, you know, so what's not on this list and of course Larry, you know, raised a couple of things, but it does...what does this list represent? Does it represent the laundry list from your perspective or does it represent the first pass at some trade-offs?

Because this seems to be...and I think Arien was kind of hinting on this point earlier, it seems to be somewhat more of a descriptive kind of laundry list of a wide variety approaches that are out there rather than being something that's perhaps a little bit more normative or prescriptive saying something about if we want to accomplish these things these are the kinds of approaches that we should probably take.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

I don't think we've reach the normative or prescriptive level with this yet.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

I think that's where we need to go.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And do you anticipate that's where the roadmap is headed?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

I don't know how...I don't know how prescriptive the roadmap will be, at least the draft that we put out in January, in part because I think some of those decisions probably need to be made through a governance process as opposed to, you know, a core set of staff and contract with making those kinds of decisions and that, by the way, is part of why you see some processes things and some part of the draft roadmap material instead of definitive answers.

What I do think we can do in the roadmap though is take recommendations from groups like this Workgroup and refine this list so it's at least directional, right, if it's not highly prescriptive it can at least be directional in the draft that we put out in January.

Beth Morrow, JD – Director, Health Initiatives – The Children’s Partnership

This is Beth, I want to...I was sitting here thinking about whether to raise the issue of patient generated health data for the curate list, decided not to because maybe you could say it’s part of data provenance, but as we got to this latter part of the conversation I’m realizing that I worry as we start to hone in and isolate a narrower set of functionalities that we do tend to leave off the consumer facing piece, which even though it’s identified clearly as a high priority by the roadmap, and so maybe one of the ways, as we isolate in on say it’s six functions or, you know, identified requirements, if we make sure that one of them facilitates the direction towards figuring out that consumer engagement piece. I just don’t want that to be dropped off because it’s so hard to figure out.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah it’s a...the point around patient generated data is a really important one and it’s one of those cross walking and double checking exercises that we have to do here in November to make sure that we are...there are other sections of the roadmap that I think do a good job of treating that topic. Now we need to make sure we look at some of the sections like standards and functions to make sure we’ve given some attention to that and again that we’ve thought about that as part of this conversation around trade-offs and what, you know, again for that small set of things that we really aggressively advance because it’s tightly tied to value and impact versus, you know, maybe a slower curation process where do things like that fit.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, okay, I’m going to move us along. I think a lot of these same issues are going to come up in knowing what slides are ahead of us.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

I agree.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, why don’t we go to the next slide?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

I think you’re right.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Can I make one more comment, this is Troy Seagondollar?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, go ahead?

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Thank you. So, I'm kind of stuck on one thing that you just mentioned and it has to do with the task of this group from your perspective in regards to government and defining a specification and being very prescriptive. Is that an ask? Is that something you feel would be valuable for you to move forward with the task at hand?

And the reason I ask is because if that's what you need then I suppose we need to make that an agenda item and begin to discuss exactly what that means and how we can assist you with that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, and Erica, before you answer that let me just, you know, remember and remind everyone that we're a Policy Committee Working Group so to the extent that we, you know, sort of dive into the standards questions it's always from the policy perspective. There is a corresponding Workgroup that Arien Malec, who is on the phone right now, is a Co-Chair of and David McCallie on the standards side who will be looking at this from a technical perspective, but, sorry, Erica, go ahead.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, thank you, Micky that's always such a helpful reminder. To that the extent this comes through your working activities and either this Workgroup or other Workgroups under the Standards Committee if there is a real sense among the group that you want quite a bit of prescription around standards or other policy aspects of this and you feel strongly about this very specific role that government and ONC in particular should take making that explicit through your recommendations is absolutely helpful because that clarifies for us exactly what it is you think our role could or should be and what needs to get done.

Troy Seagondollar, RN-BC, MSN, UNAC/UHCP – Regional Technology Nursing Liaison – Informatics Nurse – Kaiser Permanente

Okay, thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thanks, yeah, and some of that, you know, I think we already had some of the building blocks of that to the extent that, you know, we've had the October 15th meeting, we've had the joint, both committees unanimously approving the JASON Task Force Report recommendations, we've now gone through the Governance Sub-Workgroup and the JASON Task Force output with this Workgroup and have incorporated that in our preliminary recommendations or our first, you know, first set of early thoughts to the Policy Committee which, you know, gave us some positive feedback on that.

So, I think we are along the path toward doing that and maybe it's just a question of how specific do we want to get as we, you know, spend the next few meetings looking at this. So, Erica, why don't I turn it over to you now to talk about the action? So, she was just describing some of the...well, let me let you describe to us what you were describing.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

So, the last slide, slide 10, there is a really loud feedback back on my end, I'm not sure if that's just my phone or if that is others? Does anyone else hear that?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I did but it's gone now.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

It's gone now.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Are you still hearing it?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

No, it's gone now.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Okay, so some key categories for standards and functions as an overview. The next slide, slide 11 is also an overview of draft actions related to a series of milestones that are actually much more specific on the subsequent slides related to different categories of standards and functions.

So, just to walk through this handful quickly, again you see in the first bullet through the standards governance process, which you guys have already talked about on your previous call, ONC and Health IT stakeholders define a nationwide architecture, which I noted on the last slide, tied to the functional requirements both of delivery system reform and the learning health system.

The next one, standards development organizations and professional organizations continue to evolve existing and pilot emerging standards based on what is needed to improve the performance of currently adopted standards and infrastructure.

Since the Consolidated CDA standard belongs to HL7 we have, in the third bullet, HL7 with input from the Federal Advisory Committees and industry work to address the necessary improvements to the Consolidated CDA standard. Those of you who participated in the October 15th meeting saw this we called this piece out around a standards lifecycle process, called that out very explicitly in the overview we provided.

The next bullet, ONC continues to provide leadership for the success of standards for data segmentation and provider directories.

The S&I community advances standards through the S&I Framework including data provenance, structure data capture, including common data elements and the clinical quality framework, these are things that are already in motion today.

Industry further explores opportunities with a voluntary individual identifier, this relates to that individual matching function.

Industry leaders from private sector with the National Library of Medicine and ONC identify and address barriers to existing vocabulary standards for improved consumer engagement.

And the last one, the last sample that we have on the draft action slide, is government continues, and in particular, NLM continues to support and disseminate centrally maintained value sets, these would be through mechanisms like the PHIN VADS and VSAC functions.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, Erica, this is Micky, I'll take the first question here. So, one is, you know, one of things that, you know, I know this is a part of the alignment is that, you know, there is no call...I mean, all of these things seem like they are very consistent in general with the market motivating recommendations that we had from the JASON Task Force. So, I think you could map almost every one of these to those although there are...and more in the way of, you know, ONC providing, you know, sort of leadership functions, market motivation functions in a variety of different ways.

The thing that I see missing here is about ONC pushing federal agencies to adopt and use these standards in a way to push the market.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yes, it is an omission, accidental omission on our part that should be on here, I agree.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah and I think, you know, thinking of that broadly, I mean, one of the things that I think came up on a call or two ago and it may have been Carl Dvorak or someone else, I forget who, you know, had talked about, you know, for example, we're not just talking about, you know, DoD and the VA, you know, using...concerning C-CDAs and adopting a public API, but if, you know, CMS once they get to the ability to consume electronic clinical quality measure output adopts and exposes a public API for that as well, that would be about, you know, the government practicing what it preaches and as an active participant motivating greater adoption of the public API.

Carl D. Dvorak – President – Epic Systems

Thanks, Micky, that was me and I do think that would be helpful for some of the quality submission, maybe attestation submissions that would be...it would actually encourage the infrastructure to develop more quickly through time.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Great suggestion and...

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

This is...go ahead...

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

The other thing maybe I should say is I recognize just, again, given the format that we're using it's hard to see how each of these draft actions maps to a milestone or one of the pieces of the overview on the other slide. So, I just want to recognize that and apologize for the limitations of PowerPoint.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right and do you expect, in the roadmap, and I think I heard someone else who was in the queue here, let me just ask this quick question, do you expect that, you know, when you say actions, I mean, actions means actions, it means that, you know, someone has to do something and if none of these bullet points speaks to a someone actually doing something then it's not really an action and it's not really going to change anything.

Do, you expect, in the next iteration of this coming out in June that for example when it says, ONC to continue to provide leadership that it's actually going to be more specific about what ONC will do with regard to providing leadership in that area?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, I would like the next iteration of this to be pretty precise around the actions and I intend to have at least two different types of actions called out, one is actions that the actors have committed to and we can say very clearly this is going to happen and the second kind...and then by the way there may be others, but these are at least two that I'd like to make sure we have covered, would be calls to action, right, so the actor may have not committed yet to the particular action, but we recognize it has to be done and it has to be done by a certain stakeholder group or certain entity and so we framed that as a specific action and it's framed as a call to action.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry, when you say that, you know, you're going to be providing leadership and support does that get to the level of detail that, you know, you will be providing, you know, funding for resources to help facilitate these standards development processes?

I mean, I think of...I mean, I've looked at what's going on with FHIR and I think it's really cool stuff and they're doing great work but it's missing a lot of the clinical input and clinical modeling that's necessary and mapping back to work that's already been done with Consolidated CDA to the level of detail that actually takes advantage of the domain analysis model and all that other stuff that's been done and, you know, there is an army of volunteers but, you know, they need help and I don't think that's going to be coming from the private sector and I'm just hoping that some of your "leadership" support would include dollars for consultants.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

It certainly...

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

But, Larry, you might be surprised, but sorry, I apologize for interjecting that.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

It's okay. When we say leadership and support it could...that could be convening functions, it could be...it certainly could involve staff support or dollar support part of deciding what that looks like is a set of internal conversations that has to happen over the course of the next month, at least where ONC is, you know, specifically identified and I think to maybe the point that Arien raised, we really should...again, because this is a shared roadmap, this is not just an ONC roadmap, part of what we're trying to think about and really push all of us collectively to really wrestle with is which pieces, whether it's from a funding perspective or a convening perspective just getting the work done perspective, really do have to be situated within ONC or a federal government type environment and which pieces and actions could perhaps move more rapidly in other venues.

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

This is Arien; I wanted to...that was my voice in the queue, sorry, struggling with being able to clear my throat...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Go ahead, Arien.

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

So, I want to double down on Carl's comments, there are certain federal actions that are...if consistently applied, help move in a common direction and I will admit that when I look at this list of draft actions I don't see an opinion about a direction I see, you know, we're working on a bunch of stuff.

To Carl's point, if CMS announced that by date X that PQRS, Meaningful Use, MSSP and the other programatics were prepared to accept eQMs in such an such a format, those are activities that are appropriately market moving.

If for example, VA and DoD, and IHS announced that they were implementing a pluggable App framework based on HL7 FHIR and had a market of approved Apps that were, you know, pluggable ready into the procured EHRs or deployed EHRs in all of those communities, again those are activities that would be market moving.

The point is that there are...if there is a coordinated point-of-view and a coordinated set of actions across the federal government using not just the certification lever but the other appropriate levers across the government you'll see...and if those actions are coordinated and somewhat opinionated you will see movement much faster than if you try to push all the balls up the hill all at once.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Great point.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

This is Hal Baker, I want to throw out kind of a contrarian idea here, right now we're exchanging data, unstructured format through PowerPoint, we're actually exchanging information there is not data in the slide, which would be a greater success for us if in five years we had ubiquitous transitions of health information from each record but it was only in PDF form, but it was completely fluid and moving at high volume or that we had really structured consumable data but by doing so the volume of flow of information was 1/5 or 1/10 as much but the data transfer was exquisite.

As a clinician I'm kind of feeling that the movement of unstructured data like we've done with faxes for years with, you know, printing, faxing, scanning is the way we still exchange a lot of information short of HIE, that this actually accomplishes more clinical benefit than the CCD exchange which is exquisitely consumable but often doesn't have as much information or context and so we are in this tension between volume of motion and exquisiteness of consumability of the data.

Wes Rishel – Independent Consultant

Wes Rishel.

R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health

There is tension.

Wes Rishel – Independent Consultant

So, this is Wes, I want to put myself in the queue or respond directly, if the queue is...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, go ahead, Wes.

Wes Rishel – Independent Consultant

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Go ahead.

Wes Rishel – Independent Consultant

I think it would be...would somewhat cloud the issue to say that C-CDA creates exquisitely consumable data. In fact, as is typical of almost every technological process that goes on we've often created solutions that got us a step further in that we discovered the next problem that we had to solve and I specifically think that the question of whether we should emphasize distribution of non-structured information by which I mean dictated text, text reports created by EHRs but not dictated by a person, images, almost anything that can't be used directly to run clinical decision support rules or price a claim or things like that.

The question is not whether to do which it's how fast to do each. We certainly are aware that EHR generated physician summary documents are seen as lacking by receiving physicians and by the sending physicians in the sense that they tend to have a higher data...a lower information to data ratio that is more data for less information than an exquisitely dictated report and we have discovered the next problem which is how to optimize those reports for direct use at the same time we're continuing to discover problems when it comes to making data computer consumable and we're working to knock them down.

But, I think, particularly in support of the learning health system in support of a lot of the activities in the future we need to see ourselves as having two paths for interoperability one being those things that can most quickly provide clinical value because they, like text for example, dodge a lot of the hard problems and the other that is getting towards, as yet, unfulfilled clinical value, pardon, cynical value might fit in there too, but we should never ask that question as either/or.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I think that makes a lot of sense. Are there other comments on the action slide? Okay, why don't we move ahead to the next slide then, there has been great conversation on this and I think we've been able to give a lot of, hopefully, helpful feedback to Erica. We'll be obviously formalizing this but in the spirit of having this be an ongoing dialogue.

So, what we've done here is now take in the building blocks you may recall, so we're in the core technical standards and functions building block and that itself was broken down into some subcategories, there is vocabulary and I think there is format and transport or something like that coming up and then what we did is just take a first level pass at looking at the 2014-2017 milestones that are in the draft ONC roadmap and then at least put, you know, some verbiage around the corresponding recommendation that came out of the JASON Task Force recommendations and the Governance Subgroup to the extent that it was relevant to this particular topic.

So, you know, as you can see here in the vocabulary, you know, Erica, I'm happy to just read this or describe it, it's just three bullet points or if you had some more color you wanted to add to it?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Go ahead, Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, I'm a good reader. So, on the vocabulary side there you can see what the milestones for the first, so this is, you know, the first three year block of the roadmap. Adoption of vocabulary standards that support the Meaningful Use common data set to reach critical mass across EHRs, LISs, you know, a wide variety of technology platforms but the focus on vocabulary standards to support the Meaningful Use common data set, looking broader to beyond just providers to the research and clinical trial community, piloting the use of the Meaningful Use common data set with the parenthetical comment here of initial uptake, I guess this is the vanguard versus the rear, is that what that's addressing there Erica?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

It is, you know, as you were reading these I was just realizing I don't think I've had an opportunity to explain in any of the Federal Advisory Committee meetings or Workgroup meetings one of the concepts that we have been playing with behind the scenes, particularly for some of the standards and functions, pieces of the roadmap and that is possibly using something like an innovation diffusion curve to describe uptake or implementation or use of particular standards or functions and I think this gets to some of the points that have been raised in several different conversations about are we talking about the bleeding edge or are we talking about the lagging tail.

And so when you see verbiage for some of these and you'll see this probably across several of these slides, verbiage like critical mass versus initial uptake that's what those phrases refer to so, you know, something like those percentages that would align with an innovation diffusion curve.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, okay, I think as a part of our early thoughts for the Policy Committee there was this concept of, you know, does a part of what the roadmap want to, you know, sort of articulate is, and then this is in the spirit of the learning health system, that, you know, there is some kind of target gap between, you know, the engine and the caboose, right, that you sort of say, you know, we're going to recognize that there is always going to be the vanguard but what we'd like as a learning health system is to, you know, be able to shorten as much as possible the gap between those things that seem to be valuable innovations and the wide penetration of the market and whether it's, you know, we had thrown out is that a 3 to 5 year gap or something like that, whether its linear or non-linear, you know, diffusion curve that's a separate question, but it sounds like that's getting at the same thing.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yes, I think that's right and I will maybe just also say the other piece around this type of curve that we have been thinking about is I think Wes or maybe somebody else mentioned the thin part of the hourglass that set of stuff that is a minimum set but has to be done basically the same way by everybody is part of the thinking around that type of curve also and really getting to the sweet spot on that core set and thinking about, okay across the ecosystem where does everybody have to be, you know, where do we really have to close that time gap and get everybody to a certain point on the curve in order to make stuff work.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, go ahead, Larry?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I just wanted to mention the same comment I did before that I'm not certain if the orderable test vocabulary is part of the Meaningful Use common data set but it should be.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

There are some vocab standards that have been adopted for a couple pieces of the common MU data set but not for the entire thing and so this really is getting at adoption, critical mass of adoption across multiple pieces of the ecosystem for at least those components where vocab has been adopted. There is certainly work if we want all of those components to be semantically interoperable, work to be done around vocab.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, so on the, you know, on the right-hand column there...so we've got, you know, the research and clinical trial community, standard approach to federated distribution of centrally maintained code sets and Erica could you explain that?

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Yeah, so this ties back I think either the previous slide...one of the previous slides talks about some of the mechanisms that are used to distribute centrally maintained code sets and value sets primarily done through the National Library of Medicine. This refers to further standardizing that process so that it's there for all pieces of the ecosystem, how to access and use those centrally maintained code sets.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay and then translation services I assume we're talking about vocabularies, because, yeah, we're in the vocabulary section here.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Right that's right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And this doesn't speak to what level that happens whether it's application level or at some higher level.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

It does not; at this point it does not.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, okay. So, on the JASON Task Force, you know, we did have a lot of conversation about a lot of these concepts and, you know, certainly the idea of the core data services and the profiles gets at a lot of the questions of what is the scope of the data and/or documents that we're talking about very specifically and, you know, also addresses as something that is addressed at the end point highly specific profiles that specifically articulate, you know, format vocabulary in highly specific ways and that it being up to the end points to, you know, do that work to be able to utilize the profile. So, that would be how that would map to the JASON Task Force view of that.

And we did also talk about, this came up, I think it was a question from Charles Kennedy at the joint committee meeting about, you know, is there a data model, don't we need to start with a data model and the response I think from David and from me was that, you know, the idea of doing it through the public API and if FHIR is the vehicle, is that the data model gets built organically from the bottom up, you don't presume you can identify everything and have a, you know, full comprehensive, full blown data model for every kind of data element that's out there but rather we, you know, build it from the bottom up through the definition of core data services and highly specific profiles.

We left open where, you know, what you would start with but I think, you know, I'm sure there would be general agreement that the Meaningful Use common data set is a great place to start and then, you know, the industry starts to build from there.

So, is there any...I'm going to suggest that we stop at this slide actually because we've got just five minutes left and we need time for public comment. So, let me stop here and see if there are questions/comments on anything we talked about but in particular on this particular slide related to vocabulary and the topic of vocabulary?

I think there is a separate Workgroup on the Standards Committee side that's looking at vocabulary if I'm not mistaken.

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

Yeah, semantic standards.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, okay.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

Micky, this is Erica, just one thought, as the Workgroup looks at kind of how you've lined up the JASON Task Force and Governance Subgroup recommendations and the draft material from the roadmap so far if there is any way that you all can think about whether there is a conflict between what's in the JASON Task Force and Governance column and the draft roadmap material column or what's in the right-hand column from the Subgroups and the Task Force not just conflict but indicates that there is a gap that needs to be filled in the roadmap material calling that out super explicitly will help us make sure we understand exactly where you think, where the Workgroup thinks we need to make adjustments to reflect the recommendations from those two groups.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, okay.

Carl D. Dvorak – President – Epic Systems

And Micky, this is Carl, one comment I'll add is we have really good discussion on the goals and objectives and sometimes the methods and architectures, but I would suggest that we spend equally as much time on the measures that get defined later in the process as to how we'll judge success or failure and I look out and I see amazing things happening with portals in different health systems and yet the thing we measure success or failure on in fact might not actually be the most common appropriate use of a portal.

So, I would just suggest that we put a placeholder in to come back and look at the measures that we'll use to determine whether these objectives are being met and maybe suggest a system of flexible measures and that they may be met in more than one way so different systems and health systems can innovate.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, great comment.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Great comment, Carl, I must agree with you on that one, but Micky I wanted to go back to your suggestion to come to a close and open up for public comment unless there is anything urgent or pressing.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, no, I think that makes sense the only other comment I'd add is, yeah, I mean, I think Carl raises a great point and maybe that's something that Kory as we think about, you know, the Workgroup work plan over the next couple of months, you know, given the importance that we, you know, at the Policy Committee meeting we talked about measures and metrics, we talked about the importance of it here, I think Carl re-emphasized the point. We may want to think about how we spend, you know, have some focused time to think about that and I don't know where that is within ONC and if you've got other, you know, other activities there as well, but we should think about that in the work plan.

The other comment I had is just a quick one for Erica. So, we will do that, you know, that more detailed mapping as you suggested. I think, you know, one thing, you know, that I think we did put in the early thoughts that isn't here and is a timing issue, right, you came out with this draft and then we had the JASON Task Force, you know, sort of final report delivered at the same meeting so we understand this, but, you know, an endorsement of the coordinated architecture or the public API approach I think is one, you know, strong recommendation that came out of this Workgroup that I think would be a part of that and we can, you know, sort of map what that means which is probably going to be your next question of, okay, great, what does that mean at a more specific level but that would be, you know, sort of my high-level reaction to that.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

That's...Micky, you read my mind.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

So, that recommendation is really helpful and if you guys can provide even more detail around that we would welcome it, it just helps us make sure we're not...you don't leave us too much room in interpreting...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

Erica Galvez, MA – Interoperability Portfolio Manager – Office of the National Coordinator for Health Information Technology

The feedback.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, okay, great and now Chris let's take up your recommendation to turn it over to Michelle for the public comment.

Public Comment

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

Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, thank you everyone really appreciate it.

Carl D. Dvorak – President – Epic Systems

Thanks, Micky.

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

Thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Bye.

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

Thank you.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Thanks, bye-bye.