



**HIT Standards Committee
Interoperability Standards Advisory Task Force
Final Transcript
August 6, 2015**

Presentation

Operator

All lines are bridged with the public.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Thank you. Good afternoon everyone, this is Kimberly Wilson with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I will now take roll. Kim Nolen?

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

Hi, I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Kim. Robert Cothren?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Yes, I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good afternoon. Anne LeMaistre?

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Present.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good afternoon, Anne. Arien Malec? Calvin Beebe? Clem McDonald?

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

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good afternoon, Clem. Eric Heflin?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Present.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Eric. Janet Campbell? LeRoy Jones? Lisa Gallagher?

Lisa Gallagher, BSEE, CISM, CPHIMS – Vice President, Technology Solutions – Healthcare Information & Management Systems Society

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Lisa. Paul Merrywell?

Paul Merrywell, MS – Vice President/Chief Information Officer – Mountain States Health Alliance

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Paul. Pete Palmer?

Peter Palmer, CISSP, CPHIMS – Chief Security Officer – MedAllies

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Pete. And Christopher Hills? Thank you and I will turn it back to you Kim and Robert.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Well good morning or afternoon, depending on what time zone you're in. Thank you for joining us for today's task force meeting. We want to turn to the agenda real quick. So we have a pretty full schedule for today; we will spend just a few minutes revisiting the guiding principles, something we do at the beginning of each one of our meetings and then what we need to try to do today is push through the rest of Section 1 and get a good start on Section 2 discussions, to get us a little bit back on track. We'll touch base on next steps at the end of the meeting and make sure that we leave little bit of time for public comment. Is there anything else that we need to cover for the agenda before we get started?

If not, why don't we go ahead and move forward to the next slide. We've taken roll already. If we take a look at the next slide, our schedule for meetings; this is our fifth meeting. As it lists here, our plan calls for us to be talking about and finishing up Section 2 comments today. As I said, I'm hoping that we'll get a good start on Section 2 comments. If we move on to the next slide. I just want to pause for a minute here on guiding principles. I don't think that today we will discuss summary comments from our last meeting, we're still working on gathering those together and Kim and I had discussed distributing those through e-mail for comments rather than covering it at today's meeting. That will give us more time for the comment section and to discuss those comments. Are there any comments on our guiding principles

before we move on or anything in particular that people want to address before we move on into comments?

Okay...a very quiet group today. So I think where we need to pick things up is, is it page...is it slide 33? Where are we in Section 1?

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

Smoking status, I don't...it may be 32.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So 32 is smoking status, is that the next one we need to cover or did that one get discussed last time Kim?

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

I think we started discussions, but we didn't have time to get...out.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay, so let's turn to smoking status, slide number 32 please. And I apologize for not being at the meeting last week, so, I'll just turn it to the group and see if there are any more comments on smoking status before we move on.

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

I don't actually understand the second bullet in the comments, for smoking status, would go into NCPDP SCRIPT.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

And frankly I'm not sure that I do either, I think the purpose here was really to list just status of tobacco use is...it would appear that the comment here is trying to open that up for larger topic and I don't know that that's appropriate.

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

Yeah, I would say, with the...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So...I'm sorry.

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

Is that Eric?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So this is Eric Heflin. One comment I'd like to make for the record here is that I was involved years ago with an analytics project that could capture smoking status; it was for a cancer preventative care and screening measures project. And they did seem challenged...besides the fact the vocabularies about smoking status were not clearly defined, was the fact that there's also no associated processing model because in many cases, for example, we found that a patient would be inconsistent, you know, location A they'd say, they're non-smoker; location B they would be benign...location C they would say they are a smoker or they would say different frequency of use.

And so just one...I would like to suggest is for as far as maybe future scope...not for today's task group...would be to also recognize the vocabularies themselves are not sufficient, that we also need to have an associated best practices or processing model stating what you do in the event you have conflict...or ambiguous information related to some of these measures.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

And thank you Eric...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

In our project we basically just made policies...logic up saying if the person, you know, the most recent visit would be either considered the...reflection unless it was blank, in which case the prior visit, it would essentially fall back to prior best available data. But that became really complicated including in the presence of conflicting information...that's my comment. Thank you.

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

Well on that...and that's something for future things, I think that exploring some of the survey instruments about smoking that are popular and more specific might also be...avoid some of that problem, you know, they'll say the pack/years or they'll say how early in the morning you have to take another...get your smoke, which reflects the severity of the addiction. And I don't know which ones are the best, but a little bit broader than what we have. But that's for the future, so not for today.

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

And I don't...and this is Kim, I don't know if this goes into our comments but I was just having a conversation with some folks and we noticed like e-cigarettes or vaping, which may the slang term, is not captured in SNOMED so there's not a way to capture that type of smoking either, if that's considered smoking.

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

Yeah, it's in, I think the current proposal, but it's done by CMS and it's in the regs is not sufficient. I don't think I'd blame it on SNOMED.

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

Okay.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

This is Eric; I absolutely agree that because the expressivity of the vocabulary in this case and perhaps in other cases as well, too, it does not correlate to meet the desired objective of capturing that information. So, I completely agree.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

All right, thank you. Any other comments on smoking status? Why don't we move on to the next slide then? Unique device identification; are there any comments on this topic?

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

No and I don't think we can...it's all set; the trajectory is all set by all the regulations.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yes, and that makes sense to me as well.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Should we move on to the next slide then? Next topic is vital signs; any comments here?

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

Yeah, I can comment on this. So, just for the record, LOINC has been specified as the vital signs coding system since the beginning of ONC in the HITSP specification. It has been in the C-CDA 1.1, 2.0 and in 2.2, the latest one. So, I don't understand this discussion at all in the comments. In...stuff, LOINC is working with already and we have a near an agreement with an IEEE in an MOU in terms of sharing the data in LOINC and the IEEE codes.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thanks. Do you have a specific recommendation in how this might be fit in a recommendation we make?

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

I think we've got to use, I mean I don't know why you'd reverse the last 10 years; it's hard enough to get any coding systems used and...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Yeah, okay. Just wanted to make sure.

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

Unless other's disagree, you ought to speak out, I may be prejudiced.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health
Clem, this is Anne, I agree with you. I think LOINC has been a standard for quite a while.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

All right, are there any other comments on vital signs? All right, well I think that brings us to the end of Section 1. Before we leave Section 1, are there any other final comments on that before we move on into Section 2?

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

Yipee.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I agree it's been a long process here. Section 1, I believe is by far our longest section. I also think that it's probably set some of the groundwork for other discussions so I'm expecting that things will move a little faster as we move forward.

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

And just a reminder Rim, I haven't typed up the comments from last week so as Rim mentioned in the beginning, I'll type those up and we'll send them out as an e-mail versus going through them at the beginning of the call.

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

Kim, will they come from your e-mail, so what w...

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

Umm, I probably will send it to Brett to do through...Brett, what do you recommend?

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

I just want to know what e-mail to look for.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes. If you want to send them to me, I can either send them to group or send them through Altarum to circulate.

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

Okay. Clem, I will be sending you a separate e-mail for the couple of ones that you had comments that I was going to start typing up, but have you review it before I send them out. Do you want me to copy Betsy on that?

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

Whatever you like, yeah; but I...my challenge is finding out which e-mails mean what and to not know the names of who it comes from...it makes it easier when I know who to be looking for.

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

So look for one from me.

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

I will.

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

Okay, thanks.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thanks, Kim. Are there any other comments on Section 1 before we move on? So let's go ahead and turn to Section 2 then. And we'll get as far as we can on Section 2 today; I'm hoping that we get a good start here. We'll start with ADT; are there any comments or thoughts on the public comments on this area?

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

Well I guess I'm not sure what the source of this HL7...is this in the NPRM or what's this in, where's it saying what it says now?

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

I think what they're saying is this will be on that ISA website and they're proposing that the HL7 2.x version is the one that's listed as the best available. Is that how you read it, Rim?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

It is and I think that at least some of the comments here, for instance the first one saying any version acceptable opens the door for legacy products. I don't know that that's necessarily a problem with it being version 2, but including version 2.3 as opposed to version 2.5 might be something that is being referenced here. Yes Kim, I would agree that it's not necessarily to direct information in the NPRM or in meaningful use certification but it's the best available for ADT. I would say...I have to...I would have to look back personally in what the implementation pattern is between 2.3 and 2.5 for ADTs. The industry at large is trying to move more towards 2.5.1 than stay with 2.3 standards and I think that that's something that we should probably promote, but saying with a version 2 is probably something that still makes sense.

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

You mean version, yeah, I think 2 is used everywhere but I think the argument is about which version of it and I don't know how we can resolve that; it's better to have...pointed...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Are there any thoughts? There was a recommendation here to use an IHE profile for discharge and transfer transactions; I actually don't know anything about that particular profile. Does anyone on the call?

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

But that's not in this...I would say version 2.x because, well, or version 5.1 or some version of version 2 because it's everywhere and why...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Yeah.

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

...throw them over something different?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I would tend to agree. Any other comments on this topic? Why don't we move on to the next slide then; any comments here?

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

I mean this is done and voted and balloted so I don't think there's much we could change anyway. And I don't...and I think Direct is going to be pushed in...by ONC, so it'll...these things will end up happening, I think, at least the first comment bullet. I would just leave it as it is.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I would say one thing is that although people are exploring the use of Direct messaging as transport for other uses other than transitions of care, I don't believe that it's mature enough to be listed as the best available to replace some of the standard messaging practices that are there now.

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

Well I...yeah, I don't know that it's any...it's out and good yet, but what is the standard for CDA, I didn't know there was one.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I have to admit that I'm not familiar enough with this topic to know.

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

Neither am I but I think using the CDA architecture thing is sort of a done deal. I don't know how the...but that's not what the proposal is anyway, so we should just leave it.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Any other thoughts on this topic? If not, why don't we go ahead and move to the next one. Care plan, also identified in CDA. Any comments? Any thoughts?

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

I...is it the care plan or is it the clinical notes? I mean, the header is care plan but the document architecture is talking about clinical notes. I actually have some concerns about the added content and how clinicians are going to absorb even more stuff they have to do if it's the care plan. But it's still published and balloted so, anybody else have specific thoughts?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Well this is Rim; I have to agree with you that we have to be at least mindful of adding more information and overwhelming clinicians who are getting to the point there already. I don't have experience...specific experience associated with either the clinical notes or care plan and how that can be incorporated.

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

Well maybe...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I have heard comments about the first topic here, moving from CDA version 1.1 to CDA version 2; I think that is something that we at least need to be wary of is the ability for vendors to move to the new version. Just constant updates in standards are difficult for clinicians that are having to implement new systems in order to incorporate the new standards. So, I think any update needs to be very seriously considered.

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

Well should we just say that, some thought should be given to either to reducing the hardship on clinicians and vendors?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I think that at least we need to include a comment about needing to investigate that fully before recommending an update in standards. The continued standards update is going to be difficult for everyone.

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

Well then I would add that we should be cautious about requiring an additional field; having them there isn't such an issue, it's requiring that they be completed.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I think that's a good comment, it may have more applicability to the Meaningful Use or Certification NPRMs than the Advisory, but I think it's still worth making that comment; I think that's a good one.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Any other comments on this topic? Shall we move on to the next slide? Next is cancer registry reporting.

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

Again this balloted and was kind of reviewed carefully by CDC and...at least the technical people so I think it's probably all right. I would not go to the IHE one; we don't need two of them.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Any other thoughts? I know one of the things that people, you know, we talked a little bit about maturity of the standards and this is, you know, an example for instance of a standard that is draft for trial use. I think that we need to be mindful of including standards in the Standards Advisory that are still draft for trial use and whether they're yet mature enough to get widespread adoption; but we talked about that several times and I think that has come up several times in standards today as well, even though it's not part of the comments here.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Rim, this is Anne; I'm in full agreement with you. That was my one concern about this was the fact that it was still in trial use.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Do you think that we need to make any specific recommendation to either the FACA bodies or to ONC regarding including trial use standards within the Standards Advisory or is this merely a caution as part of listing what the maturity of each standard is?

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

I think the caution would be worthwhile. Some of these things might be past trial use by the time these would come to be implemented. You know, but I think isn't this for 2017, the current NPRM stuff, so that's two more years. And this isn't a huge step away from the previous one.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Yeah Clem, I agree. This is Anne. I think that a caution for this one at least would...is all that's needed.

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

Okay. And this...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

All right, good. Thanks.

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

...really applies to oncologists basically, I mean, it's not a...they've been doing reporting already for...the cancer reporting already. Oh actually I think its pathology is actually what it applies to, isn't it? I think it's the pathology report.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Yeah. Um hmm.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay, any other comments on cancer registry reporting? Let's move on to the next slide then, please; case reporting to public health.

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

Umm, I'm just...I'm not sure what this is because it mixed in IHE plus HL7 and is this the SDC, the structured data reporting? I think so, SDC...yeah, this is the structured data...I think this is Structured Data Capture Initiative, which is a very complex thing which, and there are three versions of it. I think its way, way too early. I think it's one more huge development effort. If the point is the thing when it really gets working might be nice, but this is a complex beast; there's a FHIR version of it, there's an XML version of it and there's an IHE version of it. And if anything is going to survive, it's probably going to be the FHIR version. So I would...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So what is at least...go ahead, I'm sorry. Go ahead.

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

Well my...issue was that this should not be addressed in this round, I mean it's too earl...it's way too...it's too early and it has almost no use. The experiments have not been done in real practice, they've been done in sort of fake settings where someone, a trained person sits there saying that someone else looks at it. One of the Connect-A-Thons, there was a di...nothing connected. They might have repaired that, but there shouldn't be any rush to this one.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet; I'm sorry I joined late. Is there...because this is a Standards Advisory, though, I mean should we still have something here, even if this is not yet ready for primetime?

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

Well what they did define are the versions that...there is no...I don't...there is an IHE one that's been balloted. There is one ballot before that was just S&I Framework balloted by that, which isn't a standards group. And there's one that has been just recently balloted under FHIR and I don't know the final results on that. So I think there's...we should wait to see which one survives before we specify anything.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So this might be a candidate, from what we've talked about before, for emerging standards to watch but that there may not be any best available standard that meets a recommendation in the ISA, that's kind of what I'm hearing here; is that what you would say?

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

Yeah, this is not an easy one to build or to read or to understand. Yes, that's what I would say.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And Rim, this is Eric. I was disconnected. On this and the prior topic as well, I think I would go back to I believe it was Arien's original review early in our task groups discussions for which a model is proposed to assess standards for potential inclusion within national targets, including such things as the maturity of the standard, how implementable it has proven to be? Has it been piloted? I just want to remind the task group that that work has already been discussed in a way and perhaps it might be something we would just point back to as saying that this falls into that category where we recommend it be judged against that or a similar evaluation process before it's actually recommended for adoption.

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

Yeah, this last bullet talks about two oth...the two other options, the XML and FHIR options.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So perhaps our recommendation could be that these are indeed emerging standards that we recommend assessing against the prior discussed criteria.

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

Yeah, this one should probably be called the SD...the structured data capture not...it's...the one test use was with public health and it was in draft of the...it was discussed in the draft NPRM.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Is there an alternative for case reporting that we should be considering other than this, just to make sure that there isn't a standard that meets the requirements for that particular use case?

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

People are doing case reporting now, I'm not sure how it's all done.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I'm not sure either, but yes you're right, they are.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So perhaps what we should add to this is along with the identified standard here being emerging and probably shouldn't be used and Eric, I...that's a good comment I think we ought to always be considering all of these standards in light of that model...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

(Indiscernible)

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

...or a model that we propose that there also may be a need to investigate how case reporting is occurring today and seeing if there is an alternative best available while we watch for these standards to emerge.

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

Well this...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Anything else on this topic? Sorry, go ahead.

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

No, I'd just stay...I'd go along with what you said. It's built like sort of a flying aircraft carrier, I thought. I was on a lot of the conference calls; it ended up two people actually that controlled the whole thing in the end. It would be interesting...I think something's needed and something will come out, but we ought to wait.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

All right, let's move on to the next slide, please. The next one is on clinical decision support. Are there thoughts here?

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

I wish I...there are a couple of candidates and I don't really know where they stand and how easy they are. I don't think anything is imple...is really widely used yet; does anyone else know?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

This is Janet, not as far as I know. I'm seeing a lot of standards used for this...for anything.

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

Rim, I can go back, too because I know Floyd Eisenberg has done quite a bit and there was a recommendation like when we did the Stage 3 to the Standards Committee, so maybe we can send that out to the group to see that.

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

Okay. Well some...I mean, the Meaningful Use Rules have stimulated or accelerated interest in this and I think there is a draft something to encompass the meaningful use logic, which I think is really complex and messy with some of the existing standards, of which there's at least 3, there's Arden, GELLO and HealthePeople I think is another one. But I just don't know who is winning.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Health e-Decisions?

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

Yeah, that's the right one, yeah. Does anyone know more?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think Health e-Decisions has had the most interest recently. I don't know how it stacks up to Arden though, that's the...I haven't heard much about GELLO at all.

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

Yeah, okay.

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

I saw...I thought Arden Syntax was one of those ones that was listed under the Health e-Decisions, because that was another S&I Framework Initiative.

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

Yeah.

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

But, I will pull that information up and I'll send it to Brett to send out to the group.

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

I just didn't keep up.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thank you. Any other comments here? And I agree with you, I...there's been a lot of interest here, but I haven't been able to keep up with where things are, so, thanks for sending out more information. If nothing else on this topic, why don't we move on to the next one, also on clinical decision support?

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

Well this one is basically, I think, the Infobutton, which is, you know, it's used at...it's not req...it doesn't interfere with the workflow and use it at will and I think it's...had been popular because there's one version has already been in the NPRM, so I think this is an upgrade of that version.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

It's actually in Stage 2, I believe.

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

Right, right, and so I think there won't be much rejec...no, resistance to this and there...probably can't cause much harm, it's just as you want to use it, you can use it.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

The only thing I'm not sure about, and maybe someone on the phone knows, there are two versions of Infobutton; there's the URL based version and then there's like an RSS Atom based version; does anybody know which one this is and/or which one is required for Stage 3 or...?

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

You know more than I do already on that, I didn't realize...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Okay.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Is there a particular version of it that you think we should recommend, whether this is it or not?

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

Well, this is the latest version, but whether the URL and the other one are alternatives inside of it, I just...we'd have to look. Or maybe...yeah, I don't know. Good question.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So maybe we need to make a note that there are at least two versions of this and we may need to specify what it is that is being referenced here.

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

Yeah. I mean, actually...no, a read of this document would probably tell us, but it's...we'll just, we'll never get to it.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Any other thoughts on this topic?

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

Well you know...yeah, this is...well actually, I'm not really sure what this is then. Maybe this is not Infobutton, the next one looks like...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Wait a minute, yeah, because this is...

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

The next one looks like Infobutton. This probably is the combine of whatever came out of the S&I Framework, you know, so I don't know what this is on 40...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I'm afraid I don't either. Do we need to take this offline and do a little bit of research and perhaps come back to this at our next meeting or do you think that we have sufficient comments and we can just move on?

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

Well I think it's similar to 41, I mean, it's something new and its draft standard for trial use so I think we should be cautious.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Great.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yeah, this doesn't seem to be very helpful in describing what it actually is.

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

No.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh wait a minute, no, this is...okay, this is VMR CDS, which I think is part of Health e-Decisions.

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

Okay. So now this has got the URL question, too...?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

That one I don't know, I'm not familiar with it.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I'm sorry, so are you still talking about the standard on page 42 or back on 41 or forward on 43?

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh, I was on...this is Janet; I was on 42 because that's what the webcast is on.

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

I think we should express, you know, caution and hesitation on it. It's not been used much and...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay.

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

...if at all, you know.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Why don't we take a look at slide 43, because this one is on clinical decision support as well and specifically calls out Infobutton?

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

Yeah. Yeah, I think the Info...the Infobutton I think is less controversial and it's been a previous version has already been...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

And can you help me, is it less controversial because working it into workflow is less of an issue or because the standard is more mature or more implemented?

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

Two reasons; it's been around, it's in Meaningful Use 2. It doesn't ask anything...the users do anything, it just offers them a, if they want to use it; so it's not...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay.

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

...it's not built into the workflow. What it can do, it can pop up stuff say, do you want to know about this stuff. I haven't heard any complaints about it.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So your recommendation is that this is a standard that's probably worth including in the ISA.

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

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

All right.

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

Anybody else? I'm not an expert on all this stuff, I just...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Let's...perhaps we should take a note to take this offline a little bit just because it seems like there isn't a lot of expertise on this topic and make sure that there isn't something that we should reconsider here as a task force before we let decision support go. Any other comments on slide 43, I think that's the last one on decision support before we move on? If not, let's go ahead and move on to 44.

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

Well this is confusing because in the draft, the first round of Meaningful Use 3, they described a way to retrieve, through an API, data from a medical record, which is a really good idea. Now this starts out labeled as SAS as a FHIR project only, exclusively so...and it wasn't proposed that way in the last proposal for comments. So I just don't understand what this is talking about. I mean, if we're talking about FHIR, then I think...good thing, but it's not there yet.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

And I would agree with that.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yeah, I think the...go ahead.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

No, go ahead.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Okay, this is Janet; I think the idea behind the NPRM Stage 3...for Stage 3 was that they, or well, you know, whatever version certification criteria was that they were not wanting to put FHIR into the standard yet because of, they said, because it's not there yet. And so what they did is say well rather than choose a standard, you just have to do something and publish it and then...but we really want you to choose FHIR in the...was basically the message. Whether that counts as interoperability or not if we're all just following our own custom thing, I mean, that's an exercise left to the reader but I think that was the intent behind it and maybe that's why the Standards Advisory is trying to get more prescriptive, because it doesn't...it's not as binding.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I think there's also a great deal of excitement around FHIR and a great deal of interest and there's some active development going on but I...and so there is a lot of pressure to include FHIR in things like the ISA. I cannot believe that FHIR is yet mature enough that we would recommend it as anything but an emerging standard and perhaps with a high recommendation to watch the standard or be involved as things evolve as a promising new standard that may better meet future use cases or even present use cases. But I can't see us recommending it as a best available and recommending it for implementation at this time.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think one thing, too that...this is Janet; that maybe this should have added to it, and I'm not sure the form for it, but FHIR itself is not going to be useful without also a defined profile or the fact that you're not using the profile, either way. And I think that the Standards Advisory, to really be efficient, should also start to specify which profiles are going to be used.

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

Right. I mean, what's really out there that does this access is something called SMART and it...although, and it maybe now being implemented in FHIR, but they never mention that; that's sort of the model.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

So SMART now is actually just about access and launching the context, so it's got the security model and the way that a particular application is able to be launched with a patient context. But SMART has moved away from their data retrieval approach.

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

So...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So this is Eric; my comment on this is that I think we need to raise the level of the approach from identifying a specific technology such as FHIR or replace that with any other technology and instead

leverage some work being done actually, ironically by the ONC here, it's also being done in collaboration with multiple standards bodies. And I believe is probably going to be the right solution because it's going through a lot of vetting from a lot of people, the vendors as well as implementers and experts and that's something called Data Access Framework, which is a joint effort across many different organizations and it does address the concept of clinical query.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Yeah that...with the Argonaut profiles which...said DAF with FHIR.

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

Well could we say that we're excited and supportive of having access to data and there are a couple of processes underway we'd like to watch closely including Data Access Framework and FHIR or whatever?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And FHIR actually is included within DAF, which is the reason I mentioned because it's more of an umbrella project...

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

Uh huh.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

...that actually identifies this plus other methods, all harmonized essentially and working together.

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

Well I don't...okay...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Because I think DAF really recommends kind of a...it's kind of a harmonized approach for this overall use case, if you will.

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

So what would you propose we say, I mean, I certainly would love to be able to have people be able to pull data out of their medical records, there would be a lot of good things about it. So what should we actually say, given you're...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

My personal vote would be a recommendation would be to recommend that instead of having the ONC point to a specific low-level standard such as FHIR, that instead for this data element-based query for clinical information use case, instead point at the DAF, Data Access Framework.

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

I'd be for that.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I think that makes sense, too and Eric, you would characterize that as closer to a profile which was part of the earlier comment rather than just a technology, isn't that right?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yes it's umm, what I would call a catalog profile...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

...in that it attempts to identify appropriate approaches for various use cases and key, and one of the reasons that organizations I'm involved with are...by this is it also addresses another longstanding issue of the associated doc metadata and which right now typically is based on a dead vocabulary, C80, created by HITSP, which is a non-existent standards body and part of Data Access Framework is indeed intended to address that by identifying a way to curate those vocabularies so they can become managed and fixed and maintained over time as well.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

And Eric, do you know where DAF is in the process right now? Is it under ballot?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I believe it actually was just approved for trial implementation status, but I can confirm that. It was released, version 1.0 for public comment on March 28 of last year, so it's actually gone through quite a bit of public review already. And the interesting thing is, again that's actually something the ONC is I think heavily involved with, although I certainly don't want to represent any way that I am speaking for them or they're approving it, but I do know that they're also involved in this effort.

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

Yeah the DAF is an S&I Initiative.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

It was originally and then it was actually shifted over and it's now being done with IHE and HL7 and S&I altogether and recently one of my organizations I'm associated with Care Quality and...Health Exchange have also started to collaborate and trying to harmonize around a single target.

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

Okay, thanks.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thanks Eric. I think that's a good recommendation and it does add some specificity to this. If it is balloted and released for trial implementation, then we'll also have to mature...notice that its maturity model, but I think that that's a reasonable recommendation as an alternative here. Any other comments on this topic before we move on?

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

Well I wouldn't get to classify it as best available because I don't think it's quite available in the sense that the speci...available, but it's not...I have no idea how much implementation's gone on. And I think it depends a lot in practice, in a lot of cases, it'll depend upon FHIR being implemented. So I'm for it, but I don't want to say it's done.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Eric, do you know whether IHE is going to sponsor DAF as...through a Connect-A-Thon or other trial implementation projects or...?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I believe so because if you...one way of thinking about DAF and the way I think about it is actually is a catalog of other specifications all brought together in a harmonized, unified manner. So essentially the way I think about it is, if you look at this as a jigsaw puzzle of lots of potential ways to accomplish things that DAF basically has a rational view of how those pieces could fit together. And so the answer to your question is that as a side effect that means that the various standards pointed to by DAF are largely already being tested at Connect-A-Thons under IHE as well as under HL7 and Argonaut and other similar efforts.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay, thanks. Any other comments? Why don't we move on then; next one is on drug formulary.

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

Well Kim, you had some comments on this before it seemed were cautious.

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

Yeah, this is one that I would categorize like Eric, his famous words of the use case, like what is the use case and if you want to get exactly like what the pharmacist sees with what the patient has to pay out of pocket, like this is not going to give you that information. It has a lot of incomplete information so, it's a standard that's out there and it has the maturity, but it does not meet the goal of what's needed in healthcare with the provider and the patient being able to know exactly what they would have to pay for that medication when they go to the pharmacy.

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

And is this is the problem, it's really not real-time or something like that?

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

It's not real-time and it's not patient-level. It's a batch so it's representative and it...so it's not going to give you the exact patient information. There's a standard that's in development right now called the Real-Time Benefit Inquiry through NCPDP, but it's not ready.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

But in terms of just drug formulary checking though, and the answer just may be no Janet, you don't know what you're talking about. But that doesn't necessarily, like you were talking about the use case, as long as we're not talking about getting something that's patient-friendly, doesn't this suffice for drug formulary checking, when you just want to check and see if the drug's on the formulary?

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

Well, it's not always accurate so I guess it depends if you just wanted to check...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh...

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

...then you could say yes, I'll check, but it doesn't...I mean, the physician could still get a call if it shows up as green, they could...and they get to the pharmacy because it's at the plan level and not necessarily the group or the patient level; the information that comes through...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Oh...

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

...so.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Okay.

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

If...

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

Heard this criticism prior; I think we should say...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Gotcha.

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

...we should wait for the Real-Time Benefits Inquiry because the implication to all these things, I mean, including what's in the current Meaningful Use 2, you know, the doctors have to check formulary. The only reason you want to check it is to save the patient being frustrated when they get to the pharmacy and if it isn't right and it doesn't give them cost for the real cost, it's going to be not helpful. So...and I think it's not...it's imminent sort of, right, the next year or so should get the Real-Time Benefits thing done?

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

Yes. We're working on it right now and that is the...I mean, you want it to be where when the patient comes in at the point of care they can have a discussion...

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

Right, right.

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

...a fair decision making and this does not allow that at this point.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So if we're going to be thinking about maturity model associated with this standard, is this something we would continue to list as best available with a gap and an emerging standard that should be monitored as a replacement? How would we recommend that something like this be addressed in the ISA?

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

That is interesting...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Rim, this is Eric...I'm sorry, go ahead.

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

Go ahead Eric.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Okay, thank you. Rim, I think you nailed this that we rec...say just that the standard exists but it's insufficient and we recommend that we monitor and potentially get organizations to become involved with the specification of the solution, to make sure it's sufficient.

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

Which is the Real-Time Benefits Inquiry, right?

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

Yes.

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

I think this thing is not going to pan out, I mean, if you got...and Kim, you're involved with the pharmacy side pretty well, right?

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

Yes, um hmm.

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

I think we should just say it's not...it doesn't accomplish the need...serve the need and we should wait for the Real-Time Benefit Inquiry to be...to ripen or to be available.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Any other thoughts on this topic? I think that's a good discussion because we're touching a couple of times now on how we deal with or how we recommend ISA deal maturity, and I think that that's going to be an emerging topic that we're going to be covering more and more and need to be cognizant of. And one of the things that I would recommend come out of this task group is that we have a general recommendation on how maturity be listed and how will it be used. Eric as you say, Arien had reviewed a model that may be appropriate for us, but as we go through these standards, I think we should keep that in mind and make sure that there is a recommendation. If there are no other thoughts on this particular slide, why don't we move on to the next one? Any comments here?

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

Well there were questions in another context about whether these are two-way or one-way; Kim, can you help us on that, should they be or are they?

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

What...it is bi-directional, is that what you're asking?

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

Yeah. Okay, I mean the issue that I worry about is I don't know that people have dealt with the problem that could occur if you get asynchronous...you get messages in all day long about yeah they filled this prescription without built in tools in the EMR to say...to log that or is that part of it?

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

Oh, okay. You're talking about something else, you're talking about like when they message, like if they have a question about...

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

No, no, I think one of the things, well, it may be to clarify, I thought some of this stuff was going to, if I write a prescription, I'm going to get a message back saying when they filled it; is that wrong?

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

That is one of the refill requests that's in the public comment; that would be fulfilled by that and Clem you remember when we were doing the Stage 3 information, we kind of tiered the recommendation. I think here they're just asking would the SCRIPT standard be the best available?

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

Okay. All right.

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

Umm, and I think we also have to remember this is e-Prescribing in the outpatient setting, because they do use something different in the inpatient setting.

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

Right, right, right. All right. Okay. So we should say...we should take this, right?

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

I think the SCRIPT thing there is fine, I guess the question is, do we want to comment on any of the other transactions that are in there like the New Rx, the refill, the cancel, the Rx fill notification? And...

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

Oh, that's the one I was really talking about, the Rx fill notification.

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

Yes, that one and so that one has...we put recommendations, remember, in the MU3 proposal comments back to the Standards Committee and tiered them and that particular one we stated they need to reach out to the advocacy organizations, if my memory is remembering correctly. And I can pull these up and send them out to the group, too, because we weren't sure, like if a physician started getting all these notifications that they would know what to do with them.

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

Yeah, that was one I was worried about, nor, if they have to...by hand, you know, there isn't some automatic way to load them into the system so that once a week they could see which ones weren't refilled, which is the interesting point and what the responsibilities will be. I think that could be a pr...I worry about that one for that reason because I don't think there's a value...they figured out the workflow completely. So I guess we should say that these are the best available, but refill notification may not be integrated well enough with the clinical side?

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

So we...I think we have a couple of options. We could just recommend a SCRIPT standard and not talk about the transactions within it that aren't part of Meaningful Use at this point or we could point them out with our comments around them.

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

Well we don't know they won't be part of Meaningful Use.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Well I would tend to caution us a little bit against just limiting our discussions to Meaningful Use as well. A couple of meetings ago we had talked about developing use cases and that's still an outstanding action that I have on my plate and I apologize for not getting...moving forward on that but we had talked about using Meaningful Use as a basis for that. But Meaningful Use has specific direction that necessarily doesn't meet all of the needs of the physician and I don't know that we need to just limit transactions or best available standards to Meaningful Use use cases either. The use cases will give us at least a basis for whether they're sufficient. Or do you think that that is scope...that we should not be considering here and that we should really limit this to Meaningful Use use cases?

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

I don't know if it matters because I've actually seen the latest notice and I can't speak about it, but I don't think we should assume that nothing will be in Meaningful Use, just because it wasn't in Meaningful Use 2 and independent of that, I think we should support 10.6, but hold out the refill notification until the workflow is worked out better.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Clem, this is Anne; I agree with you, I think 10.6 we should support, but we need to put some cautionary note around the workflow and system capabilities on these messages. Kim, I guess I'm voting for your second suggestion.

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

Okay and I'm going to pull up those...our recommendations, because we actually had tiered them and said, umm, hold on, let me get back to those slides.

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

I hope we said the same thing, Kim.

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

Yes, it was. We are talking the same thing but I've lost my slides. What slide number is that?

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

Forty-six.

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

Let me do it on my hard one because I lost the Internet one. Like the refill request we felt like was something that they should do, so like say a patient comes into the pharmacy and the prescription has expired and they need to get it refilled, we felt like that was a good one to start with but the Rx fill notification was one that we felt like needed a little more understanding and that workflow analysis with it to determine what that would mean and what it would do if all of that information was sent to the provider.

So there were some around there; like new Rx is part of the SCRIPT standard already and part of everything, I mean, you wouldn't be able to e-Prescribe if you didn't have the new Rx; so I'm not sure why that one is there. And then the cancel, I believe, was one that we put on the upper level so that they should...

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

Right.

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

...look at, yeah.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So this is Eric. I have a concern about NCPDP in general which one is, I think it's largely been driven by Department of Justice requirements, not by healthcare requirements and if you look at the actual data elements, for example, being used for exchange for prescription drug monitoring based on NCPDP, it's actually very redundant and yet incompatible with healthcare related standards, which is unfortunate. And I would like to recommend that we try to find a way to reconcile NCPDP with associated healthcare standards, especially for query-based.

And just as one ex...another example, they actually are essentially in NCPDP reverse engineering HL7 in some cases; they have, for example a new transaction called the census traction in NCPD which basically tracks patients admissions, room changes and discharges. So my question is, why would another standards body do the same thing that HL7 and many others, like IHE, have already specified. So I think we're in dangerous territory here and the NCPDP should be...we should recommend that they actually harmonize much more closely and carefully with existing standards that are widely adopted in the healthcare domain for the treatment of patients.

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

Well, could I just join in; I think...I agree with the idea that they shouldn't be spreading out new stuff that...unless they are duplicating...it would almost be okay if they duplicated HL7. They do collaborate with HL7 because I've been in HL7 for 20 plus years and the problem with not aligning the two together, a lot of it had not enough time on the HL7 side, I mean, people who spend time on it. The other thing positive about NCPDP, they stick to their...mostly, maybe getting into censuses and they get to conclusions and the stuff works and they don't get distracted by some of the things that HL7 does that are not...don't get it done. So, I'm on the positive side of NCPDP SCRIPT, but we should recommend that they align with, I would say HL7, which is the big gorilla in the field and I think they want to already. Kim, can you speak more to that?

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

Yeah, they do. I know they work with HL7 and they've had to harmonize the SCRIPT standard because of the inpatient outpatient differences from when an inpatient needs to send something to a retail pharmacy and so there has been harmonization with that and with the EHR profiles. So they do work together. I'm not familiar with the census tracking, Eric; I'm going to have to look that up. I don't know if that's maybe for...I know they're getting into some dental stuff and some vision stuff, so maybe it's a different healthcare grouping; do you know if it's with provid...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I'll send you a reference to that if you'd like.

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

Okay.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And one concrete example to kind of underscore my point, notwithstanding Clem and Kim's comments which are encouraging, is right now I'm implementing a PDM...prescription drug monitoring program system and we essentially have our choice of using NCPDP or IHE standards or a couple of other standards which also are not necessarily I...compatible. And I would like to see that we have a single target for things like, you know, round trip e-Prescribing workflows including query that do not require the industry to make a choice of A or B, and right now we have an incompatible choice of using either NCPDP or something like NIHD, you know Patient Discovery or perhaps in the future a FHIR-based approach as well. And those are very different standards and it's very suboptimal to have two ways of accomplishing the same thing that are largely equivalent but incompatible...

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

While you're on that, we ought to go into Surescripts which has probably 80% of the volume and you can sign up for a query system on that, which crosses many pharmacies and sources. It's probably the most widely used; I don't know if you're aware of that, Eric.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Great, thank you. Also Kim, I'll send you a reference to the census transaction.

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

Okay, that would be great. The one thing I would say with NCPDP along Eric's line is the membership, because it could use more providers and it could use more vendors. It's heavily...well half of the transactions are for Telecom, which are for the pharmacy transactions from the pharmacy to the payer and then the other half is the PDMs and payers and from the provider to the physician, but it's heavily influenced by the pharmacies and the payers and there's not a lot of provider influence or vendor influence and so that could definitely help, I think, with how the standards come out.

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

Well they started out as, although pharmacy benefit managers, right, that's really what the initial part was.

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

Um hmm.

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

Well do we have...do you have enough to deal with that one?

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

Yeah, I'll type these up and I'll, you know, we'll send them out to the group and I'll take all the information and try to capture it in a couple of bullets and then if everybody could just look over it to make sure I captured the groups kind of tone and thought on everything, that would be great.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

All right, thank you. Any other comments on this then? Let's go ahead and move on to the next slide then, I have 47.

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

I would say we just accept it, including the comments; the comments are all reasonable, easy things to add and clarify. And this has been around for a while, I don't know why it's a trial use, 5.1 has been around for at least 2 years maybe 3. But the comments, I think, are all useful additions that should be accepted.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Any other comments? Okay, why don't we go ahead and move on to the next, family history.

Eric Heflin – Chief Technology Officer – HealthWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Actually...genomic stuff on the prior topic, slide 47; the one recommendation I would actually would have is that one thing we're finding in some of my projects is that each state has their own flavor and so we have essentially a large number of variations of this, based on CDC work. And I would like to recommend that we actually ask the ONC to coordinate and convene industry to try to eliminate the discrepancies from state to state, which is just going to help all of us if we have one target instead of multiple targets.

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

That's a great idea, in fact, I thought that's what the whole purpose of this was, but yeah, I didn't realize that.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I agree and I think if we state that, then the first point becomes less needed, it can actually eliminate the variation, that's best...

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

Yeah.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

...a unified...variation would be a second though.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So just to be clear, I think that's an excellent recommendation and something that we should include here. Is the convening something that should be coordinated through CDC and state public health departments? Is it something to be coordinated through industry? Is it something to be coordinated through state government representation? Is there a particular path here...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Well my...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

...we need to recommend?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Some...this is Eric; my recommendation would be that the ONC act as the convener and a voice at the table to convene all those you just mentioned, including standards bodies, states, all of those impacted including vendors as well to identify the variations, reconcile them and to ultimately determine and specify a single approach that would meet all state requirements, if that is indeed viable.

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

Eric, could you...want to just send in what you just said because I could buy that 100% and I think ONC is better than CDC because there's a little tension sometimes between...departments.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yes and the thing I particularly think is attractive about that, in my mind to be candid is that in many cases the CDC releases work and it has the effect of a de facto standard without it being a true standard.

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

Uh huh.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And so I think the CDC's requirements, and I'm sure they do that for good reason, but...and I know they're certainly involved in various standards bodies and standards works, but in this case I think it would be important that their voice is there, the requirements are known, but actually go through more of a standards body based approach with full transparency, full vetting and full participation by all interested parties.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thanks Eric, I think that's a really good suggestion and something we should include. That probably applies to most if not all of the public health reporting items in the ISA...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yes.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

...not just this one.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yes, I agree.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay, thanks. Moving on...and anything else, I moved on too quickly for the last one; anything else on public health reporting before we move on?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Not here.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thanks and family history clinical genomics; thoughts here?

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

Well this is not, you know, this is a big effort to create a family pedigree; I mean it can take an hour with a good genetics counselor so, it's really a very specialized, narrow area so I'm not enthusiastic about it being something imposed on the world in any way; but if people want it, they could then...we could let the market decide. On the other side of it, I think there was another question...and it doesn't have vocabulary standards in it now either, I don't think. It might, but I just worry about it being too much for...to be part of regulatory processes, if it would get there.

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

There was a comment in our vocabulary section, in Section 1, I'm trying to go back and find it. It wasn't directly towards the genomics but it was in the public comments and we stated something about it, does anybody remember off the top of their head?

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

No. There is another family history mechanism in Meaningful Use which uses just a SNOMED codes to save family history of cancer in my father or something like that.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I think that's also in here, but this is specifically the clinical genomics one.

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

Well then it's specifically a pedigree, you know...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Right.

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

...so it can generate that tree that you see is very pretty and identifying whether it's sex-linked, blah, blah, blah, blah and all that kind of stuff. But it...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Wait...

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

...it's very...there was...NIH did a survey and did a research thing two years ago and the conclusion was, this isn't needed general care. They still...but they really want it, I mean, they're sort of kind of...they, I, I guess I'm NIH. So I think it's okay, but not as anything that wouldn't be adopted voluntarily by the market.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

Yeah Clem, this is Anne; I agree with you. I don't really have issue with the standard proposed but I do have concerns about the niche use and also I'm not sure the workflow and systems are ready.

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

Right.

Anne LeMaistre, MD – Senior Director Clinical Information Systems and CMIO – Ascension Health

So I think we need some kind of cautionary statement.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

Go ahead.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So to the first...I'm sorry, go ahead.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

No please, go ahead.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Okay, thank you. This is Eric; so towards the first public comment received that the standard does not include communications option thing; my thought about that is in fact that current version of the Standards Advisory in really Meaningful Use 3 NPRM, you know, does state to paraphrase, that an organization can use any of several ways to transport, you know, information such as this. So I would assert this actually is addressed but perhaps we just need to clearly say that this type of information can be proposed...can be transported using any of the other transport standards mentioned elsewhere including IHE profiles, e-Health Exchange or I'm sorry IHE profiles, HL7 transports, Direct and essentially future others such as FHIR.

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

It's possible that that might have been our comments, but if it was probably the point we were making was not that the binding was...and it's not worded well, but not that the binding wasn't specified, but that the optionality of the bindings can sometimes lead to implementation difficulties. I know that we saw that a lot with some of the case study reporting as well, and that was a specific concern there. With this one, there's less call to communicate it so it hasn't been as big an issue but in general, by having the transport layer be entirely a menu of choices, what that works out to in practicality is that you have to implement all of them and each place does them slightly different.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So there's been some good discussion here. Is there a recommendation that's kind of emerging?

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

Well it's tricky because I guess I would suggest that we should...this should be...the adoption should be market-based because it's a specialized activity and not part of a regulatory process. But that I don't think there's probably anything basically wrong with the standard.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay, thanks. Any other comments? Why don't we move on to the next one then, slide 49.

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

But is tha...do people know what this is? I mean, so this is...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I do not.

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

Okay, this is basically...

Janet Campbell – Vice President of Patient Engagement – EPIC Systems

I don't.

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

...CDA representation of a longstanding survey instrument that some percentage of practices and hospitals complete, I think voluntarily. It's been going on for 10 or 15 years so they're now proposing to get it into an electronic standard form that they could be shipped around. And it is what it is, it's just an implementation of the paper document as a CDA and there's probably nothing wrong with it; I don't know what the burdens would be on practices or systems to implement it. It passed the ballot I think fairly well in HL7.

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

So Clem, is it like if I had a questionnaire that I wanted completed, I could build it in the CDA and utilize it that way or...?

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

Well this is a CDA with exactly one specific questionnaire set in it.

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

Oh, so you can't customize it.

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

It's not a tool for anybody else. You could maybe get a workgroup up and make another one like this, of course it took them 6 months or a year to get through all the processes. Now...so it's one that...so I just...I think it's okay, I don't know what the burdens will be in terms of it may be easier than filling out the paper and whatever they had to do now, they may have had to go to a website and fill it out. But there's maybe 10,000 pract...it's a big...it's widely used, the content.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So can you help me with understanding the use case for the standard then?

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

Umm, why...I guess, I mean, it's, you know, just like OASIS or one of the other ones, it's a standard...not a standard, it's a regularly completed and they change it a little bit every couple of years, and it's completed by fair...an important percentage of the...publish it.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So this is...I'm sorry, go ahead Clem.

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

No, that's all I really have. Yeah.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So this is Eric. I have a few quick thoughts on this topic; one is that I think this standard makes sense for those that this specific, extremely precisely defined survey use case, which also limits us in a way because this is not a general purpose tool. So I think we point to this is appropriate, but I also would suggest that healthcare surveys in general could also be implemented using other approaches and specifically the IHE profile retrieve form for data capture, which is designed to be a general purpose tool for collecting data and potentially in validating an associated workflow with the capture of that data, such as would be either for surveys or for more rigorously constrained use cases such as for research subject to critical audits and reviews.

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

That's what the SDC, what they called SDC, structured data capture. But my complaint about structured data capture is there are some good products out there that are a lot simpler and they didn't...I don't know if they even looked at them. REDCap has a nice question...and it's...you could implement it in 4 or 5 days.

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

So Eric, would you say a recom...would you say our recommendation would be that there are other tools but the survey could be built and it could be more scalable for other surveys or...because I thought I could...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I think so, yes.

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

I think that's true, but they didn't...this does not pretend to be a...this is just, you know, it's like the OASIS, you know, the government Medicare MDS form, it's just what it is and they implement it as a CDA.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

So perhaps what the recommendation is is that this standard is okay based on the niche use, well niche is probably the wrong word, but, the use...it's particular use but that ONC should look into more generalized survey instruments, standards for more generalized survey instruments and the IHE profile that Eric mentioned is a potential for that as well as structured data capture.

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

FHIR is also working on one, also fairly complicated but yes, I think that's the right response.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I'm good with that. Thank you and I'll send you reference offline to the standard I specifically mentioned if that will be helpful to you for your notes.

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

Yes...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thank you. Okay, we've got about 8 minutes left by my clock on today's call, should we handle one more before we go to public comment?

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

Okay.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Sounds good.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Let's take a look at slide 50 which is DICOM imaging standard. Are there any comments here?

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

Yeah, I don't know what they're really talking about because DICOM also has...is this the report standard or the image standard or both? DICOM has something that's implemented in CDA which is pretty good but I don't know if that's what this is; anybody? It sounds like it's about imaging only.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yeah, I also remain confused because of the definition of what problems we're trying to solve. I do know that DICOM looks like it's widely used and well adopted and working well and curated and an active standard so, I do believe it makes sense to recognize DICOM specifically. And I also have asked my organizations about their use for exchange of those images using web services profiles and they did...my organizations confirmed that the standard mentioned under the last bullet XCA-I also is implemented, in production and working well so I'd be comfortable recommending both of those too, depending on the associated use cases.

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

Well I wish it was a little more packaged in saying what it was and wasn't, what they're really specifying. I agree, DICOM is universal in radiology departments and it's a good standard. But it's mostly at REST and...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yes, or in machine to machine exchange whereas XCA-I is more for exchange between organizations such as HIEs, between each other or facilities and HIEs that don't have a PACS system in common.

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

Yeah, I wasn't as clear that that has settled down yet, I thought that...I thought DICOM was working on their own and there were maybe two web versions cooking. I'd have to look...I'd have to dig further. That may be the one that is favored by the people I've talked to, too.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yeah, I've actually been in some...with I think 3 or so of the larger image-sharing application vendors and I understand that all three of them support both DICOM and IHE XCA or XDS-I. There's actually a typo on that slide, it's actually XDS-I, I believe, not XCA-I, but...

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

Well the only pro...I would almost like to bring in the report part if we could find the right name, umm, that they have. I think just balloted in...

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Yeah. Just really to square the issue that...this is Eric; in absence of a clearly defined problem we're trying to solve, we're all scratching our heads trying to figure out what would be an appropriate solution to dovetail into an imagined problem. We should avoid that and just precisely define the problem as part of our recommendation.

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

Well I mean there is a DICOM report thing that's implemented in HL7 which I would like to support, too; but maybe it's already included. I mean, this is just the name of the organization at the top, the proposal. What do you suggest Eric, how can we get it nailed better?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

I think we just first get a use case defined and then analyze against those.

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

Okay.

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

Okay, I'm going to...I think Rim lost his line, he just sent a message. Are we good with the images?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

So no, I think we're not in that we need clarity about the problem trying to be solved so we can actually provide better comments as to the best available standard to solve that problem.

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

Yeah, yeah.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

In the absence of clear definition, my recommendation is the two mentioned here, DICOM and either XD...and XDS-I.

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

Any other comments on that? Are you back, Rim?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Yes I am; sorry I missed the conversation there.

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

We were closing out the images.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay. Thank you. Are we finished with that topic?

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

We don't know.

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

We...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Well, we...I'm sorry, go ahead Kim.

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

There needs to be some clarity about the problem that we're trying to solve and so we're going to work on this maybe a little bit offline and then come back with some...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay.

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

But I think...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

That sounds like a good plan.

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

I think you'd sort of say there was positivity around DICOM.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Okay. We are at the end of our meeting time, too so maybe this is a good place for us to pause. We can see if we want to take this topic up at our next meeting. We did make good progress on Section 2 today and I thank the group for moving us forward there. We have a few minutes for public comment, I think.

Public Comment

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Operator, can we please open the lines?

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

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

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

And while we're waiting a minute, Clem and Eric, I'll try to type something up and I'll send it to both of you to kind of add in, is that good?

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

That's good.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Very good, be glad to.

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

Okay. All right.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

And this is Brett; while we're waiting for public comment, just a reminder about next steps. Our next meeting will be on August 10 and we will continue to work through Section 2 comments, we'll get a summary of the public comments that came in on 5 and we'll also be sending around the larger, full set

of public comments in Excel to the task force members so folks can read and have some additional background in areas. Before we go to public comment, just checking in, do we think it makes sense to try to add one more meeting in our schedule or do we think we're going to be able to get through?

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

This is Eric; based on our current rate of progress, I would expect we would need another meeting and I'm in favor of that.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I think if we can fit one in that's probably a good idea. We did make good progress today, but there are lots of things that people want to discuss and I think that we should make sure we get...we give ourselves time to get through everything.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Okay, I will get that scheduled and we can always cancel if we need to. Are there any public comments?

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

There are no public comments at this moment. Thank you.

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

Mich...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Well if not...is there anything else Kim? Did you have anything else for today?

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

I was just wondering, Michelle usually tells us if any come in through the chat so I wasn't sure if we should check the chat also. I don't have visibility to that, she...

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I don't either. Does somebody have access to the chat and can report whether we have any public comments on chat?

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Yes we do have a comment from David Tao and the HIEs...profile is not really different from HL7 2.x but is just a set of constraints to make HL7 2.x ADT more tight. Many HIE profiles are constrained upon HL7 2.x; these may be used, for example, in patient identity feeds to HIEs to support master patient indexes.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

And this is Eric. I think that's a great comment and I think I really should underscore is one part of my personal feeling about our approach as an industry which is to that a standard has to be precise enough

to be implementable and that often entails multiple groups helping refine and define and constrain the underlying specifications.

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

And is it Kim, will you be sending that to the group like that?

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Yes, I'll send it out to the group.

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

Right, thank you.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Thank you David.

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

Rim? Maybe we lost him again. So I think that's everything, right?

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

I'm sorry, I'm talking again here on mute. So if there aren't any other comments on chat or any public comments on the phone, then I think we're done for today. Thank you all for participating; good ta...good discussion today; we'll talk to you all again next week.

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

Thank you.

Robert Cothren, PhD, MS, SB – Executive Director – California Association of Health Information Exchanges

Thank you.

Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority

Thank everyone. Bye.

Public Comment Received During the Meeting

1. The IHE PAM Profile is not really different from HL7 2.x. It is just a set of constraints to make HL7 2.x ADT more tight. Many IHE profiles are constraints upon HL7 2.x -- these may be used, for example, in patient identity feeds to HIEs to support Master Patient Indexes.
2. Re Clem's question, Care Plans in Consolidated CDA is imbedded within the "Clinical Notes" CCDA implementation guide
3. Similarly to my comment about PAM, IHE Cancer Registry/QRPH specifications are not different from CDA -- they are constraints upon CDA
4. NCPDP Formulary and Benefit is the best available at this time. It provides great value in providing drug coverage information at the point of prescribing instead of at the time of dispensing. Without

this check a physician may prescribe a drug that is not covered and that would be more disruptive than not knowing patient cost. Real time cost information will be of value only if the prescriber is willing to take the time to examine that cost and to seek alternative products. This may require multiple inquiries.

5. In addition to the DICOM and XCA-I standards for images, I suggest that ISATF consider the "DIR" (Diagnostic Imaging Report) which is a standardized document type within Consolidated CDA.