



**HIT Standards Committee
Interoperability Standards Advisory Task Force
Final Transcript
August 17, 2015**

Presentation

Operator

All lines are now bridged.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 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, if you aren't speaking if you could please mute your line though we have to wait until after rollcall. Also as a reminder this meeting is being transcribed and recorded. So I will now take roll. Robert Cothren?

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

I'm here, thank you.

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

Hi, Rim. Kim Nolen?

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

Hi, Michelle, I'm here.

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

Hi, Kim. Anne LeMaistre? Arien Malec?

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

I'm here.

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

Hi, Arien. Calvin Beebe? Chris Hills? Clem McDonald? Eric Heflin?

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

Eric is here.

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

Hi, Eric.

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

Hello.

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

Janet Campbell? Lee Jones? Lisa Gallagher?

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

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – 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.

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

Hi, Paul. Peter Palmer?

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

Here.

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

From ONC do we have Brett Andriesen?

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

Brett is here.

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

Hi, Brett. Nona Hall? And Rose-Marie?

Rose-Marie Nsahlai – Office of the Chief Privacy Officer – Office of the National Coordinator for Health Information Technology

I'm here, thanks.

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

Hi, Rose-Marie. Anyone else from ONC on the line?

Veronica Gordon, RN – Program Analyst – Office of the National Coordinator for Health Information Technology/Office of the Secretary of Defense

Yes, this is Veronica Gordon calling from ONC OSD.

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

Thanks, Veronica. With that I'll turn it back to you Kim and Rim.

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

Thank you and welcome to today's meeting of the Task Force. Let's go to the agenda for just a few minutes please. So, we have a number of different topics to discuss. I think that today's meeting maybe a little bit more free flowing we'll first start off with Section V discussion that was the area of the Request for Comments on the ISA for things that were not covered elsewhere in the document.

We'll talk a little bit about security standards and what we may want to do there and some specific security standards. I know that there have been a couple of suggestions out of band of these meetings that we'll talk about briefly there and then we'll come back and revisit our previous suggestions on maturity and adoptability criteria. It is mostly just to see if there are specific thoughts as we move forward with our recommendations back to the FACA body. Let's go onto the next slide, please.

We've gone through roll and to the next slide; this is just our schedule between now and our report out meeting on the 26th. So, today is the 17th, this is our last general day of discussion of feedback.

I think that today would be a good day for us to visit back to any topics that we don't believe we covered to the extent that we wanted to in previous meetings, time to revisit any thoughts that people believe that need more discussion or that they were absent for in preparation for our report out.

Our hope is that by Thursday's meeting that there are materials that we'll distribute to the Task Force to begin for our report out. Let's go onto the next slide, please.

This is again our guiding principles; I'll pause here for a second to see if there are any updates or anything that people want to discuss about our guiding principles.

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

So, Rim, this is Eric, one thought to kind of recap something that's been kind of a reoccurring theme which is that all along it's been somewhat difficult in some cases really to properly identify standards and we keep kind of coming back to the question of, you know, what standard is necessary to accomplish what purpose and it seems like in many cases it's been difficult to establish the clearly defined purpose and so I actually would offer, if the group is interested in potentially adopting a new principle, which is that the standards should not only be based on maturity and testing but also that they should be based on assessment as for defined and vetted in approved use cases.

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

Thanks, Eric, I actually think that that's a good idea. What I might offer is that we have a tendency to be really focused on use cases that can also be overly limiting and we've talked about, you know, the benefits of talking about specific transaction patterns or specific use cases, or specific functionality and we may want to broaden the language there to not be specific about use cases, but perhaps specific purpose for use or some...I'm thinking we may want to get away from the use case language.

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

Hey, this is Arien, in the discussion that we had on the S&I Framework that led to an approved set of recommendations through the Standards Committee we talked about national outcomes and discussed or proposed that there needs to be a process for defining outcomes and that standards and interoperability specifications and the like need to be subordinate to achieving real world value-added outcomes rather than particular use cases.

So describe a state of the world that needs to exist and then subordinate the discussion of standards interoperability specifications to that state of the world.

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

Thanks, I'm...can you give me an example? I'm...

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

Yeah, so as an example, we may, as a matter of national priority want acute care transition to ambulatory care to be accompanied with the ability for the ambulatory care provider to have enough information to adequately treat the discharged patient that would be an example of an outcome to which...

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

Okay.

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

Yeah.

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

And I think that at least meets my concern which is that, you know, outcomes is one of these terms if you can imagine way too broad to actually be particularly useful but you're describing something that's quite specific. So, Eric, how do you feel about that?

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

That might work and I do acknowledge your point which is that indeed use cases can tend to also make us be too narrowly focused and so I would actually like to request a chance to review the text that's going to be proposed as a new guiding principle but I think we're headed in the right direction based on your comments and Arien's comments.

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

I think that that's a good idea and so maybe we can circulate something with Kim and you, and me, and Arien over the next couple of days and come up with a set of words here that we can add. I like the idea of adding that as a principle. Are there any other thoughts on the guiding principles? If not let's go ahead and move on.

The next slide is on our purpose, anything that people want to revisit here on the ISA purpose?

On the next slide process and scope.

All right well let's go ahead and move forward then. What I'd like to do since we've had a little bit of varying ability to attend some of these meetings is to...I don't want to touch on all of the slides again, but I do want to make sure that we at least have a chance to pause at each one of the sections that we've discussed in the past to make sure that there aren't any other topics that anybody wants to bring up from Section I discussion on vocabulary code set and terminology standards I think there's been a summary of our thoughts distributed on this already. Are there any other thoughts or comments that we haven't covered already on vocabulary code set and terminology standards?

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

Rim, this is Kim, just to clarify, I've been working on the calls and I've kind of gone out of order so that July 30th call I'm still working on that and hope to have that out, you know, definitely by Thursday so that will be coming out, but then the August 6th call number five I sent out this weekend and once we get our little group review we can send that out.

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

Okay, thanks, I knew that at least some of the comments had gone out, you're right I'd forgotten that we spent a great deal of time with Section I and haven't been through all of the summary. And thanks again Kim for working so hard on those summaries that's a painful task and I appreciate your help.

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

Thanks.

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

Any other thoughts on Section II then? Content, structure, standards. Content and structure standards and implementation?

All right then from last week we discussed Section IV and Section V as best available standards and implementation specifications for, sorry III and IV was for transport and then for services. Any last thoughts or discussion about last week's meeting?

Okay, if not then let's go ahead and move forward. Section V which was starting today's agenda, slide 74. Slide 75 shows what the question was that was posed. I think earlier this morning people should have seen the full text responses that we got from people on this comment. There was quite an extensive list of comments that were there.

I know that I haven't had a chance to review all of those comments yet and I don't know if anyone else on the call has had a chance to look through anything there.

I think that what I would recommend is if anyone has anything that they would like to visit from any of those comments then we can go ahead and bring it up now.

I certainly recommend that people take time today or tomorrow and try to review anything that's there and perhaps pass back by e-mail any thoughts about things that we should definitely consider, we can make part of the report or discuss next Thursday.

This is a good time to also bring up anything other perhaps than the security standards which is still before us on today's agenda that people want to make sure that we discuss as part of these meetings.

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

Rim...

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

This is Eric, it sounds good to me.

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

So, Rim, I feel a little delinquent, where are those? Is it a Word document that was sent or...

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

It's a Word document that was part of this morning's package. So, it's something that just came out this morning or at least it's the first time that I've seen it is this morning. And it is Section V by question analysis so it's a pretty extensive document. Some of the comments here were quite extensive.

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

I can't seem to find that. Brett do you mind sending it to me again? I don't think I have this document.

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

Sure, I can forward it to you. It came out through all the materials for this morning's call and if you're on the...

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

Oh.

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

If you're on the Adobe meeting you can actually download it on the left-hand side there as well but I'm happy to forward you a quick copy.

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

That would be great, thanks.

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

Has anybody had a chance to take a look at that document yet and have anything in it in particular that they want to discuss today at today's meeting?

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

This is Eric, I've been going through it but I have not had a chance to complete it really and digest the materials. So, I do like your suggestion of having a chance to review them carefully off line and then prepare to discuss those between, you know, now and our next discussion.

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

Yeah, this is Lisa, I agree. I did scan it but I just didn't have the time to go through the whole thing.

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

Okay, I think that makes sense. I would encourage people that can to take a look at it today or tomorrow just so that we can collect enough comments that we can perhaps structure a discussion on Thursday, but as people have the time that would be great if they can take a look. Why don't we go ahead and move on then for today. Can we move onto the next slide?

There was one question listed here specifically about HL7 message types be listed and whether they should or not. There were some comments here that might be worthy of discussion at today's meeting.

We talked a little bit about specific HL7 message types in our previous meetings as well. Are there any thoughts about the comments to this question?

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

This is Lisa, I think the last point, the last bullet has to do with the versioning of the messages and I think that's important to discuss, you know, whether we think we can be helpful in listing the messaging if the versioning causes confusion.

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

This is Clem; can you guys hear me you couldn't for a while?

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

Yes, we can hear you now.

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

Okay, thank you.

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

Did we miss some comments from you Clem?

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

Yeah, but I don't think we should go back. Well, I just want to clarify the questions and the comments is this that very long document that's got maybe 20 pages of comments that came as part of...

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

Yeah, that's it Clem.

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

Okay. And we got comments after the meeting before Friday's meeting from someone talking about DICOM and they were very good comments and I don't know if they were discussed on Friday and wrapped in. He named the HL7 DICOM's reporting specification.

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

Is that from David?

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

I don't remember it was someone who was commenting after the call. I mean, it was a public comment.

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

Okay, Clem I think...

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

Oh...

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

Oh, go ahead, Lisa.

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

Yeah, that sounds like David.

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

Yeah, Clem...

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

The...

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

I...

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

...

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

Sorry. Oh, I'm finishing up that section and I was going to send...I had a message to send you and Eric a summary for the images and I had David's e-mail up too to try and incorporate those in there.

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.

So, tonight I'm going to be sending that one.

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

Okay, great, thanks.

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

I want to go back to the question here on versioning and that has come up in some of our previous meetings as well that some of the standards we may want to specify a particular HL7 v2 message version to follow a 2.5 versus a 2.3 message.

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

Yeah, this is Arien, I mean, the way that HL7 message specifications work even knowing whether it's 2.5.1 or 2.6 ONC originally named 2.5.1 but I don't...I haven't observed that restricting to 2.5.1 has actually improved ability to interoperate. You really need to get down to a more specific implementation guide that's designed to reduce optionality and, you know, even there I don't know what use and uptake we've seen of the LRI specification but something more like that is what's required more than naming ORU for results and ORM for orders and those kinds of things or the reverse rather.

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

Well, could I get clarity on that? Because, you know, we had, you know, something like a billion messages a year coming from 30 hospitals with version 3, we were able to understand those messages but it took a little work once you set them up. So, the idea of 2.5.1 doesn't work sort of baffles me because it's version 3.

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

Yeah, sorry, this is Arien again, I'm not saying the 2.5.1 doesn't work I'm saying that we do a ton of 2.5.1 results and orders messaging. I'm saying that the notion that it works out of the box tightly constrained so that if you interface with one EHR you interface with one EHR doesn't.

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

But it...

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

But you need something that's a more constrained implementation guide in order to generate that guarantee.

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

Well, let me go...one more point is that we could deal with the HL7 message in maybe two days of work but then it took six months to map the lab codes. I still think the major problem is the lack of codes but you may be able to shed light on that.

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

Oh, so no doubt there is a...this is Arien, no doubt there is a vocabulary issue as well but, you know, it's two days for each EHR that you interface with for each sending system that you interface with and there is a combinatorics problem.

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

Well, we didn't face that but we agree it just took a...but a couple of days is nothing compared to the lack of standard codes for the test phase it was quite doable.

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

Yeah, no I think we generally are agreeing here.

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

Okay.

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

My only point is that you need to understand that just saying 2.5.1 doesn't give you a guarantee that you have the same kind of interoperability guarantee that you have when you plug a USB drive in or something to that nature. You need a more constrained implementation guide if you want to get there.

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

Well, my question is whether you can...whether you can actually get a more constrained guide and people can still communicate because the realities are slightly different sometimes on the two sides regardless of what they do with the messaging. Anyway there is no point in continuing that I think we do agree.

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

Thanks. Thanks, Arien, I think that you're point is well taken and, you know, that is a theme that I've heard not just constrained to HL7 messages but in general a need for more constraint through interoperability guidance. So, I take from your comment that we should be concentrating more on broader implementation guidance rather than specifically on versioning but obviously versioning is going to be part of that. Any other thoughts on this particular question?

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

This is Eric, I'd agree with what you just said Rim and with Arien's comments as well and even to Clem's comments, which is that there is indeed some work required, not monumental work, but if we're looking at, you know, national scalability and trying to solve these problems, you know, really even, you know, several days' worth of work is still a, you know, challenge to making these things work especially taking into account...

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

Well, I...

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

As Arien said the combinatorics explosion. So, I think we indeed definitely need to focus on more constraint specifications to remove optionality.

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

Well, could I just come back to that? I mean, I think that the standards field is completely schizophrenic because we have all this goal of making it tighter and yet we have user defined tables all over the place, we didn't have them actually in version 2 so what's going on? We keep...and FHIR is full of flexibility. So, I...

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

Yes and I'd caution us to factor that out at the right level.

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

Yeah.

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

You know it's probably appropriate for FHIR to have flexibility and as the core team states 80% standard at the core level at least that's what they were stating earlier this year, but, you know, when we get to the point of real world implementations then that flexibility should be further constrained otherwise we have...every solution is unique and that doesn't scale.

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

Well, the other side of is, you know, the old Internet saw was send what you have and we'll take what we need. Now we tend to bind it down on both sides and so when you end up getting...you get it narrow enough that everybody can agree you may not have any to send.

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

And I definitely acknowledge that there is a sentiment of, you know, send strictly and receive liberally. The challenge though is that means if you're developing a web application for example which is where that originally was postulated that means you as a vendor supporting web application have to test hundreds upon hundreds of combinations of applications, browser versions, JavaScript versions and operating systems and products, and so on the testing side it becomes, again, an explosion.

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

Yeah, this is...

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

And so I think the reality is that doesn't really work and we really need to constrain on both the sender and the receiver side otherwise essentially this really breaks at the point where you have to test.

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

Yeah, this is Arien; I haven't seen any issues in practice of supporting something like PIX that's a more constrained ADT v2 message. I haven't seen any evidence that...or in lab I haven't seen any evidence that somebody has some genuine need for some level of specificity that overrides the ability to get to general level interoperability. It might exist in specialized domains but for most of the stuff that we send an order is an order and a result is a result and not withstanding Clem's comments that we need to standardize vocabularies I think there's a lot of evidence that we can get a lot more specific in implementation guidance.

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

I completely agree, and that was Eric.

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

This is Rim and I agree as well. Thank you. Any other thoughts on that topic? I think that that's a very good discussion and I've heard somewhat is a recurring theme that there is a need for a little bit more implementation guidance throughout a number of our meetings, I think that that's something that we've heard before. If there isn't any more comment on this particular question let's move on the next topic on our agenda today was to talk about the security standards.

The next few slides list a few purposes standards and implementation specifications. I know that there are also some comments out of band that would be good to talk about a little bit more in today's meeting.

Why don't we go ahead and start with the first slide in the deck here and we'll just pause here and I really want to open things up for a broader just open discussion on security in general today if we can. So, I'll just go ahead and open the floor for comments.

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

So, this is Eric, just to make an initial comment in this regard, for access control too it's helpful to discern what we're trying to do and I think we're trying to essentially provide enough information from generally the sender so that the receiver, which maybe a receiving party or a disposing party if it's a query-based interface, has enough information to make an appropriate access control decision and it's more than just specifying for example, XACML.

XACML is I think a very solid rules-based standard but is it completely flexible it's like saying we're going to use the English language in order to actually make that computable there has to be further constraints upon it.

And the other point I'll make before yielding is that also I would lump IHE XUA which is a SAML-based approach into the same category as access control because that's...it has two purposes, one is access control to let the disposing party determine if they're going to honor the request based on informed information such as the requestor or the requestor's role, the purpose of the request and so on and then also to enable audit logging as well too. So, I would add that to the access control section of the proposed standard.

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

Thanks, Eric.

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

And this is Arien; I want to double down on Eric's comment here. We've seen a tendency for the policy folks to say, to not be able to constrain policy and then challenge standards folks to create some open-ended standard that can model anything and then put together a demo of it and claim that technology has solved the policy problem so we don't need to further constrain the policy.

Just like our vocabulary discussion if you don't further define the particulars of for example, purpose of use, which tends to be one of the areas that is under constrained you don't have the ability to, in practice, constrain security standards and implementation.

In a number of examples we've found it necessary and we've actually adopted some of the eHealth Exchange or vocabulary lists but we found it useful to, for example, define access patterns for treatment for adults with no request for sensitive information and that's a different access pattern from accessing for quality improvement activities which is a different access pattern from, for example, accessing for marketing or for de-identified data for secondary use and for modernization.

If you don't get down to that level of constraint on purpose for use or constraint on role you weren't able to get to the level of security standards that I think the world is looking for that gets to the outcome that we want of more plug-and-play interoperability because everybody ends up arguing every open ended policy nuance that you possibly can. I'll step off my soapbox, but I thought that was a really important comment.

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

Well, do you guys know all these specifications fairly well? I don't and are they good or bad? I mean, I heard what you said and that makes sense...

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

They're neither...this is Arien, they're neither good nor bad they are...they are in many ways, you know, SAML is in many ways just a bundle of attributes that you can send over...

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

Yeah, I know.

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

Some of them are constrained and a lot of them aren't. XACML is pretty much the same thing and if you don't define the vocabulary and the things that you're sending over you get no interoperability in doing a demonstration or a proof of concept doesn't show you that XACML solves a data access or computable consent problem.

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

Is anybody having success...

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

It...

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

Inside of an enterprise with such controls?

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

This is Arien; we have in activities and I know that, you know, Eric can speak to eHealth Exchange, in CommonWell we've had success in constraining the vocabulary for purpose of use so that everybody knows what it means to request for treatment purposes and inside of that network that's a well-defined access pattern.

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

So, this is Lisa, Lisa Gallagher, I think the challenge here is that when we make these lists of standards, you know, we're trying to follow, you know, Dixie's model of maturity and, you know, list things that meet those criteria and I think the reason why nothing else is listed here is because nothing else met the criteria and I'm just wondering how, you know, we can provide feedback on the kinds of things that you've talked about even if they wouldn't make the list of standards in the document.

I mean, I think, you know, we have to find ways to get good information, good implementation information out but it may not, you know, be a standard we can put on this list.

I mean and I think ONC needs to clearly state that this list is really a list of standards that met our criteria for maturity that there is other work being done. It's kind of a...

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

It sounds like they may be meant for maturity but they may not really suit the problem.

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

Well, they're not, you know, they're not a complete solution or they're too high-level, you know, but they're mature so they look like...this list could be taken as here's your solution but we know that it's not...

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

Right.

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

Well, CSM, this is Arien, SAML is mature I don't believe that XACML has a level of maturity that warrants inclusion on a best available standards issue but I'd also say that if I was going to take one thing it would be from...for example the eHealth Exchange specs it would be the vocabulary list for purpose of use and some of the constraints that they've done on top of SAML but I believe those vocabulary constraints for purpose of use are more applicable or are just as applicable to things like OAuth and OpenID Connect as they are to SAML and yet we don't see some of those important considerations and components in these lists of proposed standards.

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

So, this is Eric, I think I agree largely. What I would add onto that is...and I think that's actually...if you look at this in terms of really a national architecture one of I think our principles should be perhaps that these standards selected are interoperable across different deployment methodologies, for example, you know, SAML applies for web services, interfaces for query or push whereas on REST, you know, that wouldn't necessarily usually apply but there is actually another standard that's already out there called IUA which actually essentially defines and profiles the same attributes that the IHE XUA standard uses and those are both essentially bundled SAML attributes as Arien said and the key they're interoperable.

And so my recommendation would be that we list XUA and IUA as additional standards that profile SAML and OAuth, and then as far as implementation specifications it sounds like perhaps the one group would be the CommonWell specifications and another is the eHealth Exchange implementation specifications which indeed use the SAML flavor of that and it's working quite well for eHealth Exchange, not perfectly, and Arien has a good point where it's valuable to further define the policy considerations to avoid policy silos.

And I do though disagree with one single point Arien made which is as far as XACML I do think we should list it here but I think our guidance should...other countries should ideally be pointed in one direction as far as a way to at least express a vocabulary but I think our recommendation should be not only to list XACML but also to ask the ONC to convene further discussions and perhaps creation of an IG to use that to specify access control and patient consent based on XACML.

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

Do we make any distinction between these national sort of security sort of standards and regional or sort of group or agreed upon groups that accumulate to make IHEs.

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

I hope not.

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

Yeah.

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

And matter of fact my ideal goal is that these that we select are international standards because, you know, I'm personally thinking that our goal should not just be national interoperability it should be international interoperability with our neighbors to the north...

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

...

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

And to the south with Central America as well as Europe such as the epSOS project or similar projects as well too and the standards I mentioned are actually all international standards as far as the XUA and IUA.

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

I might...

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

Yes, I mean, SAML and OAuth 2 are by no means healthcare specific and I think that's generally a good thing and security is one of those areas where local variability is...and customization is actually not very helpful.

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

Here you have...

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

I'm...

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

The question I have has anybody really...

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

Go ahead, sorry.

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

Done this stuff and it's very...there is very great reluctance to let, you know, organizations or people that you don't somehow know or have contact or haven't signed something have access to clinical data very broadly. So, I still...I guess I need to catch up is how broadly can this be done and have made it so hard by trying to solve the national problem that we can't solve the regional one.

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

Yeah, sorry, this is Arien, that's why I'm arguing so vociferously for some of these sub implementation vocabulary standards.

What I've tended to see in practice is that the trust fights tend to spin up to things like somebody going to take this data and use it for, you know, selling de-identified information to pharmaceutical companies or pouch my patients or what have you and it's not until you, you know, lock down purpose of use and say, all requesters are warranting that they're using these vocabularies appropriately that you get to anything close to comfort and trust.

So, you know, I generally find that most people if you say that by legal contract I agree to use this thing for treatment purposes as defined by HIPAA it's very hard for folks to say, no I'm not going to allow people to do that. But you have to get down to that level of specificity for purpose of use in order to drive the level of trust and policy that allows people to do that.

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

Have you had anything on a national level that worked that way?

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

Sure, yeah.

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

Absolutely, this is Eric, again, so the eHealth Exchange, which was, you know, founded by the ONC originally as part of the Nationwide Health Information Network one of the founding principles is that it establishes a participant to participant common legal and operational and trust framework and it's...

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

No, no, no I know all that...

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

Okay.

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

That's the goal. I want to know about the reality. Does anybody buy that across the country sending their clinical data freely?

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

Yeah, there are three networks at least on a nationwide level, this is Arien, there are three networks at least on a nationwide level that allow query-based access with defined, you know, contractually defined usage agreements that are up running and at least have a degree of usage where the trust considerations have been, once understood, a non-issue in practice.

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

Can you name them so I can get...

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

Yeah, so, we've already talked about eHealth Exchange and CommonWell, I'd also put Surescripts medication history request/response as actually from a scale perspective much higher than the first two.

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

Okay.

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

But in all of those cases there is a very specific, defined by policy and by legal agreement, set of purpose for use...

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

Yeah, actually I...

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

How those are done.

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

I forgot, I actually have worked with Surescripts and I know more about it than I remembered, okay.

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

And Clem, this is Eric to your other point too, and I agree with Arien, is that on top of that though I think we're in dangerous territory in that I'm afraid now we're in a zone where we can actually have each of those networks previously mentioned become a silo and so another initiative under Sequoia is actually called Carequality and it's designed to bridge those networks together to form an overarching legal and trust framework as well and certainly nothing is guaranteeing that it will be adopted but at least, you know, an effort is underway to try to bridge those different networks together.

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

This is Lisa, Arien one question for you, the sub-implementation constraints or purpose of use vocabulary does that meet our criteria for maturity? I mean, I think it's a great idea to put that on there. I was just wondering if, you know, we're in the right territory as far as maturity.

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

This is Arien; I would say that at least one of the sub-vocabularies on that list, you know, the one for treatment does meet a level of maturity.

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

That's good.

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

I have yet to see a query-based network that allows for example, use of query data for quality improvement that's...

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

Right.

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

Up running and at a level of scale that it would meet our considerations.

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

So, this is Eric, just one data point too is the...on exchange in particular there are actually more messages on the exchange, exchange for quality and public health, than there are for treatment. The CMS for their end-stage renal disease program has millions of messages a month being exchanged where it's batches of patients for quality.

And then the other big use case is claims where the Social Security Administration uses this to automate the formerly paper process for claims and agree with Arien the other big one is treatment. Those three are certainly out there and mature. And there are some other emerging ones such as emergency response and so on that are on the horizon.

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

Yeah, so Rim, I think that that's a good suggestion to add those maybe another column and add those vocabularies.

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

Thanks, all.

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

And to the point, you know, Arien made a really good point, this is Eric, I want to make sure this is not lost which I really strongly agree with which is this is not enough. I mean, everything we've talked about it has to also have a policy consideration that's also locked down and defined otherwise all of these technical, you know, cogs in the machine won't get used because no one trusts a machine. So, I fully agree that, you know, these have to also have a policy consideration because you can have policy silos just as much as you can have technology silos.

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

This is Lisa, I totally agree with that.

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

This is Kim, do you think we need an additional column into the vocabulary column that someone could fill out like the maturity of the standard and if there is something beyond that standard that needs to happen that the standard doesn't complete with our outcome or our goals?

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

Well...

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

Because we've kind of...when you see the summaries that are coming out for the other ones with the standards if they were draft standards, you know, I've listed as these are emerging standards and then listed some things that we would like to accomplish with the standard. So, I'm wondering if we could do this with the security ones also.

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

I think that makes a lot of sense...

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

Yeah.

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

Or some variation of that concept, that was Eric.

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

Is there someone who could do that, because I don't know these standards well enough to...

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

Well, this is Eric, I'd be glad to take a first stab at it but certainly wouldn't want to create the final version without input from Arien and Clem, and others as well too that are providing comments.

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

Thank you, Eric.

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

Sounds good.

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

Let's go onto the next slide I don't want to stop the conversation I think we've had a good conversation here, but there are a couple more slides on security getting increasingly down in the weeds, down to details.

While people are taking a look at this slide one of the other things that I wanted to talk about at least a little bit today surrounding security is that there's a lot more material that's in these slides than appears in the ISA for comment in particular the ISA version that appeared for comment for 2015 included a few statements on security as part of transport standards and explicitly made a decision not to have a separate section on security.

With the amount of discussion that we've had today we might suggest that there really does need to be a discussion on security outside of just transport of services. What do people feel should be our recommendation about how to deal with security in the next version of the ISA?

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

Rim, this is Lisa Gallagher, I just for background wanted to let you know that the Transport and Security Standards Workgroup, Dixie Baker was the Chair, she gave a briefing on this, because we had comments from our workgroup and we did suggest a separate section and we created an initial table and, you know, it's been added to since, but I think it was our view to the Standards Committee previously that security should be addressed in a separate section and, you know, that need to be maintained just as the other sections.

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

Well, I still think there is some separation or at least categorization of the kinds of security and where it's needed might be useful because like TSL, you know, it's going to be necessary internally everywhere and some of these other ones really relate to inter-organizational communications I believe.

I think some separation should be made because they'll get confused in legislative eyes otherwise, you know, like the encryption at REST that's in HIPAA and some of these other SSL or GSL probably really is the correct one that should just always be used wherever you're talking in whatever context.

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

Well, this is Pete, one of the things and Lisa just kind of touched on it is, how much should we put in, like defer to previous recommendations from...and I sent Michelle two documents one from the National HIE Governance Forum that came out from an ONC cooperative agreement on identity and access management and that was at the end of 2013, and that was to the Standards Committee and then just last year the Workgroup that she just talked about they also made similar recommendations and it encompasses all the things like identity and access management, trust frameworks, it defers to documents such as NIST special publication 800-63-2 and so on, and those are quite thought out complete documents that have already been served up as recommendations.

So, how much do we want to, you know, defer to them, you know, because if they've already seen this or would they...my worry is that they'll look at what we have here and say, wait a sec, we already got these recommendations and now you have these smaller, you know, like...they're not even mentioned what we've seen before and these are, you know, just very technical non-encompassing recommendations. So, that's kind of...

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

This is Eric I strongly agree that, you know, why should the ONC list basic security standards when another federal agency has that as a core strength and competency and skill set where they maintain staff and set standards that the federal government has used otherwise. For example, TLS is a standard, SSL is not even a standard even though it's listed here and it's been...

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

Right.

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

As being insecure and the NIST determined that years ago and I believe correctly. And so I indeed would recommend here that the ONC points to the applicable sections of the other NIST standards, the FIPS standards and the cryptographic module validation program.

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

Well, just to clarify I thought you said ONC created a report that did point to those already. Did I hear that right?

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

No that was a Workgroup of the Standards Committee just as we're a Task Force of the Standards Committee, we've had a security related workgroup since the beginning and that workgroup under various names has been tasked at various times to comment on things and provide a complete report, and present it to the Standards Committee which then approved it and passed it onto ONC.

So, I think, you know, I'm on the...on the calls I like to remind of the things that I can think of that we did, but in the 5 or 6 years of work that Dixie leading the workgroup, you know, there were a lot of recommendations that have been made and I think Pete's point is well taken, you know, I think we all assume that when we have these things documented in writing, we brief them to the committee and they're accepted that they're part of, you know, the history of the group and the recommendations would be taken into consideration.

I think maybe, you know, Brett, you and I or maybe even Dixie, can go through and try to remember all of the ones that we provided that were relevant and make sure that we remind ONC...all this is going to the same parties, right.

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

Yeah.

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

It's all going back to ONC, you know, the people who wrote the ISA document, but we can...I guess that my question is, you know, can we assume that this will all be taken into consideration or do we need to relist everything that we said so we can go find it? But I think it's important that we don't lose sight of all that work.

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

Well, I think it would be even worse if we contradict each other.

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

Yes, yeah and the thing is, you know, with the workgroups we had quite a bit more time to spend on it and we did a lot of background research, here I think we're in a gathering mode, you know, and gathering and commenting, did we miss anything, are we taking the right approach, but, you know, there was work done that could be relevant here.

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

Well, is there any way to do what Peter said? That's what I thought...

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

Well, that's what I'm saying, I mean, I think the question is to ONC. Do we, you know, do we have to...what's the next step here to gather all that stuff and make sure we're presenting or representing the relevant information.

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

Yeah, this is Brett, I mean, I think it's...you know if there are specific recommendations that you want to point to or call out that's helpful but ultimately, you know, I think if this group has additional specific recommendations based on the conversation to bring forward those are equally helpful referring kind of just in general to past recommendations I think is less helpful to help us move forward and revise and update the ISA.

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

Well...

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

Well, I think we're going to have to then go back and look. I mean, maybe Dixie and I can do that or I can try.

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

Yes.

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

Because, I just can't remember everything, I wasn't a Co-Chair the whole time, I don't remember them all, but...

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

Wasn't there a final report because...I mean...

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

Yeah, I mean, to the committee, yeah to the committee.

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

So, having SSL in here looks stupid.

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

Yeah.

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

I mean this isn't part of that history, this is a new list, but I'm just saying...

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

I know, couldn't we just refer to that final report?

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

Well, it's a series of reports that's the issue, it's like we'd have to go back...

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

Right.

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

And find them all.

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

Well, so in...

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

Yeah...

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

Recommendation is that we should not spend a great deal of our time rehashing a lot of the conversation that's happened in workgroups and committees that have spent more time on this topic and I'm also hearing a recommendation that the ISA probably should not have a separate security section because those conversations have been taking place and there are reports published elsewhere. Am I missing something there or is that a good summary of where this discussion is headed?

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

So, this is Eric, having not seen a report I'm a little hesitant to broadly agree, but I would like to request that perhaps that report or notes could be shared so we could confirm that. For example, I would like to make sure that if the report mentions RESTful profiles for security and not access control and authorization that includes something like an IHA or sorry IUA attribute bundle aligned for interoperability with the XUA security attributes that we could have interoperability across REST versus SOAP interface and...

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

Yeah, I don't think that was in there.

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

TLS to make sure...to make sure that TLS...

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

I don't think...

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

Is actually profiled and allowed whereas SSL is disallowed.

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

Yeah, but I think...

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

So...

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

Should we...

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

...

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

I'm sorry, go ahead.

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

I think your comments Rim were I think kind of spot on, on us...let's not put a security section in at any granular level because, you know, I found those two reports that I referenced, there available on line.

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

Yeah.

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

I sent them to Michelle and for us to repeat that work, I mean, it gets into everything about how you do risk assessments, how do you assign a level of assurance, what's the correct, you know, associated token for that level of assurance, what's the...you know correct authentication mechanism for that both in access or in...

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

The...

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

It really gets into the real...

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

This is...

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

...

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

This is Arien, it sounds like for this discussion that what we should do instead is just note the policy considerations that security standards are incredibly important, that it's important to get down to a level of specificity in terms of some of the policy constraints and give some of the discussion points that we've been giving in terms of for example purpose of use, that it's important to enable security across a broad range of transports. We've been talking about SOAP versus REST but we could also be talking about MLLP and those kinds of things with respect to v2.

So, rather than...I guess what I'm proposing is rather than listing a set of standards, because I think we're running into the constraints of the group that we've assembled, we should...we'd be better served by listing a set of policy considerations that say for example, security standards are incredibly important to enable interoperability, there's a level of specificity that you need to get to, that specificity includes both the security standard and the policy considerations, you know, recommendations at that level I think might be more useful to ONC.

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

So, this is Eric, I agree with that with one friendly amendment, if you will, to Arien's recommendation which is that we all specify as a policy that we think it's imperative that whenever possible that the differing security standards should be interoperable such as for example IUA versus XUA are interoperable even though they're different standards whereas an unprofiled constraint such as just basic REST or just basic OAuth is not compatible. I think we should strive for compatibility across the different transports and standards.

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

Well, I'd like to...

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

Well, let's...

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

I'd like to support the original idea that we refer back to the other documents with some elaboration as just described and not create another new section.

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

It sounds like we're all converging upon that as a recommendation.

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

I think I agree, this is Lisa, I would just want to add, you know, something in there that says, you know, just because there isn't a separate section, you know, doesn't mean that there isn't...

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

It's not important.

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

A list of standards that are important. I mean, so in the, you know, beginning of the explanation that you provided Arien, you know, we say, you know, we're going to talk about this at a high-level with some policy considerations but, you know, please understand that there are, you know, important interoperable security standards that should be considered. I don't...I mean, it's kind of strange when you read through the ISA and there is some mention of security standards throughout and no complete list. So, we might want to explain that.

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

Well, the other thing I think we should put in there, I agree with you by the way, is that we recognize that at least mention things like electronic prescribing of controlled substance that part 1311 rule is out and, you know, it's very specific on, you know, identity assurance frameworks and what's allows and what's not. This is happening with CMS now with the electronic submission of medical documentation.

And so we're getting more use cases where they are very specific but they always refer back to the work that NIST is doing or that the Federal Bridge is doing and that's where they get their requirements and that's what I was saying is that if we get the name...list off some of those use cases like Direct their certificate policy was based off of the FBCA policy.

And so I think for us to get...I think we need to make a nod to that to say, you know, being consistent with what is really going on with these programs and the mandates from the government we are deferring to the, you know, the policies and the recommendations of previous workgroups.

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

Who was just speaking?

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

I'm sorry?

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

I just...

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

Pete.

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

Which was it? Who just made that nice speech? I liked it.

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

Oh, this is Pete Palmer from MedAllies.

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

Yeah, Pete, I mean, I think you're dead on. We've got stuff that's...and I don't know how to get it turned into that, but I'm for it.

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

Thank you. I think this has been a good conversation. Are there any other thoughts on security before we move?

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

This is Eric, just perhaps a draft that attempts to summarize our recommendations could be circulated so we could perhaps comment on that and be consistent.

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

Absolutely, there's been a lot of discussion about this topic and I think we're going to have to be careful about the recommendations that we pass back, so, yeah, I think that that's something we're going to have to work on. Thanks, Eric. Lisa and Pete I know that you both had sent some e-mail prior to today's meeting. Have we touched on what you wanted to touch on, on security before we move on?

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

Yeah.

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

Yes.

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

I think that's fine, this is Lisa.

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

Thank you, Lisa.

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

Yeah, I am as well and I appreciate it.

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

All right, good. Are there any other comments on security before we move on then? We haven't touched on the last slide that was in the deck on security yet, slide 80, I don't know that there is any need for us to in light of our previous conversation.

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

Yeah, move on.

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

So, the next section of the slides and next item on our agenda is to touch again on maturity and adoptability. I think the next three slides or maybe the next two slides call out some of the topics that we've had that we discussed on this in the past, a recommendation that I think Arien went through with us and I think the question that we wanted to open up here for the Task Force today is whether all of our discussion over the past several weeks if there are specific items on the maturity and adoptability discussion that we've had before that we want to prioritize in our own recommendations moving forward where if there was, you know, specific details in the model that we would want to recommend moving forward before we close out our last meeting on deliberations.

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

So, this is Eric, one thought and it may be captured here on the last bullet under the middle major bullet where it says maturity of technology within its lifecycle, what I'm wondering is, anywhere in here are any of these intended to express the concept that one of the criteria could be where a standard is within its own SDO lifecycle such draft or final tech status or something similar...

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

Or the...

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

If not I would suggest we add that.

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

Yeah, there is a 5-year lifetime too on most of them. My only caution would be that so much of this is so subjective and in re-running the same questions to different people there has been an awful lot of instability or unreliability of how people interpret the thing.

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

Well, I agree, Clem, this is Eric, and the only reason I actually made that prior suggestion I just made was that the SDOs typically do I think in most cases to have objective criteria.

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

For example...

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

I like...

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

Has an evaluation spreadsheet of, you know, when a given, you know, work item can go from trial implementation to final tech status including, you know, certain objective, you know, assessments and that's the reason I actually mentioned that. I think of it...actually include the underlying SDO if appropriate, you know, where that standard is in the lifecycle because that kind of essentially recognizes their objective criteria in the overall national process.

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

I agree with that. The other issue is, you know, one can turn this into we'll standardize what everybody is using already which won't help standardization and help because they're not using much already.

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

Let's go ahead and post up the next slide in this set. Any other thoughts on maturity or adoption? Eric I think we made a note hopefully of your suggested addition. Are there other things that we want to prioritize on this list? There's a lot of items on the list here.

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

Well, in the end...

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

Yes, there are...sorry.

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

This is Clem, in the end this is a political process and a political kind of cooking kind of gets baked through what ends up coming out in regulations with all kinds of input from all over the place. But, you know, I think it's an interesting list so there's nothing wrong with them.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator

This is Mark Roche, can you hear me, please confirm?

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

Yes.

Mark Roche, MD, MSMI – Vocabulary and Terminology Subject Matter Expert – Office of the National Coordinator

Okay, so I would suggest one idea for the ease of adoption and deployment I think it's always helpful to have as many successful examples available that the adopters can refer to. So, for example, if we require people to adopt Consolidated CDA it is really helpful that we have a solid collection in the library of Consolidated CDA examples that represent sufficient levels of complexity of clinical use cases and with this having the goal of making sure that the implementation and interpretation of the standard is consistent.

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

Thank you. Any other thoughts? Well, hearing none that was the last item on our agenda for today. Just as a reminder of what our plan is, is to begin to put together thoughts for our final report out and that will be the primary topic I think of Thursday's discussion and a reminder for people to take a look at the materials that were sent out today on question 5-1 and please, through e-mail, indicate those that you think that are important on that and to distribute that.

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

But...

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

Are there any last thoughts before we open things up for public comment?

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

One question, so I missed the meeting on Friday and I'm not sure of the resolution of the question about the DICOM standards, will that all be sort of...will we see a draft of the report that we can then comment on before Thursday to see what's...to be sure that we understand what we thought we said?

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

That is certainly our intent is to get something out before Thursday that people can start to take a look at.

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

Okay, and that will encompass all the slides or the results of all the slides?

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

That's the intent. That's a lot of material to get together by Thursday, but, yes, that is the intent.

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

I think it's a yeoman's task, it might even be impossible, but the challenge is if that doesn't happen will the report just go out or is there going to be another meeting at some other time?

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

We'll discuss that on Thursday. If we don't get things put together I would certainly like to think that we'd try to squeeze in another meeting. The time is short, our report out is scheduled for Wednesday of next week so I have to figure out whether that ends up meaning that we do another meeting or we deal with comments out of band or something, but if we don't get through things and up on Thursday I'd like to reserve a little time for us to discuss how we resolve any outstanding questions.

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

And is that...what time is that at 1 o'clock or 12 o'clock.

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

I think it's a 12 o'clock meeting maybe someone can confirm that?

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

It's Thursday at 10:30 Eastern.

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

Actually it's earlier on Thursday, thank you.

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.

And, Rim, this is Kim, Michelle I have one request, I had looked right before the call, the call from August 13th doesn't have the recording yet, is there a way to get that posted so we can get our notes together and I wasn't sure...I've seen them come up pretty quick and then this one.

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

Yes.

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

And then the one from today, I'm not sure how quickly they can get it but that will help with getting everything together for Thursday.

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

And...

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yeah, that recording is actually on the line already.

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

Yeah, I don't...

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

Yeah, well have tech work on it off line.

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

Hey, Kim, did you say that you were going to get something together about that response I think it was from Sato about the DICOM?

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

Yes, I'm going to send you something tonight, I'm on the very end of that call with the images and so I'll be sending that to you and Eric tonight.

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

Okay, great, thank you.

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

Thank you. Any other questions or comments for today?

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

So, this is Eric, just back to the prior slide about access control, one item I was realizing after that slide passed is that I think one missing element is there is I think a relatively widely used standard there called BPPC that also it's pretty simplistic but also I think it's actually being used relatively widely at this point. It is really not as expressive as XACML-based approach but I think we should acknowledge that it's...my recommendation is acknowledging it's the best available along with XACML.

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

Thanks, Eric, can you say what the standard was again I missed it?

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

Yeah.

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

Sure, it's BPPC, Basic Patient Privacy Consents, and it's basically...

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

Can you spell it?

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

It basically is a serial number-based approach where a given policy document has a serial number associated with what they call a...and that basically turns it into a binary yes or no policy decision on the requesting or sorry the disclosing party's side.

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

And Eric that one was...I'm going by memory, but since I typed these up this weekend that was under our sharing of sensitive information that one and another one that was under IHE is that correct?

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

It's under access control, yes, or it should be there and it's not listed currently I don't believe.

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

What was the...it was the four words, I got three of them down, Basic, Patient...

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

Privacy Consents.

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

All right.

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

BPPC. It's a very simplistic approach where you just basically say, we have a wet signature on file for the patient and this is what they've acknowledged so if there is any exceptions they cannot be handled but if it's a common workflow such as a Social Security Administration where the authorization form is the same pretty much across the country then a lot of organizations can submit a paper-based workflow of yes or no and an electronic equivalent using that standard.

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

Thanks, Eric.

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

So, this is Pete, if we're going to get to that granularity there is another standard that's called the user-managed access through Kantara that kind of piggybacks on OAuth 2.0 and, you know, it's now being prototyped for patient consent and so on and there was a demo at HIMSS for it but I'm thinking that's one we might want to list as interesting or to look at. And so it's user-managed access and you can read about at the kantarainitiative.org.

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

Well, you know, we might just have a section of interesting related documents or something for others to dig into for all them, don't be too selective then.

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

And we've talked before about emerging standards and, you know, some of these may not be even emerging but just on a watch list and I do think that it's a good idea for us to identify things that the industry is watching or working on that others may want to watch or participate in as well. It will be difficult to be exhaustive on that.

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

Right.

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

Any other thoughts or comments today? Why don't we go ahead and open for public comment and see if there are any public comments on chat then?

Public Comment

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

Lonnie, can you please...

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are...

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

Open the lines? Sorry.

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

Do we have any public comments in chat?

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

No public chat comments today. And it looks like we don't have any public comment either. So, thank you everyone and there are a few items that we'll follow-up on based on today's discussion so look for those in your e-mail.

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

All right, thank you very much. Then we'll go ahead and we'll close out today's meeting and we'll speak with everyone again on Thursday. Thank you very much.

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

Thank you.

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

Thanks, everyone.