



Health IT Standards Committee

2017 Interoperability Standards Advisory Task Force

Final Transcript

October 31, 2016

Presentation

Operator

Thank you, all lines are now bridged.

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

\Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 2017 Interoperability Standards Advisory Task Force. This is a public call and there will be time for public comment at the end of the today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Rich Elmore?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Good morning, Michelle.

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

Hi, Rich. Kim Nolen?

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

I'm here.

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

Hi, Kim. Christina Caraballo?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Good morning, I'm here.

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

Hi, Christina. Christopher Hills? Clem McDonald? Dale Nordenberg? Dan Vreeman? David McCallie?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Here.

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

Hi, David. Eric Heflin? Kin Wah Fung? Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Here.

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

Hi, Leslie. Mark Roche? Michael Buck?

Michael D. Buck, PhD – Senior Director Biomedical Informatics – New York City Department of Health and Mental Hygiene

Here.

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

Hi, Michael. Michael Ibara?

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

Here.

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

Hi, Michael. Russ Leftwich? Susan Matney?

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

Here.

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

Hi, Susan. Tone Southerland? And from ONC do we have Brett Andriesen?

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

Brett's here.

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

Hi, Brett. Is anyone else from ONC on the line? Okay, with that I'll turn it over to Kim and Rich.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Go ahead Kim.

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

Hi, everyone, thanks for joining us. We're going pick up where we left off on the last call and also I believe Christina and Leslie put some stuff together for the consumer patient access discussion and then we'll pick up on Section II and see where we get from there and prepare for our next couple of calls that we have before the meeting in December with the full Standards Committee. Can we go to the next slide, please?

This is just a list of all the members. Next slide. Next slide. And here we are on Halloween getting ready to discuss Section II and to also hear from Leslie and Christina. Next slide. I think we can skip through

these as we've gone through them before with the Phase II and this is Leslie and Christina's slide I believe Brett, correct?

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

Yes, it's theirs.

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

So, do you want to kick it off with their part?

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

Yeah, let's start here and then we'll move back into Section II and then try to get through the rest of that today.

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

Thank you. So, Christina and Leslie I know y'all got together I don't know who else was in the group so maybe if you could just remind us of your task and who participated, and what you would like us to help you with, with what you came up with to present today.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yeah, sure this is Christina. Leslie and I met on Friday morning to discuss incorporating consumer and patient access into the ISA and what that looks like so we've come up with identified kind of the issue and the reason we're talking about this and looked at where we think we should include this to be most impactful for stakeholders. So, just identifying the problem was that we think ISA needs to include a section for patient stakeholders to better understand standards that support consumer access to an exchange of health information in a manner that's easy to understand and inclusive of consumer technologies.

Some of the things that we've identified are just the barriers around complexity of standards and understanding what exactly consumer stakeholders need to do in order to access information and meaningfully use it, the cost to sometimes access this information and a current focus on how more traditional EHRs are using consumer-facing technologies and almost eliminating or not completely addressing how those outside of the traditional clinical setting and EHR might be using consumer-facing technologies such as those in the precision medicine area, research and others.

We recognize that...

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

Christina, this is Michelle.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yes?

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

I'm sorry, your line is really bad, it's appropriate for Halloween you sound like an alien...but it does not sound good.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Great.

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

I don't know if there's anything you can do on your end?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Ah...

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

I was trying to cut in I didn't know if it was just my line or not, yes.

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

I mean, you can...we can understand you but it's not great.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

So I sound like a freak on Halloween, great. Do you want me to take a minute and dial in on a landline?

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

Could you try and dial back in?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yeah, sure.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And I'll...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Give me a second.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And this is Les and I'll kind of fill in while she does that if that's okay. So, we really wanted to make sure that the ISA was welcoming to others that are not in the industry, consumer technology organizations will need to know more about standards and we felt that the ISA was a great way to inform that.

And we also felt that in our work we should recognize that there are standards that are highly mature in other industries, might be first applied in healthcare in a larger scale, but that maturity can inform regulatory efforts. So, for instance within FHIR we're using XML and JSON, and REST and those are all very mature technologies. So, we want to make sure that we recognize those in the ISA or any types of standards built within healthcare to find an external that can help people feel more welcomed to the industry.

And also we wanted to make sure that this work will promote the entry of consumer technologies and so our proposal is to include a new section in ISA that's the interoperability need, consumer and patient access to health information exchange and Apps, and with a focus on how to integrate what the vision is. I mean FHIR has been highly successful. We know that the first projects I guess started in 2011 and now we're up to 49 resources shared by 80% of those implementing in FHIR. We have 110 most...that

was in 2014, we have 110 now in the latest releases. So, it's getting to the point where even FHIR with underlying technology can be very approachable.

We wanted to also make sure that we don't have some unintended consequences by creating false expectations, not false, but overburden the maturity standards for this area in a way that actually blocks new entrants from participating in the ecosystem. So, really this is all about welcoming and informing, and making sure that there are no unintended consequences that prevent new industries entry to healthcare and I don't know if Christina has joined us yet again.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yeah, I'm back on.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, good, go ahead Christina.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Well, I think that was great, thank you Leslie, I was listening and not hanging up. Can you guys hear me better now?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Much.

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

Much.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

Totally.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Great. So, Leslie I think you were just finished going over the rest of the sections and we're at our proposal, correct?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

So, right, and what we were...this meeting was just get feedback from the Task Force on our next steps for what we think we should do to include the consumer and patient access, and what we found when looking through everything it was hard to...it became a tangled web to address it in the individual sections and I think we've done a good job in comments and limitations sections in putting...plugging in pieces for consumers.

So, I think that we wanted to add in a section to ISA and looking at Section III it would be I would be the next one with the interoperability need being consumer patient access to health information exchange and I think this should be APIs but Apps can also work, they can be interchangeable, those words, not interchangeable but I think we want Apps to be able to plug into the ecosystem as well as use APIs so I'm not sure what that one was supposed to be. Leslie I think you added that. What...did we want APIs perhaps on that?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Oh, basically APIs but the way that it would include or welcome organizations...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Exactly.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Who had Apps that wanted to come in to healthcare, how do they do it, where do they start.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

They have this much more...much about a primer to entering the standards ecosystem as it was providing standards.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

So, it's funny because I was reviewing this right before and when we submitted it I was...Apps and then thought, oh, that's probably supposed to be APIs but it's still relevant. So, I guess we can open it for discussion on what people think about adding this section?

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

Any thoughts for Leslie and Christina?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, this is David, because I can't stand silence I'll talk, now I think the issue here is, you know, a new section or not I think is something an ONC decision as to how they want to organize the document, but I think the use cases that you're bringing forward need to be documented. So, I agree with the end result of use cases that define how consumers...the various means whereby consumers can interact with their healthcare data whether it's a new section or not I don't have an opinion about that, but the use cases are important.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I will point out from our own work here at Cerner in enabling this that the critical issues are the policy issues rather than the technology issues. I mean, there's technology work that needs to be done and it's like any other API or interface work it's got lots of details you have to get right but the things that are struggling...that cause us to struggle are the policy issues, which isn't really an ISA concern but I'll just note that, that the policy things are where we need a lot more work.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

And yeah...

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

Christina...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I agree and when Leslie and I were going through this I think that is really the most important thing but making it very transparent that some of the policy issues are what the limitations are. So defining what the standards are, what's available now and what the real roadblocks are will start to spur conversation and give consumer advocates that might not have as much of the technical experience with a lot of this standards document a place to go and understand that if they implement certain things what will actually work and what won't.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

We could also start with the use cases that we use in the API Task Force that were also replicated in the OCR guidance about when is an App connected, is it involved in HIPAA or not maybe we can pull some of those use cases that have already been defined in Regs and then add what were the applicable standards that would be relevant to these use cases.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That's how...this is David again, that's how I would think about it.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Because the...you know that's a nice separation of concerns. You might have a standard like OAuth 2 and you say "well, if there's going to be a remote authorization process we'll use OAuth 2" but then the question is who's allowed to make a remote authorization that's a policy question. So...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

You have to keep them separated.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And this is Eric Heflin, I just want to announce I joined a few moments ago.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Welcome.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Hi, David and I agree...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

As far as having a use case, approved use case, that's driving the requirements.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think, you know, one of the things that we're also discovering in...I mean, this is no surprise, consistent with a lot of our previous conversations, but if we make these APIs based on FHIR, which I think is the right way to go since that's, you know, really the only good choice we have, there is still a fair amount of

work that has to be done to get agreement on the profiles that define the capabilities that are expected of those implementations of the API.

So, in the Sync for Science Project for example a requirement that surfaced around being able to have a query that was what we call restartable where you can pick up basically and fetch only new data that has shown up since the last time you queried the system, that little subtle improvement in functional spec turns out to have massive technical consequences in terms of what work has to be done to enable the APIs so you could have quite a bit of discussion over something that's just basically what query parameters are required to be supported and I just bring that one up as an example that these things have to be nailed down pretty tightly if you expect something approaching plug-and-play which is kind of where you'd like to end up with consumer-driven Apps because, you know, ideally you want a large number of Apps to be able to connect without a lot of prework which means you have to have a really tight specification that includes these profiles.

So, I just, again, point out that enumerating the standards is not sufficient to make these things actually work.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And I think that's why the...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, I would agree.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Use case is really important and also why this idea of a primer that helps people to understand what is policy, what standards, where do you look. We really don't have anything like that and the ISA is the potential natural place for that to occur.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And this is Eric, I agree with everything both of you just said David and you as well too. The only area I disagree with is that the kind of foregone conclusion that FHIR for any given standard is the right standard to base this on. I think that it would be premature to say anything in terms of the actual standard in the absence of first reviewing the use cases, other than that I agree with the prior comments.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, I...

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

This is Michael Ibara, I would agree with the...also support the idea of the use case in this topic. I wonder if...well, certainly not for this iteration but maybe for future consideration to getting at what your interest is and I would also support the primer idea, maybe we could look at or make a suggestion for future ONC looking at what consumer technologies or which groups are most knowledgeable about adopted and significant consumer technologies and start to look at where the connections are between the two.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's a great point especially in the web world we're going to find a lot more and in the mobile we'll find a lot more informing healthcare from outside healthcare than we will healthcare informing that.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I want to go back to Eric's comment. I mean, we...you know, the ISA remember is an enumeration of standards that have reached some degree of relevance but it's by no means a specification that you have to use any particular standard listed there, right, there's nothing that guarantees being in the ISA means anything practically other than that it's a recognition of something that makes it easier for people who want to get started to go figure out what's out there.

So, there are use cases that are far more well developed around consumer API access using FHIR than in anything else so it would be foolish not to list those but that doesn't preclude somebody coming up with yet another standard in the future we love to do that.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, I just want to re-emphasize a key point at a very...this is Eric, at a very deep level I think it's critically important that, you know, use cases drive subsequent work such as enumeration of standards and that we cannot, you know, assume any standard will be sufficient or overkill, or just right until we've first, you know, analyzed the use cases I think is essential.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Well, the use cases though that we have that are currently regulatory requirement is an open API for patients to choose the App of their choice to connect to that and the only standard we have today that could even be called a standard would be what work has been done on SMART on FHIR.

And, you know, starting in 2011 we've got a lot of different resources already in place, I think there's 110 now, we have 44 Apps in the SMART on FHIR App Gallery. We have an 80% adoption of the FHIR resources of those who have participated. So, this is very hopeful and because we have to respond to the regulatory requirement in some way, some guidance that says "boy, as of January these EMRs have to provide access to the Apps of their choice" we would not be responsible without offering some sort of strategy for adoption and education to those not familiar with healthcare to promote the most wide adoption.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, I have to strongly disagree. Again, if the requirement is to be driven by use cases then technology must not prematurely select it.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But the use cases we have in front of us from the API Task Force are for the open API, are for the regulatory requirement. There will be many more use cases that come up and many more technologies that are named in the future but in the meantime the problem we're trying to solve is that we have a regulatory deadline and an opportunity to take a guidance document and put forward some emerging standards with some pre-defined use cases so it's regulatory and an opinion that...or guidance that has been given during the development process that I think is relevant.

As David points out, this does not preclude others in the future but we need a starting point especially for industries that don't have ways to connect easily to EMRs, this is a new and...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Entirely new requirement.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, again, I strongly object, I think that is a...it's irresponsible to state and make the foregone conclusion that one given technology is the only way to meet that need.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But Eric nothing...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I can name five other ones as well too...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But, Eric...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So it gives us...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Nothing in the ISA says anything like that we've got a plethora of standards the vast majority of which in the ISA argues it all. So, all we're doing is suggesting the use case as the driver and then you can list the applicable, available standards that meet our criteria today that doesn't mean that they are the only ones that will ever be in that space or that they will ever get used they're just applicable and practically speaking the applicable standard for API access, that use case, that specific use case is FHIR as profiled by the Argonaut effort and as implemented in a public way with open source code through the Sync for Science effort, that's as applicable as you can get it doesn't preclude something emerging in the future that's better or different but...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So there's so many premises in there that's a challenge, one of which is that, you know, FHIR...FHIR is the emerging standard. Other standards are actually more mature and are being omitted from this discussion, so again, use cases should drive this not technology.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Could you give me some examples?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So enumerate them, yeah, enumerate them no one is saying...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

XDS.b.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

They can't be enumerated they're just saying...we're just saying there is one that ONC has telegraphed in the preamble very clearly that they intend to eventually standardize on FHIR which has caused the vendor community to get together with the provider community and start experimenting and profiling specifically with that goal in mind and good work is being done, lessons are being learned, you know, feedback goes back to HL7 to improve, address the gaps and so forth. There's nothing that says you can't do something else also but you've got to name it.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

What are they Eric that you'd like to be considered?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And again, I actually...by the way I suspect I will probably ultimately agree with the direction that David has been advocating which is that FHIR is likely to be indeed the most viable choice, however, one FHIR is an emerging standard, it actually, by definition is emerging by our definition of our workgroup because it is not a standard, it is on trial version 2, trial version 3 is expected to come out sometime in the next 6 months to 18 months and beyond that eventually a standard will exist.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

There are...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Standards, actually true standards do exist today that are APIs and do meet the requirements, one of which is XDS.b. However, that's...many people, including myself consider that to be a bit onerous and I'm one of the authors of both sites FHIR and XDS so I'm, you know, trying to be neutral in this process because frankly I am...I just want what's best for the country, but it is incorrect, patently incorrect to say that other standards as they emerge can be listed implying that FHIR is a solid standard that exists and something else is not more mature. XDS.b for example is vastly more mature, has been deployed...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

By hundreds of products out there...

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

I...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

In the marketplace today and is an API as one example.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

But, again, my point is not that, my point is first let's make sure we understand the requirements and the evaluation criteria and then, and only then choose the technology as a recommendation not the other way around.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So...

Multiple voices

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think that we have a little bit of a chicken and egg here and I do...I think it is our responsibility to list any standard that's applicable to the use cases that have been put forward at the API Task Force level that's the use cases that we worked on that's referred to throughout all these efforts and I think that's the way to go.

But also, I would argue, because FHIR has so much based on JSON and XML, and HTTP that we've got a lot of building blocks within FHIR that are quite mature in the industry.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

No.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, rather than have, you know, what's better I think the approach of taking the use cases as defined coming back with a primer that helps to promote it and then enumerating those technologies that support it have a high degree of collaboration in place already in the healthcare and emerging industries, I think that's a fair approach. So, if we took that approach is there agreement from the group to support that effort?

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

Can I say something real quick? This is Kim.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I disagree.

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

This is Kim, I don't know if this will solve the problem but I want to throw it out there. How ISA is set up is we have it where it talks about industry usage, if it's emerging or not like all the characteristics so if you have the use cases and you list the standards and you're qualifying the standard with those characteristics would that cover the part...would it be an emergent maybe not as adopted as other standards which all of them are going to be low for this particular use case, but would that take care of what you're debating about or would...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, I think so, I believe that's a great approach and ultimately this actually maybe exactly what, even I could support, you know, that a FHIR-based approach for example if the criteria is that it's promising, it's lightweight, it's available in mobile platforms and broadly supported and so on, you know, I think FHIR is an extremely viable candidate. What I'm objecting to though is selecting a solution saying "here's the solution now we're going to make it fit this problem" that's backwards.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But no one has proposed that. I don't understand, we said start with the use case and then list the standards that are applicable.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

No...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

This is Christina...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

You stated previously and this is...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I want to jump in on the...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

You must have...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Fundamental challenge that we have which is not...which, I mean, we were tasked to list a bunch...list the best standards but the biggest problem when we look at consumer access to information is the trust relationships that are formed. So, I can use DirectTrust or Direct, sorry Direct e-mail, I can use FHIR APIs, I can use different APIs, the XDS whatever you want to use but unless there's a trusted connection between the applications the data doesn't go anywhere and I think to me that's my goal in the ISA is clearly defining that for stakeholders that are trying to...information and defining that in the limitations, dependencies and preconditions for consideration section when we talk about these standards for consumer access.

As an example of a use case we look at even what groups like the patient power research networks are doing and they want information from the clinical setting to inform research decisions but can't get that on a national scale because there's no single access point and we're getting pockets of information hubs coming up and no way to streamline that for those outside of these traditional clinical setting programs to start using the data. So, I think that, in my opinion, is where we can really define this for stakeholders within the ISA so that people can implement these kinds of programs and strategize around it based on what they're actually going to get after implementing these technologies.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think...

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

This is Michael Ibara, can I...can I just...stating the obvious and that we've been over many times but just to make sure we're still on the same page, what we're talking about is not a normative exercise, right, we're just talking about the ISA which is in a sense surveying what's out there and getting things together and so in that sense the recommendation for a use case would have the use case and what's being used but we wouldn't attempt any further beyond that to get to Eric's point to try and define what should be used.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No but we...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

We would list all available...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Technologies that met the use case.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right that's what...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But the use cases we reviewed would include the use cases we've already had in the API Task Force that's already been presented some by ONC and Lucia Savage presented to us different use cases that supported the use of an API and so we just want to get the use cases that are familiar and then we'll go back and list all of the standards that are relevant to those use cases...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Right which is...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

As an informing document.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, I good with that. That sounds good.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

That's what we were proposing so...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And that's what we've done with the other 60 pages of this document. I mean, that's the whole thing is just a list of standards.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

That sounds good. Let's...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It doesn't pick.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Right.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

All right, well let's...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Hey, Christina could we just...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think it doesn't...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Could you just spend a minute and just the occurrence on the use case as a first step, you've written it here your proposal...just break down a little bit and see if we can agree on that part?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think that's the hard part actually.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I didn't understand, I couldn't hear the question.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yes...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well it's...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I could not either.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

The question is enumerate the use cases let's, you know, start with that.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And I think that's a...I mean, Leslie you had a whole Task Force that spent months on that.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, so we'll use the Task Force use cases because that's where we can build upon, we don't have to reinvent that wheel.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Can you enumerate some of them off the top of your head?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Ah, oh, brother...we used them to define initially what use cases would meet...well, let me start off with the basics. So, a patient presents and one of the conversations was how likely are we going to know the patient is who they say they are that they can connect an App to the API.

So, the use case was that the patient presents to the provider's office, the provider's office receives their ID, knows who they say they are and issues them a user ID and path...user ID for their patient portal which could be a tethered or non-tethered portal but it's a portal of the provider's choice. In selecting or getting that to the patient the patient would then have the option to log onto the portal, create a password and that would provide the necessary identification and certification that would pass...and I'm probably getting this all wrong so this is just off the top of my head...the EMR API now knows that this patient is in fact who they are, they've registered a use case for their usability to access the API with an App of their choice.

The patient selects an App, likely those Apps in the initial phases will be in an App store that the provider recognizes is compatible that's one initial use case and the patient would select that App,

connect to the API. The API or excuse me the App would do a notice of privacy practices, it would indicate the frequency that the data is downloaded, it would indicate what the use of that data was, where the data was stored and so forth.

The App would then connect and it might be a one-time dump, it might be a query that's based upon any time something changes, it could be something that's more time-based but that would be done according to the patient's wishes and the App that they choose to be connected.

The patient is then solely responsible for the use of that data, the safety of that data, the agreements that they make with that App provider that's all their domain. So, that initial use case assumes that all the identity management and the initial connection was facilitated through the provider's portal and the provider knowing that future use cases would be required if it was an independent attachment of an App to the API without that kind of intermediary from the provider then there would be another level of identity management and another level of requirement today we did not build into the initial assumption. So, that's what I can remember. David do you remember anything differently?

Maybe what we could do is get the API Task Force...we'll include that as an addendum to this recommendation it just shows what the actual final recommendations were and defines the use cases.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

That sounds like a good idea.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yeah, I think, this is Eric, I think that would be very helpful.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Great.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And David if you were speaking earlier...

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

So, is there...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

You might have been muted.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Is there agreement around the Task Force that this...that you could further clarify...addition to Section...

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

Rich?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Sorry, whoever was speaking is breaking up very badly I couldn't understand them.

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

I think that was Rich.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

I'm going to call back in.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think Rich asked if there was agreement to have a separate section and then we would go forward based upon this use case approach using the use cases that have been referred to by the API Task Force and the presentations from ONC to that Task Force, and that we would include...what might be different in this recommendation is this section would be like a primer so we have a little more background and discussion, and as Christina said, there are policy issues that have to be resolved, note where those policy issues have to be resolved and then from those use cases list appropriate or any technology that would be applicable.

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

So...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, this...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

That sounds like a great approach to me.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I...

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

I...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

This is David, I agree, I think that this is important enough new class of interoperability, if you would, that it deserves being called out whether it's a section or a subsection, you know, let ONC decide but this is an important potentially transformative set of use cases and its brand new not something that anyone is familiar with so the work in, you know, calling it out I think is quite justified.

I think that the use cases will be tricky to evolve because they are, you know, intrinsically tied to policy questions, you know, what policy rights does the consumer have with respect to an arbitrary App of their own choosing, you may have a different use case for that approach, arbitrary App of your own choosing versus a prescribed App, you know, given by the provider to the patient with an express purpose linked to a care plan, you might have a different use case for one that comes through a population health service that's provided by the accountable for payment entity be it an ACO or a payer, a traditional payer those all might be very different use cases from a point of authorization and access but enumerating those I think...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And Policy.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, exactly, they're driven by policy and then the use cases will follow on from what the policy expectations are and then the standards can be plugged in as appropriate under the use cases.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right and you mentioned one, David, that was really talked about in our session and the idea of sponsored Apps from the provider or endorsed Apps from the provider are not...unless PHI has been prepopulated by the provider into an App that the patient now uses it is still...PHI has not moved, it is still an App completely owned by the patient, there is no HIPAA, there is a lot of confusion around this effort and so we hope that this document would help with these use cases to define, now this is how you think about it, a provider could buy a pop health App that's not prepopulated with any PHI, they endorse it and the patient comes in and attaches it to the API it's all their responsibility and all their use case in that case the patient might say "hey, I'd like to share this information back with my provider" and can, but that does not mean that the App in itself falls under HIPAA and that's been a barrier that really needs to be well articulated and understood.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But from the point-of-view of interoperability standards the different use cases which will reflect the different policy expectations will highlight different particular types of standards and different profiles on those standards. So consumer-driven approach where you select your App and hook it up will have a different authorization workflow than an App sent to you by your physician or by your provider with a prescription...as a prescription where you click a link and enable the App those are going to be, you know, different technical profiles on a variety of things not just the API but the authorization, workflow and so forth.

So, I think enumerating the use cases that we would expect to see become common is an important task. I don't know if that's the ISA's task to enumerate those but to the degree that we have agreement in the community on what those use cases should be they could be added to the ISA even if we don't have a lot of detail about how one would implement them. So...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right, I agree and I don't think we have another better place to do this than we do in the ISA because this is a place where we have the opportunity to start talking about the open API and we have an opportunity to start inviting people in to learn about standards and direction and it's a new document, it's a new approach to regulation by offering industry an opportunity to set the standards based on direction that the government says is useful and needed. I think it's a great place.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But I don't think...have we been...is the ISA process enumerating use cases or are we taking existing well-established use cases and discussing standards. I don't know that we have a process here to adequately enumerate these consumer use cases.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I think that's why we would use existing use cases coming from the existing Task Forces and/or ONC testimony.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, maybe one of the to do's could be to get that list circulated to us to see if they make sense for ISA...

Michael A. Ibara, Pharm.D. – Private Consultant – Michael Ibara, LLC

I would, this is Michael Ibara, I would support that and I think the use cases we're talking about are qualitatively different than the, as David called it, the well-established use cases that we talked about so far not that maybe there might not be a process for it but we need to be very aware that this is...the entire effort is emerging so there are no use cases that are well-established yet.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Right.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric, I like this approach. I too feel it would be better to point to use cases developed through some type of open transparent, you know, broadly inclusive process curated elsewhere. The only thing I would advise, I think as a country we've actually made a few mistakes over time related to choosing use cases that were not quite right and that maybe they didn't go quite, you know, far enough or deep enough or broad enough, or maybe they were entirely wrong in a few cases and so the only tweak I would offer to the prior suggestions, which I do really agree with, is let's also specifically ask for broad feedback from the readers of the ISA to make sure that they feel these use cases are correct and if not to let, you know, the appropriate venue whether that's the ONC or to other Task Forces know and provide that input.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, you know, I agree with that that's the process that should be followed but, you know, Leslie's workgroup did have, what, I don't know, you had 20 different groups testify and...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, from all parts of the industry. I think the use cases were as well thought out as they could especially because it included so many non-healthcare traditional healthcare vendors or it was quite broad, it was a great group.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, the AHIC...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It's a starting point.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

To kind of counter that, had I think hundreds of eyes on it and I think arguably still got it wrong. So, again, I don't think more input is going to be harmful, so I'm just suggesting we ask for more input to make sure that the 20 organizations involved in this particular case represent the rest of the country.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yes, this is Christina, I'd like to look at the API Task Force recommendations before speaking to it completely, but there are three overarching buckets and David mentioned two and Leslie added one, it's the consumer given, consumer approach or as in consumer pick my App, the provider initiated approach where a traditional provider gives a selection of Apps to consumers as an example or patients and then the emerging areas where they're the non-traditional settings that Leslie just mentioned and those are really the three use cases I see on different ways to access or needs to access information that would look very different. I don't know what people think of that as three areas we can define.

M

I mean...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I think a lot of the things we're...

M

It's just like...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Discussing in use cases fall under those three buckets.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I'd like...I think that's pretty good, I'd like to...I mean, I looked at the Task Force's output when it was six months ago or whenever they produced it and I remember thinking it was pretty good. I'd like to see that list and map it against the ones that you just suggested. I think they cover that maybe and a few others as well.

And then Eric to your point, the whole ISA approach that we've recommended so far has been one to put this on the web and solicit feedback to the ISA through web submittals of commentary. So, I think we've tried to turn the ISA into a much more fluid and open evolving specification, or you know resource I guess is a better word, than it has been in the past with once a year updates. So, I think what you're proposing is consistent with the recommendations we're making about how to make the ISA a more living document than it has been.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Very good, thank you.

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

So, did we get Rich back?

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Yes.

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

Okay, oh, you still sound a little choppy I think.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Oh, boy, okay.

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

No wait that sounds clear, sorry. So, do we have next steps for this consumer patient access piece Leslie and Christina you're going to put some of the use cases together and bring them back to the group?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And also provide the API Task Force recommendations to the group...

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

Yeah.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, they can read the narrative behind that and maybe the initial we try to limit this to a few use cases to Eric's point these are going to continue to evolve and if we use the ISA process going forward we do consider this, as David pointed out, much more living document that will get input throughout.

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

This is Eric, very good.

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

And I can't remember when our next call is. Brett when is our next call?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I'm looking at my calendar I think...

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

I...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

This is Christina, November 10th.

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

Would y'all be...

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

Yeah it's November 10th.

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

Would y'all be able to have it ready by then or do you need more time?

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

I think that would be a good timeline because then I think we are hoping to be able to have our actual recommendations for review done on I think it was the 21st so it would kind of be a good spot check on the use cases that we've defined so then we have time to go and fill in the details before that. Does that work for you Leslie?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, that sounds fine. We've got some items to do and we'll get it done.

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

Thank y'all so much. All right, are we ready to dive into Section II?

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes.

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

I think so, yeah.

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

Okay, Brett, I'm going to hand it over to you.

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

All right, sounds good. So, I think we left off last time kind of wrapping up our discussion around ePrescribing so this time we are going to launch right in here to Section II-I Family Health History and Clinical Genomics. So, the next slide here is an overview of the first interoperability need in the section representing family health history for clinical genomics, the two listed standards and implementation specifications here, and then there was just the...a small comment here around a need to remove the comment regarding the lack of vocabularies for this area since in the previous round vocabularies had been recommended. So, I don't know if there's a need to stop and discuss this a little bit further but that's certainly something that we can do is take out that first limitation. I don't know if folks have other thoughts they want to discuss here?

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

Can you go back to the slide before Brett?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think the opinion that I get when I talk about this with those interested in genomics is that the v3 stuff listed here is not very adequate and people have kind of done the minimum implementation necessary to meet the Meaningful Use certification test but that a lot of hope is being held out for sort of the revised approach that the FHIR clinical genomics group is working on and which will be tested in some fairly public way in an announcement that I guess is coming out fairly soon called Sync-for-Genes not yet publically available but we heard about it at the HL7 genomics meeting that it's coming out soon, Jon White mentioned it and some others.

So, I think these are the current state-of-the-art but you see that low adoption level is consistent with the fact that they aren't terribly useful.

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

Should we...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And so maybe that's just leave it at that...

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

Just leave it...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

For now.

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

And the Sync-for-Genes is coming and...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well it's...yeah, it's supposed to be coming soon but it's not going to be...I mean it will take a while, you know, for people to get experience and to learn whether it worked...whether the emerging standards work or not. I mean, we could list it.

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

And then...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

By the time we finish our work they will have made that public I'm led to believe so we could reference it if it is in fact public at that time. But it hasn't...it's not officially announced yet.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Perhaps at the FasterCures Conference in a few weeks.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, it could be I don't know what the holdup was it was some kind of a review process that had to go on at ONC or OCR, or somebody. I mean, the gist of it is, as I understand it, is just a proposal to do some fairly aggressive pilot testing of a variety of sort of key genomic data transfer use cases one of which was family health history or family member history and one of which is, you know, biomarkers, variant call files and so forth, so they gave us very little detail at the meeting because it's not officially announced yet, but it's coming.

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

I think we can reference it if it's available so we can put a note to reference it and then have a link so that if people wanted to look up more they could get more knowledge about it.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I think that's right. I think hopefully it will be clearer in a short period of time before we're finished with this Task Force work and we can make something more concrete.

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

Okay. Any other comments or suggestions for this one? Do y'all feel like...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

No, this is Eric, it sounds prudent, it's unfortunate that existing, you know, implementations and solutions seem to be wholly inadequate but given that that's where we're at I think David's suggestion is the best we can do for now and let's move forward with that.

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

Okay.

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

All right, so moving onto the next section, there is another interoperability need here within this section representing family health history observations and there was one comment here that this feels like it should be a vocabulary interoperability need not a structure implementation guide or interoperability need here for this section. So, if folks agree with that we can certainly move it back up to Section I.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't...I mean, I think you need...this seems like just a bookkeeping issue. I mean, you need to describe these standards with sufficient specification of the profiles like vocabularies that are relevant for the use case and spreading it all out so that it's even harder to figure it out makes no sense to me. I mean, if you're listed twice fine, but if this is a profile on how to use LOINC with respect to family health history it needs to be clearly linked to family health history, right? I mean, we already have LOINC in a half a dozen other places but what matters is where is it relevant with respect to a particular use case. So, I think it makes sense listing it here as well as about a half a dozen others that are probably going to emerge from the testing.

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

Can you go back to the slide before Brett just so everybody can see what...so there's not a content standard listed here.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well go back one more slide and what you see...now one more, down there in the lower right hand corner there is a list of vocabularies, right, as value sets relevant to this particular use of the v3 clinical genomics pedigree standard LOINC ought to be in that list as well I think.

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

But shouldn't in Section II you have the content standard or the message standard like v3 and then you say, well LOINC would cover family health history like we're not stating the standards where LOINC's going to be transported in to do that, right?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, in order for any of these to be useful in the real world for interoperability they have to be profiled with respect to the vocabulary subsets that are allowed in the messages. The messages are open-ended you can specify any vocabulary which ones are going to be supported for the particular use case you have to profile that at some point whether that's done on this page or some other page it just has to be done, otherwise it's kind of pointless. But the standard can't be used very well if there's no profile on what's allowed in the fields.

I mean, that's where we are today, where every single use of an interface requires a custom negotiation about the vocabularies, you can do it but it's not very efficient and it makes a lot of people unhappy. If we get profiles we get, you know, much less friction in enabling these interfaces to actually work. So, it's just a question of how the ISA wants to list the profiled vocabularies that make the standards useful and I don't really...I think that's just a technical discussion about the structure of the document.

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

Can you go back to the...I think its two slides up, yeah, that one. So, the other one was for genomic health history, right, this one is just family health history.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Well, I think those are the same thing the difference is the degree to which you have precision in the specification.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

And it's interesting that it says problem type and then LOINC. I see what David's saying because we specify a terminology in one place and not the other and we specify a structure in the other place and so, I mean, we need both terminology and the messaging structure.

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

Right, I feel like the messaging structure should be up there where it says standard and LOINC and then LOINC is mentioned down in the chart below.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And then, this is Leslie...

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I mean, what...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Under family health history for patient generated health data the emerging vocabulary is within SNOMED that Kaiser donated a consumer vocabulary there and family health history will be very much a part of patient generated data in the future.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

But I...

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

Yeah and then...for vocabulary in the UMLS as well so...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think what the problem is here is we don't have a uniform and consistent way to profile the standards that are being listed and, you know, that's a little bit of an artifact to the fact that the standards development organizations themselves all have different approaches to profiling the standards. So, you know, we have IHE profiles which are, you know, thorough and well-established, and we've got some of them referenced in here. We have emerging FHIR profiles not nearly as mature as IHE profiles but we can begin to think about referencing some of them in here.

But for these things like this HL7 v3 family health history there is no established profile, it doesn't exist anywhere to my knowledge. So, you end up listing sort of random vocabularies and it's not really clear what you would do with them, what subsets of the vocabulary is relevant to this particular use case and so forth. So, I think the problem here is there's lack of a consistent profiling approach for some of these domains.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Well, David, I think that's a really insightful approach or comment, maybe in this case what we do on this workgroup or this FACA Task Force is simply recommend that the industry take this up and have an appropriate, you know, open venue discussion to remediate that exact issue.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think, you know, the good news is looking backwards for things that have been profiled through IHE there's a pretty well-established mechanism for that and for how to revise it and keep it up-to-date with respect to XDS and XCA, and XCPD and those standards.

Looking forward in FHIR there's a well-established profiling technology, the organizations that will take responsibility for developing a profile is less clear whether that's going to be Argonaut or FHIR Foundation, or HSPC, or HL7 itself but at least there's a technology for specifying the profile.

It's this stuff in the middle the v3 stuff, I mean, we've got I guess CDA profiles, which are...that one is reasonably well understood as to how we're, you know, improving CDA release 2.1. It's just there's these few loose ends like the genomics one that just are kind of like abandoned children out there that nobody is working on because they know it isn't the future.

So, I don't...I'm not sure where we go with it Eric, I think it's a good idea I'm just not sure what the practical impact would be for these...

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

But isn't...isn't this one more like your mother had a history of diabetes or your father had a heart attack before the age of 55?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

It is, it is, I'm just saying that as you...if you make it robust enough to actually capture a formal pedigree like a trio pedigree with, you know, multiple family members the current specification is inadequate.

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

Okay, all right.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So the phenotypic information about the patient would probably be captured with HPO for example for genomics not with SNOMED. But that's the stuff that has to get worked out I think going forward and that's what the...it's my understanding the Sync-for-Genes pilots would be trying to answer some of those questions what's...

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

But if we wanted to do this where it is the more basic family health history but we're just used to capturing more on paper like history, family history of diabetes or heart attack, or, you know, those type things what content or message standard would be used for that and would LOINC be the vocabulary and then maybe we could put a statement about how healthcare is evolving and other family health histories that we need to capture so those are thought of as the standard is developing or a new standard is coming out.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I think for better or for worse the current effective profiling standard is the Meaningful Use certification specification. I mean, that's what the vendors are being...you know producing and testing against which is I think fairly lightweight and people aren't using it as a messaging standard other than that it's, I guess, embedded in CDA documents.

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

So, is it the CDA v2?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That's a good guess, somebody else will know more than I do.

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

Okay.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

And...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

It looks like it's...for family health history we have in the standards SNOMED CT and HL7 Version 3 clinical genomics pedigree 7 is what's named today under the 2014 edition, family health history.

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

Okay. I'll put a note that we need to look that up and match...make sure it matches. Because I would think the ONC would want this to match their certification criteria.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I think that maybe effectively the profile that we...

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

Yeah.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Have today.

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

Okay. So, we can do that...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So, Kim...

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

Go ahead, sorry?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Oh, sorry, it's Leslie again and I'm just...I'm just looking on the chart here for family health history and it lists SNOMED July 12th Edition Release and family health history HL7 standard clinical genomics pedigree 7 and that's the only two things named.

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

Okay, all right, but what about just for regular family health history is that not listed in the certification?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Only those two things are named. So, it looks like, yeah...that's all I see. I agree with you I thought...I remembered something just for regular.

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

Okay...

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

And we for sure need to update the version for SNOMED past 2012.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Which do we have a section at all in the ISA that describes how a standard is named, is it a particular year and date, and version number and then what happens as that standard evolves to the regulatory requirement or is that grandfathered or do you test in one way and then use the most recent standards? Do we have any primer on how to use evolving standards in the ISA?

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

So, I remember at the beginning of this year's Task Force we had something that listed the version updates so people could see how rapidly they were changing or not but I don't believe we have any kind of link to like the certification criteria or the newer version although we were...Brett weren't we putting a link to the actual standards that they could link to them and see everything about the standards?

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

So, the link to the standards takes them to the actual, you know, text that the SDO puts out about the standard if it has been required in certification or in some other kind of HHS regulation there's usually a link to that regulation under where the federally required normally would be there.

And then for projects or for standards where there are projects listed in ONC's Interoperability Proving Ground largely those are more emerging standards or often kind of emerging use cases or interoperability needs for those, there are links to the Interoperability Proving Ground as well. Does that answer the question?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Well, sort of Brett, this is Leslie again, it's just...so I have version 1.0 or 2012 Edition of SNOMED in the Reg, here we are at 2016 that's evolved. If I were entering the ecosystem which version do I test on to be certified and if I test on this certification and install at a newer version am I still in compliance with the Reg or the certification rules that's the kind of thing I'm looking at that creates a lot of confusion today especially as we see the standards evolving into different technology types how does that work? So, I do think we have to explain to people how do you meet regulatory requirements in an evolving standards world.

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

But...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Hi, this is Christina, I'm not sure if this already came up, I dropped off for a second I meant to go on mute and hung up instead, story of my day, but I was looking at the 2015 edition and it notes SNOMED CT September 2015 Release as the requirement and then changing from the 2014 to 2015 Edition it says that SNOMED CT only required for diagnosis. Did we discuss this already? Am I repeating something somebody else already said?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

No, I think you're providing clarity.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Okay, cool. And then another change is up to the SUT how it represents the family relationship, for example, you coordinated SNOMED codes that link relationship with diagnosis use HL7 pedigree standards, etcetera.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

So, that's effectively the profile for how to use it today and that's going to get revisited in this future, you know, Sync-for-Genes work and probably made more precise I would hope. There's a lot of variability there.

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

So, to backtrack just for a minute, Leslie you said something that I don't think we've done in the ISA document before and I'm wondering if we should make it as one of our recommendations for improvement to the overall document is to have like...have a link to the certification criteria, so like where it's appropriate with a use case and there's a certification criteria that goes with it to potentially link with that certification criteria so that people can see, okay, when I do this and I want to get...and I want to test it for certification I know where the certification criteria is on that. So, we could put that as

an overall recommendation for improvement on the document if everybody's in agreement and I hope I heard that right Leslie, maybe I misunderstood.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah, it is its just people knowing what to certify for as something evolves.

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

Right, right. Would everybody be in agreement to add some type of statement as a recommendation to do that, to link to the certification criteria where it's appropriate?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Sure.

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

Okay.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes.

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

All right. So, we will...Brett and I, and Rich can go back to this family health history and see what else, if there's anything else we can find to update this one based off that. Do we want to move on?

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

All right, well, hearing no other comments let's move onto Section II-J and start our discussion on images. So, the first one here, the first interoperability need is medical image formats for data exchange and distribution, we have DICOM listed here, moving onto the next slide here, this is the format of medical imaging reports for exchange and distribution using a few of the DICOM and the DICOM profiles there to do that and then there was a comment here for these that we should also list the C-CDA templates for diagnostic imaging reports.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Go back one slide. What was the detail...so there's DICOM and then what is the second thing there, PS...

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

PS3.20 DICOM Part 20 imaging reports using HL7 CDA.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Oh, okay. So, is that...I'm not familiar with that one enough to know, does that allow for standalone CDA wrapped reports such that you could fetch the report of a CAT scan without having to pull down an entire Consolidated CDA. Eric do you know that? Maybe we lost Eric.

I mean to me one of the complaints we hear from users is the inability to find specific things and fetch specific things with a query to another system and radiology reports are obviously high value, fetching the images is another problem all entirely but at a minimum you ought to be able to get the reports and today sometimes the only way you can get them is if they've been wrapped inside the giant CDA that's really hard to go wade through to find what you're looking for sometimes. So, the ability to have sort of

standalone reports that can be treated as individual documents is a requirement, but I hope that's what this is specifying.

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

Is this one of the ones that Clem is always talking about?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

I don't know.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But, you know, and I don't know where this would come in the document, but there was a large discussion about just the value of having a PDF inside of CDA envelope as a way to get reports moved. Does this standard preclude the content from being a PDF and it can only be a computable CDA? Are we ignoring the PDF completely?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

No this...I mean, typically these allow for...the CDA allows for a PDF to be wrapped inside...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Good.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

As a...it's just byte coded inside the CDA wrapper but I...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Great, because I know it's valuable and it's passed that way now.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I mean, I would argue that we should rethink the whole notion of CDA header for these things but it's too late to fight that battle. I just want to make sure that we can have standalone documents that are queryable by document name and type. And I just don't know this spec well enough to know. I'm looking at it for the first time and it's...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie, I would agree with that comment because I think that they've put such a high value for patients and consumers directly as we see queries coming in for information radiology reports and lab reports, pathology reports are going to be high on the list.

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

Do we know, Leslie, like how many of them are done in a PDF versus the actual digital format? Like is it almost...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

You know I can...

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

Done that way or...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I can only...I can only speak to when I did it and that was years ago, but we had the majority of our reports were sent out as a PDF, it was actually stored in the repositories of PDF and then sent in an HL7 transaction and the PDF had value because it did have the ability to have a small image of the radiology report incorporated within the report itself so you actually got a snapshot of that image and then the provider could go to the PACS viewer to look at more detail or the patient could go ask for the medical records to see the patient version of the PACS viewer but the patients were receiving the reports with the actual image inside of it as well as the narrative in 2004.

So, it's quite...so usable and used that it was very, very helpful and I did see it ignored entirely because the depth of knowledge that's sought in using the native image is tremendous but there is a huge opportunity for communication, I liken it to the days when the doctors used to call in and listen to the Dictaphone until the report was transcribed and ideally they wanted the report but it was medically useful to go in and listen to the dictation that's kind of this, the PDF has usefulness, it might not be all there but it's definitely useful.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

This is Christina, another thing to note is that for the view, download, transmit requirements of the 2015 edition the lab tests and diagnostic reports are required to be part of the CDA.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I think that's fine there's just other use cases in practice...

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

That need the ability to find them individually or that I think would benefit from the ability to go fetch them individually and that's what this spec looks like it's trying to accomplish, it's 152 pages and I haven't read it so I don't know if it's any good but it doesn't look like it's widely adopted but I think we'd have to get additional input as to whether people think there's anything wrong with it for this use case.

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

So, Brett would you have any clarity like need, format of medical imaging reports like what is the ultimate goal, I would assume that's the actual image and the exact format that it came, but it almost seems like there's phases to this one with the format and it's sounding like we don't have anybody on the call who is super familiar with these standards to know exactly what it can exchange. But I'm thinking there needs to be...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

And this is...

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

Limitations and dependencies, and preconditions, but I don't know exactly what to put in there at this point, but that's kind of what I'm getting the sense of from the conversation.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

So, this is Eric Heflin, sorry, I was muted earlier, there actually are a couple of standards that also exist besides these and one in particular I have some familiarity with is called XDS-I which allows retrieval of both images as well as the text narrative reports but I do not feel I have...I'm far from being an expert in

that standard. So, what I'd like to do, if this makes sense, I think this kind of builds on your comment Kim, is take it as an action item to report back with a little more detail to this workgroup in a subsequent working session about the use of that or other potential standards as well too.

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

That would be great. Is that good with everybody?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, I sent off some queries internally to our team to see what they do but I've never heard of this particular IG so I don't know if this is what they use or not.

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

Okay, so David and Eric maybe next week y'all could give us...or on the 10th give us an update with what you found out.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Yes, I'd be glad to and talk with some content experts, you know, in the industry and within our organization as well too and I believe also CommonWell has...and I don't want to speak for them, but I believe they also are working on a narrative text portion of the image exchange too and so that maybe another resource to reach out to is to see what they're doing in terms of any standards that they might be using for this as well.

And the final thing I'm aware of is actually at Sequoia a thing I'm involved with superficially, others are involved more deeply, which is called RSNA image share which is based on XDS-I.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

I believe the PDF is included though in that too.

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

I believe it is too, yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yes.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

Yeah, this is David, I can find out about the CommonWell effort because that's the people I ask are internally our team that is supporting that effort so I'll...

Eric Heflin – Chief Technology Officer – Sequoia Project/HIETexas

Okay, great.

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

Okay, perfect and it is 11:55 are we scheduled to stop at noon, is that correct?

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

Yes.

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

Okay, so should we wrap up with when our next call is, what's left and open up for public comment Michelle?

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

Yes, so let's open up for public comment and then we can walk through that while we wait for people to come through.

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

Okay.

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

So, operator can you please open the lines?

Public Comment

Lonnie Moore – Virtual Meetings Specialist – 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 queue. If you are on the telephone and would like to make a public comment, please press *1 at this time.

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

So, while we wait for folks to come through the next meeting is on November 10th Brett I don't know if you want to walk through anything, if anything has changed just based upon today's discussion?

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

Yeah, no, I think we still want folks to review Section III in the Google Doc version of the ISA and we'll send a link around just reminding folks the URL for that, so if you haven't gone through and done that already please take a look at Section III we'll continue our discussion on Section II and get through as much as we can next week and we have Clem slated to give an update on some of the research work we were having him and group do offline, I don't know if he will be able to do that on the 10th but we'll try to reach out and then the same for Dan with some of the workaround observations and observations values continuing the work from Phase 1, we may be able to push that back given that we got that update from Christina and Leslie around the consumer access today though.

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

And Susan...

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

Thanks, Brett, and we do have...sorry, we do have a public comment from David Tao.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Hi, can you hear me?

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

Yes.

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Okay, hi, this is David Tao from ICSA Labs, thanks for the opportunity. I applaud the recommendation from Leslie and Christina earlier about adding consumer patient access needs to ISA. There's very little in ISA about them now and existing consumer health Apps have very little standards and guidance around them so inclusion in ISA would bring mobile health Apps and consumer health devices and much of the patient generated health data into the fold under consideration and I think all of that would be very beneficial to ISA. HL7 does have a Mobile Health Workgroup which is currently working on standards and guidance in this space. Thanks for the opportunity to comment.

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

Thank you, David. And I'm sorry Kim I cut you off.

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

No, I was...I saw Susan on there and I believe you sent us an e-mail and I will get my comments back to you because I think I was a little bit delinquent on that.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

That's awesome, I've got the meeting scheduled with the nurses and we'll get it done.

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

Okay, perfect.

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

Yes and Susan I'll send you an e-mail too I have it on my list to do and just haven't gotten around to it.

Susan Matney, PhD, RNC-OB, FAAN – Senior Medical Informaticist – Intermountain Healthcare

Oh, thank you.

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

Okay, well, thank you everyone and have a great rest of your Halloween.

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

Thank you.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Happy Halloween.

Christina Caraballo, MBA – Senior Healthcare Strategist – Get Real Health

Bye.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation

...

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

Bye, guys.

Richard Elmore, MA – President, Strategic Initiatives – Allscripts

Bye-bye.

Public Comments received during the meeting

1. David Tao: This is David Tao from ICSA Labs. I applaud the recommendation to add consumer/patient access needs to the ISA. There is very little about them now, and existing consumer health apps have very little standards and guidance. Inclusion in ISA would bring mobile health apps and consumer health devices, and Patient-Generated Health Data (PGHD) under consideration, all of which would be very beneficial to ISA. HL7 has a Mobile Health workgroup working on standards and guidance in this space.