



**HIT Policy Committee  
JASON Task Force  
Transcript  
August 19, 2014**

**Presentation**

**Operator**

All lines are bridged with the public.

**Michelle Consolazio, MPA – Federal Advisory Committee 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 a Joint Task Force forum for the HIT Standards Committee and the HIT Policy Committee called the JASON Report Task Force. This is a public call and there will be time for public comment at the end of the call. As a reminder please state your name before speaking as the meeting is being transcribed and recorded. I'll now take roll. David McCallie?

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

Here.

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

Hi David. Micky Tripathi?

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

Here.

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

Hi Micky. Andy Wiesenthal? Arien Malec? Deven McGraw?

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Here.

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

Hi Deven. Gayle Harrell? Jon White? Josh Mandel?

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

Good morning.

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

Good morning. Keith Figlioli? Landen Bain? Larry Garber?

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

Here.

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

Hi Larry. Larry Wolf?

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

Good morning.

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

Hi Larry. Nancy Orvis? Tracy Meyer? Troy Seagondollar?

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

Here.

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

Hi Troy.

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

Hi.

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

And Wes Rishel? Do we have Kory Mertz from ONC?

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

Here.

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

Hi Kory and Debbie Bucci?

**Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology**

Here.

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

Hi Debbie.

**Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology**

Hi.

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

Are there any other ONC staff members on the line? Okay, with that I'm going to turn it to you Micky and David.

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

Okay, great, good morning, good afternoon, no good morning, good morning for everyone on the phone, good morning everyone thanks for joining today. The agenda that we have for today is really to...a couple of things, one is to do a debrief of the listening session that we had a couple of weeks ago with very able assistance of folks from ONC we've synthesized a lot of the findings that we heard from those various panels that I thought was, you know, a very rich discussion and so we, you know, tried to synthesize that and want to go through that in a little bit of detail to make sure that it accurately reflects what everyone on the phone thought they heard.

And then we want to dive into starting to think about a recommendation framework as we'll discuss in the timeline we've got we're going to be presenting draft recommendations to the HIT Policy Committee on September 2<sup>nd</sup> and then I think to the Standards Committee on the 17<sup>th</sup> or something like that, mid September, and then in mid October we'll be delivering our final recommendations to a joint Policy and Standards Committee meeting October 15<sup>th</sup> I think.

So, we want to get started thinking about, you know, sort of a framework for the recommendations and David and I had some thoughts on, you know, how we might organize that and wanted to get all of your feedback and input on that.

So, let me first turn it over to David and see if David is there any other introductory remarks you want to give?

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

No that's good. Why don't you put up slide number four which has our meeting schedule just to remind everybody of the sort of short timeframe we have here. So, today's meeting you see there the 19<sup>th</sup> and then we really have one more shot at finalizing our draft recommendations on September 2<sup>nd</sup> in preparation for what will be the sort of first public presentation to the Policy Committee on the 3<sup>rd</sup>.

So, between today and this meeting on the 2<sup>nd</sup> we've got to get, you know, something that we're comfortable sharing at least initially with the Policy Committee. I think we will maybe identify a couple of areas that we'll be prepared to tell them we're still working on it, for example, we've had some requests to do a compare and contrast between the JASON Report and the PCAST Report, we may push that out to the final report or something like that we'll see how our time evolves, but we unfortunately don't have a lot of time.

But the good news is between the work of Kory and the team at ONC and then some excellent slides from Jon White, who I think has joined the call a little bit late, but just sent me an e-mail that he was on the call, Jon from AHRQ, we've got a really good start I think on a deck that we can use to communicate to the outside bodies, FACA bodies, what we've assessed. So...

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

This is Michelle, I just want to note, we actually changed the September Standards Committee meeting so it's actually on the 10<sup>th</sup> so we need to update this slide my apologies.

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

Okay, that's...

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

Oh, if you're going to change it it's supposed to go the other way.

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

Yeah.

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

Okay.

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

So, it will basically be the same presentation to the Policy Committee.

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

Right.

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

Yeah, okay, just more trips, all right. So, our first...we kind of want...we've got three broad groups of things that...

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

David?

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

Yeah, go ahead Micky?

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

David, hi, this is Micky, I just wanted to ask while we're on this slide just wanted to get a little bit of guidance from Michelle and Kory here. So, in terms of the, you know, September 3<sup>rd</sup> these are just the draft recommendations so they can be fairly rough and drafty right to get...really getting some course guidance from the Policy and the Standards Committees?

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

Yeah, this is Michelle, so it can be, you know, a framework of how you hope to propose recommendations or it can be very high-level just kind of giving some sense of direction of where you're headed.

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

Right.

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

To make sure you're headed down the right path.

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

Okay and then in terms of deliverable, you know, I know with the PCAST group and certainly with the Privacy and Security Tiger Team we, you know, often had, you know, sort of the presentation but then would give, you know, sort of lengthier prose type of report that allowed, you know, a little bit of a richer discussion around some of the issues. Is there any expectation here or is that really up to us?

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

It's completely up to you. We know this is a really short turnaround time and I guess the good thing is it really won't be the end even when it comes to the end because these recommendations will also be informing the interoperability roadmap. So, you know, maybe there is a way if we want to do something more detailed we can do that as we respond to the interoperability roadmap piece.

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

But...

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

But, however you want to present them.

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

Wait a minute David and I heard that our sentence ends on October 15<sup>th</sup> and then we're on probation and we're free. Okay, no that makes sense.

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

Well this group will be free, but a different group which you're also chair of will have some work to do.

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

Okay, all right that's great. Okay, David, back to you, sorry for interrupting.

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

No, no that's good clarification, good clarification and bad news. The work will continue. So, we're going to do our best to get something surfaced that pushes the conversation forward and queues up the right conversations for the follow-up that will play out over the next couple of months. So, I think in your mind's eye Task Force let's keep that in our thoughts is that the real goal here is to make sure we queue up the right conversations.

So, for today's call Micky and I have kind of arbitrarily divided it up. We're going to do an overview of the listening session, I'll do the first couple of slides with a high-level overview and the API summary, the comments on APIs, and then Micky will cover the standards discussion and patient controlled data use parts of the hearing session. That's maybe going to take up the majority of our time today.

Then we've got a...some slides that summarize the findings that the JASON Report detailed out in sufficiently bullet form that we could put them into a grid and we'll make some quick comments on those findings, that's obviously sort of our assessment of their assessment of the state-of-the-art.

And then the most important part will be a series of bullet points in a grid format that Micky will drive us through on the recommendations. And the way we've structured it right now is we are taking their recommendations and sort of adding commentary to it. I think what we may want to also do at the very end, and maybe it's not this call but our next call is kind of surface out our own recommendations sort of independent that summarize and roll up across our thoughts.

So, today's reactions will be, you know, specifically to their, you know, enumerated recommendations but we may want to step back and do a higher level roll up before we're completely done. So, with that let me go to the overview slide, which I believe is slide six.

And I don't know, I'm always at a loss on these Task Forces how to do these slide that are more like a novella than a slide because there are so many words on the slide, but maybe I'll just go through and touch on the high-level things here.

This was our attempt at kind of the zoomed out overview of the hearing session and we started with numerous people who, you know, felt that the JASON Report underestimated current progress and we're not going to say a lot more about that other than to register the concern of many stakeholders that we've gotten beyond just the digital fax machine.

And there was a number of...there was quite a bit of discussion about the discrete API question and everyone, I'm not everyone, but I think most people felt like that was a step in the right direction, but the serious number of panelists raised...a number of panelists raised serious concerns about the pace that the notion that the JASON suggested that this could be somehow part of Meaningful Use Stage 3 was inconsistent with the current time tables.

And we had a good bit of discussion from, this is bullet point number three I'm now talking about, from the folks who actually work on the standards themselves who felt that a full implementation of these new APIs could take as long as 6 or 10 years, that was the feeling of Grahame Grieve and Stan Huff in particular and I would stress that that's a full implementation, I'm not sure that they are saying it would take 6-10 years to get started.

And then we had a number of panelists who thought that discrete APIs would in fact advance interoperability. There was a general consensus, at least in the US side of the house of the world, that FHIR seems to be a likely emerging candidate but as I mentioned before FHIR is not yet a finalized standard it's still actually making quite a number of significant changes and then if you work backwards from the fact that attestation starts in October of 2016 from a calendar point-of-view that doesn't leave a lot of time to do a crossover to FHIR between now and then not enough time from the vendor perspective.

We had a number of panelists remind us that technical architecture alone isn't a necessary...isn't a sufficient solution to the problem that business issues, policy, governance, legal aspects of exchange have to be addressed as well and I added my own pet observation here this notion of a network is a critical requirement having APIs and standards readily deployed and sufficiently enabled does not make a network automatically happen that networks have to be built and those networks require all of the issues around policy, governance and business.

We had a number of panelists talk about the need for alignment to drive interoperability. You can't expect interoperability to happen absent some kind of an intent if it makes interoperability important to providers and to patients, and as I mentioned governance is key.

So, any discussion on these overviews, we're going to touch on a lot more of these points in more detail, but have we left anything off at the high-level from our hearing session that people want to register?

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

This is Arien, so sorry I've joined a little bit late, there is...in bullet point two there is something about incrementalism that I think is missed at the high-level. I heard both Grahame and Stan say, both that it will take 10 years for a full implementation and that there is an incremental path forward.

And then maybe I'll save this comment until later on, but there is this...there is a very, I thought a very stark disagreement among the...I guess the first part of the first day until the second day between people who think that everything is just fine, we're getting plenty of information sharing, research is okay, there is no issue and nothing more is needed versus a point-of-view that says that these activities actually aren't occurring and I'm wondering whether there is a statement of fact or a statement of finding that we want. I mean, it's just kind of obvious but because it was expressed it seems worthwhile to surface it at some level.

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

Arien are you...I mean, for example, would it make sense to cite some of the testimony from the Implementation Workgroup about the deficiencies in the current...

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

Correct.

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

Yeah.

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

Exactly.

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

I think that's a good idea. I think we worked some of those points in later but maybe that should...it's almost a cross correlation, it's not something we heard necessarily from our panelists but we're certainly hearing it from other sources.

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

I felt it was weird that we heard from our panelists that everything is just fine and I think it's quite obvious that everything isn't just fine but it's worthwhile maybe restating that everything is not just fine there is a need.

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

Well, of course the JASONS did that for us as well so we could...I think maybe what we can do is when we review the JASON findings we can corroborate with other testimony from Implementation Workgroups.

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

That's right, but I do think on this first page this notion of incrementalism probably needs to be there.

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

Yeah, absolutely.

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

Right.

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

I was trying to put that into words but it's not in the slide. I think you're exactly right the 6-10 year thing is a little scary if that's all you read.

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

Yeah.

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

Yes, this is Micky, I think, I guess it was just...I think it was in our panels right that it was, just to over characterize here for a second, that is was, you know, sort of the vendor panel that was basically saying, you know, not necessarily that things are fine from a current state perspective but that things are fine on the trajectory that we're on...

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

That's right.

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

And so things will be fine and it would be...to...we were sort of the starkest contrast to that who basically said, you know, things...we've haven't even started.

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

That's right so we got the App community that says "we haven't even started." We have the research community that says...it was just very odd to me "oh, yeah, no everything's fine." The HIE community that more or less said "keep on the current trajectory." It was an...I don't know it was an odd set of testimony. So, I do think it's worthwhile restating, if we do believe that it's justified, restating that based on the evidence there actually is a need.

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

Yeah, I do think some of the vendors, I mean, I know one vendor in particular where I work, you know, believes that a shift to standard APIs is appropriate and necessary, and I think the number of vendors who are participating in efforts to figure out what that standard looks like is the compelling evidence that the vendors are not dragging their feet on it or not resisting it I should say, maybe they're not racing but they're not resisting.

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

That's right.

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

But, I do think the tension in my...that I hear the tension is, do we try to perfect and finish the current CDA approach, CDA as the vector for data.

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

That's right.

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

And, you know, how sufficient is that to solve these problems and I think that tension was clearly evident.

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

That's exactly right and that's exactly the way to put it there is a tension between perfecting the current state and making incremental progress towards the future state and difference of opinion as to whether...which of those paths is the most appropriate.

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

Okay, I think some of that is going to come out in other slides, but that does warrant better clarity in the summary here, although again when we...we'll see where we land when we're all done with this it maybe that the recommendation section is where we surface some of these, but this is really a little bit focused on the hearing that we had not necessarily our complete...this is not an overview of our full recommendations, this is what we heard at the hearing.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

This is Larry Wolf, I want to jump in with a piece that seems to be a subtext to a lot of this which is there is a lot of discussion about APIs versus or in addition to documents and there was some discussion at the hearings and certainly I think it's a design truth that there are data and metadata issues particularly around standards, vocabulary, terminology that need to be addressed regardless of whether it's an API that's used to access the information or whether it's packaged in a document, or whether it uses traditional messaging and that we shouldn't lose sight of the fact that some of the reason for the long tail to getting improvement is that getting the data standards in place and getting them right, getting the feedback loops and all that is a really hard job and we shouldn't lose sight of that piece.

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

Yeah, I think we definitely have heard from numerous sources not only at the hearing but in other settings in Implementation Workgroup and Josh's paper for example that there are still numerous challenges in getting compliant CDAs that everybody understands and can parse correctly, we've got good evidence that we are not there yet.

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

There was an Implementation Workgroup...there is an Implementation Workgroup hearing that I think has plenty of evidence there.

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

Yeah, yeah.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

I don't want us to lose sight of the fact that the issue is not just that CDA may be hard to create and it's a complex XML but that the underlying data isn't standardized in a way that supports a standards-based exchange. And that we shouldn't lose sight of the fact that there is actually underlining data that's getting packaged into documents being packaged and access through APIs.

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

Right and I think we might cover some of that either in the finding section, the recommendations related to all the business, you know, underpinnings that I think we all seem to agree...and the JASONs themselves said they didn't really focus on...

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

So, let's move...

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

I think is a part of that. Yeah, go ahead.

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

To the next slide because I think we've got...

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

This is Josh; could I just add one more comment at the high-level just something that I think might go into the overview?

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

Yes, please, Josh, go ahead.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

In the JASON Report itself and during our listening session, Anil Sethi brought this up, there is a tension between where should we focus first on who’s sort of use case is it and at one point Anil pointed out a quote from the JASON Report that asks, you know, very directly, before we have data flowing within a clinical environment and supporting decisions in patient care that might be a priority over research. So, I just want to raise that tension between data and APIs, and networks that support clinical care, that support patient access and that support research, because practically speaking these are different areas that we can focus on.

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

Yeah that’s a...Josh, this is David, I think that’s a good...to capture that, the sort of three spheres in which we could work on APIs clinical care feeds to research and more data to patients that’s a useful triad to think about and I know that you circulated a nice white paper to the group so anybody who hasn’t read that Josh has articulated in his blog post sort of the approach to focus on patient access through the Blue Button enhancements as perhaps an area where we can make progress at a speedier pace than EHR to EHR. So, we’ll think about a way to capture that.

But in scope and focusing on our time limits today and knowing that we hopefully will get to even meatier stuff as we get further into the session let’s go to the next slide the one that’s entitled APIs. This is in some ways a drill in to what we’ve been discussing already.

The first bullet point, general consensus it could be helpful to have standards-based discrete APIs but there was conflict and we had at least one panelist who thought that APIs could lead to too many tightly coupled integrations that are costly, fragile and brittle, and I believe we’ve subsequently figured out who made that comment and I didn’t get it into the slides in time, but it was one of the...Michelle, did you send me that name?

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

Debbie, did I believe it was Anil.

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

Anil, okay, so it was one of the...

**Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology**

Anil Sethi, yes.

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

Yeah one of the App developers who said that and no one else...

**Debbie Bucci – Office of Standards & Interoperability – Office of the National Coordinator for Health Information Technology**

...

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

No one has raised that concern but it was an interesting one. And then we had specific API requirements as part of ONC certification are not realistic in the timeframe. Growing industry adoption if focused on high value use cases is a more appropriate and sustainable path.

So, again, I think the thought there was maybe Arien's incrementalism is it doesn't have to be a wholesale rip-and-replace of everything we can do incremental value added use cases. So, I think we can capture that with the incrementalism idea.

The App developers gave us conflicting thoughts on the need for a standards-based API, just registering that, I think there was at least a couple of panelists who felt that any old API would do as long as it's really well documented and other panelists who didn't...who would prefer a standards-based API.

A number of the vendors, in fact I think all of the vendors that we had on the panel, pointed out that they already have discrete APIs albeit proprietary ones and they have numerous third-party consumers of those APIs today. So, this is not a new idea to the vendors the new idea would be to do it in a standards-based way.

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

And standards-based and universal, right, because there is a selection bias in any panel.

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

Yeah, well that's true always given how many vendors there are and how few panel slots.

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

Exactly. We tend to get people who are successful App developers and people with EHRs that have APIs.

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

Yeah, yeah, but it is, I think worthwhile, you know, contrary to the JASON Report if you read it in the abstract you'd believe that vendors had never heard of APIs...

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

Sure.

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

And that the only thing they ought to do is send scanned documents around and that's not the case, many vendors can do discrete APIs albeit in a proprietary way.

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

That's right.

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

And our next to the last point there, current API approaches are either document centric or discrete data centric, numerous groups are working on developing FHIR and FHIR profiles, there is a lot of activity in other words including the S&I activity and the DAF, SMART platform, Stan Huff's Healthcare Services Coalition, IHE has a number of buyer-based projects underway.

And the point was that document centric APIs were being devalued by the JASONs but several panelists pointed out that the documents can include discrete data elements and maybe lost here is that documents also preserve a snapshot of the state-of-the-art, state of the patient at a particular point in time which is something much harder to reconstruct with just data APIs. So, we heard, in other words, there is value in document centric model approaches.

And then finally we got a number of reminders that just because you have an API that follows a standard doesn't mean that anybody has the right to just arbitrarily hook up and use that API and that vendors would be concerned around licensing certification and appropriate business arrangements before the API is enabled, which is, you know, comes back to the governance questions as well as certification.

I think, let me see, is there another...yeah, so let's go to the next one, again, just on...next slide, focusing more on API testimony. There was a nice enumeration of the kinds of things that a public API needs to have to make it really useful in terms of developer resources, test beds, sample applications, testing mechanisms, licensing mechanisms.

There was fairly light discussion about the cryptography recommendations from JASON I think in large measure because we, as a group, tended to believe that we have a good understanding of how to use cryptography. The metadata translation that they recommend didn't get much discussion either although the FHIR profiles were pointed out by Stan and Grahame Grieve as being a useful way to mitigate some of the necessary need for translations that we have in our APIs today that aren't using standard nomenclatures.

Numerous panelists reminded us of the problems created by the lack of a national patient identifier or some equivalent national scale identity management service for patients that this would inhibit the full JASON vision.

And we didn't spend much time or hear much testimony about the privacy bundle notion from JASON although there have been previous hearings where that has been discussed.

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

We did hear from the research panel that, at least some folks, who believe that the lack of patient's rights granting for research and education around the need to donate data for research was an important policy consideration that potentially inhibits use of data for research purposes.

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

Yeah, I was struck that we didn't...I don't believe, if I'm remembering correctly, that we didn't get much debate about the internal tension in the JASON Report itself from the part of the report where they advocate for the consumer having, you know, the ability to filter as they wish with these privacy bundles versus the strong advocacy that the researchers have essentially unfiltered data so that they have an accurate sample of the population and that tension didn't come up in our discussions that I'm aware of or that I recall, I haven't looked at my notes.

And then just to finish this slide out and so then we can open it up for reactions, the timing of including an API requirement in Meaningful Use Stage 3, which is kind of hinted at by the JASON Report, was controversial and I would say...

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

I don't...yeah; I don't think we should say Meaningful Use Stage 3. I think we should say something that's actually time limiting, because clearly if Meaningful Use Stage 3 was relaxed in its timeline it would be...so maybe Meaningful Use Stage 3 on current timeline or something like that?

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

Or how about 2017 edition?

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

Twenty-Seventeen edition, yeah.

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

Yeah, something that has a date specified to it, okay, good point. And so the...as we've discussed already there was considerable debate about the fact that switching to JASON at this late stage and relative to the 2017 edition would be difficult, the vendors felt that and I'd say the HIE group also felt that.

So, any other comments on API points on this slide or the previous slide? I realize it's a lot of detail and I think we've caught most of the concerns that were raised on these first two.

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

Hey, David, it's Jon White.

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

Yes?

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

I'm going to translate for a colleague from NCI...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Hey, Jon?

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

Yes?

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

This is Denise I was actually, by the magic of technology, I'm now on the call and can speak so if you...

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

Perfect, speak for yourself, thank you.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Okay, let me just briefly introduce myself, my name is Denise Warzel and I work for the National Cancer Institute in the Semantic Interoperability Group in our Center for Biomedical Informatics and Information Technology.

I have been involved in the SDC Initiative and that's how I know Jon through working with them through that Task Force or Working Group I guess they called it the SDC Working Group so I'll just put that aside.

I do have some comments on this API section and I apologize that I have not been involved before or in any of the listening sessions, so...and I don't want to take you off of your agenda and timeline so I'll try to make my comments brief.

The comments that I raised with Jon previously that he was going to mention...let me just make them in general, okay? First I do agree with many of the issues that were raised but that you all haven't discussed yet on the prior slide that had to do...I've made some notes and I don't know whether you were seeing them in the public comments area, did you all see those or should I repeat some of that?

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

They can't see them so you should repeat them.

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

Yeah, we haven't seen anything.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Okay, so the first comment I had was that...this idea of having a specific or discrete API that everybody has to use and that being too tightly coupled, I completely agree with that, that the API itself, you know, which is a bundle of codes that you actually have to implement in your own environment, expecting everyone to implement the same API is very, very problematic, we had a very large group called...and we tried that kind of, you know, massive distribution of APIs and so forth and the issues become when there are upgrades and people have to constantly upgrade and staying in sync, and it's just a very, very difficult environment everybody's technical stack of what versions of code that are required for the API are going to be different, and it's very, very difficult to maintain a "everybody use the same API" kind of approach.

So, maybe, you know, with a little bit more detail, the comment was simply that someone had raised it, but, you know, not much more than that, but I think those were the...that's the thinking behind that kind of approach where everybody uses the same API.

But some of the advantages of using, let's call that API, can still be achieved by standardizing the payload or the bundle of information that's being exchanged inside that API and I think that's been the SDC approach is to say, you know, use your own wrapper, but inside that technical thing that says "send this over the wire" and the one on the other end that says "receive it" and...inside that can be standardized and that decouples it from the technology and would make exchanging the standard information more feasible on a shorter-term basis.

The second comment I'd like to make is, again, I don't think it was on the slide, but someone raised it was that let's not forget that there is data that needs to be standardized and that is 100%, you know, correct.

The FCC Initiative has sort been looking, or at least my interpretation of it, because I got into that about a year ago as well and they'd already been going six months, but if you kind of decompose what does it really take to make data interoperable there is a thing called data elements and they've got a layered approach where they're standardizing the structure of the data elements so that everybody can at least write down in the same way what their data elements are and then the next step is to, okay, now that we can compare them side-by-side let's start harmonizing them, and once you do that the approach is to harmonize those individual data elements into these collections that they call forms and that structure is also standardized.

So, it's very feasible that, you know, following that sort of path that you can, even before the data elements the data is standardized or harmonized you can exchange it in this standard structure which goes a long way towards at least sharing information at that human readable level and then eventually because the structure is standardized for both the collection of data elements and the data elements themselves the domain experts can go off and start working on standardizing the actual data and this is where research and healthcare, you know, in order to get to that point where we can sit at the table and say "well, I have this list of adverse events, data elements that I collect" and you have yours do they even match up. Well, until you write them down the same way that's where, you know, everything starts with that, you can't do that...

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

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**  
Yes, so I'll stop there, those are my two main comments, well...

**David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation**  
Okay, yeah, I think we've got to keep moving.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**  
The last one, can I just mention one Jon, that I mentioned to Jon?

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

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**  
All right and that is that to the data point and the FHIR approach there is a...FHIR comes baked with an information model where you have to find your data a certain way and that's problematic for a lot of people but also for research and I don't know if anyone paid attention at that level to that kind of concern over heading down the FHIR path too quickly.

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

**Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group**  
This is Larry...

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

We could obviously spend a tremendous amount of time discussing your proposed implementation, some of us who are more committed to FHIR might argue with some of your assertions, but I think these are good points that filter into or that reflect why these are nontrivial decisions that you shouldn't make too quickly.

On the other hand, if we wait for universal agreement, well we've been waiting for 10 years for CIMI and OpenAir and everyone else who has tried to solve this problem to achieve a solution and they haven't and to see a big experience certainly is something to learn from.

So, I think your points are good; I've copied them and will try to work them into our report in the place where they fit the best. Other comments on the API?

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

Well, this is Larry, actually the other Larry, I wanted to comment on that last comment, you know, the concept behind Consolidated CDA was exactly that, that it basically provides the bucket and over time there can be progressive increase in granularity of the specification of the data.

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

Yes and, you know, as we've proven that we haven't even mastered the simple CDA content, so, it's again the right idea. Implementation has been a challenge for the vendors and for HIEs and for those who consume the data.

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

But, let's remember what we're trying to do here is just capture what we heard from the listening session so we can get to our thoughts a little bit later.

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

Yes, so any other comments on API or the timeline? I think we've covered that, let's move on then to the next section here and Micky is going to drive this one around, what we heard from the standards developers, again there is a lot of overlap with some of the conversation we've already heard, but Micky?

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

Yeah.

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

This is slide number nine if you're following along, decoupled, loosely coupled.

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

Right, so, this is I think as David said, a lot of these topics were already covered so I'll just go through it very quickly. You know the first bullet actually speaks to the incrementalism or the need to do this incrementally that I think Arien raised earlier that wasn't in the overview but it is captured here.

The second bullet really talks about the, you know, sort of the issue of C-CDA improvement recognizing that there are some limitations to it today, but the you know speaking to the need to keep working on that and keep refining it over time with an eye toward accelerating that work as quickly as possible.

Third bullet, patient identity management I think came up, you know, sort of as a central problem identified by a number of people so we, you know, sort of flagged that here. The JASON Report doesn't have a specific solution for that I don't think but calls it out as a necessary component of the architecture as I recall.

The fourth bullet point I think, you know, there seemed to be, you know, somewhat of a consensus, Denise's comments notwithstanding, about, you know, from the panelists on FHIR, you know, sort of being viewed as, you know, kind of the most likely vehicle right now that would get us toward the JASON vision but, you know, there was also, you know, a sense that it's probably not going to be ready in time for inclusion in Stage 3 of Meaningful Use, which will...when we talked later about the timeline and some of the specific recommendations from JASON about maximally leveraging Meaningful Use Stage 3 and, you know, sort of some of the timelines they have in there, you know, we'll present, you know, sort of a practical disconnect between where that seems to be right now and what some of their specific recommendations are.

And then finally, some of the panelists raised concerns that the JASON Report didn't focus enough attention on some of the challenges around semantic translation and some particularly on the FHIR panel, some of the folks did point out the progress that might be able to be made on that front through the use of FHIR profiles which we've touched on a little bit here as being, you know, one way of alleviating some of the needs for semantic translation services, although there is obviously a lot that goes behind that in terms of the, you know, sort of specific workflows that are needed for some kind of uniformity around semantic nomenclature. Let me pause here...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yeah, let me make a comment there.

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

Go ahead.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

That is exactly, you know, that's sort of a, I don't know, this last bullet is exactly what I was talking about that the reason that the FHIR, and I don't know who else was in this panel discussion and whether there was, you know, balanced representation of the groups, you know, besides FHIR, but the reason they say there is no...that it alleviates the need for semantic translation is the point I mentioned earlier about it coming baked in with an information model that does not align well with most of research and there are many people who did not adopt the HL7 RIM, but to use FHIR and to use FHIR profiles you have to adopt "what does the data mean" and that's why they mean it alleviates the need because it forces one information model on everyone.

So, it seems to me...I would echo this is going a bit fast. I question whether there is balanced representation or whether there is maybe higher representation by the FHIR proponents such as Stan Huff and Grahame Grieve who are authors of most of FHIR.

So, I just caution that we make sure that if we have a higher objective of having research and healthcare data be interoperable that we don't too quickly adopt something that's been presented as, you know, sort of a silver bullet.

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

Right, no and I think that's fair enough. So, I think, you know, we've I think captured those thoughts and I think, you know, as Arien was pointing out, there is some inherent selection bias in the...in the panel representation in general. So, I think that's a fair point that we can come back to as we think about, you know, our general findings rather than just sort of specifically what we heard on that day from this group of panelists. So, I think it's a point well taken. Are there any other thoughts on this slide?

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

Yeah, this is Josh; I just want to spend 10 seconds to correct two quick points.

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

Okay.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children's Hospital**

So one is that an API is an interface it defines how things should work but it's not a bundle of code, I think that's pretty well understood but I just want to have it on the log for this call.

And two is just around Stan Huff that he was not involved in the development of FHIR although Grahame Grieve certainly was.

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

Yeah and this is David, I'll just, you know, piggyback on that, I think that your characterization of FHIR is a little bit inaccurate because you can have whatever resource enhancements you need as long as there is agreement on both parties that the profiles match your expectations.

So, FHIR as an API is extensible to include incredibly deep definitions of the resources as long as both parties agree on what they're sending, which seems to be a reasonable approach given the failure of computable semantics ala RIM and other approaches that have not worked very well. That's an editorial comment.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yeah, I think that's a discussion that could be had elsewhere in terms of the merits of FHIR but the fact that there is a huge community that did adopt that approach in the research environment should be at least a red flag here in terms of marching down that path too quickly.

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

Yeah, we certainly will have many more discussions as this unfolds over the course of the next few months; look forward to talking about it in more detail. So, we've got to keep moving though.

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

Yes.

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

Otherwise we won't get anywhere close to covering our material here. So, what's...

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

Now I have lost the WebEx, that's okay, I have my own local version I just wanted to make sure that maybe it's just me or are others seeing it?

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

Sorry, Micky, I think it's just you.

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

I've lost it, oh, now it's coming back.

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

Oh, it is, okay, no I've got it, yeah, I got it back actually.

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

So, we want to go to the patient controlled data use slide.

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

Yes, so, yeah and I think this is the last slide on the listening session overview. So, in terms of, you know, the patient controlled data use, what we...you know, what we heard was that, you know, sort of the motivation and the goal of having the patient being at the center may make it easier to manage some aspects of exchange including some types of secondary use, some of those thoughts were a little bit more, you know, elaborated by the paper that David referenced from Josh.

But, you know, specifically pointing to methods for patients to directly control who has access to their data, for patients to contribute to view and when necessary amend their data, mechanisms to authorized use of data for research.

We do make a note here that the original JASON Report did have a statement in there about patients owning their data and that raised a number of comments from a number of folks on this Workgroup that this was technically and legally not true and I think they have gone back and I think are going to be amending their report to acknowledge that patients don't own their data but, you know, would rather characterize it as it being important that patients participate in the management of their data.

And then finally, you know, a little bit of confusion in the market about the rights associated with primary clinical versus the copy that patients have a right to obtain and, you know, just pointing out that there might be a little bit of misalignment there in the market as it relates to patient controlled data use.

And then finally, you know, the research community has a different set of data and standards needs versus providing clinical care that I think we've, you know, talked about that being, you know, one of the points here that we want to draw out a little bit to make clear and as, you know, exemplified in some of the conversation we've just been having and, you know, again that came out a little bit from the research panel so we want to make note of it as something that we did hear and came to the surface in the listening session.

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

So, Micky, I think what you're saying here is maybe better articulated more precisely, number one is that for research, for clinical care often times you need a targeted subset of data. For research or for other kinds of operations usage such as clinical quality measurement you typically need a more complete record.

And then there was a point that came out in the research community section on...so I'm not sure it's a different set of data and standards needs, it maybe a different set of completeness relative to clinical care.

And then the second point is one that came out of the research community on selection bias as well in the context of clinical research that...I asked a question about access for smaller providers practices, I think the research community panel also raised the question about, with respect to patient control, whether that raises selection bias issues as well.

So, what I'd say on the first bullet is rather than different and potentially more complete, has the need for a more complete set of data versus providing clinical care.

And then number two, I think there should be something on selection bias in patient controlled data use and potentially also selection bias in terms of access to data that currently is getting done through large institutions and may need to get done through smaller practices. And that's my own editorial comment and if it did come out in the research section I'm happy to withdraw it.

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

This is David; I think we did hear something to that effect. The other thing and then maybe this is the same thing said a different way and I believe Landen Bain made the point that many of the...many times research data needs are driven by fairly precise protocols and the definition of data that's adequate to drive the research is a function of whether the protocol was followed and that's not necessarily consistent with routine clinical care and certainly that's been our experience that researchers tend to extract specific sets of data out of the record that meet the protocol but may not in fact be...they may not have been captured as part of ordinary care or there may have been parallel captures as part of ordinary care that didn't meet the protocol.

So, there can be a mismatch between the specific needs of a protocol versus the routine data captured in care even though they have the same names they're the same tests.

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

Yeah, I think...

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

I mean...

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

Yeah it occurs to me there is an assumption in research use in the JASON Report that I think it's a really important comment to pull out that the research use that's envisioned in the JASON Report may well be more like large scale natural history trials than it is what we might consider traditional research that is protocol driven.

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

Yeah, yeah that's a good point. It really is more like exploratory data analysis than conducting a trial.

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

So, this is Jon White, I would...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

There is actually...

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

Absolutely confirm that and say that really you're talking about observational data, right, rather than...

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

Yes.

**P. Jonathan White, MD – Director, Health IT – Agency for Healthcare Research & Quality (AHRQ)**

All right...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

And there is one other...in terms of what's actually written on the screen, you know, the different...

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

Can you please state your name before speaking so people know who is talking?

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yes, I'm sorry, this is Denise and it would be nice if others would do the same. In terms of research data and data standards the other thing we see that's different is that we tend to be very careful about what the choices were when the selection was made so that you can figure out, you know, understand the answer and it's context and in the clinical setting I think there is more emphasis on making sure you've just captured exactly what you need to capture and so that can lead to some issues as well, as well as the tendency for us to capture data as codes and things that can be easily statistically analyzed as opposed to just worrying about what the meaning of your answer was. So, there are quite a few differences when we really get into that data harmonization step and that's probably all...I think that's all reflected in this statement.

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

Yeah, I think that's a...we'll craft some language that calls out the distinct subtypes of research and that not all data is equivalent from the point-of-view of care versus research. Okay, Micky do we want to move to our recommendation framework stuff?

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

Yes, yes and I think I'm turning it back to you.

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

Oh, okay. So, what we've got here is...we'll just do a brief quick...so we're looking at...yeah, you've got the right slide up. So, we're looking...we'll do a very brief look at...remind ourselves of what the JASON charge was and the scope of things that JASON is focused on and then we'll do that almost instantaneously then we'll focus in a little bit deeper on the JASON findings and their core architecture principles and then hopefully preserve at least 20 minutes to talk about this recommendation in the last slide because I think that's where our real value is. So, let's go to the next one.

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

Right and I guess, David, just one thought here. I think the thought here is that, you know, on that previous slide that maybe that's the preview of sort of, you know, an outline for how we might want to frame our recommendations. We can...that's up for all of us to discuss but obviously we're not going to...you know, we're not going to have recommendations on their charge except to perhaps, you know, make sure that the report is specific about and makes clear what their charge was so that, you know, people don't, you know, sort of take and extrapolate, you know, what they're finding and assume that they were trying to answer other questions. I think that seems...that as a general issue seems to come up a lot in some of our conversations.

And then as we think about, you know, some of the other things as well like their core principles again, you know, that, again just getting those on the table we might want to make sure that in the recommendations we, you know...we have comments on those and perhaps we comment on them, but I would think that most of our work is going to be on the findings because there have been a number of points where we've noted that they perhaps gave a little bit short shrift to things that are already going on in the market and, you know, conversely accurately capture some of that. And then, you know, obviously more specifically on their detailed recommendations.

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

Correct.

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

So, back to you David.

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

Yeah, that's a good point so we've shifted into the mode of now beginning to think about what we'll present out in the September meetings. So, if we can go to the charge slide, oh, good we're already there, I don't want to go through this if you've read the report this is just extracted from the report. I'm not sure we got everything in the report on this slide something doesn't seem quite right but we can tune that that's really not our...we don't have to talk about that today. So, let's go to the next slide.

These are the so called key challenges that they called out specifically by name. These are the terms they used and I put in bold the ones that I thought we had focused on a little bit more and that I forget exactly...

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

No, I think, David, I think these are the ones that they, in the report, said that they were going to focus on, they basically said, here are all the challenges, we're only going to focus on the ones that are in the bold.

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

Yes, correct, I...because it's the next slide that has the one that we highlighted, all right.

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

Right.

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

You're correct; I'm getting my late night memories confused here. So, these are the topics that they identified as key challenges and the ones in bold are the ones that they focused mostly on, again, that's review.

If we go to the next slide and this will all be presented to summarize for the Policy and Standards Committees some of whom will have not read the report so we'll spend a few more moments on those slides then for you guys.

These are the core architecture principles that were called out by the JASONS and the ones in red are the ones that I thought that we have as a Task Force put the most energy into discussion. So, those will be the ones where we would essentially say "we've thought about these in enough detail to surface some preliminary recommendations."

But, just to summarize there architecture core principles and point out a few things that might be confusing when you first see the slide, that first bullet there, the patient owns his or her data has been struck through and replaced with a more nuanced notion that the JASONS have shared with Jon White and others subsequent to the initial publication of the report realizing that it's really that the patient participates in some broader framework of management of his or her data as we've discussed before and the distinction between what you can do with the primary data versus what you can do with a copy of the data is something that may need more attention in future discussions.

But the things that we've focused on here are the question around published APIs and open standards, interfaces and protocols representing the data as atomic data with associated metadata and then some notion of a migration path from where we are today with what they refer to as stovepipe or legacy EHR systems.

So, again, this would all be work that we would just summarize for the external FACAs, I don't think there is any need to discuss those because that's just straight from the JASONS. So, let's go to the next slide where we can actually have some meat to talk about.

What we did hear is full...and I apologize for the tiny font, hopefully you have a local copy. We pulled the key findings from the report and then made some comments on them and what Micky and I have done is put in our own comments to get the process started. I think probably we'll ask you guys off line to go through and add your own additional comments because I think it's going to be too tedious for us to do all of these right now.

But, point number one is just a broad point; I don't know that it necessarily requires specific comments.

Point number two...

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

Sorry, David, on this one I do think there is a note that did come out, at least, whether we're looking at a software architecture or we're looking at a large scale architecture because those...I do think that's one thing that came out in our deliberations or comments, or findings.

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

Yeah, that's a good point Arien, so what I'm going to ask you to do is...

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

I'm happy to...

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

Yeah.

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

Yeah.

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

Take the slide and add a couple of bullets that capture that thought because you've been consistent about that and we didn't capture it here, so I appreciate if you could do that.

Number two is back to this question about research versus clinical care and the only thing that I wanted to point out was that a number of the JASON recommendations would require changes to existing statutory laws that govern privacy. So, there were some notions about rethinking the role of de-identification and anonymization that would require changes to HIPAA and probably to the common rule that governs research.

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

Do you mean statutory or statutory and regulatory?

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

Well, statutory and regulatory but I think some of them would be...

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

They're all Regs David.

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

All Regs?

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Yeah, I mean, it doesn't...I mean, that's a miniscule issue, if you...

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

Yeah, yeah it's a good point.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

If you just use the word "law" then you're good to go.

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

Regulations and law, because, you know, in some cases HHS can change it, in other cases you've got to go back to congress and that is a major issue in some cases.

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

Yeah, no and I was...I am perhaps just wrong, so I would appreciate the correction Deven, thank you. So, the point being is that some of the notions that were thrown out would require substantial changes to existing whatever the right word is regulatory apparatus.

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

Laws.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Apparati. Funny that didn't...this is Deven again, that was not what occurred to me in reading the report, but admittedly I was not as able to participate in the listening sessions. Did that come out in the listening sessions?

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

There was some brief discussion about de-identification and not all agreed that de-identification is possible some people thought it was not possible, some people thought it worked fine the way we have it today.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Right, although that's less a problem of regulation than interpretation to be honest.

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

That's right.

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

So, Deven, what on this point did you hear or do you think is worth commenting?

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

I mean, clarification and a lot more guidance is probably much more necessary than a rule change, but let me go back and refresh my memory about what exactly was in the report regarding issues of identifiability of data and availability for research purposes to make sure that we articulate our point correctly.

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

So, the issues that I recall and I may be mentally blurring the PCAST big data report with the JASON...

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Yeah.

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

Because there is some overlap there and I'm probably getting them confused in my memory, but there was some discussion about full access to the un-expurgated record. There was some notion that you wanted to avoid any selection bias by not allowing patients to keep their data out of research and then there was a broader notion that it's less important to have de-identified data than it is to punish any re-identification attempts or any publishing of identifiable data.

So, give the data...give all the data to the researchers don't worry about the de-identification but prohibit disclosure of identities in any published reports, but some of that I know is from the PCAST big data report. But those were the things that struck me as different from the way we do it in the world today.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Okay.

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

So, if...

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

This is Larry Wolf; my sense of the issue around the de-identification was they were saying if you have enough information about an individual you can figure out who they are.

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

Yeah.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

And so...

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

And that's such a gross overstatement of what's actually a pretty complicated enterprise depending on what type of methodology has been used for de-identification and what additional resources might be needed sometimes to be purchased in order to facilitate re-identification and an acknowledgment that the goal and the rules has never been absolutely zero risk but very small risk and that's what people are directed to achieve.

We don't actually have that many examples of re-identifications of data that has been de-identified, that's health data, that's been de-identified using legal standards developed under HIPAA, very few. People tend to look at other examples of re-identification in context where those standards were not used or Latanya's example which occurred before the rules were set as sort of this...as "proof" that de-identification doesn't work when in fact the picture is a lot more nuanced than that.

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

Yeah, this is...

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

And I think that some of it...

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

Sorry, go ahead.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

I think some of the specifics was around genomics where you begin to get a very detailed blueprint of somebody or a fingerprint of somebody.

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

Well, and...

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

So, this is Arien...

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

I mean you have to have the match, you have to have the data to match against it's not...

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

Yeah.

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

I'm just wondering in this case whether we have a finding or whether we're inventing a finding.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Yeah.

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

Yeah, these are...

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

I'm worried we haven't had sufficient discussion.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

Or debunking, debunking finding.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Yes.

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

Yeah, so these are JASON...these were presented as findings by the JASONS I don't know that we necessarily need to go deep on any of them and maybe it's best to remain silent on some of these that were really not addressed by our Task Force or any of the panelists that we heard from.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Right.

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

That's right.

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

It did come up a little bit in the research testimony that there was some tension there and it is certainly a point of major controversy in the de-identification academic community, nuanced is a good word, but it's certainly controversial.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

Yes, without a doubt but I would agree. I would put this one in a parking lot in terms of whether we have enough time to take it on more fully.

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

Yes. Okay, I'll make a note to myself on that. All right and then the criteria for Stage 1 and 2 Meaningful Use...let me look at the bolded here, at present large scale interoperability amounts to little more than replacing fax machines with the electronic delivery of page formatted medical records.

So, we've called out that we think that this underestimates the progress that's been made via most recently by Meaningful Use Stage 2 with the transition of care and the structured data being carried in a CDA document but we have also obviously identified that we have a long way to go. So, let's go to the next slide.

So, here we have more...I'll just read the bold points, interoperability best achieved through development of a comprehensive open architecture. I think the group agrees that architecture is important although we'll have some further debate down below on what "open" means.

Number five, current approaches have largely failed to open up new opportunities for entrepreneurship and innovation. I believe that we've heard...we agree that as a panel we can do better but there are many companies out there today successfully functioning on consumption of data from EHRs including discrete data and we heard from App developers as well as the vendors who have exposed APIs enumerated numerous companies so it's not as bleak as the JASONs have I think painted, but it is certainly not a...it's not a huge market at this point.

Number six, this is where I think we get a little bit more controversial, HHS has the opportunity to drive adoption by defining successive stages of Meaningful Use and move progressively from current close-boxed systems to an open software architecture and my comment was simply we agree that existing products should adopt and expose standard-based APIs, however, EHR implementations themselves do not need to be open source.

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

I'm not sure that was ever, this is Arien, I'm not sure that was ever called for in the report and I'm not sure that's...

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

Yeah.

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

I agree that it probably should be about the definition of what "open" means and there is some nuance about what open means. Does open mean anybody can access it? Does open mean it's standards-based? Because I think there is some interest...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

...

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

That providers have and patients have in open not meaning any App can go and pull down any data.

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

Yeah, so maybe the point is to...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

I certainly...

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

Go ahead, who is...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

This is Denise I also didn't see anything in there about it having to be open source maybe did that come up in some of the panel discussion? I mean, open software doesn't necessarily mean open source.

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

Yeah, no it has come up in other contexts not in our hearing that I recall, but in other contexts around...conversations that I've been in. So, I think the point here maybe is that we need more clarity about what an open software architecture is apart from being standards-based. I'm not sure that we have a good agreement on that.

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

Right it maybe that, I'm not sure how much more clarity we'll be able to get from the JASONS and maybe we just need to make, you know, sort of an assumption about what we think it means. I think we all agree that it probably doesn't mean open source, but, you know, maybe we could sort of frame it as, you know, we think that this is what they're saying and then we either, you know, if we agree with that then that's fine, if we don't agree than maybe we can, you know, sort of clarify that.

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

Yeah that's a good way to put it.

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

So, it's certainly worth noting that throwing out terms like that there is a lot of ambiguity around those terms.

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

Yeah, yeah so we'll take a shot at perhaps sort of some bullets on what an open software architecture means. I'll go back and read their report again more carefully and see if they define it any better.

And then number seven, I think we've discussed this point a good bit already, the question of broad access to health data for research purposes is essential to realizing long-term benefits of a robust health data infrastructure with the caveat that it's for a particular kind of research, observational, exploratory data analysis, natural history. I don't know that we need to call out any...I don't think we disagree with that at all.

And then if we can go to the next slide which is the last one of this so called "findings." The point number eight was a point that I don't believe anyone disagrees with that there will be an increase, perhaps dramatic in both volume and diversity of the kinds of data that are captured in EHRs, the so called "omic" data and we added a point here that the privacy challenge is that big data may require modifications to current privacy laws and again I'm probably using the wrong term there, see the recent PCAST report for more details. That's a point we may want to just back off and stay away from, really not a focus of our group. Any thoughts on that one?

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Well, this is my point around trying to ensure that we don't lock into some particular, this is Denise again, sorry...

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

Yes.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yeah, and, you know, focusing on standards like REST I think might be more useful than FHIR in particular and focusing on standards like, you know, that are not information model specific those things can be helpful because then as the volume of data increases and new data types are introduced they're more easily adapted and pulled into a framework that doesn't lock you into particular ways of describing things it just says "I'm sending you this data."

So, I think an open architecture can support this, but this is just simply maybe some of those concerns that were raised about FHIR have to do with that. That in order to continue to stay flexible as new data types emerge we need to be sure we don't lock into something that's going to make that either difficult or present obstacles for moving rapidly forward in adopting those new data types.

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

Yeah and of course REST is an architectural style it's not a standard. So, REST by itself...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Well, yeah, I mean that's more open than adopting a specific API, but I do think you all have done quite a lot of good work here and I don't mean to derail things, but I think there is reason for caution and maybe the way things are posed in the final report in terms of them being, you know, saying things like this as opposed to saying this specific answer, but...

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

Sorry, I'm not sure, at this slide right now, this is Arien, I'm not sure at this slide right now that we're at that point where that's an issue. I think the notes that are on the page agree the new data types will require...that will emerge will require new technical approaches.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yes, you're right, you're right there is no new bullet here, you're right, you're correct.

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

And I'll take out the big data privacy thing unless we want to call out that in a special way and, Deven, I'll maybe get some input from you about that after off line.

And then I think we're going to just skip the rest of these two about international agreements and chasing fraudulent activity because we really didn't spend any time discussing those and in the absence of...we only have 15 more minutes. So, Micky, I want to hand it back to you for our recommendations.

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

Oh, nicely done.

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

Having set you up for failure here.

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

Right, yeah, thanks.

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

Sorry.

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

No that's okay. So, I think really with an eye toward, you know, sort of...I mean, there was no way that we were going to get through all of this on this call anyway. So, what we wanted to make sure that we did is introduce the framework and then as David said, you know, what we want to do I think is really get all of your input as homework, so, you know, both on the...well, on any aspect of the framework if you think that there is, you know, commentary on any of these pages related to the framework, but specifically with, you know, somewhat on the findings we've, you know, got those little boxes there, but, you know, anything you want to add, you know, please just send to David and me and we can try to synthesize those and then come back with something that is as close to a, you know, group synthesis as we can get for the next meeting and identify, you know, any comments that we got that we think may need further discussion, because they're perhaps not fully aligned. So, that would be the goal here.

So, let me just introduce, you know, what we thought as, you know, sort of the first, you know, first pass at some comments based on what we think we've heard, you know, from across the Task Force over the last few weeks and then we can use that as really just sort of the starter.

So, the first recommendation, these recommendations have just been directly out of the JASON Report, they numbered them this way and these are the verbatim, unfortunately they didn't bold them so I actually have to remember what each of these says. So, the first one was that CMS should...

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

Michelle, we should be on slide eighteen I don't think we're on the right slide yet or am I off line?

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

Yeah and if there is somebody that has some background noise if you could please mute your line.

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

Is everybody seeing slide 18?

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

Yeah.

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

Oh, here we go now it's up.

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

It's there now. So, the first one, you know, the first recommendation in the JASON Report is that CMS should embrace Stage 3 as an opportunity to break free from the status quo and embark upon the creation of a truly interoperable health data infrastructure.

The note here that we've discussed a little bit I think and that we've seen, you know, sort of in other, you know, kind of Workgroup activities I think broadly across the FACAs is that, you know, Meaningful Use Stage 3 is one lever but, you know, due to the declining incentive structure lots of other things going on in the industry, you know, it seems unlikely to be influential enough to effect such a large scale change that doesn't mean that there aren't a whole other set of levers that could be brought to bear, but, you know, speaking specifically on Meaningful Use Stage 3 that seems like it may not be the most appropriate lever to effect the kind of change that the JASON Report recommends.

Second, an immediate goal within 12 months, this is Karen DeSalvo's charge, for ONC to define an overarching software architecture for the health data infrastructure. So, the first point is the timeframe is quite challenging given the scale of the task and, you know, the complexity of gaining consensus. They do note that, you know, including time for consultation with stakeholders, I don't mean...I actually don't understand whether that means that you add to the 12 months to include that time or the 12 months includes that time, but regardless, as we know across the FACA process there is a lot of complexity in gaining consensus across multiple stakeholders.

And then the second bullet point is really related to the point that Arien I think is going to elaborate on in his comment back on the findings I think which is this question of "what does single architecture mean or overarching software, how are we to interpret that?"

Two point one, it maybe that the best place to discuss this is really commenting on the diagram which I think we may not get to it at this meeting but David has taken a first stab at perhaps using the diagram as, you know, kind of an organizing framework for thinking about where current standards are and where current approaches are and how those current approaches and standards might be addressing some of the things that the JASON Report captures in that diagram. So, unless there are any other comments here we could, you know, sort of leave that to that conversation.

The architecture should identify the small set of necessary interfaces between functions. The comment here is that, you know, thoughtful API design using proven standards-based APIs can be used to maintain a loosely coupled architecture. I think that, you know, is sort of a general comment. Are there any other thoughts on that right now? Otherwise, you know, we'll take the comments off line.

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

So, one thing that we haven't yet addressed, this is Arien, is what is the problem that we're...for which we're seeking a solution and maybe this comes out in a different slide, but is the problem data for research use, is the problem data for observational use, is the problem use of or creation of an API-based application ecosystem or lack thereof?

So, I think at some point we should comment on what we believe the main problem or problems we're seeking to achieve, because I do think one of our findings is that the JASON Report isn't very clear on what the problem is.

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

Right and do we feel that we want to be saying here is the appropriate solution for each of these problems or noting that the JASON Report has sort of, you know, surfaced what we think they're saying are three problems that we talked about before the patient, the research and clinical, and it may very well be that there are somewhat different solutions to each of those or different approaches to each of those.

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

Exactly, yes.

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

Okay.

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

And then again with...I won't go...I'll do my comments off line.

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

Okay. The last point, 2.3 on this under architecture, the architecture should be defined but not necessarily implemented within the 12 month period, during that time ONC should create appropriate committees to carry out continuing beyond the 12 month horizon, hopefully that isn't the Task Force, the detailed development of requirements for the functions and interfaces that comprise the architecture.

So, some of its related to the comment number two above, which is just that the timeframe, especially in a consensus-driven process is challenging and then, you know, perhaps some options to consider to try to, you know, at least, you know, go with the spirit of this, of acceleration, is, you know, fast tracking a subset of the architecture perhaps delaying Meaningful Use Stage 3, we're, you know, obviously delaying and fast tracking, you know, seem to be at odds, but the idea there would be that if you want to be able to use Meaningful Use Stage 3 as a lever you're probably going to have to delay it in order to allow some of the standards work to catch up to it.

And then finally, you know, encouraging private industry to drive outside of the initial regulation to get this on a faster track.

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

Just...this is David, one comment on the fast track subset notion, that was my bullet point, and the thought was simply that if you look at the full suite of all possible APIs that's the 6-10 year challenge that we heard about but you could identify conceivably a subset for example, you know, problems, medications, allergies and vital signs or something like that where you carve out a subset and focus on that subset and do that in a quicker turnaround than might be possible with the full set of APIs a little bit like what was done with CCD migrating to C-CDA and follow a similar path with the APIs in order to be able to move faster that's just an option that we could consider or that ONC could consider.

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

Okay, on the next slide, this is slide 19, so the first recommendation under primary had three was to achieve the goal of improving health outcomes Stage 3 should be defined such that they enable the creation of an entrepreneurial space. In general I don't think that we've heard any disagreement on that point.

Now if the JASON Report defines entrepreneurial as meaning get rid of all the legacy vendors I assume that we might have a little bit of disagreement with that finding, but I think in general, you know, the entire process with the FACAs since the beginning of Meaningful Use I think has been focusing on...has been focused on trying to make sure that there is room for innovation and entrepreneurialism within the context of, you know, a very large, you know, sort of existing ecosystem that, you know, needs to be involved in developing those kinds of capabilities going forward.

And then the second point is that App developers are ready and waiting as we heard, you know, in the panel and as we know out in the market, you know, SMART on FHIR being one representation of an open source approach to this.

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

We shouldn't use the term "open source" here; we should be using open standards-based or something like that.

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

Yeah.

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

Open source is a particular meaning.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yeah...

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

Although the SMART itself is open source but I agree the mention of both of those together is...

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

SMART has an open source implementation, SMART itself isn't open source.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

I think that sounds just fine, yes.

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

Josh, what was your comment? I lost it.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

Sorry, this is Josh, I agree with Arien’s description. I mean, SMART is a set of open specifications and we have an open source reference implementation of those specifications and we make components of that available, but the main product is a spec.

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

Yeah.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

That’s a very nice way to say that.

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

Yeah, it’s...okay, we’ll readdress that.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

An open specification and an open source reference implementation.

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

Yeah.

**Larry Wolf – Senior Consulting Architect – Kindred Healthcare**

This is Larry.

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

So, it’s open whatever we decide open means. I would consider, Micky, one note that for point number three is that we might want to call out, as a specific bullet, that the entrepreneurial space might develop more rapidly in the consumer side than...that might be the fastest way to explore it is through the consumer side.

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

Yes.

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

That’s Josh’s proposal basically.

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

Yes.

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

Okay, keep going or I don’t have any more say on that one.

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

Okay, yes, on 3.1 EHR software vendors should be required to develop and publish APIs and should be required to demonstrate their ability to interoperate using those APIs.

So, you know, first point, you know, agree on the goal of data level APIs. It sounds like on the second bullet, you know, that there are technical and other challenges that need to be tackled and calling out HL7 FHIR as the most promising technical vehicle it sounds like there are probably more Workgroup conversation that we want to have on that. So, I would just recommend that we, you know, sort of flag that as being something that requires further discussion in the Workgroup or this Task Force.

And then agree that some type of robust validation should be made available and I think we heard that in the panel as well, you know, certification or other voluntary approaches there was a variety of ways that one could accomplish that but there seemed to be general agreement that we would want to have some type of validation that can help the market understand the robustness of the infrastructure or the ecosystem I should say. Is that fair?

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

It's okay with me.

**Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP**

It sounds good, Micky, it's Deven.

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

Okay, 3.2 APIs should be certified...

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

I'm sorry, I was on mute and I, this Denies, I'm sorry, I still think that this area of assuming that FHIR addresses the semantic mapping is a mistake and I don't know...I know it's late to the table but maybe I can provide comments, written comments somewhere on that?

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

Sure, yeah, this is Micky, no, yeah, absolutely, Denise and as I noted, I mean, that second bullet just based on this call I'm just flagging as one that needs further discussion.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Yeah, that's what I was agreeing...

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

So, we wrote this last night and yeah, okay.

**Denise Warzel – Program Manager, caDSR infrastructure, Metadata & Models Semantic Infrastructure Team – CBIIT National Cancer Research Institute, National Institutes of Health**

Is discussing it further.

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

So, 3.2 the API should be certified through vetting by, you know, multiple third-party developers and a code-a-thon, I think that we all agree and, you know, certainly the processes and a lot of the discussion in the Standards and Policy Committees about having Kaizen type processes going forward, you know, for some of the standards that are used in certification. I would think that there would probably be general agreement in this Task Force that a collaborative process to standards implementation guide development is a good thing.

The commercial system acquisition by VA and DoD should adhere to the requirements for the APIs that the JASONS are recommending. Again, I think that initial, you know, high-level agreement but the note would be to avoid tight coupling of time tables to the rest of the industry so we wouldn't want the rest of the industry or VA and DoD, I guess it could go the other way, to be tied to progress on one side or the other.

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

I'm not sure, this is Arien, I'm not sure what that means?

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

Well, I can...

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

Yeah, go ahead, David.

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

This is David; I added that I believe in our iterations.

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

Yes.

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

I added that bullet point. The thought would be that if you said "let's wait and see" wait until the VA and DoD solved the problem and then we'll ask the rest of the industry to adopt it that's what I'm trying to avoid.

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

Oh, I see, I was interpreting the JASON recommendation as saying, using one of the levers of federal power in their acquisition process to have, for example, DoD include the architecture in their final acquisition language. It seems to me it's a tool, it doesn't couple anybody to anything it just requires that anybody who responds to that acquisition needs to address their ability to use the architecture.

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

But that's a...

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

I'm happy to provide comments off line on here as well.

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

Yeah.

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

Okay, appreciate that, because, yeah that's a good clarification.

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

Hey, Micky, David, this is Kory I just want to do a time check, we're at 12:29 and we end at 12:30.

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

Yeah.

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

Okay, so what's your point Kory? Okay, so perhaps, you know, I think everyone has gotten the flavor of what we've done here and there is, you know, one more slide on recommendations with the same, you know, kind of flavor of, you know, high-level bullet points from David and me about, you know, sort of our initial thoughts on what we think we heard related to that and then David has included at the very back an example architecture diagram where, you know, the first slide is just pulled right out of the JASON Report and the second has an overlay with, you know, some mapping to standards for the different components.

So, I guess, you know, what we would ask at this point is that in preparation for our next meeting that all of you take a shot at providing any comments that you're able to going all the way back to slide 12, so beginning with, well not necessarily the charge, but, you know, beginning with, you know, some of the key challenges I guess, you know, at a high-level, you know, some of the comments that we've had on the key challenges or some of the issues that they chose not to focus on are actually key issues that one can't ignore for example, business model, you know, governance in general things like that. So, I think that would be the flavor of commenting on challenges.

And then as we move, you know, more into more detailed commentary on the findings and the recommendations if all of you could, you know, have a look at that, provide whatever comments you're able to I think we can send out a separate chase e-mail with Michelle and Kory's help to remind you of that and provide some deadlines then I think we'll be in a position to synthesize some of that and then be able to have a more full discussion at the next meeting. Does that make sense David?

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

Yes, yeah, I'm just sorry that we have so much to cover and so few meetings, it's frustrating I know to everybody to us as well.

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

Yes.

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

So, we need public comment?

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

Yes.

## Public Comment

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

Yes, operator can you please open the lines?

### **Caitlin Collins – Junior Project Manager – Altarum Institute**

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

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

We do have a public comment, Chris Burrow. As a reminder public comment is limited to three minutes I'll give you a 30 second warning and then ask you to stop speaking after three minutes. Please go ahead, Chris.

### **Christopher R. Burrow, MD – Executive Vice President for Medical Affairs - Humetrix**

Yeah, hi, this is Chris Burrow from Humetrix, I've really enjoyed the discussion today and I think it really got into some meaningful issues. I particularly want to echo the comments of Arien Malec and Josh Mandel concerning the importance of focusing on patient access to their data using technologies that are either currently available such as the Direct protocol as well as new technologies that may emerge such as standardized published APIs made available through the work that everyone is doing together with this JASON Task Force.

In my particular written comments I did stress that I thought the charge to JASON was to develop technology that would support public health and clinical research, and I echo the comments I think Arien made saying we really need to focus on how the solutions to each of those questions may be slightly different and so I'm going to wrap up here and say that for the purpose of ensuring clinical safety I believe that we really should focus on currently available technologies.

I belong to the camp that thinks that C-CDAs are getting better and that it is very important to continue to emphasize a continued improvement of C-CDAs as John Mattison pointed out with his testimony.

And finally, a last word about Direct, I believe that it should not be simply bypassed I think it would be a mistake on a national level if we were to do so in favor of trying to develop and focusing all of our efforts on a new API for a pull implementation even if I think that would be great in the long run. So, that's the end of my comments, thank you for listening.

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

Thank you, Chris, and we have no more public comment so thank you everyone. As Micky noted Kory and I will synthesize next steps in your homework and we'll send you an e-mail with a reminder of what we're looking for. Thank you everyone.

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

Great, thanks everyone.

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

Thank you.

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

Thank you.

**Joshua C. Mandel, MD, SB – Research Scientist – Boston Children’s Hospital**

Thank you.

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

Bye.

### **Public Comments Submitted**

1. I am a bit disappointed that the focus of this discussion seems to be solely on JASON as an interoperability "solution". Creation of a "universal app platform" offers the possibility of opening up the health data now trapped in proprietary systems to innovators and entrepreneurs who might come up with more flexible, universal (e.g. across EHRs) and usable solutions to physician data entry and visualization of clinical data.
2. I would rather see Meaningful Use Stage 3 in 2020 and incorporating the key elements of JASON (e.g. a simple data model like FHIR, web services for data exchange and a "universal app platform") than in 2017 without them.
3. Do we really want an environment in which a useful app can only operate with one of a number of proprietary APIs or the app developer must implement many APIs for their app to be broadly useful? I don't think so!
4. I want to express support for Denise's comments on the ONC SDC approach, especially with respect to issues with the FHIR and (C)CDA-based mechanisms. A full discussion of the issues should not be ignored.
5. I would point out some innovative work on the de-identification problem. Researchers at the University of Chicago (<http://xid.norc.org/>) have developed a more "adaptive" approach that allows for what is essentially machine assisted expert determination. This strikes me as a far more useful approach than what is now standard.
6. Three EHR companies (Greenway, Allscripts and athenahealth) have created proprietary app marketplaces pretty much proven that the concept makes sense. What remains to be determined is whether they -- like the underlying EHRS -- will have to deal with data silos or whether we will have a universal/public app API. It is critically important that we do. Just in case it matters, I am on the faculty of Georgia Tech's College of Computing where I teach health informatics both on campus and via a popular MOOC.

7. 7. I agree with the concern about worrying about adopting common APIs themselves is too tightly coupled. There are other alternatives. I agree with the comment about the data itself needing to be harmonize. There is an overarching vision that research and healthcare data could be 'interoperable', there doesn't seem to be much participation/representation from the medical research community on this task force. FHIR profiles are tied tightly to the HL7 information model which limits its usefulness to many who don't adopt HL7 information model (RIM) 22. Mark Braunstein: Let's posit that it would, in fact, take 6-10 years to fully implement JASON. That does not mean (as the report clearly states) that it would take that long to do some of it. A phased implementation makes sense if, as I strongly feel, the overall JASON approach is both valid and essential if we are to ever use HIT as the glue to create a seamlessly integrated healthcare delivery system.