



Joint HIT Policy and Standards Committee

Jason Task Force

Final Transcript

September 19, 2014

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the JASON Task Force, which is a joint task force between Policy and Standards Committees. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I will now take roll. David McCallie?

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

Here.

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

Hi, David. Micky Tripathi?

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

Here.

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

Hi, Micky. Andy Wiesenthal? Arien Malec?

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

I am here.

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

Hi, Arien.

Andrew M. Wiesenthal, MD, SM – Director, Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Michelle, this is Andy, I couldn't get off mute fast enough for you.

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

Thank you. Hi, Andy. Deven McGraw? Gayle Harrell? Jon White? Josh Mandel? Keith Figlioli?

Keith Figlioli, MBA – Senior Vice President, Healthcare Informatics – Premier, Inc.

Here.

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

Hi, Keith.

Keith Figlioli, MBA – Senior Vice President, Healthcare Informatics – Premier, Inc.

Hi.

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

Landen Bain? Larry Garber? Larry Wolf?

Larry Wolf – Health IT Strategist – Kindred Healthcare

I am on.

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

Hi, Larry. Nancy Orvis? Troy Seagondollar? I think Troy is on. And Wes Rishel?

Wes Rishel – Independent Consultant

Hello.

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

Hi, Wes. And with that, I will turn it back to Micky and David. And just a reminder to folks, if you could please mute your lines, we are getting a little bit of feedback. So, thank you.

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

Okay. Why don't I jump in? Hi, this is Micky Tripathi and I will get us started, to preserve David's voice, since he is going to be covering a lot of the more detailed slides in this meeting today. So welcome to the next chapter in the JASON Report Task Force, thanks for joining. Next slide, please.

Let's dive right into the meat of it. First, let's take stock of where we are. We are September 19 today; we will talk in a second about what the agenda is for today. And then we have two more meetings...three more...two more meetings after this before we are going to be delivering our final recommendations on October 15. So, just want to give everyone a sense of where we are in the process here. Next slide.

We have changed around a little bit of this slide from what you saw last time, based on what we did cover last time and some very active email conversations as well that we have had in the interim. And so today what we are going to do is we are going to complete the discussion of the public APIs and key architecture principles, which was a part of the homework from last time is think about those. And we will also discuss the annotations for the architecture diagram and discuss policy questions, which was more of the homework between last meeting and this meeting today. There is also an additional slide that, I am sorry, I was remiss in putting a bullet point on that, which is sort of considerations regarding implementation building blocks.

And as we will discuss that we...I think a part of our group decision here is, how far down that path we want to go. I think it is also true for the policy questions. Clearly things that we are sort of already on the path toward recommending have implications for...and are somewhat affected by what one might assume about sort of implementation approaches and policy. That said we obviously need to stay true to the scope and the focus that we need to have to get some recommendations by October 15. So, we will have to decide collectively how far down those paths we want to go. But we certainly want to tee up the questions and perhaps identify areas that need further work at a minimum, I would think.

For the next meeting, what we are going to try to do is get someone to discuss privacy bundles, someone from the market, who can help us with a conversation that will allow us to dive deeper into this question of privacy bundles. We will also review a JASON to PCASAT mapping, which is a little bit more of a formality, but it was a part of the ask, so we want to make sure that we do that, to be responsive to the charge here.

And then we will also, David and I, will work diligently between now and the next...and the October 1 meeting to have the first draft of our recommendation report out. And we will try to get it out to all of you, I think October 1 is a Monday, if I am not mistaken, we will try to get it out to you before...or it might be a Tuesday, I forget. But we will try to get it out to you by that weekend, if not by the Friday. I don't want to overpromise here, but we will try to get it out so you will have enough time for a thorough read. And then that will hopefully give us time on at least part of the meeting on October 1, as well as October 8, to be able to really look at those recommendations and dive down deep into any changes, comments, thoughts that people have on that, which I am sure there will be plenty.

Sound like a reasonable roadmap?

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

As reasonable as it gets for this stuff.

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

I think...for a volunteer activity that is very important for the future of interoperability. Okay, great. Next slide, please. So, I am going to turn it over to David here to discuss some of the changes. I think the next two slides are really just where...it is slides you have seen but what we want to do is just sort of let you see the changes and the updates that we made based on the last call we had.

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

Yeah, so David here, what I did was immediately at the close of our last call, I annotated our slides with the comments you see here in red, to capture what I had recorded in my own notes of the significant changes or suggestions for improvement or additions. So let me just review the whole thing and then you guys help me remember if we missed something. So we are fleshing out the definition of a public API and we are suggesting that public implies a mixture of standards as well as some notions of governance around how those standards should be used. And to clarify even though we are using this very generic phrase, public API, I believe Josh pointed out that there are many public APIs in use and that we are really focusing on the ones that are specifically in relation to the visions in the JASON report, which fundamentally cover interoperability in the healthcare ecosystem. So, not to be too broad with our sweeping statements here.

Our proposed definition for the implementation of a public API, we cast it in terms of shalls, mays, and shoulds to try to clarify those things, which will require policy decisions downstream. That language of shall, may and should usually translates to a policy decision at some point or, I think what we are really calling a governance decision here. So we are saying that the public API in the context of the JASONs interoperability context shall support all the required standard-based, core API and standard-based core profiles shall support public documentation, public as in publically available documentation for the core API and the standard core profile.

And may support custom API and/or custom profile extensions, and this is the addition here. If extended, the implementation shall follow the standards regular method for extensions. That assumes that the standard has a regular method for extension, but I think it's a good statement regardless. And it should support public documentation for the custom API and/or the custom profile extension. Then, and I believe...I think it was Wes who made that point about shall follow the standards regular method for extension.

And then Josh raised the point, I believe, on the next bullet converting a "should" to a "shall," shall enable access to use of the API in ways consistent with API governance rules of the road and best practices. I think that's just kind of almost clerical, if you are saying the public API implies some governance obligations, then the shall makes sense there. And should be validated against rigorous certification tests.

And then a further note that the certification tests should be tightly coupled to the standards entity that govern the core standard in the first place. That is a decal that may not really need to be here, but I think it is useful in the context of some of the lessons learned from the CDA work. And then finally, the public implementation should be accompanied by a vendor-supported sandbox that enables testing by external entities, assuming that they have met the criteria for proper access.

So let me stop and see if we missed anything from our last discussion or if people have had additional thoughts since then that we should...

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

This is Arien.

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

Yup.

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

So first would be related to modularity on the first bullet. I think it should be something like shall support all required standard core APIs and standard core profiles applicable to the capability in question or the capability in the implementation. That is, I don't think we are asking everyone to implement every API, I think we are asking for people to implement the API that is specific to the functionality that they are delivering.

And then just as a minor note, shall enable access to and use of the API in ways consistent with the API governance rules of the road seems appropriate. Best practices, by definition, are best practices, so I don't think you...I think that should be a should for best practices, that is a minor nuance.

And then I think it is saying too much to say that certifications should be managed by the standards entity. I think what is intended here is there should be a tight feedback loop between certification and the standards entity that governs the core standard.

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

So Arien, on that point, the...what I am trying to capture there is the notion that the people that are building the standards should be, I will say tightly coupled to invoke one of our phrases here, to the process of verifying that the standard actually works.

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

That is what I meant by tight feedback, exactly.

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

Yeah.

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

But it shouldn't imply that HL7 has to be the certifying agency, it should imply that the certifying agency should have a very tight relationship with HL7.

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

Well, that was the choice of the word should be managed by, originally I had should be...I mean, in my notes, I had something like should be delivered by or owned by or controlled by or something and so I switched it to manage. So, like what HL7 is doing by outsourcing to...

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

Yeah...

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

...that company, that would be fine, but it is under HL7's control.

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

Could we say in close coordination with?

Wes Rishel – Independent Consultant

Yeah, this is Wes. I would like to support, if I can butt in, I would like to support Arien on this point. I think that we have a couple of observations to make. One, the current certification that has been done under the HITECH Act is not anywhere approaching sufficient to ensure that two certified implementations interoperate. And I think part of what we are looking for is some sort of stepping up the degree of conformance required for interoperation.

On the other hand, we...at least to the extent that this is supported by government regulation, I think there is a great deal of difficulty anointing any single organization that doesn't have...that can't be shown to have representation as the testing body or the more complicated creator of tests to be used by testing bodies. And rather than try to dive into the complexity of that, I think we should just say the certification tests used to measure compliance should be done in close collaboration with the standards entity that creates the tests. I...there are all kinds of differences in terms of how a non-profit is run that does standards versus one that does certification, things like that. I just think it is...we are being overly specific to go any farther than that. And I have...

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

This is David...I think that when I used...when I put the word managed, that was the spirit of what I was trying to get at. But if managed is not invoking the right sense, then I accept the...I would be happy to accept those changes, accept not being the operative word, but I think those changes make sense if managed doesn't communicate well.

Wes Rishel – Independent Consultant

No, I think...

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

The goal is...go ahead, Wes. Go ahead.

Wes Rishel – Independent Consultant

I just think close collaboration is as close as we can call it now, managed implies some level of authority, I think, that we are not ready to commit to, not that we might not, but that we are not ready now.

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

I would...this is David. I was trying to capture responsibility rather than authority. So that the SDO has a responsibility to ensure that the...if it is going to be used as a public API with all these constraints and possible certification downstream side effects on huge numbers of people, they damn well better be responsible for making sure that the certification process is strong. So I was looking for responsibility...

Wes Rishel – Independent Consultant

So that's...yeah. That is really good, so why not say exactly that, SDOs providing standards in support of the public API must provide comprehensive certification suites or something like that. That sort of separates managing the process from developing the test material, which is, I think, where the...where we really need to have close, dedicated involvement from the SDO.

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

Well would language like certification...or if I inverted the flow of the sentence and said something like the standards entity that governs the core standard must be responsible...or must ensure...or should ensure that adequate certification tests exist, something like that?

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

It is a bilateral responsibility as well...this is Arien, that there is the other responsibility that the SDO needs to ensure that lessons from certification have a feedback loop back to the standards development organization.

Wes Rishel – Independent Consultant

So, I like that...

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

Okay.

Wes Rishel – Independent Consultant

...and maybe two sub-bullets or sub-sub-sub bullets in this case. But I think we really have nailed what...our concern here. I also have a...

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

Okay...

Wes Rishel – Independent Consultant

...comment on the next bullet, but I am going to wait for that.

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

Yeah, so on this one, maybe this is one we just have to do some wordsmithing offline and circulate it for your feedback. I think we captured the spirit, and I totally agree with the spirit of what you are suggesting.

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

Right. This is Micky, I do, too. Just one clarification question for those of you who are more steeped in this world, does the term govern adequately describe that what we are talking about here is sort of the owner of the standard? You can imagine that govern could be that there is a body that decides, we are going to use this standard for this use case, this standard for this use case, but then the SDO is the one who is responsible for the actual standard?

Wes Rishel – Independent Consultant

Yeah.

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

Who is it who is governing in that kind of hierarchy?

Wes Rishel – Independent Consultant

So we could use publishes in lieu of governs, although I imagine there is ambiguities around that, too.

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

Right.

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

Yeah, there is clearly the difference between the standard and the implementation guidance. And it is the implementation guidance that can actually be certified.

Wes Rishel – Independent Consultant

Well, I think I bet you if Arien and I were to produce two drafts today, we could put this to bed in an email and have it on the next call.

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

Sounds good. This is David...

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

Perfect.

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

I think you guys ping something back and forth, share it with the group as you see fit Wes, after your lifelong experience with the standards process and we will all be better for it. You had a second point, Wes.

Wes Rishel – Independent Consultant

Yeah, I want to move on to the final sub-bullet, if we are ready to do that, and I hope you are.

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

Yeah.

Wes Rishel – Independent Consultant

The whole...the use of the word vendor here is what I am questioning, because I think it implies...first of all, not all implementers are vendors. And there is also sort of a...there are mixed in ideas of client and server associated with a RESTful API and I am not sure that it is always the case that the server is the EHR vendor and the client is a third-party application. But at a minimum, I think...I guess I think we have to at least say implementer-supported sandbox, and that may be sufficient.

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

This is David. I struggled with that word vendor as well, I had more cumbersome language and it just didn't read very well, but what was your suggestion there, accompanied by the imple...an implementer-supported sandbox?

Wes Rishel – Independent Consultant

Right, in other words, anybody...what we would be saying is really, anybody who develops an interface for this API...who implements interface with this API, has to provide a sandbox. That would include, in effect, clients...developers of client sides of API as well as developers of server sides of the API.

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

Yeah, I un...this is David again. I think that the notion that it is broader than vendor where in our world vendor means a specific...typically means a specific subset of stakeholders that to go to implementer-supported makes good sense. I think the spirit of what we were going for here is the strong feedback that we got from App developers that even if their API isn't based on a standard, as long as there is a way that they can test their Apps and make sure they work correctly, they were...that is way ahead of where we are today. And that is what led to this notion that the sandbox is a really critical part of...

Wes Rishel – Independent Consultant

Yeah, I mean...

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

...it, you have to be able to test. I think this is something that is important.

Wes Rishel – Independent Consultant

Yeah. The main thoroughfare in this idea is certainly...

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

(Indiscernible)

Larry Wolf – Health IT Strategist – Kindred Healthcare

There are a lot of sandboxes out there already and...

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

Yeah, I think the thought here was that any specific implementation that goes to market should have their own sandbox, rather than that there be a sandbox somewhere. Because just the nature of technology is no two vendors are going to...no two implementers, to use Wes' word, are going to necessarily interpret the stack exactly the same. And so you would really want to test your App against vendor A and implementer B and implementer C to make sure that there are no surprises.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Do we want to add an "s" to sandbox so that it is clear that there is an expectation there will be many of these?

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

I would rather put the plural somehow associated with the implementations, because I don't want the notion that the implementer has to support multiple sandboxes themselves, there just will be multiple implementations. Something like each implementation...how about that, should...each implementation should be accompanied by an available sandbox that enables testing by external entities.

M

How does that work?

Wes Rishel – Independent Consultant

Sounds good to me.

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

It sounds good.

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

I knew all those English courses were going to come in handy.

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

All right quick, move to the next slide.

Larry Wolf – Health IT Strategist – Kindred Healthcare

No, I want to...this is Larry, sorry. I want to cycle back. So Arien said this, I don't know if others besides me heard it, it was important to me. You identify implemen...shall implement the core APIs and standards and then we talk about extensions and in between core and extensions there are likely to be other parts of the standard...

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

...other parts of the API that are available, so it seems like there should be another bullet that says, may support aspects of the API and profiles beyond the core.

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

So, I think the...what Arien was...this is David. What Arien was saying, and I think it is a valid point, I was going to capture with language something like shall support all required standard core API and standard core profiles that are relevant to the module's functionality. So that allows you to implement a subset of the core if your module only needs the...is only relevant to a subset of the core. And then we have in bullet point three the notion that anybody is free to extend the core, as long as they do it in a way consistent with the prof...with the standards extension model.

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

Yeah, there may be extensions...there may be additional APIs that are neither custom nor standard.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That is where I was going.

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

Yeah.

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

Well, in my book, that is not part of the public API, the vendors can do whatever the hell they want with that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

No, no, no, no, no, no, no, no. I am thinking about like if you look at FHIR, the required elements of FHIR are you supply the conformance object, the conformance...

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

Right, that would be a required part of the core...

Larry Wolf – Health IT Strategist – Kindred Healthcare

...and that is the only part that is required and that lets you say what it is beyond that that you have implemented. And I think that notion is really powerful.

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

Yeah, so...well, but I am going further than that and this is a really critical point and if we have missed it, we need to either get clarity on it or change it. I am assuming that this poor API is not...maybe, it's...I see the problem here. Okay, this is not FHIR's definition of core, this is the definition of core that we agreed to call the public API and that might include some required resources and services, which would be captured in the profile. So what really is at issue here is what is the core profile of services that are the required part of the standard?

So let's just say, for example, I will just make it up off the top of my head, you have got to support patient's problem, observation, medication, immunization and the following profiles apply and the following queries must be supported. That might be called core and every vendor who exposes the public API would be responsible for implementing that core minus the things that are irrelevant to what they are doing, as Arien pointed out. So if your module is not doing ePrescribing, then implementing medication core wouldn't make any sense, so you null that one out. And then if you are a vendor and you say, but I also want to expose scheduling, orders and documents and all that stuff, that is an extension.

Larry Wolf – Health IT Strategist – Kindred Healthcare

No but it isn't, that's...I guess that's my point.

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

Yeah, that's right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Those things are tightly controlled in the standard so they're not an...

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

But they're extensions...

Larry Wolf – Health IT Strategist – Kindred Healthcare

...extension in the usual sense.

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

They are extensions to the core A...the core profile...they're additional prof...

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

So David, this is Arien. There are required elements in the core API, there are optional, but still well specified and standardized elements in the core API and then there are pure extensions that are non-standardized.

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

The problem here is we are using the word extension to mean two things. You guys are using it in the FHIR profile sense of extension and I am using it in the sense of an abstract API that has been extended. Now we...I see where we...

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

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

No, no, no, I think the nuance here is the difference between required standard and custom extension, there is something in between those two.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

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

Well and I understand your point that there is a subset of the required standard that...so maybe that's not what we are discussing here. It is easiest in FHIR world to think of profiles, because you could say, here is a set of profiles and everyone that wants to meet this definition, must implement these profiles. Now within those profiles, there are all sorts of required fields and cardinalities zero to many, whatever, all that stuff is just part of the standard, but the profile is what you have to meet. But a vendor could come along and say, we support a much broader set of services than just those core profiles, so we have extended that and support additional capabilities, some of which might not even be FHIR, but let's take that off the table for the moment.

So I am trying to capture the notion that everybody would have to do the core subset of profiles that we think are minimum necessary to play in this space claiming that you support the public API. But you are free to go beyond that, as you see fit. So, is that the spirit that makes sense to people? And then we just have to use technical terms properly.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, let me try using your example.

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

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So you named three or four kinds of things that would be in the core, we could get to patients and patient identity, we could get problems and meds, let's say, but we didn't touch care plans. But the standard itself does talk about care plans and a standard way to communicate care plans. So what I am saying is, I don't want to label that use of care plans as an extension, because it is within the standard proper, but it is beyond the core that we are requiring as part of our minimum set of APIs.

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

Yeah, so that's...yeah...

Wes Rishel – Independent Consultant

I wonder what it means to say it is not required. Are you trying to say that if you do this you must do it this way or it's simply undecided, even though it's in the standard, it's simply undecided whether this is the core. And if you do some extension, you can do it however you want.

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

Yeah, see, I mean, the...this is tricky. The spirit of what I was trying to get at, which I think we're comfortable with, is that if a vendor says we support the public API that an App developer or a module developer could be highly confident that they would be able to integrate because they understand what that means, the core API. And over time, some governing body would extend the definitions of what's the core, so we would have a core version 2 and core version 3 as the industry caught up and got comfortable with these capabilities. And every time you extended the core, you're still now within the definition of the public API.

But meanwhile, an aggressive vendor could go out and say, I want to expose some stuff that goes way beyond what's in core version 1, because I want to enable more powerful services for my customers, whatever reason, and they should be free to do so. But they should do it in a way consistent with the standard. Now maybe what we are saying now is we've got it consistent with the extension model of the standard and what we really should say is do it consistent with the standard, where possible, and then allow for things that aren't even a part of the standard. I mean, I see the problem...

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah...

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

...and I think it's...term...

Larry Wolf – Health IT Strategist – Kindred Healthcare

I guess what I would like to see is a little Venn diagram that shows...

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

Yeah, we need a Venn...

Larry Wolf – Health IT Strategist – Kindred Healthcare

...here's the core piece, there's another piece beyond that that is within the standard but not required, and there's another piece where you're extending within the mechanism of the standard, but covering things the standard doesn't cover. Then there's the open realm of you could do a lot of things that are similar to this, but aren't covered.

Wes Rishel – Independent Consultant

I think we need to drill down on the flavors of conformance here, but I think we're also kind of starting a question about who is "we" in David's characterization of what needs to be done. Is the core API comprised solely of those standards that come from a single SDO or does it include, for example, standards for security defined effectively by governance, but developed by different SDOs? Are there profiles showing how to combine? Are there profiles that restrict how to use the SDO published API? I think overall in saying there is this entity called the core API, we have to...we seem to have to identify who defines this thing, recognizing that that's a detailed issue to define.

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

Yeah Wes, this is David. So that's a great question, two great questions on the who defines it, that will come up in our governance slide, if we ever get to it. That is question number one, I believe, if I remember right, who gets to define what's in the core. But your other point, which is even more relevant, I think, is the notion that it may be not...this public API may encompass work product from more than one standards organization and your security model is a perfect example. So let's say it's FHIR from HL7 and OAuth from IATF, in my sense of what I'm trying to capture here is that would all be part of the core that you would have to say you...that you implement. So, it shouldn't be tied to a specific technical standard, and I think we may have not made that clear enough. Does that make sense to others?

Wes Rishel – Independent Consultant

I'm not others, but I'll say it makes perfect sense. I think I got distracted from that issue by our discussion of the requirement to create certification tests.

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

Yeah.

Wes Rishel – Independent Consultant

So, I think we have to just work out a sort of a circularity between governance and this slide before we're ready to present it.

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

Yup.

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

Yeah.

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

I agree with that.

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

Yeah, the...and it's going to overlap a little bit with this notion that we will discuss painfully probably in the next slide around architecture in that public API is going to exist in a larger ecosystem that is going to involve other capabilities that need to be coordinated with it. And that's where we kind of zoom out to the architecture level. So this is tricky because I ha...I don't want to make this thing so generically vanilla that it does nothing. This will require some thought.

Wes Rishel – Independent Consultant

The good news is we have weeks yet to think.

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

Yeah, yeah. Speak for yourself retired person. Okay, so let's, Micky, what do you think, should we take some offline whacks at trying to clarify the distinction between what we mean by core?

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

Yes.

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

I think...so let's, I mean Wes, what if we focus on the API around data access? I mean...okay, let me just put out this proposition here. We could restrict this public API for data access and cone in on the thing that the JASONS really put the most of their work on, which was the access to discrete data elements. And then we'll say that the architecture and the networks in which that core API runs will allo...will have to deal with broader issues around things like trust and security and crypto key management and the like. And be aware of the fact that in some implementations of the public API, you may need a different security model than in others. So for example, if it's consumer access via the portal, OAuth 2 is perfectly adequate. If it is backend server to population health subscriber, it may not be OAuth 2 that is the right security model, but it is still the same API...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

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

...and the same data profile. So I would say...

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

And David, I think our implementation slide actually starts to drill down into this.

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

Yeah, yeah. So let's move forward and we understand we have got some work to do and I think a Venn diagram would be very helpful, all suggestions are welcome and I'll think about it as well, wake up in the middle of the night thinking about it. So, can we go on to the next one and then maybe we will...maybe that will raise some more questions that get us back to some of these same points.

Okay, so the same process here, I tried to capture in the red type and the red strikes through the changes that I felt I heard...or the changes I heard after our call. I am not going to...in the essence of time, I am not going to read the whole thing, let me just focus on the changes. So in bullet 2, sub-point 1, loosely coupled RESTful API, we had some feedback that REST was too specific, so I took a whack at just an even vaguer term, and maybe it is not the right term, so I will invite suggestions, but Internet-style API. And maybe the word should be Internet-scale API connecting heterogeneous systems. And the spirit of what I was trying to capture there is the notion that this is an API that does not scope at the enterprise level or even at the regional level, it is an API that should follow architectural styles appropriate for Internet-scale and maybe RESTful is too specific. Is Internet-scale an acceptable term there? Arien, I know you think about this stuff all the time.

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

Yeah, I mean I think Internet-scale means a couple of things. It could mean Google type big data scale, but I think in the context here, maybe Internet ecosystem API, but I like the distinction that we're not talking about enterprise access, we're talking about cross-enterprise is not even the right term, we're talking about nationwide Internet scale.

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

Yeah, I like that, too and it wasn't apparent to me, even though I've read this slide like 10 times, completely...David, so I like Internet-scale as well.

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

Wes Rishel – Independent Consultant

So, did I miss something? Are you changing the word style to scale in the next iteration?

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

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yeah.

Wes Rishel – Independent Consultant

Okay, great, thanks.

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

Yeah, yeah, I thought I had actually made that change before I submitted the slides, and I just had forgotten to, but yeah, so that should read Internet-scale API. All right, let's live with that one, I think maybe we'll put the word maybe nationwide, that has its own connotations.

Then bullet point...sub-bullet point, let's say 2.4, support asynchronous upgrades, parentheses, backward compatibility to allow for rolling upgrades. That's a clumsily worded way to try to capture Wes' bilateral, whatever your term is, asynchrono...bilateral asynchronous upgrades.

Wes Rishel – Independent Consultant

Yeah.

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

Is the concept captured well, even if the wording is a little awkward?

Wes Rishel – Independent Consultant

Unfortunately, there is a bit of an obligation for forward compatibility, so I think it works better if you just take out "backward compatibility to" and just say "allow for rolling upgrades."

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

That's right, you never get pure backwards compatibility, the key is that somebody implementing the older version should at least be able to understand and make sense of the newer version, just maybe not all of it.

Wes Rishel – Independent Consultant

Yeah and also, someone who is implementing the newer version cannot break if they have to interact with someone who is still on the older version.

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

Yeah.

Wes Rishel – Independent Consultant

They may not be able to implement some functionality, but they can't crash and burn.

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

So how do we capture the fact that it doesn't have to be absolute? I mean Arien, you said it, there are certain things that you just can't do. Do you put phrases like where possible or account for or...?

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

Yeah, maybe there are some should statements, and I actually think the two should statements that Wes and I came up with might be more...better than backward compatibility. So, older clients should be able to understand subset of newer implementations and new implementations should not break...should be able to understand at least subsets of older implementations. Maybe meaningful subsets.

Wes Rishel – Independent Consultant

Yeah, I think we can work that out, I think David's...I wonder if David is concerned about having to create another slide here, and we probably have a limit on how many slides you can create.

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

Well he eliminated two bullets, three bullets, so we get to add some words to one.

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

Yeah...

Wes Rishel – Independent Consultant

Okay, right.

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

There are some strike throughs that will free up some space. I love the fact that the national architecture will be determined by how much can sit on a PowerPoint, but you know, that might not be a bad constraint.

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

Microsoft rules again.

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

That's right.

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

That's a powerful way to keep it simple.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Or it might be the magical number 7.

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

Well there might...this is Deven, there might be a corollary between what sits on a PowerPoint and what sits in the heads of a Policy Committee member who hasn't been part of these discussions.

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

There...it may be a subset.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

This is Gayle, I couldn't agree with you more.

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

Yeah, so which is smaller, the size of the memory capacity of a policy member or a PowerPoint slide? I think we can have fun with that debate. Okay, so we'll...

Wes Rishel – Independent Consultant

I think we've all seen PowerPoint slides...

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

(Indiscernible)

Wes Rishel – Independent Consultant

This is Wes, I have to sign off now, I'll look forward to hearing...to seeing the summary and I think Arien and I took on a couple of homework items here.

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

Yes.

Wes Rishel – Independent Consultant

Bye, bye.

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

And Wes, I am going to make you chief owner of the bilateral asynchronous upgrade language, just...I mean, Arien, please participate, but Wes, that's on your shoulders because it's your favorite reminder.

Wes Rishel – Independent Consultant

Owner and chief, okay, bye, bye.

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

Yes. Good, thanks Wes, thanks for the contributions. Then the next one that we changed is, I added, at Josh's suggestion, that the architectural pattern support use-case appropriate standards-based authentication and authorization standards. Not well worded, but you get the spirit there and I think Josh's point was something of a tautology, but obviously the standard has to deal with authentication and authorization. And the way it was worded before, it kind of implied that that was sort of a future, and obviously we didn't mean to imply that. And I dropped the implemented with best practice encryption and key management because I think that is captured in the appropriate authentication and authorization standards. And som...I mean again, these are the highlight points, this is not the design of the formal architecture.

Then the next one...

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

I...

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

...major bullet point 3...oh Arien....

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

I think we need to...

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

...did you want to say something?

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

Sorry, I think we need to have the word identity...identity, authentication and authorization standards.

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

Isn't authentication sort of pulling in enough of an identity to authenticate?

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

No, authentication is...

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

I'm sorry, authoriza...

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

Yeah...

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

No, authentication, yeah, isn't authentication...

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

No, authentication is accepting a proof claim that somebody is who they claim to be. Identity is the validity of the underlying thing that you are trying to prove. So, identity is the DirectTrust organizational identity verification. Authentication is the means by which DirectTrust identity-verified organization connects to something. And authorization is their ability to use the underlying services.

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

So, are you...

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

I would just say standards-based identity, authentication and authorization standards.

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

Give me an example of standards-based...

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry; I agree they are three separate concepts.

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

Yeah, so in the NIST standard identity and authentication are considered separately. So an example of identity is the means by which you verify that a carbon-based life form is indeed a carbon-based life form. You could choose not to verify it, you could choose to verify it on the basis of some knowledge-based approach, you could choose to verify it based on in-person prior antecedents or in-person verification where you check somebody's driver's license and you take their thumbprint.

So I've got a better example. I don't know if anybody uses the airport cleared lane, but to use the airport clear lane I had to go in, show two forms of identity, a driver's license and a passport, I had to get my thumbprint checked in doing that. They then checked my records on the driver's license and the passport against national standards or national databases and verified that I was Arien Malec and wasn't a baddie. Authentication is I walk in the clear lane...

M

But are you a carbon-based life form?

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

We don't exactly know that, but authentication is, I walk into the clear lane and I put my thumbprint or my fingerprint on and it also shows my picture and somebody verifies, yup, that's him.

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

Right.

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

And authorization is, and I am actually authorized, I am not on any blacklist, I am actually authorized to go in and cut in front of people in the line.

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

Right. So this is Micky, given that distinction, do we want identity to be considered a part of key architectural principles?

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

Yeah, that's my question, too. I think you made the distinction very clear.

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

Right.

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

But it might be...

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

...made that distinction that seems like the wording is actually right.

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

It is a key policy...

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

Policy, right.

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

...issue.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I would say that identity proofing that's part of Direct is turning out to be an operational issue for us.

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

So there's that, too, right. The more you identity...the more you verify identity, the more operational and cost you have, that's right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And I think it's...

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

No question that...important...

Larry Wolf – Health IT Strategist – Kindred Healthcare

...it could be as simple as here's your user account.

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

Yeah.

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

Right, but again, that's policy, should it be included in architecture? We're going to get to policy a little bit later.

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

Okay, if it's in policy then...

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

Well it's not yet, but we'll have to put it there.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

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

Yeah.

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

And keep in mind...this is Deven, that the Tiger Team already did a bunch of work approved by the Policy Committee on credentialing issues of users, ID proofing, authentication, so, when we get to that part, we'll see if it is relevant to what we're talking about, but I suspect it could be, including of patients. So...

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

Yup.

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

Yeah. Yeah, so I think the question is, does it belong in an architecture principle slide and let's leave it out for the moment and revisit once we've decided where it does belong. It may be something that really is, at least in the current state of the art, more a governance issue. But, a great pickup and Arien, your example was perfect so, I learned something; it makes it a good day. Okay, so the next point I struck the key management and encryption.

Then in major bullet point 3, we had, as you recall, a fairly detailed discussion, Landen led it mostly, about the difference between data for patient care versus data for research. And I tried to capture what I think was the spirit of the conclusion, which reads here, reuse core data definitions as much as possible, but allow for necessary variations by domain of usage since profiles and access patterns may vary. And it was...what's added from the strike through part is the reuse as much as possible. And I think Landen made the statement that 80% of what the researchers need may be well covered by the standard profiles for patient care and as such, they should reuse them. But be free to go beyond and apply additional constraints that make sense for particular say clinical trial recruitment or clinical trial data capture and such. So, does this capture that subtlety well enough?

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

Yeah, this is Landen. The word core data definitions, I would say, if you're comfortable with it, maybe reuse healthcare core data definitions as much as possible, the idea being that there might be specific domain data definitions that do not fit the healthcare model. So, you're sort of assuming that core means healthcare, I think.

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

Well, I was using core in the sense of core as we discussed on the previous slide about the public API.

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

Yeah.

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

But, I mean, I think that seems a little bit redundant, what's the difference between reusable data, reusable healthcare data, I don't know what we gain by adding that.

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

Well my point is that..

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

What are you worried about, I guess is, what's the concern?

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

So my...the spirit of my statement is that research has data definitions, data concepts that differ from concepts in healthcare. And I am not sure the statement, the way it is written there, really says that.

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

Right, but I think this does reflect back to that we're assuming that there is going to be a definition of a co...what a core API would be and so this was just saying, let's reuse those definitions that are in that core, capital C as much as possible for other purposes. Which I think is consistent with what you are saying, it's just that your idea of core would be with a small C and it probably extends beyond that. But for the purpose of the API, I think it's that narrow construct of core and if we're going to do that, we should probably have this be a capital C, just to make that clear.

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

What about adding...to me it would be a little bit clearer if we said, reuse core data definitions as much as possible across domains, or is that...I guess maybe that's implied by the bullet itself. I don't know.

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

Yeah. Yeah, I mean...

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

We don't really define domain particularly, do we?

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

No, but again, what can we fit on one slide and how do we capture the spirit? The spirit is unquestionably that there is a lot of overlap in these data elements to the degree that we can get them standardized, but there is no single set that meets all of the use cases that the JASONS lumped into their report. And so we are allowing for the fact that...or we're trying to capture the fact that the core use cases for patient care will account for some useful input into the research and population health enterprises, but may not, in fact, be completely span their needs. So, we are saying reuse where possible, maybe we should say, reuse where appropriate, but allow for necessary variations based on the domain and the use case. Maybe "reuse as much as is appropriate" captures the sense a little bit better than "as much as possible."

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

That I'm actually comfortable with, so I'll...

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

You're okay with that?

Landen Bain – Healthcare Liaison – Clinical Data Interchange Standards Consortium

I get it; I am fine with the way it reads.

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

Okay. I think the spirit is the same, it's just...

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

Yeah, I mean, these are spirit level slides. This will translate to hundreds of pages of implementation guides somewhere.

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

So David, we want that core to be a capital C though.

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

Yeah, I think that's a good thought and we may have to...we may have another definitional slide that we have to add in somewhere...

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

Yeah.

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

...to sort of say what we mean by capital and...Venn diagram may clarify that.

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

Right.

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

Okay, in spirit of the fact that we've got a lot more to cover, on the final bullet point the changes that I added were the suggestion from Larry, I believe, providers and patients and other endpoints would fit into the identity management notion. That would include things like directories and such. And then I struck the authentication, authorization and key management because I thought we captured that in the architectural patterns. Not a big point, hopefully. I don't think we put a lot of energy into that. So, are we okay that we've got enough input here for Micky and I to take another turn of the crank of rewording this, but that otherwise, at the spirit level, we're okay? Okay, good. Then let's move to the next slide.

What's next...oh, this one. Oh boy...

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

Yeah, this is brand new, this is a little work.

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

Yeah. Yeah, okay. So, here's the context and I don't know it's a good idea or not but, why don't we go to the next slide and look at that architectural diagram. This diagram was starting to get busy and there were things that I wanted to be able to say or footnote or elaborate and I thought well maybe it's too much to try to fit it into this actual drawing on a PowerPoint. So, maybe we should enumerate in a slide, kind of proposed mappings to standards without the constraints of this particular layout. So, go back to the previous slide.

This was my attempt at starting that conversation. Now there's...so note, this would be sort of in spirit level thinking, this is equivalent to that diagram, but allows for a little bit more clarity than the diagram does. And the second thought is, what I would like to do maybe, if we want to go this route, is to put some proposals, but with the understanding that these are going to be handed off to the newly formed committees in the standards body that will go deeper and concretize them in some way. So this is not to be taken as normative, but this is to say, we heard the JASONS recommendations and we think it's achievable on our current trajectory using these emerging and/or current standards.

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

This...

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

So go ahead, that's enough words for me.

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

This is Arien, I personally find the subsequent slide clearer and I find this slide to have a mix of fundamental what's and why's and then too much how that maybe some of the thoughts on the how belong on a separate slide or a separate discussion. I find that the...as busy as it is, I find that the subsequent page is as clear as possible in that it highlights what the conceptual building blocks are and then it also notes that there are real world implementations of those building blocks that are appropriate.

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

Right. So...

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

So, just a personal vote.

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

So Arien, just on that thought then, I guess the question would be, and I agree with you, I actually hadn't heard...David and I have just been going back and forth via email, I hadn't heard him describe that this was sort of a prose version of the diagram. But now that I see that, I agree with you, there's the what and the how. I guess one question for us as a group is, how far do we want to get into the how? Because that's the part that I thought was what was unique about this slide.

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

Well and I wanted...this is David, I wanted to capture some of the how that I couldn't fit into that other slide without footnotes and...

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

Right.

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

I mean, my fear is that to Arien's point is beauty is in the eye of the beholder, whatever. You look at that slide and you see it at the drawing and you see whatever you want to see and we could have 10 people look at it and see completely different things. Because it's...which is maybe kind of how people reacted to the JASON Report in the first place, like what the heck is this architecture? And so, at some point you have to concretize it into how's, but I think that work will, in fact, be done by the new committees. But I wanted to kind of leave on the table the notion that there is a how and that it's not actually far-fetched, it's achievable. But, I register the point; this enumerated slide contains a lot more detail.

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

Right.

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

And maybe...

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

So we could do it on two different...sorry.

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

Go ahead, no, I'm repeating myself.

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

No, I was going to say, we could do it on two different slides. I guess I would like to make a plea for keeping in something on the how, because I think it is important for us to be able to address the point that David just made is that this is achievable, it will require some very focused effort, but there are pathways that at least seem plausible right now. But that do require a lot more deeper thinking by these workgroups on the Standards Committee.

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

And these aren't mutually exclusive; we can keep them both in.

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

Right and we'll have a similar thing on the policy side, which is, that that's about a policy how and we may be in the same position of saying, we want to sort of at least categorize some of the areas. And perhaps go a little bit down the path of suggesting directionally where we might go, from a practical perspective, in each of those, but leave that to the Interoperability Workgroup, who is going to dive in on the governance questions.

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

If we leave the how slide in, then one of our challenges is to decide how much how to put down. And I...the stuff that's on there is just, again, kind of what could I fit on one PowerPoint, what are the most important things that we want to remind people of or to convey as our best guess, based on two months of thinking about the problem, where we go next. Hand it off to the committees to say, pick this up and run with it in whatever direction you want. So we don't, for example, have anywhere that we specifically suggest that FHIR is a good candidate to be the base of the public API. This would be a slide where we could do that, as well as on the architecture slide.

We have irritated a number of people who have built their worlds around the XCA standard because they have taken the implication that we are saying stop using XCA. And I wanted to make clear that we are not saying that. So, that was the spirit of what was behind the how slide, amongst other uses.

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

So, circling back to get a reaction; Arien, was your concern about that we are moving into the "how" and you don't think we should do that or that we should be clearer about a slide that focuses on the what and then separately, let's focus on the "how?"

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

That's exactly it.

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

Okay.

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

If we keep this slide, I would recommend it to be subsequent to the...what's now the subsequent slide.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yup.

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

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation
And make it very clear that it's some early thoughts on "how."

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
That makes sense.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Yeah, totally comfortable with that, in fact, I thought that was the order they were in; I probably jumbled them when I shuffled the deck.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Now let me just ask I'm just going to call out Deven and Gayle, if you're still on. Just as Policy Committee members, is your sense consistent as well that we should at least take one or two steps down the path of the "how" to provide some directional guidance, knowing that there are a lot more details we're not going to answer all the questions, but we want to provide some directional guidance.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator
This is Gayle, I...yes, I am still on and it gets a little...when you get down to the "how," you're going to lose a whole lot of Policy Committee members, but I think the presentation needs to start out with that assumption. And kind of say, this may be technical, but we do want to give you some indication as to how this is going to be accomplished and that it is feasible.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

Deven McGraw, JD, MPH, LLM – Partner – Manatt, Phelps & Phillips, LLP
Yeah, I'm in agreement with Gayle, I actually think that if you don't provide a few examples, and I think the two of you did a really good job of trying to sort of give a presentation to the committee that...where people had a better understanding of the technical pieces than might have otherwise been the case. So, I do think it's helpful; examples sometimes help you understand the technical versus the other way around.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yup, okay.

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

Okay, so I'm going to take that as an endorsement of keeping the "how" slide but put it after the architecture drawing in sequence and what I'll do is suggest, particularly Arien and anyone else obviously who wants to weigh in. If you want to send suggestions for sort of high value things that might be added to that "how" slide or modified in some way, just please get that to us as soon as you have those ideas. The goal, again, is to be high level, notional, encouraging that we've got a horizon that's achievable, there's work underway that may need to be refocused or coned in on the national use case. But, that's all...that's the spirit we're trying to go. And with that then, I think finally I get to turn it over to you, Micky.

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

I could see you were rushing through this slide, even though we have 45 minutes left.

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

Well, I mean, we could go deep on this, I didn't...I mean, I know if we get started on this, we will spend a lot of time on it. I don't want to short shrift the...

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

Yes, the policy side...

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

...policy side.

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

No, I'm only joking.

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

Yeah, because I think we know we can dazzle with technology details, can we get some policy clarification to the...

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

Yeah, I guess the only...the two things that I would just note for people's attention as we think about this, are the first two. The ones below are a little bit more technical, I think, but the first two...the one is this notion of...that FHIR can be a very broad, infinitely extensible kind of thing. And what we're saying to make it practical is, we're not trying to solve sort of having the full Wikipedia available on day 1 as a part of 2017 edition certification. But the constraint would be to enable document access for those static documents that already exist or will exist with constrained C-CDAs and are available now through those using XCA. So you're basically saying, let me just have FHIR have the ability to pull those same things that are going to be available, and not construct anything new, but pull those. And then the data element side would be constrained in some way, perhaps Josh Mandel had suggested maybe on the data element side you just constrain it to demographic data and then further extensions as people start to get used to that are to start to build in clinical data as profiles start to get developed and what have you.

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

This is Arien...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
So, that's one example.

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

Yeah, so this is Arien and before we get to the policy section, I want to restate what I thought I heard Steve trying to furtively note to us between the lines in his email last night, which is that the new certification criteria framework does away with the notion of optional versus required. So it can just enumerate certification criteria and separately bind the certification criteria to specific programmatic like Meaningful Use Stage 3, that's number one. And number two, that it encompasses the ability to more rapidly and progressively bug fix and enhance those certification criteria on a more rapid time scale.

And the between the lines piece of this that I thought I heard Steve shouting at me. But maybe it was just late at night and me imaging many things, was that it gives us a path for thinking about including FHIR in certification requirements in an incremental basis, without having to necessarily worry about implementation timeframes associated with Meaningful Use. So I wanted to inject that into the conversation. If you've already got it in the policy section then it's there, but if it is not, and I would suspect it's not because it was kind of a late add from Steve, it might be worthwhile talking about different ways to encourage the transition that we're talking about.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right. It's okay...

Larry Wolf – Health IT Strategist – Kindred Healthcare
It's Larry...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yeah, I don't think I'm familiar with that, so maybe offline I can ask you about with an email or...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation
I'll send you the email right now...

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation
...and maybe we can think about it at a later meeting.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Great. Thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare
....email?

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
It is a very...this is David, it is a very interesting...oh, go ahead.

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

Go ahead, Larry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The other piece that Steve seemed to be saying in the email was about how we identify the generations of sort of patient criteria and, if I read it right, he is saying, it'll be in the future based on the year in which the rule is issued, not in which it takes effect. So...

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

Yeah...

Larry Wolf – Health IT Strategist – Kindred Healthcare

...when we were saying 2017, we've been thinking that's when it took effect and he is now suggesting we should be thinking...saying things like 2015 or 2016, because that's when we expect it to be issued.

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

He's given a path for us to think about certification criteria that might roll out over time separate from their particular binding to a particular programmatic...

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

Right...

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

Okay, I need to say that I am fairly certain that not everyone on this call got that email, because I know I did not.

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

Yeah.

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

And this is...since this is a public call, I think we need to either find a way to sort of more specifically insert this into the dialogue or stop referring to it. I'm not trying to be rude...

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

Yeah, so this is, yeah, just to be really clear, this is not secret information, this is just Steve's summary of...

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

Well right, but we don't have it, I don't see it...

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

Yeah, no, it's fine. So let me forward it to the full group and make sure that Michelle also has it, so that it can be appropriately...

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

Yeah Arien, this is Michelle, so we'll forward it to the group and then we'll...

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

Okay, great.

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

...figure out how to share it publically.

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

Great, thank you.

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

Thank you.

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

Sorry you guys, I just was getting frustrated by that, so...

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

Yeah, no, that's a great point, Deven.

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

Yeah, I agree. I didn't realize it didn't go to the whole group, it read that someone had invited Steve to weigh in, and I assumed that it was Michelle. So, I just assumed it went to the whole group, but that was...there is certainly no intent for it not to go to the whole group and Steve, I think, thought it was targeted to the whole group. So, but he does make some...

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

Yeah going back, but I didn't see it, so.

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

Right.

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

Yes.

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

Okay, so why don't we...we'll get that distributed to the whole group and then we'll...so, maybe we should just cut off discussion of that piece now...

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

Yes.

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

...and then we can discuss it later. And then the second point I just wanted to raise, just getting back to the thing is that on the base profiles. There is a question here about, to the extent that there are specific profiles that would be developed for that base API related to, I don't know exactly what the right term would be, connected to that base API associated with where do those come from? Is that from, you know, there's a...and there are a number of existing things that are listed, there's the Health Services Platform Consortium activity that's going on, which is purely market-based. There's the Data Access Framework activity that comes out of the S&I Framework activity, could that be where that comes from? Some type of new thing, some new deliverable or timeline focused ONC initiated collaboration or contracting, that would just be a question.

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

Right.

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

And we don't have to answer that, but it's just pointing to the fact that it needs an owner.

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So Micky and David, a small thing, we need consistent naming. I assume when you say "base" here for API and profile, it is the same as core...

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

It means core with a capital C, yup.

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

We'll clean that up.

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

Yup.

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

Absolutely. Late night activity.

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

Right and David and I have read these slides like 10 times and still not picked up on that.

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

Yeah.

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

Okay, great, thank you. So why don't we jump ahead then to the next slide, I believe...or two slides down, I think. So key policy questions, this is somewhat similar, I mean I'll frame it in the same way that I framed the implementation one regarding the question of the "how," things that we are seeing and assuming have implications for and are also affected by certain assumptions that we might make about the way implementations could progress. And similarly, about certain things that might be accomplished or that would need to be accomplished on the policy side in order for all of this to work, because as we know, this isn't just a technical issue, it's technical plus policy or technical plus governance, I think as we're in standards and governance, as we were talking about before.

So we just sort of put up five questions that we think capture some of the key areas that we need to think about here, and I think one of the questions for all of us is, how far down the path do we want to go in directionally providing guidance. I think following from this, my understanding and Kory and Michelle can correct me if I'm wrong here, but that there are some policy questions here that start to bump right up against what we might call governance questions.

There is a separate governance sub-workgroup that's going to be making some recommendations on October 15 as well, although they have narrowed their scope to the questions that they're going to be answering on October 15. And I think the expectation, the assumption is that following from October 15, the Interoperability Workgroup will get fully launched and will pick up the policy and governance questions that are emerging from this. So, there will be more focused activity beyond this so part of the question for us is, how much directional guidance do we want to give to that process that's going to be going on afterward, through the end of the calendar year, I think.

So, just teeing up some of these questions, who governs the establishment and maintenance of specifications of the public API? Somewhat related to that second point that I was just talking about in the implementation, there is the question of the scope and specs of the core. Now we've got core, small C in quotes so it will be Core non-quotes big C...capital C, we're all talking about the same thing, who is going to govern the establishment and maintenance of this? There is this idea of the core API and profiles.

And then importantly on an ongoing basis, how about staging the expansion of that, right, because by definition, that is going to be highly constrained to be on the one hand, something that's achievable in the timelines that we're talking about, but we also want it to be at least minimally meaningful. I mean, we don't want it to just be sort of something that's not meaningful that's just make work for people, so it has got to be meaningful enough that it is genuinely moving us forward. But on the other hand, needs to be constrained enough that we can accomplish it. So and then going beyond that, the staging of expansion of the core and then the monitoring and compliance. And again, we've talked about, in some previous slides, about the need to do these things. This asks the question, how do we figure out who will be responsible for these things.

So, I don't know if it is best for me to just read all the way down or just pause at each one. I'll just keep going.

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

This is David speaking, there are three options that we have with these, one is we could just don't say anything. Number two is that we could just say these are the questions that need to be answered by the processes that pick up when we're done. And then of course number three is we could actually specify some suggested answers. I would vote that at a minimum we should raise the questions and cast them in terms of these architectural principles that we've been hammering out. But, we don't have to, I suppose.

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

No, I would agree with that, David, this is Deven. I think its...they're being thought of so why not tee them up and say that this is for someone else to have to resolve, but they do have to get resolved...

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

Yeah.

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

...this is going to work.

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

I agree.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

And this is Gayle; I think there needs to be some timeframes anticipated because these conversations have been going on a very long time.

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

Yeah.

Gayle Harrell, MA – Florida State Representative – Florida State Legislator

This is kind of the basic element and it's been years that we haven't come up with solutions. So, I think we want to at least anticipate within the next year, within the next two years. Let's move this thing along.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I guess to the point...this is Larry. To the point of what has or hasn't already been done, to not present this as monolithic but...and I don't think that's the intent, but pieces of this are already in existence, other pieces we're looking to move forward, other questions are being pushed to the future. So, I think in terms of timeline, people should think about this just like the standards, this is a rolling activity that's got pieces to build on today and things to happen in the short term and then some longer term things.

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

Yeah, this is Arien. I think these are fabulous questions but I agree with Larry that the danger of these questions is that you could think that there's one answer to them, and there are likely to be a range of answers that are appropriate for specific cases.

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

Yup.

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

So one possi...this is David, one possible thing we could do is, I think enumerating what the core questions are...core, I'm sorry, enumerating what these important questions are is...we should absolutely do that, I am hearing that as a strong plus. Maybe we need an artifact in the way we present it as sort of JTF considerations or possible considerations or something like that, where we can carve out and say, look, we're going to toss these out as stuff we talked about, but it needs to be landed by the downstream process. I mean...

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

Yup.

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

...we've put a lot of energy into this and we have got a lot of ideas, and the people on this call are working hard to solve some of these problems, I would hate to lose that knowledge...we can't nail it down and make it permanent.

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

This is Arien, one other thought that I'm thinking here on this slide is, there's a policy Desiderata or Desideratum and then there are a bunch of enabling characteristics. And what I mean by that is, what we really want is out of the box EHR-to-EHR or provider-to-provider or care participant-to-care participant exchange of discrete clinical data with...patient-directed and is applicable under HIPAA, right, that's what we really want. What we really want is I as a patient can get access to the data about me at a time and place of my convenience. And then there's a...in order to get that done, we need, I think, every or most EHRs to do something and to do something that is both standards-compliant and workflow-compliant and trust and policy compliant.

And then there's a really big "how" question thereof, do we get that done by banging heads and telling people what to do and use the levers of governmental power. Or do we get that done by setting a challenge to vendors to say, get your act together, go figure this out with the hammer of government regulation behind it. Or is there some other approach. And again, the order in which you ask these questions sometimes determines the answer that you give.

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

Right.

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

Yeah, and this is David; so, I think those...the questions that you asked line up well with what we were...what I was trying to get when I laid these out, where your first and most important bullet, what problem are you trying to solve was intended to be captured by the second bullet on the slide, which is...

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

That's right.

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

...what are the use cases? So we could recast that as what problems are we trying to solve, it's just I thought use case is a more graspable...

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

The problem with use case is that it's often individual provider's case specific as opposed to state of the world, what is the desired outcome or desired state of the world?

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

Yeah, I mean I would...you could change that to what problems are we trying to solve with the public API?

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

That's right. Yup, that's right.

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

Right.

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

And, use case is just my word, but I agree.

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

So if you order it that way, who governs the establish and maintenance specifications may actually go below some of these other questions.

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

Right. Because we've actually touched on really bullet three...two, three and four, right? We've actually expressed sort of a point of view in our conversations around those things...

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

Yup.

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

...on all three of those, whereas the...and then it's like I'd see something that actually walks us through those, ties it back directly to things that we've either strongly implied or actually stated are sort of...that extend naturally from the, I shouldn't say naturally. But they extend directly from the discussions that we've had around open APIs, constraining them, architecture principles but then they beg the questions at the top. All right, so who governs that? And then down all the at the bottom, to the extent that some of these issues are about trust frameworks, market ecosystems, how do we address that part of the problem?

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

Yeah, so maybe we need to think really carefully about the sequence of these questions so that they...thinking about question one should lead to question two and thinking about question two should lead to question three.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

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

And I tried to do that but I think maybe we...maybe that API problem to be solved is really the top...ought to be the top bullet. But then on the level of, what could we toss out as a suggestion for a solution to some of these? I know we're not going to talk about Steve's email until we have all had a chance to read it, but in your homework, think about is there some way to leverage the notion of incremental certification standards that are now decoupled from any notion of requirement, until you start talking about specific programs. Is there some way to position our thoughts of a way to get from where we are to where we want to be, leveraging that new model? And as a balancing point between the government tells you exactly what to do versus you just defer to the market and let the chips fall where they may. If we think there is something...if there's some middle ground between those two, and certainly that's what I heard from the policy and standards debate is some folks wanted more role for government and some folks wanted more role for market, but everybody agreed we need to advance from where we are. So, can we get specific...specific enough to have a really focused debate or do we just talk the whole hard problem over the wall to the new Governance committee and say, good luck.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Let's not do that, because we know who is sitting on the other side of that.

Larry Wolf – Health IT Strategist – Kindred Healthcare
This is Larry.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Meaning the Interoperability Workgroup, I don't mean the current.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Yeah, yeah, Interoperability Workgroup, wrong name, yeah, that is what I meant.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Throwing it to some of the same people.

David McCallie, Jr., MD – Senior Vice President, Medical Informatics – Cerner Corporation
Not me.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
I'm sorry, Larry, you were going to say something.

Larry Wolf – Health IT Strategist – Kindred Healthcare
Yeah, so maybe this is getting way too specific but maybe a specific would be actually useful here to help shake this out.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

If I remember right, not to pick on one vendor, but one vendor did say that they were implementing, hopefully I'm remembering this right, and that they were implementing FHIR as part of their...systems at an early level. Is that right, since the product I believe was Cerner, David do you know...

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

Yeah, yeah, no we have said that, yes. And I think other vendors have as well, so it is not just Cerner, but yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, so...but the important point is, it's out in the world, right?

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Some level of it is out in the world today, so it might be...

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

Or will be.

Larry Wolf – Health IT Strategist – Kindred Healthcare

...right, it might be useful...well, okay, will be, okay, so that's sort of the key question, right? It would be useful to sort of be able to track some examples of this is technology that follows these guidelines that's out in the world today and people are beginning to build on it. Is it happening? Do we foresee a roadmap by which it has actually happened? Or does it actually require more formal process and regulatory support to even get to square one? Or are we already at square...

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

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

...four and the regulatory process can then...something that's already underway and bring in...go from 20% to 80%.

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

So Larry, I think that in the list of...on this slide, there are some of the things that I listed as e.g., for example, that you could, in fact, enumerate some additional examples like certain vendors have already declared support for FHIR and so forth. But then that just begs the question of, okay, will those vendors work with each other...will they be able to interoperate with each other given that FHIR out of the box doesn't guarantee interoperability. You have to have agreement on these profiles, on the trust models and the governance things that says not only do you have the API, you've actually got to turn it on and allow people to use it without punitive licensing and/or cost terms. It is going to still come back to some forcing function or not...

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

Right.

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

...that is beyond just choice of implementation.

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

But if we try to tackle as much of that as we can, really just extending from the conversations we've had, let me just try to take it one-step further. So if we sort of have said that all right, EHR, your first bullet point 2-A there, the EHR to EHR/HIE interchange has got to be within the scope of what a public API...or a public API use case and consumer access via a portal. Because we believe that that actually allows us to sidestep a lot of the issues related to trust framework and all of that, because you're really just building on the trust that's already been established through portals. So, sort of focus on those two as practical steps and say, there is our first bite at the use cases. And then the other ones are sort of down the road.

And then, and on the role of markets versus government, key question, do we think that vendor certification of the public API should be required. I guess I would make that even a sharper question of, we've discussed whether we think that the core API could be a part of, now I know we're going to have Steve's email, but a part of the next certification or somewhere in the certification pathway related to Meaningful Use. And I think we in a part of the effort to define a core was to get something that is core enough that it could be included, right, so being able to articulate do we believe that that is something that is important? I personally do, but I think that's a question for all of us and it seems like we are headed down that path.

The associated...the related question to that, which I think is what the second bullet under there is getting at is. If you think about it just in the Meaningful Use context, would there be an attestation requirement that says that a provider is required to have a public API exposed for those core use cases, for EHR to EHR/HIE interchange and consumer access via the portal subject to agreement on some kind of trust framework? And that's the part that would be left open.

But we walk down the path of saying it is those two, it is EHR to EHR/HIE interchange, it is consumer access via portal. We think that certification is important because it is a unique lever. We need the core API to be defined such that it is good enough to be used for good purposes, but is narrow enough focus so that it can be a part of certification. We believe that it ought to be a requirement that people expose that, under certain terms that protect them and that also protect privacy and all of that stuff, and that - needs to be defined. And then finally, the...on the network-to-network, we believe that network-to-network bridging needs to be required, that is the loose coupling and that's a part of what we need to define with respect to, what is defined in the loose coupling across networks.

Larry Wolf – Health IT Strategist – Kindred Healthcare

(Indiscernible)

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

And then the rest we're sort of much more open on because we say, well, and then here are the other things that need to be defined based on that set of principles that we think that we have agreed to here.

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

Micky, could I...this is Arien.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Yup.

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

Could I ask you to frame those up as proposed answers and maybe in our next session we can go deep on those?

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Sure.

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

Because I've got things that I'd like to react to, but I am not...it would be better if they were framed up so we could have an appropriate discussion of it.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay.

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

Micky, this is David. I really liked what you said and I would like to see it in writing so we can react at a more granular level, but I think the spirit of what you said was excellent and tees it up for the right debate.

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

Yup, that's right.

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

It will be provocative enough so that it will provoke some interest.

Micky Tripathi, PhD – President and Chief Executive Officer – Massachusetts eHealth Collaborative
Okay.

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

So, I think you did a...that was a wonderful summary. I didn't get it all down, but hopefully it was transcribed.

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

While it's still in your head, right, sometimes I say things and then they are brilliant and then I can't ever write them down again, they're gone.

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

I am going to be asking Michelle for the transcript, as we speak.

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

The beauty of having it transcribed, Deven.

Larry Wolf – Health IT Strategist – Kindred Healthcare

There's audio.

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

Right. Okay, I will do that that will be my homework for the next time.

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

I thought that was really well said.

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

Okay, well, is there anything else that we want to accomplish on this call then? I think we have our homework in front of us. We have got some pieces that Arien and Wes have agreed to take on related to some of the language on the, I think it was both on the public API slide as well as on the architecture principle slide. On the implementation slide, which is sort of the “how,” I think we’ve agreed we are going to invert those. Well actually, we’re going to turn all of this into a prose document, so we’ll take care of that in the prose document as well and try to sort of delineate more clearly that there is a “what” piece which is about how, looking at the JASON diagram. There actually are a whole bunch of those pieces that are already reflected in standards, in standards and in implementations that are going on today and being able to map that in the diagram. We will dive into the “how” and then we’ll work on the policy side as well with, I can put together that strawman for us to have something to react to. Is that everything we’ve accomplished on this call? That’s a lot.

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

Yeah.

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

Yeah.

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

That’s sufficient.

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

Yeah and...

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

And we have 25 minutes left.

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

Yeah, time for me to go sneak in lunch.

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

Okay. So, for the next time we have, we’re going to try really hard, and I know Deven’s helping us on this to have a conversation on the privacy bundles at the next call, which is October 1. I think that is an important one. Again, we recognize that the JASON Report doesn’t go very deep into the concept, so, we’re...but we also think it’s a very important concept so we want to take a pulse of where the market is on it and get our own thoughts captured.

And then we’ll also have, David and I are going to be very busy writing the first draft of the report for all of you to look at, hopefully with a few days advance before the October 1 meeting. And that will give us a week and a half, two weeks, a week and a half probably given we need some lead-time to be able to distribute it at the Policy Committee, to get that in good shape for the final presentation.

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

Sounds good.

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

Indeed.

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

Okay. Great, are we ready to turn to the public comment, David?

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

Yes.

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

Okay.

Public Comment

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

Operator, can you please open the lines? Sorry, Micky.

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

It looks like we have no public comment. So thank you everyone, enjoy a few extra minutes back in your day and have a wonderful weekend.

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

Thank you, Michelle.

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

Okay. Great.

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

Thank you.

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

Thanks everyone.

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

Thanks everybody. Good work.

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

Bye.

Public Comment Received During the Meeting

1. Rather than say "Internet-scale," it may be better to specify "nationwide HTTP-based" for the architectural pattern. This allows SOAP packages, REST etc, but limits it to HTTP(S)-based transactions. There needs to be some level of constraint (HTTP) to begin building an API., and HTTP is close to universally adopted.
2. Slide 4: Core data definitions might better state "common data elements and form templates," and this includes e.g., HL7, FHIR and 11179 DEs, as well as templates in the format of C-CDA templates, SDC form designs, and FHIR Questionnaires
3. Slide 5 has a bullet "Refocus Data Access Framework?" I believe the JASON work should leverage/collaborate with the next phase of DAF work, which was just proposed as a Project Scope Statement to HL7. It would be counterproductive to create a DAF profiling effort parallel to DAF. The targeted data element-based queries part of DAF has very similar scope and objectives as recommended by JASON and NwHIN Power Team. Rather than dismissing DAF is "too broad," there should be cooperation on the common need. There aren't enough SMEs, or resources in HL7 committees, to support duplicate efforts while also fast tracking. From attending HL7 calls, I've heard that there's not enough bandwidth in the multiple workgroups that own FHIR resources and need to assist profile developers. A separate effort would dilute resources and slow down progress. By pooling efforts and using resources efficiently, a combined DAF/JASON/NwHIN Power Team project would offer the best chance of fast tracking FHIR profiles.
4. If "How" issues are to be addressed, the multiple standards for each bullet should be evaluated. ONC has used S&I to survey existing standards, and then evaluates them in a public forum. I don't think that relatively untested standards like FHIR should be the only technology considered. FHIR is a popular contender, but other standards should be cited as well. The slide appears to write every other standard out of consideration. Can't an API support several different formats, and thereby encourage continuous innovation, as well as legacy formats?