



**HIT Standards Committee
Semantics Standards Workgroup
Final Transcript
February 20, 2015**

Presentation

Operator

All lines are bridged.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee Semantics Standards Workgroup. 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'll now take roll. Jamie Ferguson?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Here.

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

Hi, Jamie. Becky Kush? Andy Wiesenthal? Asif Syed?

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

Yes.

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

Hi. Thank you, sorry. Betsy Humphreys?

Betsy Humphreys – Deputy Director – National Library of Medicine

Here.

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

Hi, Betsy. Eric Rose?

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Here.

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

Hi, Eric. Harry Rhodes? John Carter?

John Carter, MBA – Vice President – Apelon, Inc.

Here.

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

Hi, John. John Speakman? Larry Wright for Margaret Haber?

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Here.

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

Hi, Larry. Mitra Rocca, I'm sorry, I still always say your name wrong?

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

That's okay; yes, here.

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

Hi. Rosemary Kennedy? Stan Huff? Steve Brown? Todd Cooper? And from ONC do we have Tricia Greim?

Patricia Greim, MS, RN-BC - Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Present, yes.

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

Hi, Tricia. And Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi, present.

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

Hi, Mazen. With that I'll turn it back to you Jamie.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay, thanks very much. So on our call today; we wanted to review the comments that have been received on the recent ONC documents, which is exactly the work that we talked about on our last call. And so, as some of you may have noticed, we frankly didn't receive a lot of comments though, yet, and so I want to first thank and express my appreciation for those members of the working group who have submitted comments on the tight schedule that was set out. But I would also like to come back on our agenda today and add an agenda item to discuss an extension of the time period to collect comments from the working group and to seek to have another call like this to review additional comments. So I'd like to modify our agenda with that in mind, if that's acceptable to everyone.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

I'm fine.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

Yeah, I'm fine, too.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay. Okay, great. So with that in mind, let's go ahead and take a look at the roadmap comments that were very nicely sent out. And thank you, I just had a chance to read through those earlier. How...so, let's see, I don't know, Tricia, are you in a position to walk us through this?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

I am, absolutely. Thank you.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

That is wonderful. Thank you.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Thank you, Jamie. Here we have the organization of the roadmap and the purpose, guiding principles of the roadmap. Next slide. Oh, okay. Here we have the first item, and Jamie, your request was that people would, item by item, consider the Table 10. Next slide. That's just summary. This is actually not the...okay, we can go with this. This...there were two decks sent, one has attribution to keep me honest when I summarized and one is with the attribution and we can go with the one with the attribution.

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

Tricia, let's see if we can go to the other deck...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah, the other one would be...the other one's what I'm prepared to speak to and I appreciate that.

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

Okay.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

The two slide decks were intended to keep me honest and they served their purpose. I actually neglected to...we...I didn't make sure that everyone's comments were integrated as of this point; there was someone missing, and that's Betsy, so Betsy, please chime in with your comments verbally today and we will get those integrated. And the summary was just to make it a little easier for us to walk through comments that every...reduce some duplication.

And the first...the way we organized this first was to look at the comments that came in on the common clinical data elements and to just recognize that the roadmap itself did not go into detail, other than to define or to identify what the common data elements are. Perhaps that's because they...the standards are...that have been recommended for those to date are posted on the website and also in the NPRM from 2014. All right...so, the fact that the roadmap was missing specific information about the standards related to the data elements may or may not have been related to the fact that there's this perhaps misguided assumption that it's available someplace else.

So if our recommendation is to actually include that in the roadmap, that's a potential...that was a concern that was expressed. So, do we want to take time to comment on each of those? I know that...well, there are actually contradictory comments and...or what appeared to be contradictory comments to me, so Jamie, I don't know whether this is just perhaps an overview of comments to date and then we'll maybe take up discussion points or if you want to have discussion points as we go along.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

My preference is to use today to identify both common themes and areas where there may be divergent views, but not to necessarily seek to resolve those differences of opinion.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

So maybe just an inventory of common themes and divergent views, great; I really appreciate that guidance. Thank you. So then there was also the comment that it's not enough to just simply specify a source for the content, such as specifying SNOMED or LOINC, but that actually there...they need to be more constrained as far as value sets or include an information model.

There was a question as to whether the lab tests, as defined in the clinical...common clinical data elements also included microbiology results and cultures. And then there was also that these common...there was also the comment that the common clinical data elements were not exhaustive and may be missing some...there may be some gaps and missing important content to achieve what's desired in terms of a core set to be exchanged.

Betsy Humphreys – Deputy Director – National Library of Medicine

So Tricia, this is...and on a comment that we were making pretty strongly that relates to this last one, but is different. We basically feel that the path forward as laid out is still not really addressing some of the most important information that's needed to take care of the patient, which is, namely the

diagnostic studies beyond lab like CT reports or EKGs, which are also mentioned here; other types of imaging studies. We really feel...called out in some way because we won't have...health record being transmitted in a standard way...including a lot of these very important tasks for diagnosis and also for monitoring progress.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yes, and also...so imaging studies being important not only for diagnosis and managing progress, but also high dollar or high val...yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

So it's interest...this is not the first time that folks from NLM have made this point, as you know, Clem makes it all the time. But, when you're looking at this interoperability thing, which is really extending out in the future quite a ways, and there is no explicit mention that at the moment this is a big gap and that we have to fill it, it just seems like it's a real missing piece. And there may be arguments around or different points of view...but we sort of feel that the fact that it doesn't show up here as an identified thing that has to be fixed over the lifetime of this roadmap is really a problem.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. So we will capture that...

Betsy Humphreys – Deputy Director – National Library of Medicine

You'll get it in our comments, but...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yes.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah and this is Jamie, I also have actually comments, I'm now wearing my Kaiser Permanente comment hat which I haven't submitted the comments yet, but it's actually on the second bullet on this page about how to identify the data elements.

We would note that SNOMED, in particular, has a content model and that many of the pre-coordinated terms in SNOMED are, in essence, could otherwise be assembled from other constituent concepts. And that many of the detailed clinical models that are currently developed such as CIMI or OpenAir or 13606 or...essentially have alternative ways of assembling detailed concepts that actually are already handled in SNOMED. And so we would have preference for actually respecting the SNOMED concept model and using the pre-coordinated terms that already are in use in the United States rather than deferring to these other alternatives for assembling the detailed concepts.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay, well, we're leading with the clinical...the common clinical data elements specifically because when Erica briefed the HIT Standards Committee, the focus was that these data elements would be key to

interoperability and so we're identifying gaps and we're also identifying areas of divergent views, which we just did in both these comments. So, we're on track. Next slide.

More comments on the clinical data elements. There's the divergent view that we need to accommodate transmitting text notes and also that we need to have the opportunity to transmit more structured documents. And I made the mistake of not touching my computer screen, so I am resigning in after it decided that it should close. Jamie, could you read the next bullet slide while I get back on track here?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yes, I'm sorry. So this slide 7, talks about...or asks the question, which data elements need to be further standardized and in what way? So we have had comments that narrative text or notes need to be further standardized and that unstructured narrative should be mapped to terminologies for data mining and analytics. That care plan fields should be structured and linked to terminologies...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Thank you Jamie, I'm back on track...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

...and that second bullet speaks to our public comment that we got last...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Um hmm, yes.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

...working group from Susan Matney who wanted to call out the missing piece for care plan.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

May I ask...this is Eric Rose, may I ask about that second bullet?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

I don't know if the person who submitted that comment is on the line, but maybe they can clarify. I'm not sure I follow what it means and it sort of sounds like it means that somehow NLP technology needs to be part of the interoperability roadmap and that I find a little bit perplexing. Maybe they could clarify what...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Well I believe that comment came from Rosemary Kennedy; I don't think she's on today but I may be wrong, that's just from my memory and I linked it up with what Susan said last week, perhaps a way to identify whether a patient is improving or not, some kind of standardize way to capture goals.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

So I think that might be worth coming back to because that seems to be stretching the meaning of interoperability a bit.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay, so that would be an area of divergence. Thanks.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Yeah.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

This is Mitra...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

There was a comment...

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

I'm sorry, this is Mitra Rocca from FDA; the first comment came from me. So we analyze...we use observational data both administrative claims and EHR for FDA's post-market surveillance system that is Sentinel System and we actually with the EHR data being unstructured, then we are having some problems so, that...to map that unstructured data in physician's notes to...like SNOMED CT or LOINC, that came from me.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Oh, okay. Thank you.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Yeah, that would seem to be something that would happen at a node rather than as part of the transmission of data from one node to another node.

Betsy Humphreys – Deputy Director – National Library of Medicine

That's how it would strike me, too. This is Betsy.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay, and we said we wouldn't actually grapple with these questions that we would...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Oh, okay.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

...identify where there was divergence. So I'll put a divergent note on that one.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Okay, I'll stop grappling.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information T

Yeah. So there was also the comment that perhaps we want to capture sex and gender and keep those two separate. There was the question about smoking status, why the heck are we talking about smoking status when we could talk about tobacco use and is that really the most important thing to be included in the common data set? I think when we say is 11 a repeat refers to that labs are mentioned twice in the common clinical data elements and I don't remember what 14 and 16 are, actually; but, hmm...so we might have

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

There was something about procedures and immunizations were just listed as sort single word items, and so...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yes, okay.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

...that just needs to be clarified. Um hmm.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, and just to expand on that, just to note that I guess to support...I guess this is supporting the comment that procedures should be disambiguated. In some previous discussions we've noted that procedures might be ordered, performed or contraindicated and so, exactly what is supposed to be captured should be specified.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Got it.

John Carter, MBA – Vice President – Apelon, Inc.

Hey, it's John Carter. Just a question kind of about this whole issue of these common data elements; I also have questions and some concerns about some of them. But, it's not clear to me that this is the document that defines them and so whether we would be able to actually incorporate these documents. What we probably could do, inside this document, is advocate for a direction that says that whatever the list of common data elements is, wherever they're defined over this 10-year period in this roadmap, they need to be expanded, just clarified, better spec'd, that sort of thing.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

I captured that, John, as a potential recommendation.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, and that sounds very much supportive of this theme that we're talking about right now.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah, capturing as a theme; thank you. Okay, and then there's the ICD, CPT call out.

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

Patty, that's me, Asif...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Hi, Asif.

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

...that's my comment. Hello.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

So...

Betsy Humphreys – Deputy Director – National Library of Medicine

So, this is Betsy Humphreys. I think this is something that deserves additional discussion because it seems to me that we're talking about the patient care data set and we're not necessarily talking about statistical classifications or billing records.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, exactly. So, it's necessary to talk about what's the purpose, or I guess, maybe specify the use case specifically. Obviously administrative simplification has a set of use cases that might be very different from the clinical utility use cases.

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

That is exactly right, Jamie and Betsy. I think our point of view is that most of the data being transacted within the systems, whether the back end administrative system or even at the EMR level, is generated to these standards and ICD is already mentioned in the interoperability use case. So, we want to make sure that, I mean, all the aspects are covered even though some things are administrative and some of its...clinical, but most of the data being transacted is like as a HIPAA regulated standard or not. So the point is to just to ensure that we don't miss any of the sort of entities here and whether the data is coming from the back end at the administrative side or the clinical side, for example SNOMED it's well

covered, but not all the systems use all these sort of standards. But, HIPAAs are always...HIPAA content is always there.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

This is Eric Rose; that seems like a very cogent point and isn't it somewhat orthogonal to the question of what are the common clinical data elements that should be available or...as sort of baseline capabilities for getting data from one point to another? The particular coding systems that are required would, I would think, would be a separate issue, isn't it?

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

Yes, I think so, but...and that's where, I mean, the reason I made the comment is like, what's the sort of general consensus in the group? Should we be just focusing on things which are really like make sense on the clinical perspective, but not really available at this point at the time we need it to be a part of this roadmap? And that's the reason I made the comment as like a point of discussion.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

It sounds like there...maybe it's a separate comment or maybe this is what you intended; but it's sort of what's the role of the administrative code sets in the clinical interoperability roadmap, is that the question on the table?

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

I think that's a general question, yes.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay, captured that. Thank you. Next slide. This is...we allocated about 15 minutes to the common data...the comments from the common data sets. So now we're transitioning into the table comments, and I think we put about 45 minutes on this section here, so, we might need to tighten up 5 minutes or so. But one theme that emerged was how much of what is written in the table is what ONC will accomplish and how much is what we hope to see happen.

So, for example, when we look at J1 here, ONC will annually publish a list of best available standards and implementation specifications as an action that is...that has an actor and a result. Whereas implement...that is under ONC control, whereas implementers and decision makers should use this list or they should update their systems to align with the best available standards, those are hoped for outcomes and need to be identified as such. So I think that was a common theme, Jamie that emerged from the comments.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yup.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Next slide. This is taking each...this is establishing a pattern for how we're going forward. Each of the table items, as you requested, Jamie, to have comments from so here's where we have the summary of comments on each item. But included...there are missing some comments that have been submitted, so, this is, again we'll see this theme given ONC's role, what is the role of this publication and is it going to be clear that the document would be maybe including the experience of the community to be a contribution and evolve over time, or is it somehow going to confuse people as to...or be used as a marker as to where ONC is going in regulation. Could it be this valuable resource for everyone and what would it need to be...what would it need to include if it were to fulfill on that objective?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So just to, I'm trying to pull it up to characterize these comments overall at a higher level. It looks as if we have some comments saying that the list of best available standards is helpful and will improve interoperability and other comments saying this might create confusion, it's unclear what the role of this is with respect to regulation and will this stifle innovation. And so...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yup, you got it.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

...right. So that's a very clear sort of area of divergent comments.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Very clear area of divergent comments.

Betsy Humphreys – Deputy Director – National Library of Medicine

So, this is Betsy; in terms of the one that was published this time, we had a specific concern that something was included in it which, to our way of thinking, was not something that had been previously discussed with committees and so forth in any way that we were aware of; and also, in our opinion, was contrary to the general Health IT Standards Committee's recommendations for parsimony in the requirements for exchange of data in vocabulary standards. So, we think that somehow we need to corral this that things don't show up on this; that I don't think anything new should show up on this list that has not been somehow discussed in one of these public forums.

Eric Rose, MD, FAFAP – Director of Clinical Terminology – Intelligent Medical Objects

Yeah, this is Eric Rose; I share that concern. And I think that one way to sort of ha...ONC could have its cake and eat it too here is instead of publishing a recommended list would be to essentially facilitate the group dialogue to basically how to do this stuff well. And not necessarily attempt to provide a last word on that, but to provide some kind of forum for best practices and interoperability and that would relieve th...simultaneously, I think, achieve the goal of helping people understand, okay what's...if I don't know too much about this stuff, what's the right way to do it and also not confuse people that it's sort of like the pieces flair in office space, you know, you kind of have to do it but it's not really rule.

Betsy Humphreys – Deputy Director – National Library of Medicine

This is Betsy again. I'm...I think th...I'm not convinced that it wouldn't be very helpful to have such a list so I'm, I guess maybe I'm disagreeing a little bit with Eric on that, although I'm not firm in either direction. I just really feel that for things to appear on the list where there hasn't been any level of discussion about them in these various public meetings is not a good thing.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right, so this is Larry Wright from NCI and I support both comments actually. We were surprised to see some things show up that we hadn't been aware of any prior discussion on, but also to agree with Eric, I think it would be useful to put things forward initially as evaluations of available standards, experience and best practices rather than leave to a, here are the recommended standards.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Good, it sounds like a common theme.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. So there was also a comment that there are places in the roadmap text that seem to encourage expansion of candidate standards such as facilitate competition among standards and innovative standards and at least one commenter thought that those should be removed; that there are likely enough...there is likely enough competition among standards and...let's see if I have more...and so the common theme that ONC hears often is that recommending standards that aren't mature is not recommended. A common theme that implemented standards and the experience of implemented standards would be key to success for stakeholders. That making implemented standards and the experience of success more transparent, more available would be valuable.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yup...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah, go ahead.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

...that sounds like a them.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Um hmm. And then the recognition that as technology of any kind of annual list or guide would be updated annually, there would also emerge the challenge to have a graceful transition from a previously recommended course to a new course.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, I think that a comment that we were making in this area is that getting a new recommendation every year is...in a variety of areas, would essentially be recommending something that's not really implementable for systems that are already operating. I'm not talking about an update to the standards you've already implemented...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Um hmm.

Betsy Humphreys – Deputy Director – National Library of Medicine

...I'm talking about, now here's the best; do you see what I mean, different than it was last year...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Ahh.

Betsy Humphreys – Deputy Director – National Library of Medicine

...and the future year.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Uh huh.

Betsy Humphreys – Deputy Director – National Library of Medicine

And, I mean, I think we have to acknowledge that sometimes changing from the implementation of one standard to a new one is like steering the Queen Mary, right?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah and just to support Betsy's comment, but also to maybe expand on it a little bit is the idea that essentially any time a new standard is introduced that's not an update to an existing standard, but something that really is new; the implementation timeframe and cost really needs to be better understood than it has been in the past. Because you may wish for all the systems that have been implemented to now do something new, but if none of them were designed for doing that, it could be more disruptive than it might appear on the surface.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So that's not about changing standards, that's about introducing any new standards.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

So, okay, so relative pros and cons of annual updates and additions, changes. Next slide. Implementers and decision makers should use ONCs list of best available. Again, a hoped for outcome and it doesn't identify what ONC actions are intended to promote this adherence. I know that my very capable team of assemblers of these comments were aware and reminded me that in some cases, these statements in the roadmap are pointing toward intended actions, as I've heard on this call, where ONC would convene public/private working groups as this one to address certain things. But in this case, this is a recommendation what other people should do, so, don't know what...how that translates to an action and I was persuaded by the comments that came in about that.

Next slide. Implementers will update their system to align with the best available standards, and we're seeing these standards evolve now. Again, a hoped for outcome and that is a common concern in the comments; doesn't identify what actions ONC would take to promote or what incentives or penalties would appear. And there was a comment that the C-CDA for general interoperability was perhaps subject to challenge. There was the comment that vocabulary advice needs to include much more detail. And there was at least one commenter that noted the need for detailed clinical models that were missing in the roadmap and the advisory. And the concern about the vocabularies that were identified in the roadmap are not aligned with what is widely used already in research and in other areas, specifically MedDRA was called out.

Betsy Humphreys – Deputy Director – National Library of Medicine

This is Betsy. I think that this is a point for discussion, not that MedDRA is not widely used in clinical research; it absolutely is; but what is the intent of this comment? Since we're talking about the transfer of electronic health records, is someone actually assuming...I mean, are we trying to modify things so that people would use MedDRA in routine health care because I don't think that's a good place to go. I...so, I'm just trying to understand the context of this comment.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

I can respond, this is Mitra. I did not...this comment is not from me, but so recently we actually, as part of IHE, had to demonstrate the adverse event reporting from EHR. So, the comment would be just like collect the EHRs like, and a clinician might not know what MedDRA is, so we could just use SNOMED CT and then we need to map them to MedDRA so the safety officers at FDA can analyze the adverse events, that come out of the EHR.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, I think that the...we sort of need to be clear around this because...

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

That's right.

Betsy Humphreys – Deputy Director – National Library of Medicine

...my feeling is that, as I say, I'm not arguing with the comment that MedDRA is important in terms of current regulations for submission to the FDA and is used internationally in the context of drug trials and clinical research. But the issue here is, what are we making as a transmission standard for electronic health data.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

I see; okay.

Betsy Humphreys – Deputy Director – National Library of Medicine

We need to be clear what we're in...this is an area for a little further discussion maybe along the lines of the discussion we were having about billing and bill data.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

That's right. Yes.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right, I would agree that this is a discussion item. The concern was that a lot of data are sometimes by regulation and sometimes by simple practice encoded in things like MedDRA and we had a concern that those standards should be directly represented in the exchange of data and not simply translated into something else where you have issues of loss of information.

Betsy Humphreys – Deputy Director – National Library of Medicine

And so the issue is then whether we're talking about here the transmission of data collected specifically for research purposes or whether what we're aiming for in this document and proposing is the transmission of data that is collected for healthcare purposes. That's my question, so I think that we just need to discuss it more.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

Ah, I see.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right, so this would be an area if we're looking at the areas of actual use of these terminologies and mapping...

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

Oh, okay.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

...out how the exchange and evaluation for learning healthcare systems and so on would be most effective is a discussion item, I think.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

For the pilot we conducted with ONC recently, we were using EHR data for adverse event reporting to FDA, but we used the existing...terminology and standards the EHR used and then when it arrived at FDA, we would map it to MedDRA.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, my feeling about this is that if we're going to make a general pattern of using EHR data in various types of clinical research, if we achieve that goal, which I think we all do, then I just don't think we're going to be in a position of being able to push the actual direct use of MedDRA back into routine healthcare.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

Yeah, yes, that's right.

Betsy Humphreys –Deputy Director – National Library of Medicine

I think we're going to have to deal with it on the other end as Mitra was talking about.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

That's right.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Next slide. This is the...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So, I guess actually I probably should have spoken...this is Jamie...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Previous slide, please.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, I should have spoken up on the previous slide. I wasn't sure sort of where to insert this comment but, I guess it goes here as well as anywhere. And that is, I would note that even where data are standardized, the...all the components of standardization are not well addressed. And just as an example, I think there's sort of a famous slide or maybe locally famous, that shows the 67 different units of measure for one particular standardized data element in Mini-Sentinel. So, Mini-Sentinel standardizes data elements for reporting, but actually gets 67 different units of measure and so I think that having the appropriate comprehensiveness of the things that are deemed essential is really important.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Very good. Thank you. Next slide. This is the summary slide. Next slide. And this is the first bullet point, through coordinated governance public and private stakeholders will establish and maintain a prioritized set of use cases and functional requirements for delivery system reform and the learning health system. Again, while this is a hoped for outcome, this has specifically been tasked to a workgroup in the Policy Committee, from what I understand. So...but again, the comments that came in were that this would be best characterized as what ONC is doing, facilitating what process.

And then there was a pushback on the whole delivery system reform and learning health system language to stay focused on interoperability. And concern about the incentives and...the incentives that might be available to accomplish what our aspirational goals are and the suggestion that we look beyond our borders to see what has worked in other countries, even though other countries may be more centralized in their approach.

And there was a...I don't know why this is bolded a gap, that's my mistake, but no special meaning for that, but there's the recommendation that there is a...just that long term disability is not addressed in a measure. There's no way to capture...in other words, there's a missing way to capture things beyond what's on the...this comment probably belonged on the common clinical data set rather than here. Use cases that aren't clear that for the data elements are maybe coded in different systems. The call again for actual lessons learned and feedback somehow looping into our discussions of standards and terminologies as a theme. Did I lose you?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

I'm here.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay, I just...it was very quiet. Next slide. Develop a nationwide technical architecture for an interoperable learning health system; a lot of pushback on this idea of technical architecture. What would ONC's role be and what would the technical architecture look like?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, I think that this actually is supported by comments that are on other pages. And so I would say this rises to the level of a common theme to essentially push back against this idea for including this in the roadmap.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. Next slide. Through coordinated governance, public and private stakeholders will define a set standards activities to support prioritized use cases, functional requirements, agreed upon architecture. Umm, again a theme that ONC should guide standards development activities, identify where there are gaps and inconsistencies and problems with existing standards, especially as required for certification and perhaps a call out for ONC to work more closely and collaboratively with standards development organizations to address these identified gaps. Functional requirements must be published, public and clear; transparency is critical to avoid the appearance that requirements are not well grounded in use cases and actual lessons learned.

Next slide. The list of preferred code sets includes some with relatively formal semantic structure, others with less rigor. In these later years of 2018-2020, we should use the coordinated governance structure to advance the notion of a more consistent semantic framework across code sets such as OWL. The use of a cross-terminology semantic backbone allows for computer based reasoning against shared data enabling a true learning health system. In these later years, the focus should switch from the simple exchange of structured information to the use of that information for decision support, targeted health interventions, cost reduction opportunity identification and so on.

Consider expanding Appendix H to include other use cases currently not on the list, for example, the use of EHRs for active post-market surveillance or integration of EHRs with clinical research. So, as we look forward to...these comments seem to suggest that we aren't reaching far enough.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Well I would say actually, Tricia, that the first two comments have a common theme of supporting the use of semantic web standards which include OWL...excuse me, OWL, RDF and reasoners. And so I think there is a theme of...I wouldn't call it not pushing far enough, but I would say, promoting the use of semantic web standards and technologies.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

So not...okay, great. Thank you, I'm writing these notes.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

And so for example, there's the Yosemite Project and other efforts in HL7 and elsewhere to use RDF, which is one of the semantic web standards, as a common form for representing semantics from different sources.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. Anything else? Next slide. We're on J3, hmm, next slide. SDOs will advance and accelerate semantic standards for lab orders, other orders and other learning health system priorities. There's push back on this learning health system. Again, what are the priorities? Orders not being...the orders not being listed as part of the common clinical data set. Specifically ONC should identify cases where more than one vocabulary standard currently addresses a given use case; example of SNOMED and LOINC for orderable lab procedures.

Betsy Humphreys – Deputy Director – National Library of Medicine

So just on that first point about the orders. So, just to be sure I'm following this correctly, they're actually saying that a list of everything that is ordered, has been ordered, should be a common data element?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Umm, I...the way I'm...Betsy, what I think is being said is the aspirational goal or the hoped for outcome is that SDOs would advance and accelerate semantic standards for lab orders and other orders and the comment is that if that's the goal, why are they not listed as part of the common clinical data set.

Betsy Humphreys – Deputy Director – National Library of Medicine

Okay. I'm...of orders, transaction and yes want standards for all of them, but not necessarily that they themselves...anyway, it can be discussed later. I don't...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

You have...you're taking issue with some of the assertions here, is that...

Betsy Humphreys – Deputy Director – National Library of Medicine

...part of the clinical data set. I would have...the results are, the...is actually...procedures that were actually delivered and that obviously the orders...standard format are extremely important to make all this happen. But I don't see it as part of the common clinical data set about the patient.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Got it.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, I would agree with Betsy completely on that and then I would also note that there may be divergent comments on the role of SDOs in specifying standards for orders. And I think there are sort of two different problems that are maybe in conflict that need to be solved simultaneously; one is that many times, for lab orders in particular, the codes that indicate a particular test are too specific for the order. So for example, if you want to order...if you're ordering blood chemistry and you want to order a calcium, there are dozens if not hundreds of different LOINC codes that include different specific properties and methods and so forth, that you don't care about, you just want to order calcium. Whereas at the same time, there aren't, sort of at the other...the flipside is, as is noted in the comments, there are many specific tests where you may want to have the ability to be fully specific. And so...so anyway, I just wanted to point out that's a problematic area.

Betsy Humphreys – Deputy Director – National Library of Medicine

So this would be an area of divergence, I think.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So it...

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

I'm not sure...I'm not su...this is Eric; I'm not sure that's what I heard from Jamie, I don't think that there is disagreement or different perspectives as to the comments, at least I didn't hear them.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah, I mean, my feeling is that you have to be able to order things at different levels of specificity.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Um hmm. And I think that there's actually quite a bit of work that's gone into, I think that ONC has put into sort of identifying how that could happen with eDOS and so forth. And maybe our comments should encourage ONC to talk a bit more about that, that electronic order...laboratory order entry is one area that really needs to be focused on and that there are sort of emerging standards for that and so forth.

M

But the second and...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, I think the potential...the area of potential divergence in the comments is about the role of the SDOs in that. So, is it the role of ONC to specify the standards or should...or how should SDOs be used for that?

Eric Rose, MD, FFAFP – Director of Clinical Terminology – Intelligent Medical Objects

So, this is Eric again; if there's one thing that I would love for our workgroup to be able to speak unanimous voice on it's that ONC can and should, for lack of a better phrase, throw its weight around in the...toward the goal of resolving or smoothing out some of the rough edges that exist in available standards implementation guides and so forth. And prodding, maybe that's too aggressive a word, but working with SDOs so that the SDOs fix that; ONC shouldn't become an SDO, I don't think anybody wants that to happen, but it's in a unique position to get HL7 to fix the problem if there's ambiguous guidance regarding a particular element in a particular message specification, that sort of thing. And that's what I was trying to get across with those two, the second and third comments here, which were from me.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Thanks, Eric, for that clarification. Next slide. Research and clinical trial communities will pilot the use of the common clinical data set as a hoped for outcome. Glad you're on the call, Larry. Research and clinical trials...this comment was, is this actually achievable, is one question from one commenter. And is that the...in terms of a 2015-2017, is that the...is that where we should be putting attention at this point or is...are there other areas such as long-term post-acute care, which is a fast growing place for heal...would that be a place to put attention in that timeframe?

Again, there might be comments listed here that belong in the common clinical data set area. What is the mechanism for extending what we see currently identified as the common data set as new needs arise or as current needs are identified? Will the clinical trial communities be able to pilot this common clinical data set idea? Is research and clinical trial communities assertion here won't be able to use standards that don't include vocabularies that are used to describe research use cases. And again, another MedDRA reference that we've addressed already.

Betsy Humphreys – Deputy Director – National Library of Medicine

So Tricia, just to say that NLM's comments also felt that there were questions about this and we need more specificity, I mean, in terms of pilot for what particular use and we would be able to identify some sort...some kinds of research and trials for which this might be very good, the large simple trials, epidemiology, PCORI type studies; but then other cases where it wouldn't apply. So, it's sort of like this is a very vague statement and in a sense, if we're talking about things that are going to happen relatively soon, we might do better to be a little more specific.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

Right. This might be a good area for what we discussed earlier about trying to analyze the strengths and weaknesses in areas of application for some of these standards. I mean, I think Betsy's absolutely right that there are some studies that would work quite well with some broader, more general coding where say a number of the cancer research studies require some very specialized coding and some additional things such as we flagged the issue of definitions, which for many of those specific things may not be

familiar to all those who need to deal with the coding. We've found that it was really crucial to have text definitions of the meaning of the codes.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, this is Jamie; so I think this is really pointing out maybe a theme of comments, but I would characterize it differently. It is...I would say this is really about the use case scope for the common clinical data set. It really is raising, I think, the question of whether this is intended for research uses of just for clinical care, ambulatory and inpatient care use cases. And so then if it's also intended to be used for research use cases, then a lot of these questions apply, but I would also bring it up to sort of the higher level question of, what are the use cases or what are the uses, sort of functions and purposes, of this clinical data set? Is it for direct care or is it for something else?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

And then a final comment here is, a page reference, to page 80, CDISC is mentioned as an SDO, but the use of terminology by CDISC that is not limited to SNOMED CT, LOINC and RxNorm is not mentioned.

Betsy Humphreys – Deputy Director – National Library of Medicine

I think that relates to Jamie's previous comment.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yup. Thank you. Next slide. SDOs will advance consumer friendly technologies in the 2015-2017 timeframe. I think most of the pushback was on the timing. Fostering the creation of new standards in this area doesn't improve interoperability; consider an alternate wording such as enhance the consumer friendliness of existing standards and terminologies. And suggestion that targeted funding to SDOs and researchers would advance an objective such as this one. And...

Betsy Humphreys – Deputy Director – National Library of Medicine

Well, you know, we had a comment on this as well. Unfortunately many...when you were using terminology which some people consider to be consumer friendly, you may be edging over into a level of generality which is not actually reflective of the specific meaning involved. And we're familiar with at least one or two studies where patients were not thrilled to have "the language dumbed down for them" because they wanted to be able to look up the exact thing.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Uh huh. Yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

No, I mean this, I mean...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

...we're dealing here in the context of a person's clinical record, so the ability to have attributes or other services or connections or whatever so that the patients and their families and so forth can get an explanation that they can understand about what's in the record absolutely. But whether that means we should be transmitting...what do we mean here? Do you see what I mean?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yes, what's the use case for this?

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah and what is actually in the record that gets transmitted? It would seem to me that we may be much better off sticking to the what we hope or what...at least what the clinician or whoever had entered the data believes is the correct thing. Now if they're talking about patient entered data here, it's not clear; that might be a different issue. But, maybe you would, in terms of some of the patient reported outcomes data and so forth; then I hope we would be using standard instruments like PROMIS and these other things that have been developed for that purpose, in which I assume there has been, or in many cases obviously, there would be testing and validation to see whether people understand what they're being asked and can answer it reliably.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Um hmm. Next slide. Should we do...how are we on our time check here?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

A little time left.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. HIT developers and SDOs support human centered design, including abilities to provide information to those with varying levels of health literacy in the individuals primary language is a hoped for outcome. And I think some of the comments from the last bullet probably apply here.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So I wonder if language translation is included in consumer friendly terminologies. So does consumer friendly mean language translation of the terms?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

We can ask the...we can ask that question. We don't have anyone who was on the team on the call today to direct that.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Does tha...just, I guess, sort of combining some of the comments on this page from the previous page and the discussion on the call, maybe language translation is a more achievable form of consumer friendliness in many cases than, as Betsy said, dumbing down the terminology.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay great; next slide. Stakeholders will pilot data formats and vocabulary standards in order to provide feedback to the SDOs for further refinement. Questioning assumptions that SDOs have mechanisms in place to act on feedback and questioning whether implementers will pilot standards for the purpose of providing feedback to further refine them. Identifying a gap in clinical data model or detailed clinical models left out of this statement and comment about CDISC is one major stakeholder currently not using SNOMED CT or LOINC to describe value sets using the NCI thesaurus as a way to build data elements. Is this pointing...are the comments, Jamie, pointing to a gap in this whole idea of transparent feedback or...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

These comments are all over the place, right?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So it seems like a bunch of unrelated comments, honestly.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Maybe speaks to the very general statement.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Again I think that just to kind of to pull it up a little, at least in my way of thinking, this points to the need for more specificity about the intended uses and functions and use cases for the data and interoperability because different things are different.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah, okay. So this point...okay, thank you. Some of the more general statements in the table are problematic. Number 6 is states and other stakeholders to further explore and determine the role that NIEM can serve with regard to supporting healthcare and human services interoperability. And questioning it's like what role would NIEM serve?

Betsy Humphreys – Deputy Director – National Library of Medicine

And that's kind of our view of where are we thinking about this, I mean, what's the...where does anyone think that comes into it?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah, my understanding is that NIEM is used exclusively essentially between federal agencies.

Betsy Humphreys – Deputy Director – National Library of Medicine

And I don't believe the federal agencies are sending health data back and forth with NIEM.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Um hmm.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translational Sciences-Food & Drug Administration

This is Mitra; this actually came from me. We have been a member of ONC for...interoperability modeling and we looked at NIEM and there is not...it was developed for Department of Justice, so it doesn't have data sets or any data...from patient care so we had to develop another model called FIEM. But we looked at NIEM as well; I don't know how to use it for healthcare.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

So it sounds like this may be a common theme...

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Not a lot of support for this bullet item.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

...yeah, questioning whether this belongs in the roadmap.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Yeah. Next slide. SDOs and industry will agree on best practices and provide guidance on unstructured data exchange, for example, for physician notes. The only comment that was linked to this timeframe was that it was urgent and for later timeframes the comments included expanding...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

I would just note for number 7, I would just note that in the recent joint meeting of the Policy and Standards Committees this idea of placing a higher priority on exchanging physician notes, sort of progress notes, nursing notes, surgical notes, etcetera received a lot of support, especially from the clinicians.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. So this is...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

But I'm not sure how number 7 gets us there.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Okay. Concern with the later years is that graphs and charts would be more...are valuable and we need to have a way to exchange those. Next slide. Looking forward the only comment was that innovative technologies will play a role in learning and adaptation. Next slide.

This the summary slide. Next slide. Through coordinated governance, public and private stakeholders will work with SDOs to define a standard approach to federated distribution of centrally maintained code sets. And one comment was, shouldn't we recognize that NLM is already doing this and say that the project should be funded and enhanced. And also, federated data needs to be accessed by multiple interconnected entities such as vocabulary standards, it makes sense to federate that data and ONC should work to refine...to define requirements for federation. Any comment on that?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Well I guess question for Betsy, how is this objective different from VSAC?

Betsy Humphreys – Deputy Director – National Library of Medicine

Well, there are two aspects of this; one is the value sets, which is VSAC and I would say, if you're talking about value sets, then you are talking about what is the certainly objective of VSAC. If you're talking about the terminology standards as a whole, then my view is that we need...I think that there are fairly robust mechanisms for distribution of these now and I think that we actually do have, in some sense, federated distribution of centrally maintained code sets.

So the issue would be, I'm sure that the methods that we have could be enhanced so then the issue would be, well what exactly are we talking about here? I don't think it would make sense to build a wholly new process at this point, or approach. There may very well be specific places where what's being done now doesn't seem to be as useful or usable or easy or meeting all the needs of all the players, in which case maybe we need to beef up what we're already doing. I mean, we and others are already doing.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Um hmm.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

NCI has had a strong interest in federated approaches to distribution.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yup.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

I think that...

Betsy Humphreys – Deputy Director – National Library of Medicine

Yes.

Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute

...we would favor seeing sort of work on, but it's a long term prospect, even where there are standards like CTS-2 that were adopted in certain ways, it's still a long way from having a framework that we can say will work for everyone across the range of standards that need to be supported.

Betsy Humphreys – Deputy Director – National Library of Medicine

And of course we have important distribution efforts for certain communities going out through the CDC as well.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay, we only have a couple more minutes left on this call and do we need time for public comments?

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Thank you, Jamie.

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

We do. Jamie, maybe we could go to public comment and then come back and talk about next steps and wrap up?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay.

Public Comment

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

Okay. Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

So while we wait for public comment, Jamie I know at the start of the call you had asked for us to look into scheduling another call, so, we'll work on that.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Okay.

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

And we'll also remind the group if they haven't submitted comments that we'll welcome then so we can discuss them on the next call. And I think today we identified some divergent opinion items that we'll probably want to prioritize for the next call. Any other next steps from your perspective?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

No, I think that was good. I'm pleased with the comments that came in. I want to thank everyone for participating.

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

And it looks like we have no public comment, so, be on the lookout for some additional information regarding a new meeting and again, if you haven't submitted comments, we still welcome them. So, thank you everyone.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

So, Michelle...

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

Um hmm.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

...this is Eric. I had a thought, I don't know how many more meetings we'll have to be able to sort of internally discuss our comments, but I think that it's ultimately Jamie and Rebecca's I guess prerogative to speak on behalf of the workgroup. So, I don't know if you're already planning this Jamie, but I wanted to propose that you and Rebecca exercise that prerogative and submit on behalf of the workgroup whatever comments you feel are appropriate and represents a reasonable consensus and then any individuals who submitted comments that didn't end up getting incorporated into your final comments are free to...would be free to submit those as individuals. And I think that might be one way to just resolve the fact that we're never going to agree on everything.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Yeah. Thank you Eric, I appreciate that and I think we've already identified some areas where there were divergent comments and so we're certainly not going to try to present a workgroup consensus, but we

may just say, this is an area where there were divergent views and then people with those views should perhaps plan to comment separately.

Eric Rose, MD, FAAFP – Director of Clinical Terminology – Intelligent Medical Objects

Okay.

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

Okay. Well thank you everyone and have a wonderful weekend.

Asif A. Syed, MD, MPH – Director, Medical Informatics & Healthcare Strategy – American Medical Association

Thank you, bye, bye.

Patricia Greim, MS, RN-BC – Health Scientist, Standards Division, Office of Science and Technology – Office of the National Coordinator for Health Information Technology

Thank you.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente, Institute for Health Policy

Thanks very much. Bye.

Public Comment Received During the Meeting

1. I don't think that the Workgroups are the right place to determine the prioritization of the common clinical data set elements. HHS needs to facilitate the convening of clinicians to do the work of prioritizing a common clinical data set for semantic interoperability. I would be happy to help put something like that together through my role at the American Academy of Family Physicians