



HIT Standards Committee Semantics Standards Workgroup Final Transcript February 26, 2015

Presentation

Operator

All lines are now bridged.

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

Thank you. Good 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? Betsy Humphreys? Eric Rose?

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

Hello.

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? Margaret Haber?

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

Larry Wright representing Margaret.

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

Hi, Larry. Mitra Rocca? Rosemary Kennedy? Stan Huff? Steve Brown?

Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration

Yup.

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

Hi, Steve. And Todd Cooper?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Good morning.

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

Good morning, Todd. And from ONC 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

Yes, thank you.

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

And Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Yes, hi, here. Thank you.

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

Thank you. Okay, with that we'll get started and turn over to Jamie.

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

Hi, welcome everybody, thank you for joining today. You may recall that in our last meeting we didn't quite complete getting through the slides to...just to review the comments that have been received, to gather additional comments on the call and then we set a pattern of the workgroup to identify particular items in the table we've been asked to review that have either common themes in terms of the comments and the sense of the workgroup versus areas where we have divergent views, in some cases opposing, in some cases orthogonal, just different, potentially divergent views versus common themes.

And so if we can continue that work for today, basically get through the slides and the table section that we've been given, review the comments that have been received and gather additional comments on this call, just to essentially catalog where we have common themes and where we have divergent views. Then, in our next meeting or meetings, we can go through and see what recommendations we wish to make based on the common themes and what we might want to actually say about areas where we have divergent views in the workgroup in the comments.

One other thing I wanted to add to the agenda for today, before we finish is, a consideration of whether we need to schedule additional meetings or not to take a look at the work ahead of us compared to the calendar for the Standards Committee and to consider...I know we have another meeting set up in March, but I wanted to consider whether we might need one or more additional meetings. So...

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

Jamie, this is Michelle, we already kind of have tried to plan the meetings accordingly for what the work that we know is coming.

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

So there are two meetings in March. You're not expected to report out until April 22...

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 you have two meetings in April as well.

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

So you have 4 meetings that...

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

Okay, so maybe it's not as bad as I thought, but let's touch base on that before we wrap up and then also because I have another commitment, I would like to end this call about 5 minutes before the scheduled time for the end. And, because I think Becky's not here today, so I wanted to state that. And let me check with the workgroup members, is that agenda okay for today?

M

Sounds good to me.

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

All right.

M

Yes.

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

Okay. So in that case, then hearing no objections, why don't we go through...I see the slide presentation has just been posted and Tricia, do you want to sort of take the helm to walk us through that?

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

I will request that we go to slide, let's see, let's try getting to slide 30 and see, I think that's a...if we can maybe get oriented to where we left off. I will say, Jamie, that the approach I experimented with last time was to summarize the comments and this time I have posted the...well, I haven't posted, but thank you Karen...we have displayed the raw comments. I thought we had a little more time on this call for the remaining slides and that that might be a contribution.

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

Um hmm.

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

Here we have the J4; we actually went through this one. Next slide. I think we were to J5; next slide. I don't know that we really had a full discussion of this point, Jamie; this may be a good point to reconvene on. This was the item where the health IT developers role is called out as health IT developers will provide accurate translation and the adapter services where needed in order to support priority use cases, and that is learning health system use cases. And there's a prioritized list of those use cases in Appendix H.

So here are the comments that came in. Is this a good point to...is this where you remember us...

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

Yeah.

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

...coming back to?

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

Yes, this looks right to me.

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. And again, the first comment is what does translation and adapter refer to? And that seems to be a common theme, that there's some confusion. Are the translators of clinical data and messages? And then a comment about the use cases in the priority list and whether it is really comprehensive; so...and a comment about the prioritization of that use case list. That, Michelle, there is a workgroup who has that as a task, is that correct, that prioritization?

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

Yes, on the policy side, the Advanced Health Models and Meaningful Use Workgroup is working on a process first for identi...for prioritizing use cases and then we'll then work on prioritizing use cases.

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

Okay, thanks. Thanks for that clarification. So...

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

So...

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

...no, go ahead. Go ahead.

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

No, I just...was just going to summarize it because one common theme we had is that the goal is this is written as a goal rather than an action for ONC...

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

Um hmm.

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

...and we acknowledge that, so...

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

Right.

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

...and again, the common theme is what is really meant in the roadmap by translation and adapter services.

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

So I think there are two things here; one is translation and adapter services, because...and defining those terms. Certainly it could mean language translation, it could mean a data model to data model translation and so it's not clear what the intent is. So...and adapter services, I think similarly, we need to understand what's really meant by the terms here. So I think that seems to be common theme of the comments.

Now something that we've discussed on our previous calls that I don't see in the written comments but I'd like to add, because we have discussed it and here it mentions the priority use cases for the learning health system and the priority interoperability use cases is, we have previously commented that there's a need for an open, transparent and balanced process for setting the priorities that needs to be open for stakeholder participation by all relative stakeholders. In other words, we don't want the priorities to be handed down in a black...from a black box, but rather that there needs to be balanced representation of stakeholder interest and an open, transparent process for setting the priorities.

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's...that is one reason, Jamie, why I asked Michelle to comment on what the plan is currently because those workgroup meetings are, of course, open and there are opportunities for comment. And I just wanted this...the workgroup members on this workgroup to know that that is where that discussion is happening. Does that satisfy your concern or is that...

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

I'm sorry, can you say that again, I didn't understand really.

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

Okay, sorry. Michelle, do you want to take that question or am I putting you on the spot? There is...

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

Wait, this is...from NCI and I think I understood the question and the gap between it and the answer, which is that it wouldn't just be the ONC process for coming up with priorities but a need for putting these things out for community evaluation and feedback much more broadly before we settled on...

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

Well actually no, that's not the comment. So that's the problem is that the priorities are first set by ONC rather than set by an open, transparent process. So instead...so the idea that we've talked about before is that instead of ONC setting priorities and then saying, here are the priorities, what do you think? Instead of that, that there should be an open, transparent, multi-stakeholder process to actually say what the priorities should be and certainly ONC should participate in that, but not to actually just hand down the priorities and say what they are.

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

Okay, with that, I may not have been clear.

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

Yeah.

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

What's that?

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

I would agree with that.

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

And who's speaking, I'm sorry, Todd or...

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

Larry Wright from NCI.

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

Hi, Larry. Okay, okay. So the fact, I just want to get this clear gentleman, your point is that the fact that there is an Appendix H with a list of priorities to begin with is the concern, not that...because I was addressing...in my response I was addressing that there is an open process for evaluating that list and prioritizing that list that's been identified, a workgroup on the policy side identified. But the concern am I hearing correctly that it's the concern that there is a beginning list that's being...like framing the conversation, is that the concern?

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

Well, it's...I think that there isn't an open, transparent process for setting the initial priorities. It doesn't appear to be that way.

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

So Jamie, I'm sorry, this is Michelle. Can you just clarify because we've posted it for public comment and we're also working with our federal partners to help prioritize...?

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

I understand...

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

...so I guess I don't understand what...

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

So what I'm saying is that there...yeah. So I guess what I'm saying is there isn't an open, multi-stakeholder process for gathering the priorities, right; that there is this list of priorities that was set through a non-transparent process.

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

This is Eric and I'm not...I'm going to remain agnostic on sort of how directive ONC should be or so forth, but one thing, Jamie, that might be worth including in comments on it is that ONC had at its disposal the Health IT Policy Committee, which is exactly that multi-stakeholder group that is supposed to be...I think this is exactly the sort of thing they're supposed to be doing, setting national priorities for health IT from a policy perspective, right? We're doing it from a technical standards perspective; that is to say the HITSP. So maybe if there's a comment there maybe it should be that the Health IT Policy Committee should take this up and consider additions to and removals from and maintenance over time of that list.

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

Yeah. You know, I think we've spent enough time on this; I don't want to spend the whole call going in to this one thing. I think that my concern's been registered, so...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

I did have another comment on this slide though before we go on.

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

Yeah, please.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So it's one thing, I agree with the lack of clarity around the definition of translation and adapter, what's intended. I actually focused on the word accurate. What exactly do you mean by that? Does that mean you have normative mappings, you know, translations? Does accurate also apply to adapter? And...or so it is it normative mappings or is it bidirectional so it's like 1:1, are you going...I just don't understand what the nature of that is? So once you understand what translation and adapter is, then go on to accurate and understand does it apply to both and what exactly is the intent of that.

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 it looks like we can take an action item to seek clarity on that.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Okay, the coffee is kicking in, I'm feeling good.

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

This is Larry from NCI, I'd extend that a major concern from NCI's perspective has been that almost all translation involves significant information loss.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, yeah.

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

And so, I don't think we can get fully accurate translation, we need to look at what kinds of loss are we going to suffer from different translations and where is it valuable or not and where can we protect against that loss.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

And by normative, maybe repeatability also and so like consistency; so, yeah, loss, consistency and repeatability; is it standardized? Is it bidirectional? I just...just all of that...is it at the abstract level and then the adapter is some of the formalism or, so yeah, that's all bundled into please, the need for clarification.

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

Okay, thank you very much. And so this is Jamie, I do have one additional, I would say sort of different concern on this slide I wanted to mention and that is that where it says that HIT developers will provide these services, I think that again, back to the...sort of the process questions, I think that the determination of what services are needed and when they're needed also needs to take into account the cost and resource burden and timing issues for the development, testing, deployment and operational burden of putting these services into place.

So it's great to have an ideal list of priorities, so let's say that that's all set through an open, transparent process and that's all wonderful. But then you still need to also look at the cost and resource burden, not only for the developers, but for the implementers.

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'm capturing that even if we have consensus that that's...about the services that are needed and the priorities, there is this missing piece about cost and resource burden. Did I get you?

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

Yup. That's my concern, 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. Are we ready to go to the next slide?

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

I think we beat this one to death.

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. This is the timeline where the...yeah, the input that's requested is, how do we distribute these goals along a timeline?

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

So, I want to make a comment on the...I guess on the NLM comment, where stakeholder input is requested. It looks like Clem to me, but, all the different diagnostic study reports, I just want to note that the...where we have local, regional and national health information exchange capabilities in place, using all of the accepted, recognized, adopted or regulated standards, that is still frequently insufficient to meet the needs of clinicians for information for decision making for continuity of care.

And so the...so what happens is that we have a continuing proliferation of new HL7 Version 2 interfaces being built over and above everything that's related to Meaningful Use and certification standards. And the most frequent reason for that is precisely this, it's because they don't have, whether it's the kind of time series or image data, EKGs, radiology reports, all kinds of other studies that currently are missing from that set of standards. So, I think this gets back to again the setting of priorities, sort of what's ideal for a...from perhaps an academic research perspective might be different from primary care clinician's perspective.

Betsy Humphreys – Deputy Director – National Library of Medicine

This is Betsy Humphreys, I'm sorry I'm late, but I want you to know 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

Welcome, Betsy.

Betsy Humphreys – Deputy Director – National Library of Medicine

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

And this version actually captures the NLM contribution.

Betsy Humphreys – Deputy Director – National Library of Medicine

Yes, I see that on the slide, 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

You're welcome. Thank you.

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

Which...hi, Betsy, I was just supporting that and I said, that sounds like Clem's comment.

Betsy Humphreys – Deputy Director – National Library of Medicine

...too; and saying it very well, too.

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

Are we complete with this concept and ready to advance?

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

There is another thing I wanted to mention in terms of...

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

...expanding interoperable health IT and users in the 2018-2020 timeframe. I think that the document overall should recognize explicitly the fact that every time a new additional standard or capability is introduced, it is strictly additive, it rarely, if ever, in fact I've never seen a case where the previous standard or health IT capability is deprecated or removed from the environment by introducing a new one.

In other words, just for example, let's say that FHIR APIs with standardized data models and value sets and everything is working perfectly, that's really great, that's introduced. It's rolled out completely in this timeframe, that does not in any way actually reduce or remove existing Consolidated CDA based exchange, existing Version 2 exchange, NCPDP or X12 or any of the other sorts of information exchange that we have going on in the environment; so it's strictly additive.

And so expanding, again, needs to take into account the cost and resource burden of...on both developers, but also implementers and operators, particularly maintenance operations, because there's a big opportunity cost. If you're spending your resources on the next better new standard, it means that you're not applying that same resource somewhere else.

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

So we want to make sure we call out the cost of backward compatibility or the...

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

No, I wouldn't...it's just a layering on additional new standards. It's the layering...

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

The layering, the cost of layering additional standards, got it.

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

...additional new standards, right. Exactly.

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. Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So are you saying that there needs to be some consideration for transition strategies?

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

I think that's another different issue.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

So transition is wonderful; I've never seen anything actually removed.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

That's exactly what I hear, more and more.

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

Yeah, transition would be great, but the difference between theory and practice, right, according to Yogi Berra.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

You know, in theory they're the same, in practice they're different.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Is that contemplated anywhere in here, in this roadmap?

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

I haven't seen it either.

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

Is what contem...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Is the whole idea...the fact that if you're moving forward to interoperable solutions that there's a transition in which you anticipate leaving...reducing that pile to one that is functionally equivalent, but it meets the interoperability objectives that we're...as opposed to just becoming more and more and more that you're having to maintain while you're adding. My question is, is that addressed anywhere in the roadmap? I don't remember seeing that as a topic addressed.

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

I can't...this is Tricia; I can't answer that without rereading the document about where else it might be.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Okay.

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

Yeah, by my reading, Todd, no it's not addressed.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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 does not constrain...I mean, we aren't...we can still make that...we can still call out that concern and that comment related to semantic interoperability. So, our goal is to also identify where gaps are, so that's it in that gap arena.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah. It's operational reality.

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

Yeah, I mean, just to tell a little story. I know of a, not mine, so I won't name it, but a very major and well respected health system in this country that is still using ICD-8 internally.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

Well great. Okay, next slide. So this is the SDOs will maintain and improve existing standards based on implementation feedback. This is the overall summary slide; next slide. And this is where we take the item and see the comments that came in for it. Again, there are comments about how it's expressed, some in agreement and some calling out that it is an aspirational goal rather than a critical action for ONC.

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

Umm, yeah. So this is Jamie; I support this completely; I think this is good. I think that one possible alternative way of looking at this is to say that SDOs should have processes to maintain and improve existing standards and...you know, based on implementation feedback rather than just that they will do it. But, this is addressed in, for example, ISO 9000 series standards and it would be possible for ONC to recommend some parameters for how to do this and to identify if not standard processes, best practices.

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

Jamie, this is Eric Rose and as someone who depends on the SDOs getting things right, so to speak, I...my perspective is that I really think ONC can and should take more of a leadership and influencer role here. I mean, the problem is that even SDOs that have really good governance practices, both in transparent, inclusive, like HL7 can create standards that are problematic and...like the ELR implementation guide is required in MU2 and has a lot of ambiguities and things that just don't make sense when you look at the fine details.

And so...but would you be comfortable with something that would...that indicates that ONC needs to play an activist role for guiding SDOs to get the standards right, basically. I mean, maybe put more diplomatically, but the problem is none of this stuff will work with...or a lot of the stuff won't work with the way, the standard operating procedure for SDOs today.

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

Yeah, that's why I mentioned the ISO 9000 series standards to ensure the quality of the standards or that there could be some neutral way like that to guide the improvement of quality in the standards themselves.

Betsy Humphreys – Deputy Director – National Library of Medicine

This is Betsy Humphreys, just to comment that in whatever is said about this, there has to be some recognition of the distinction between a terminology standard that has to be more continually updated and cannot really go through the same commenting and balloting process as other types of standards and remain current and useful.

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

So yeah, this is Jamie; Betsy, of course I agree with your comment completely. At the same time I would note that the proposal here is just to improve existing standards based on implementation feedback and I think that that's exactly, in fact, what the terminology standards organizations do, I think, right?

Betsy Humphreys – Deputy Director – National Library of Medicine

Yeah. As I say, I only bring it up because every once in a while you end up with, and I have had to adjust some documents coming out of the federal government, OMB in the past, where they apply a single method in instruction or guidance or whatever and it just doesn't fit the terminology maintenance model. But, I agree that certainly something can be said about this that would be valuable in both cases, that's all.

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

Right. Anything else on this slide?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So I guess...this is Todd; All I can say is I would agree with the perspective that I'm not sure what this means in terms of beyond the obvious in what SDOs do as part of their process; whether this means that the ONC or someone should take a more proactive stance to ensure that their implementation feedback is acquired as more of a result of a process that's ongoing and intentionally put or given back to the SDOs as opposed to just following the SDO process. So I don't know if this is intended to just point out the obvious of what these SDOs do, or if there's something more to this to ensure that this actually does happen. And I think that was stated earlier that way.

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

Would it...is it overreaching to make recommendations that SDOs develop a way to measure effectiveness of the standard and publish or is that really over-prescriptive? Or even unmeasurable, I don't know.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

I think that there are objective ways to measure the quality of standards according to different parameters.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yes.

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

Again, that's why I mentioned the ISO 9000 series, because that's exactly one thing that can be done through that.

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

Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, so like I said, I think there's just as part of being an ANSI accredited, for example, SDO that handles terminology, there are processes that you have in place that typically include this ISO 9000 kind of improvement, you know, feedback process. My question has to do with this in this roadmap and if there's something that is intended to be more intentional to ensure that there's a feedback process in place specifically for how terminology is being used to support these use cases, yada, yada, yada. So that's the question that I have to this; so is it just pointing out what's kind of already there or is there something more intentional intended?

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

Well, this is...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Jamie, that's what I hear here.

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

Yeah.

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

This is Eric and I'm going to make one last...I'll try not to belabor the point. Let me try one more time to articulate the...I think there are two things being proposed and I guess what I'm suggesting be here is a third. One is just that SDOs kind of do the right thing. The second is that ONC try to make sure SDOs take imp...feedback from implementers into account when they don't do the right thing.

But there's a third thing and I think...that I think needs to happen; I don't think ONC should be passive here, I don't think ONC should wait for implementers to say hey, there's a problem, LOINC just changed the meaning of over 200 codes in its last bi-yearly update, which it did, by the way. And someone at ONC should be looking at the LOINC update and do...and monitoring what's going on and anticipating problems and picking up the phone and calling the folks at Regenstrief and say, or even in preview, before the update is issued and saying, this is going to be a problem, here's why...

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

So...yeah, so...

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

...can you consider fixing it? I think that is why...one of the reasons why we have an ONC at the federal level.

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

So Eric, thank you for your persistence in making your comment because I didn't get it until you explained it the third time.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right, yeah.

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

So, I appreciate that and I think...so I think the comment then is actually an additional proposal, because it's not about SDOs, it's really a comment about ONC; that ONC should evaluate...

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

Right.

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

...standards and have a process for commenting and improving standards through SDOs, but that it's really a role for ONC more than a role for SDOs.

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

Yes, so thanks for your patience.

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 the recommend...the comment, the idea is that ONC should be proactive, should be anticipating...engaged in the SDOs, anticipating and evaluating pending publications and commenting and engaged with the SDOs to ensure...

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

So, yeah, if I can try, Eric, to characterize this and to put it into the same frame as the other comments about the SDOs internal quality processes it would be that ONC should be evaluating the quality of standards and engaged with SDOs to improve the quality of standards. How is that?

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

Bingo. Beautiful.

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

Great. Okay.

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

Great. Okay, thank you for persisting there.

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

All right.

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

While I was busy writing, my computer...okay. I'm complaining. All right, so are we ready to advance then to the next slide?

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

We're ready for slide 36.

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. This is again...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

And I guess the last question, I'm sorry, the slides the same, and tack on to that what is the relationship of that with the Standards Advisory. Just tack it on as a comment. Let's go on.

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

Okay, I just want to be sure I've got this; the Standards Advisory Council, is that what we're...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right.

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

...referencing?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

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, and what is the role and...of, related to this evaluation of quality of the standards? Is that...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right, right. So what we just talked about in the comment...

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

Yes.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

...is there some relationship functionally with what the charter is for that?

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. Okay, appreciate that. And then this slide is actually carrying this out to the full 10 years in increments.

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

Yeah, so I mean it seems to me that all the previous comments would apply here, too because it's the same...sort of the same functional objective, it's just that the timeframe is different, right?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

And so...and I also do appreciate the comment from the NLM because something we didn't really talk about on the previous slide was the frequency of changes to standards and nothing that in many cases it really takes 3 years for end users to implement a new standard. I think the idea of changing things annually could be problematic, especially from a cost and resource perspective, but also just operational reality might not work.

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

Jamie, this is Asif, can I make a comment?

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

Please.

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

Yes, sometimes these kind of implementation things are dictated by entities like CMS, especially in our case, the CPT, so they dictate I'm in the sort of applicability and the dates when those are active or not. So again I mean the content can be or standard can be updated but again, it comes through the bodies which are obviously making those kinds of decisions.

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

Yeah, you're right and I think that...so thank you for that because I think that essentially maintenance to existing standards, such as updating...either its updating a value set or adding new codes, concepts or terms to an existing terminology standard without fundamentally changing it, that is...that's sort of in the category of routine, ongoing maintenance that happens whether it's every month, every quarter or every year; so I think that's normal and expected.

What I'm reading into this though, in terms of maintaining and improving standards is the possibility of sort of wholesale changes. So if you consider the changeover of the payment system from ICD-9 to ICD-10, that's not something that can be changed in an annual standards list.

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

That is correct and again, I mean, those are the things we probably need to be mindful about. 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

So we are all impacted by realities beyond what ONC can control and that can be...yeah, I guess that's all I wanted to...that's what I'm taking from that comment is that.

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

That is correct and so that we should set expectations based on the realities.

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

Ah, okay. Thank you. Thank you. Are we ready for the next slide? I'm wondering if we're at the end here at the next slide; next slide.

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

Well, there are a few more slides.

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

Yes there are.

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

I don't...we may not finish it today, so.

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

I'm a little concerned about our timeline, yeah.

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

So, that's okay, so then we can talk about...why don't we take maybe one, possibly two more slides and then switch to the conversation of whether we need another meeting or not and then we can wrap up.

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. Okay, so we've actually been edging into this conversation about new standards that support new and evolving requirements and priorities. Through coordinated governance, public and private stakeholders will advance items to support the use cases for a learning health system identified in Appendix H, including the development and maintenance of data format standards, vocabulary standards and the implementation guidance necessary to support.

Next slide; that's the overall goal slide and here's the comment. So, I guess the comment...one theme is the details are missing here. You don't want to slow things up. And we want to be aware of cost.

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

Yeah, so I mean, I do see some support in these comments were sort of the common themes that we've talked about before about having a clarity about how to achieve coordinated governance, about having good processes for setting priorities, considering costs and so forth in the cost and resource burdens in setting timelines and expectations. So, I see a lot of support for those themes.

The one thing that I see on here, I'm sorry Stan's not on the call to support his comment about detailed clinical models; I agree that they should be a part of the picture, but I'm going to strongly disagree that they're essential to true interoperability. I don't believe that; I think it's one way to achieve interoperability, but that's going to be an area where we're going to have a diversity or divergent comments because I agree completely it's possible to achieve interoperability through detailed clinical models, but it is absolutely not essential.

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

And I think, Jamie, we...Stan wasn't at our last meeting either and I think at that meeting we also addressed a similar comment that this was an area of divergent views. I think the example I remember was using a SNOMED internal hierarchy, not hierarchy, that's the wrong word, but...

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

Using the SNOMED so that...for example, using the SNOMED concept model...

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

Yeah. Thank you.

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

...as opposed to sort of using SNOMED as a dumb code list in externally developed information models.

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 continue to keep that in the divergent views bucket and hopefully Stan will be available to speak to that at a later date.

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

Yeah, I...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So we didn't...

Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration

This is Steve Brown and I'm...

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

Hi, Steve.

Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration

Hi. So I'd like to be supportive of the...of potentially alternative viewpoints, for instance, of using SNOMED models; I mean, I think if you use detailed clinical models specifically, I would...I think that's all right. I mean there needs to be some level of modeling that could be different approaches. We are looking at relatively small information models delivering SNOMED payload and so, excuse me, and would love to share that work. So I would agree totally that it's...that any specific model is not necessary, but some model is; does that make sense?

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

Yeah, whether it's the concept model of SNOMED itself, whether it's hybrid or a detailed clinical model; what I'm hearing you say, Dr. Brown, is that we probably need to capture this whole idea of modeling or models, that terminology...

Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration

Yeah, I mean, we're talking about the transmission of some complex things and whether you push more of your complexity into an information model or more of your complexity into a terminology model, we're...John will attest, looking at using the terminology models because we believe there are tools to help scale that.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So I think...I would tend to look at this and see basically...we're doing that. You first work through the semantic concepts for the terminology; you have formats to support the bindings and exchanges that you're trying...the exchanges that you're trying to leverage. But that to be able to get to a fairly high level of semantic interoperability; you do need to address this modeling part. So, I think Jamie, with that and then you don't want to open the pre-post coordination can of worms, but this is probably a subject of a call that would...

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

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

...take an entire call.

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

Yeah, I think...right, that's probably true. It may be worthwhile to note that we might want to discuss that on a future call, but I'm looking at the clock and I hate to do this, but I would like to just call for maybe one last comment and then see if there are any public comments and then close this call. Sorry.

Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration

This is Steve, quickly I would say, I do want to open the pre and post-coordination can of worms and would happily attend another call to do that.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, yeah, I think so.

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

Yes.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Just dedicate a call to the modeling, pre-post and have a...at least try to get to some sort of perspective...consensus perspective if possible.

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

Good. Okay, excellent.

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

At least it would be acknowledging the elephant in the room. Okay, thank you. Yes.

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

This is Jamie, let me just say, I think that's a very important conversation for this workgroup to have and not relate specifically to comments on this ONC document.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So I...okay, I think Stan's point about mentioning at least the model in this list is a valid one, whether you call it DCM...

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

Yeah. Well, I mean, but it...so yeah, so we're going to disagree on DCMs, I think we need to include some understanding that models of some sort are going to be essential.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

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

Great, okay. I think we're ready to go to public comment?

Public Comment

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

Yeah, let's open up for public comment and then we'll come back and do a quick wrap-up. Lonnie, can you open the lines?

Caitlin Chastain – Junior Project Manager – Altarum Institute

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

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

Okay, so while we wait for a public comment, sorry Lonnie, if you could go back. Just quickly, I know Jamie wanted to look at the work plan. So, we have a meeting on March 9 to talk about the roadmap and then a meeting on March 23, where we can hopefully finalize comments and then transition to hopefully the Certification Rule, depending upon when that comes out. So I know Jamie that you are available next week, so I think March 9 would probably be the first time we'd be able to meet.

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

Correct.

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

So I think the question would be if you need a meeting between March 9 and March 23?

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

Yeah, I would like to suggest, I think we've had a rich conversation and particularly if we're going to talk about pre and post-coordination before submitting comments on this; I think it will be essential for us to have an additional meeting. I would suggest it might be useful for us to try to do that the week of March 9, because I think we're anticipating that other things may be coming our way as well and so, if we can find...I don't know if Michelle and Tricia if you can identify a few times that might be potentially available that week, I would like to try to schedule an additional 90 minute call that week.

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

Jamie, I'll adjust my schedule to whatever Michelle...what works for Michelle.

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

All right, we'll work with Becky and Jamie offline and try to schedule another call that week.

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

Is that acceptable to everybody?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, absolutely.

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

That's fine.

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

All right. Okay.

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

And there no public comments, just so everyone knows.

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

Great. Well then, we're adjourned for today. Thank you very much; I really appreciate the discussion today. Thank you Eric for your persistence in making your point so until I...sometimes you've got to beat me over the head with a 2 x 4.

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

My pleasure, thanks for hearing me out.

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

Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Is that an invitation?

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

No. Okay, thanks everybody. Bye.

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

Thank you.