



**HIT Standards Committee
Semantics Standards Workgroup
Final Transcript
March 9, 2015**

Presentation

Operator

All lines are bridged with the public.

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

Present.

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

Hi, Jamie. Becky Kush?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I'm here.

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

Hi, Becky. Andy Wiesenthal? Asif Syed?

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

Present.

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

Good morning. Betsy Humphreys?

Betsy Humphreys – Deputy Director – National Library of Medicine

Present.

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

Hi, Betsy. Eric Rose? Harry Rhodes? John Carter?

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

I'm 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

Mitra Rocca? Rosemary Kennedy? Stan Huff?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Here.

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

Hi, Stan. Steve Brown?

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

Here.

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

Good morning.

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

Good morning.

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

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

Hi, 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

Here.

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

Hi, Tricia. And Mazen Yacoub? I believe Mazen is on.

Mazen Yacoub, MBA – Healthcare Management Consultant

Here. Yeah, sorry, I was on mute.

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

That's okay. I'll now turn it back to Jamie and Becky.

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

Hi, so good morning everybody, an early morning here on the West Coast, or I guess everywhere with the time change. Thank you for joining today. So I think our...I'll say just a word and then turn it over to Becky. I think our main goal for today is to review the summary of comments that was assembled by Tricia and Tricia, thank you very much for that, appreciate it. I hope you can also talk us through the work plan...

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

Happy to talk us through the slides and I'm sure Michelle will be glad to talk us through the work plan.

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

Ah, okay. All right, great. Excellent and so I mean I think this is very much a work in progress and look forward to continuing the discussion, I'm sure that we'll have other things to talk about as well. Becky, introductory comments?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well first off, just to apologize for missing the last couple of calls and I think you all have done some great work. Hopefully what I was doing in February wasn't all for naught because I actually had a week where I visited the European Medicines Agency and the other week I was in Japan talking with them about the learning health system. So I've got a little global perspective out of that and I came back and I did review some of the comments and gave Tricia some input over last week. So, hopefully I'll be up to speed and I appreciate that Tricia has done all this work and Michelle and that you will help us walk through the slides.

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

Great. So this...

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

Want me to walk through the work plan, Jamie or...sorry.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, that would be good.

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

Yeah, just to quickly just make sure we review the agenda. So for today we want to walk through the work plan. We want to walk through the comments that have been received to date and then also seek new and additional comments and I think that's plenty of agenda for today. But does anybody want to add or change the agen...add to or change the agenda? Okay, hearing nothing, then I guess Michelle, back to you for the work plan.

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

Okay, thank you. So as you all know, we're working on responding to the interoperability roadmap and at some point, hopefully soon, we'll see some NPRMs released related to MU Stage 3 and the Certification Rule. Once those are released, this group will have some more work to do to respond to the Certification Rule. Can we go to the next slide?

So...this is the old slide, but, so we have today's meeting and then we have one more meeting to hopefully walk through any more comments. We may not need one of these meetings; we'll have to do a check at the end of today's meeting to see where we are, because we could also do a final wrap-up of comments on the March 23 meeting, depending upon, again, when things fall and when things are released. This group will then turn, once we finalize comments on the interoperability roadmap, to commenting on the Certification Rule. Final comments for the interoperability roadmap are due April 22.

If, for example, on March 18 if the rule has not been released, we might talk about possibly sharing a draft version of the comments at that meeting. So we'll just have to wait and see and try and be as nimble as possible. Thank you in advance to the Chairs, hopefully and we'll have to see how things play out, but there may be an opportunity to share some draft recommendations at the March 18 meeting on the interoperability roadmap; final recommendations being due April 22. And then, of course, depending upon when the Certification Rule is due, we are going to be working towards maybe May 20 Standards Committee meeting, sharing comments on those.

So, there's a little bit of flexibility that we need to all have, just until we see when the rules are released. But hopefully all of you understand that and are willing to work with us through that. So, the work plan is very much...please be flexible. Next slide.

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

Okay, so this is where we move into reviewing the comments and discussion that we've held over the last I guess 3 calls of this group. And so Tricia again, thank you very much for pulling this together. I think we can talk through each one of these points on the next couple of slides, just to review what we've heard and then open it up for additional discussion. So as you can see here, and for those of you who have been on the calls, as we discussed the various comments that were received, we had both common themes as well as some divergent views.

And so, we just wanted to capture where we had...I don't want to say consensus, but common themes that emerged in the discussion and we can perhaps expand on these a little bit, explain them a little better. And then in terms of the areas where there were divergent views, there were...I would just say not necessarily opposing, but just multiple views on a number of items that we wanted to say, well you could do "A" or "B" or "A and B," but not...anyway, so whereas in the common themes I think these are areas where we really had agreement on the calls. Tricia, is that a fair characterization?

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. Can you hear me? I hope I'm coming in clearly.

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

We can hear you, Tricia.

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. Yes and Jamie, I think what I would add is the thank you for the expression of appreciation and I stand ready to take all the slings and arrows on the...this just gave me a little insight into data tagging as I was reviewing the transcripts and our notes. I may, and probably have...things in ways that other people wouldn't have or perhaps made some errors possibly and so I stand ready to make any corrections. The tagging is online at this point so, all is well and we can go forward with making changes in consensus here, does that meet with your thoughts?

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

That sounds great. So Becky, are you okay with this?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yes I am I am. So are we basically asking anybody who wants to comment on these common themes now or did you want to present...

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

Yeah, why don't we go through them one by one?

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 one common theme we heard expressed was that the ideal state is that we would avoid mapping altogether in favor of native standards implementation at point of care...point of data capture somehow in those systems that are being used. So that was one theme of ideal state.

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

Rig...

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

Right, because I think on that one we discussed how mapping is always imprecise and it would be better if we could have sort of original data capture in the various terminologies and coding systems.

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

Right; this is Larry Wright. I would like to offer a couple of tweaks on that.

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

Yes.

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

Well I think we...for the downside of mapping “avoid” was something I don’t think any of us thought we could entirely do, so minimize might be a better word.

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

Okay, minimize...

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

Yes, yeah.

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

...is proposed. Yup.

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

And then the other thing was that the relationship between standards and what is implemented at the point of data capture, I think was something that went both ways and so we were looking at how the standards might better reflect what is actually in use in data capture...

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

Right...

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

...move towards standards.

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

Yes, absolutely and so that was, I think part of that was the discussion, for example, about the value sets in quality measures as an example, reflecting data that actually exists in the EMR.

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 I captured...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That to me actually sounds like it might be two different ones because it sounds like those things are being...it could be split out into two bullet points.

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

Yeah, I think that maybe two...maybe that really is two separate comments.

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 if I capture both those comments, shall I move those to the divergent view slide?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

No. Those are common themes.

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

No, those are...

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

...I think...yeah, they're...it's two common themes.

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

Just...those are common themes. Okay, dynamic tension.

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

Unless we have disagreement on it.

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

This is Mitra Rocca from FDA. So actually, in case of FDA, we use MedDRA for adverse event reporting, but the healthcare systems don't even know what MedDRA is, so we always need to map from SNOMED CT or ICD-9 to MedDRA because the safety evaluator at FDA only knows MedDRA. So I don't think we should need to avoid mapping.

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

Right, I think that's exactly Larry's point, so we want to minimize, not avoid, because there are use cases that call for it appropriately. Thank you.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

It seems to me that we're saying we need to minimize mapping in favor of standards implementation and then we need to talk about what Larry was mentioning in terms of the data standards reflecting as closely as possible what's in the EHR system, but can't say that will always happen.

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

Well said.

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 then we need a way to track and measure information availability, some kind of metrics around how well are we doing with this making the right available...the right information available at the right time, where it's needed?

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

I'm sorry, say that again. You're on the second bullet now?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

It looks to me like she's down to the third bullet.

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

Oh, you know, thank you, I skipped the second bullet. Thank you.

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

Ah, okay.

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

Need diagnostic reports for shared patient provider decision making.

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

Right, so this is about essentially prioritizing potentially different data for the commonly ordered clinical studies to be prioritized potentially above some other items in the data set that was suggested in the draft.

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. And then...

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

So EKGs as an example might be a higher priority than smoking status.

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. So, I see it would have been helpful to have these numbered. The third one is, need a way to track and measure information availability. The fourth bullet is, need standards for moving data.

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

Can you say more about that, what...

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

Yeah. Maybe not, because I'm wondering myself right now.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well I think the difference there is between standards for data collection like the content standards and the standards for value sets versus XML standards that take data from one place to another; they move the content. That was how I read it.

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

Yeah, but that's out of our scope isn't it really? 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, that would be transport standards, so I'll strike that.

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

Might have been mentioned, but out of scope.

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

And it seems to me that one of the other areas where, maybe instead of divergent we should say multiple views. But it seems to me that we did certainly have a discussion about models of interoperability where data moves between entities physically and redundantly and needing the...also to recognize that there are models of interoperability where there are shared single sources so you can essentially share a source of truth instead of physically shipping data and that those both can work. But so it seems to me that this standards for moving data is one of those two viable alternatives that we talked about.

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

Okay. Thank you.

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

And I noticed that...so on the divergent you have sort of the shared source model and so maybe instead of divergent, maybe a better descriptor is multiple views, because I think in our discussion we thought that both models could work fine.

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 I will change the title of the next slide and I'll also move...proposal to move...okay. The standards for moving data, am I removing it or moving it to the multiple views?

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

Well, yeah, why don't we just...we'll flag that for discussion when we get to that item on the next page, how about 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, great. Next bullet, need clarity about how to achieve coordinated governance, coordinated governance being one of the recommendations in the roadmap. Need incentives and penalties for ONC recommendations. Need specific vocabulary guidance related to value sets...oh, go ahead.

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

Oh, so...sorry, can we back up a little bit? So clarity about how to achieve coordinated governance, can you say a little more about that one? Because I recall we had a few discussions related to governance and priority setting.

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

Yes, we...perhaps that's another one where we were counseled that it was another working group that was addressing that...the issue of governance and prioritization.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So I guess...this is Todd. I guess the question is, around governance of what? Is this governance of the data itself or is this governance of terminologies and vocabularies?

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.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Because I could see where...

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

I think we actually had conversations about both of those.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

That's exactly it, that's what I remembered. One of them governance in terms of provenance, for example, yeah that somebody else...but in terms of our discussion around governance of terminologies that have been standardized and identified; I would think that's totally within our purview.

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

So clarity about how to achieve coordinated governance of terminologies, listing that...

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

...of semantic standards.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, perfect, that will work.

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

And so that, I'm just recalling sort of that branch of conversation was talking about the multiple or I guess the multiplicity of different authorities and schedules that could be better coordinated. So for example, release dates of terminologies and value sets that are expected to be implemented in the EHR.

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

Okay. So I can further clarify that in the next version. Did we come to consensus about needing an...are we good to continue, then Jamie?

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

Yeah, yeah, sorry. Okay, so incentives and penalties.

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

I don't know that we really said we needed incentives and penalties, I think...

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

...I think we said more like the hoped for outcomes, the intended results...

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

Right, yeah. Yeah, it's like how are you going to get there without this, it was more of a question, I think.

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

Yes, I think so.

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

Umm...so as opposed to a need, it was...needing to understand the mechanisms to achieve...I mean the draft has an awful lot of objectives and goal statements, but don't really say how you're going to get there. And so I think this was more of a question of, with incentives and penalties as some alternatives, but I think it was more of a need to clarify how the objectives are going to be achieved.

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

This is John Carter and that was my...or at least I made several comments that referenced that notion of incentives and penalties and you've said it exactly right; the document is ambitious and I worried in my

comments that without something, it would remain sort of an ambitious but ultimately not implementable kind of a thing.

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

Yeah, so maybe the common theme comment is instead of need incentives and penalties need clear...a plan for achieving the objectives that are laid out.

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

Need a clear plan for achieving objectives laid out in the roadmap. Okay.

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

Yes. Is that okay?

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

Perfect, for me. But I guess, perfect is that I'm capturing this, thank you. Any comments about that? I know in the conversations I've had internally at ONC, the thought is that providing the vision leadership, saying where we wish to be, has value even without mechanisms for implementation. But...yeah. Certainly all those. Very good. So, thank you for the clarity about perhaps adjusting the way these are expressed. There also need specific vocabulary guidance related to value sets and/or information model for common data element.

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

Yeah. I don't remember that discussion so well, so somebody else can say what that one is about.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So I don't know what it's about...this is Stan; but I was going to ask the question, common data elements is capitalized, I didn't know if that meant that it had a special meaning as implied by 111 79 or...

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

Yeah, I think this is the...sort of minimum data set that was laid out.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's not how I would have read it, so...this is a term that's commonly thrown around and I think Stan's right, we need to define what we mean here.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So, I mean, I missed a couple of calls, but I...I mean, one of the things that I thought was missing is an understanding of the importance of information model in getting to real interoperability. And when I say information models, I'm meaning the structure of the data as well as its binding to terminology. So...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Think Stan's right and in this sense, common data elements is the wrong term to use here.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

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. So do we strike this then?

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

So, yeah, so what is the...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

No, I think there's something important in here that we need to pull out of it, is what we're talking about.

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's the way it is expressed that there is...it's pointing to something that we want to call out but there's a better way to express it?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, maybe Stan could try to say it in brief way...he just said it.

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

Understanding of information model structure of data as well as binding to terminology.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Understanding of the importance of information models...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

In creating interoperability.

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

Well, I think that was an area where we had...where we saw that there were multiple ways of achieving interoperability. So I think that, back to what you said earlier, Stan, might be a better expression of this that we need to have a better definition perhaps of information models and binding in order to relate the terminologies to the structures for data exchange, or something more along those lines...more of that level of the structures for data movement as one of the models for interoperability.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, I'd be fine with that, but I...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I think that's one bullet and I think another bullet is that common data elements in and of themselves aren't standards. If they adhere to an ISO 111 79 or some sort of specification, they might be getting there, but...

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

Right, I definitely remember that comment, so that's another one.

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 two bullets; we need a shared definition of information models and binding for interoperability...

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

No, not for interoperability, for data exchange.

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

...for data exchange.

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

Because data exchange is one of the models of interoperability, but not the only one. Right.

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 clinical data elements are not in themselves standards...maybe I'll listen to the transcript here for this one...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I think...

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

Need a definition for that also, like 111 79.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Common data elements can be standards but they're not in and of themselves standards.

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 Becky. Okay. Anything else? Are we ready to move on then to the next bullet?

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

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

Reference to technical architecture is too vague within the document.

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

I think this was on a specific point, wasn't it?

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

Yes, this is Mitra Rocca; this actually is on NIEM, the National Information Exchange Model.

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

Ahh.

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

It's on the bullet from NIEM.

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

Yes, NIEM.

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

Okay. So...and sorry, what does it say about NIEM?

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

It just says that we should leverage NIEM, but they don't like...yeah, actually it doesn't say much about it...

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

Well I think that was something most of us actually disagreed with about the usefulness of NIEM outside the...

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

Yeah and I...yeah, we have actually at ONC have a project called Federal Health Interoperability model and we looked at NIEM and it doesn't have...

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

Yeah. So maybe there again there are a couple of points here is the reference to technical architecture is too vague, that could be valid. But then maybe there's also a common theme of essentially a rejection of the usefulness of NIEM for broader interoperability.

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

Yes, 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

Okay, so strike this in favor of something more specific, rejection of usefulness of NIEM for...

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

No, I mean, I thought...

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

...or maybe it just doesn't belong in the common themes.

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

Well no, I think it sounds like it does, but maybe this one is...this one can stay, but that we would want to add one for...add a common theme that we don't see how NIEM is applicable for an interoperability roadmap for healthcare.

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

Yeah, that's right. Yeah. This is Mitra Rocca...

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

Okay.

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

...from FDA. So my comment was what role NIEM can serve supporting healthcare interoperability. It wasn't clear what role it plays, but it's similar to what Jamie said.

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.

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

You're welcome.

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

So keep this bullet and add the consensus that NIEM's usefulness for interoperability roadmap is...that we reject that usefulness of NIEM for the interoperability roadmap.

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

Thank you. Reference to translator and adaptive...adaptor services is unclear.

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

That was J4-ii.

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

It sounds like, oh, we'll just spread some technology on it and it's like magic, somehow it will work, right?

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

A reference to magic technology, yes, thank you. There was frequent reference to the need for closer coordination between ONC and standards development organizations and then perhaps not as frequently there was request...or the call out for the Global Joint Interoperability Council, I think that's referred to.

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

Yeah, I recall...the way I recall this one is that I think there really was a strong common theme that we thought ONC should be both coordinating with and working through the SDOs more effectively and using the JIC as a coordinating body I think is one way to do that. But there are others on the phone who can probably speak to that better.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I wasn't on the prior calls but I think that's a good comment. This is Becky.

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

So John, Stan, anybody else; what do you guys think?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, I...well, I agree with this comment and I'm also on the S&I Task Force which is talking about, for instance, how the S&I Framework could work more effectively with SDOs and so I agree with this comment, but it's going to be covered also by another task force that...or at least there are going to be some more comments in this area. I don't know if it's solved, but...

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

Um hmm. Is there anything specific to the semantic standards that we wanted to reference because as I recall, there was a thread of discussion that preferred to work with SDOs such as the accredited standards organizations or standards organizations on a global scale for semantic standards as opposed to having government agencies make up standards, frankly? So is there anything in here about that in terms of terminology standards that we want to say?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well, I...yeah, I guess there are multiple things in there. I...we would certainly rather that US standards conform to or supported, whatever the right word is, international standards. I think we're going...it's going to be important, for instance, the US at a minimum to have good ways to communicate with Canada and Mexico and other and theoretically and conceivably with Canada, but it's not only communication, it's just that it's hard enough to do this kind of work that you'd like all of the people that you can to work together to solve the problem...

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

Um hmm.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

...because the commonality of the problem is much greater than the differences that exist between different national implementations.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yup, I agree.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So...sorry, this is Todd. So maybe we have Global JIC, I don't think that's their formal name...maybe substituting, instead of global, international or baking international in here to capture that idea...the fact that a number of these organizations, including SNOMED International, is part of the JIC and thus by calling that out, you can get at that international coordination.

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

That was probably the intention, but I hear a proposal to actually just say international, including international coordination rather than...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yes, I think that would be more...that would be more to the point.

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

...calling out...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

It might be appropriate to recommend the JIC as an avenue because I think there have been redundancies by starting other charter organizations that bring together the standards groups. And now we're trying to bring in new leadership to the Joint Initiatives Council in a way of the IHTSDO and actually move somewhere. And I think it...what's being said is right, if we just try to solve the problem at a national level, we're hurting everybody. So I think that the...just saying, for example working with the Joint Initiatives Council and I think the rest of that name is something like Global Harmonization. So, I think saying working with SDOs on a global level, for example through the JIC, might be a way to say it.

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

So...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

How about working with...between ONC and SDOs, including internationally through the JIC?

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 certainly reword it to that, yes, our common theme.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

And I guess my question is in terms of the authority also is being stood up, whether that has any relevance to this discussion at all?

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

I guess it's a call to transcend parochial thoughts, I don't know, to have the wider view. I don't know. So there's a question as to whether...so it's the Joint Initiative Council here and it's...the question on the table is, do we reword this to the more general, international efforts or do we call out the JIC?

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

Well, let's say including international organizations and...

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

Such as...

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

...and the JIC was an example 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, thank you for that clarity. May we move on then?

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

Yes.

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 also expressed multiple times the need to support semantic web standards.

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

OWL/RDF.

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

Yeah, maybe just say including OWL and RDF, but...

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

Okay, including, uh huh.

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

(Indiscernible)

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

Okay. Are we ready for 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 so.

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're retitling this multiple views?

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

Well yeah, I mean, some...yeah, I that there...I think we did have sort of multiple views and it's...maybe let's just talk through the first one of these. So I think that the first one, it was that...if I can expand on that a little bit, as I recall, I think we had agreement that there's need to recognize that there...recognize equally that there's a model in which you can have shared access to an authoritative source to achieve interoperability as opposed to transactionally shipping data between systems and entities.

So in other words, I don't know that it's...I'm not sure divergent is the right descriptor because as I recall we said...we had agreement that both models work. So...but that...I think maybe what's different is that the sort of the shared access model, for example, accessing using APIs wasn't really perhaps well described 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

So it would be helpful to more clearly say what you just said, recognize there is a shared access model using APIs to an authoritative source as compared to transactional exchange.

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

Yeah, through a shared source and I think the example and certainly what we're seeing is in some cases ACOs or actually groups of hospitals are coming together and actually physically sharing common systems, which is kind of an interesting phenomenon, aside from the fact that you get common semantics. But the driver is actually the maintenance cost of the systems is lower when you have fewer systems.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So Jamie, this is Todd and I agree with your point, I've just kind of lost the thread here. Is this specific to semantic standard question or is this just a viewpoint on other aspects?

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

Well I think that...yeah, for achieving semantic interoperability, I think what we had said was that we wanted the fact that there are multiple models to be recognized.

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

And multiple emerging like business models even.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

By models you don't mean information models, you mean...

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

No, not 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

Yeah.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

(Indiscernible)

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

...multiple technical, architectural and business models.

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

I have the experience of wading in a...of quicksand at the moment. Oh my, well every word is so loaded, right? Oh my.

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

Well I don't know. So what do we want to say here?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well, I think what you've expressed that I agree with is that there's a need to support semantic interoperability by at least two mechanisms; one, data exchange and two, access to data at its source of origin through standard APIs.

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

Yeah. So I don't know...so divergent sounds like we have disagreement within the group. I think we have agreement within the group, but there are multiple models.

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

So then the...perhaps a preferred way to express this is need to support semantic interoperability by at least two mechanisms...

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

Yes.

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.e. data exchange and access to data at point of origin with standard APIs. So would you like me to move that to the common themes?

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

Yeah, maybe that's the way to do it.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

That would make sense to me, yeah.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

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

Yeah, yeah, that makes sense.

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

And we may end up moving all of these once they're better explained.

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, great. Becky, are you good with that?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yup, I'm glad that we worked through it.

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, we're getting clarity, the quicksand is becoming a little less slippery. Okay. Need data aggregation for resolving duplicates, for example, when data is assembled from multiple sources. Maybe that also is out of scope...

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

Yeah, as I recall, Eric might have been the one who had a lot to say about this but that it was...as opposed to data aggregation, I think it was more about the reconciliation and the difficulty of reconciliation...

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

Ah, yes.

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

...to say about that.

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

Yeah, that was certainly the focus was the reconciliation.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Um hmm.

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

And this relates to provenance and other things, too. So I'm not sure what we want to say about this.

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

What I'm hearing possibly is that it was a repeated view, maybe from one or two sources and that the...a better way to express it is that, umm...

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

Well, I mean maybe it's that we need to...that the roadmap should recognize the difficulty of data reconciliation when data is assembled from multiple sources and I don't know...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Without standards...

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

Yeah.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, especially in the absence of a common semantic standard.

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

Yeah.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Right.

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

Well, and even when you have common standards, it's the common application of the standards at the point of origin...so

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Now mine, I got mine. That's all that matters.

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

Yeah.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Okay.

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

All right, so I guess that's another...

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

Rewrite.

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

...theme. Yeah.

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

That's another rewrite, yeah, thank you. All right. And then there need detailed clinical models for semantic interoperability.

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

Yeah, so this was Stan's point and I think we agreed that that was one way of achieving interoperability but that there were other ways that also could work. And so again, I didn't think that it was a disagreement that this is one way that works, but not that it's the only way.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So maybe, could you say more Jamie so I understand what the difference...it's not clear to me the distinction you're making there.

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

Well, I mean, so for example having a library of DCMs that everybody agrees to use is certainly one way to achieve interoperability. But...so it would be having a library of V2 messages that everybody agreed to

use in exactly the same way, right? So, I don't think that we're saying DCMs don't work, but not that they're the only way. So we're not...in other words...

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well, let me say more. When I talk about detailed clinical models probably I'm really talking at a conceptual level that's independent of a technology. So the detailed clinical models could be expressed as OWL and RDF or they could be expressed as FHIR profiles or something else. What I...the real crux of this isn't...I don't want it to be specific to say things that I'm doing in CIMI; it is that you can't get there without having that expressed somehow.

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

Right. Can we...instead of saying...so, because DCMs does have a particular meaning, can we broaden that to information models?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, that would be great.

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

So just...so I think we would have agreement in saying that we need to agree on information models.

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

John Carter here; information models, as we said earlier, that are bound to terminologies.

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

Um hmm.

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

This is Steve Brown. I think one issue that we may...by saying it that way though, we may lose the idea of sort of the smallest necessary information models for maintaining context, right?

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

Uh huh.

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

I mean, we could all of a sudden say, oh, we just need one big information model and that'll solve all our problems.

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

Right. Yeah, yeah, yeah.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, I think you want to keep the idea of detailed in there somehow.

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

And sort of smallest necessary rather than largest possible.

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

Um hmm.

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

All right, I mean, and some idea of parsimony in there.

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

So, I'm just trying to avoid the DCM term because that's a...

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

Right.

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

...that does have a specific meaning. So...but maybe if we just say detailed models.

M

What about detailed clinical information models?

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

Or just...or how about detailed 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

Well, okay. I don't like it, but I...detailed information, because that...

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

Targeted, focused?

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

You know, how about...smallest workable or information models at the smallest workable level, something to that effect?

M

Or granular.

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

Granular, good.

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 unable to make a statement at this point, would someone propose language?

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

Well, let me...just before we do that, let me bring up one other point and it's not that we just need models; we need agreement on the models, right? So you can have a huge library of models and everybody uses different ones and then you don't have interoperability.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Absolutely. Yeah.

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

Right. So I think the point is that we need agreement on, can we say highly granular information models?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Works for me.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, I like 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.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

We're trying, okay? We're trying.

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

Yeah, I appreciate it. I really do. Okay, need agreement on highly granular information models for semantic interoperability. And I think that's...I think that really touches the heart of the whole agreement as well as the...

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

...the smallest necessary for context. Yeah, thank you.

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

All right. Good.

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, transparent data provenance is critical for semantic interoperability.

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

I have to say, I didn't recall any disagreement or divergence on this one.

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 I have it in the wrong spot.

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

But, no, no, no, I mean, because maybe there...maybe I just didn't hear something I didn't want to hear.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

We talked about it, it's in our parking lot, but the transparent part is what I'm not...what I don't remember.

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

Truth in labeling, no, okay, so maybe I added something there, I don't know. And I do remember it on the parking lot, so I...

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

Well I think maybe...I do recall one thing that we started discussion on but it started to go down a rat hole was the question of whether provenance, whether we thought that the needed provenance just pointed back to a point of origin or the original source or whether provenance also meant really understanding the chain of custody?

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 and my recollection was something related to that whole reconciliation of aggregate data is...was where this theme recurred.

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

So it may be tied to a particular, I mean, maybe it belongs in the parking lot. I don't know.

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

Well, maybe we can just get more comments right on the call here; what do folks think about this?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

So this is a little tangential, but maybe it'll get...I mean the thing that...one of the things that I think that's crucial about provenance is that data is tagged with a unique identifier at its source so that you can recognize redundancy if that data then flows to you from different...through different paths or is sent to you multiple times, even from the same source, you can recognize it as the same data. But I don't know if that's any of the part of this that people were getting to or just that you can't trust it if you don't know more about where it came from or...

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

Yeah, thanks Stan, I know my mental picture, when I saw this was like, an immunization registry and just like, oh, I don't know, just as a mom, like yeah, that knowing that the information came from a pub...the place that administered the vaccine or whether it came from my records, it might make a difference.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well, when you use data for clinical research if any of it finds its way into a submission to the FDA, you have to have all of the provenance; it's a regulation.

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

Now when you say provenance, do you mean traceability or chain of custody?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

We call it audit trail...

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

Audit trail, right.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

But it's basically, it's that you can trace it from what was received at the end back to the beginning and if any changes were made, you know who made them and when and why.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, I guess Jamie, I'm still struggling with the transparent data part. I feel like there's...this had the origin of something that's more than just needing chain of custody or audit trails for semantic interoperability.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I think the trac...the transparency is different than the provenance in a way.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

It's...

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

Okay. How would...so, should we strike this or is it just we need a rewrite? Or we know it's in the parking lot, does it belong there?

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

I was talking to the mute button. I think we have strong agreement that data provenance is important, but then we probably have a few different sort of sub-bullets under that and things that relate to it.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Can I...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

And I know the one that when I brought it up...I'm sorry Becky, go ahead.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's okay, go ahead Todd.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

When I brought it up it was just my shock at the statement in I think one of the original early February meetings that it was provenance to the data element level. And, I just wanted to make...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, that's what we've been discussing on the provenance call.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

There's a Provenance Task Force that's addressing this so I'm not sure we have to do a whole lot with it if we just say provenance is important, unless there's a disagreement with what's in the roadmap.

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

So, this might be...maybe simplifying it is the path forward.

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

Take out transparent and just keep data provenance is critical for semantic interoperability.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Transparency brings up a whole lot of other stuff.

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

Yeah.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I mean provenance can be provenance with or without transparency. I...you don't have to share all the data to have provenance, but for transparency you do.

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 strike transparent, keep the rest and where does it belong?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well I'm not sure that provenance is critical for semantic interoperability. It's critical for...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, I'm not sure of that either.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

It's critical for the learning health system or something like that, yeah. So critical at a higher level than the interoperability.

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

Well, so I might disagree with that because I think that we're not going to necessarily if a clinician is looking at data without understanding the source, they may not actually use it and therefore wouldn't have interoperability. So, I think...so I do think that provenance can be critically important for interoperability, in addition to being important for many other reasons.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

And so is that what we want to say, provenance is important for a number of reasons, not only interoperability but...

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

Yeah, that would work for me.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I think it's critical to any means of achieving a learning health system.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Sounds good.

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

So data provenance is critical for...

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

...for interoperability and other purposes...and other reasons.

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. Okay, so that was...through I know just a few slides. It's on a time check, Becky and Jamie we've got 24 minutes left on the scheduled call. I think we probably, even though we've only gone through a few slides, we pretty much covered, at this point now, the summary of the conversations that we've had to date. And then...next slide.

Returning to our organization where we started with the data...the common clinical data set that was proposed in the roadmap. These were the...at the bottom of the slide you see the...what we came up with through our conversations together, what were some of the proposed things about...should adjust or proposals for this, that I was able to capture imperfectly. So it's displayed now for comment and thoughts.

The first one was that diagnostic reports weren't sufficiently, heard that in the common themes, weren't sufficiently prioritized. There is critical need for these human-readable, exchangeable reports...

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

And...if I...so I agree with that one and that's the one that I think Clem has probably mentioned 10 times if he's mentioned it once and I agree with that. But the...I think our discussion of that also questioned the priority of everything in the list, whether it's equal priority. So, in other words, I think smoking status and care team members are those equal priority with medications and allergies? And so I think maybe if we wanted to pursue that, we would have a discussion about sort of sub-dividing the list potentially into things that are really absolutely essential clinically for most purposes, but...or the things that are, perhaps a better way to say it is things that are most frequently requested by clinicians for decision making.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well I agree with prioritizing this and I apologize that I didn't hear the prior discussion but as far as the question goes, in terms of further standardization, it seems like all of this needs further standardization or at least agreement around standards. And then you add on to that that we should prioritize the ones that we standardize first. Silence; did I say something wrong?

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

No.

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

No. Well I think it's a...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I was just looking at the question at the very top, which data elements need to be standardized?

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

...yeah, so which ones need to be further standardized?

Betsy Humphreys – Deputy Director – National Library of Medicine

The way...this is Betsy; the way it's described, you don't know whether it is specified in standards at a useable level...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah.

Betsy Humphreys – Deputy Director – National Library of Medicine

...or whether you mean that everybody should actually adhere to the standards. I guess I would be so bold as to say that we're so close on the medications, I...think that we need to spend a lot more time on specifying the standards in that arena. There may be some others here where I would feel the same way. Of course we all know that not all the data that's being sent around adheres to the standards, even if there are good standards, and...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Exactly; and I think that you're already saying some priorities that we should state in here.

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

I think what I'm hearing is that we can make a real contribution in maybe segmenting this list, prioritizing it related to...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

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

Yeah and we don't want to miss that opportunity.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well it sounds like there's priority in terms of what's really needed and then priority in terms of what's low hanging fruit that's already almost there. But I would say it's not totally done until we get at least all the federal agencies agreeing on these.

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

And the federal agencies are mandated to work within the standards development arena, open consensus process rather than negotiating among themselves. I'm just saying that's how it's intended to work.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

But we're not there yet.

Betsy Humphreys – Deputy Director – National Library of Medicine

Especially with biosimilars.

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

Okay, so what do we want to say?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Well can we just say that we need further standardization on all of them and that we recommend, like what Tricia was saying, that we prioritize these and discuss what the next steps are on them?

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

Yeah. So, one of the things that I recall that was said earlier also was that the prioritization should have more input from clinicians.

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

That was a theme, yes. That was...I don't know if I captured that adequately under the tables where we had the question to respond to, are the right stakeholders associated with critical action?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's a good one.

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

Yeah, let's...next slide. Okay, so this is specifically referencing...the J.1.1 is specifically referencing the standards advisory...this is where the roadmap recommends that ONC publish an annual update of the best available standards; ONC publish the annual advisory. We haven't addressed the annual advisory, but...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Do we have 15 minutes left for the rest of this call?

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

Yeah, that's all we have.

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.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I'm just worried that I see quite a few more slides in the deck.

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

Yeah. Thank you. Now we go to the summary of the comments we got on each of the table elements and then we end with the parking lot with the snowy shot of the parking lot from my building.

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

Ahh, okay. So just in the in...just because of the amount of time that we have left, one thing we could potentially do is not go through the detailed comments on this call, maybe skip to the parking lot of things that we've already identified for this call...I mean, just in order to use our time more effectively on this call and then come back to these, as well as potentially any other comments on the next call. What do you think of that? Because really we've got about 10 minutes left and I'm afraid if we start on this...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

(Indiscernible)

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 have public comment, yes.

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

Yeah, exactly.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That's right.

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

Yeah. And also, I'm not seeing here everything. So for example, even on this first one, J.1.1.1, I think we had some questions that came up in discussion about what's the relationship of this list to regulatory rulemaking. And...which obviously there are a lot of existing rules that dictate certain semantics though. Anyway, so how did that sound though for today if we skip to the parking lot and then take public comment?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

That sounds good.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

I agree.

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

That would be slide 18, I believe.

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

We have the need for data provenance at the data element level, no transparent reference here; comments on other sections of the roadmap after addressing the assigned Table 10. Question that's still pending from page 85 regarding the "health IT developers will provide accurate translation and adaptor services when needed;" we're still seeking clarification from the writers on that. And the parking lot item to discuss transactional model, emerging shared model with the APIs.

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

So I think we did knock off the bottom one and we said that there needed to be recognition of both models. And so I guess...

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

One down.

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

Yeah, one down. I guess the next to bottom one, are we going to hear back what was intended there or are we just going to leave that as a comment that we need to understand what you're talking about.

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

Yeah, I haven't taken all the...adequate steps to get that addressed, so I can redouble efforts there.

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

Okay.

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

It's John Carter. I would say that that is important because although we're asking for clarification, we're specifically doing so because there's some concern.

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

Thanks, John.

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

Can you say a little more about the concern?

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

Well this notion of translation to get thrown into a roadmap document like this could mean so many things and several of the things it might mean; is that the same as the kind of mapping we do? Is that model-to-model translation? What is it? Several of the kind of things that that could mean in the wrong hands are things I might object to that I think would actually hinder semantic interoperability rather than help it.

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

Okay.

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

So I want to make sure that whoever's writing this knows what they're talking about and then did I agree with what they're talking about.

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

Yeah. When I see translation, I automatically think of language translation myself, so, that's potentially a completely different thing.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

And I think my point on this was the word accurate and what exactly was meant by that; I mean, consistent, bidirectional, you know, some clarity on that was requested.

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

Okay. Good.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Okay.

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

And then the top one is one that we have started talking about on this call. Do we need to modify what we said previously in order to address these sets of data element levels?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Becky, so you're active in that working group?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Are you asking about me being in the provenance group?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Correct.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, I've participated in a number of their meetings.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Can you just give a sense of direction on that?

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

I think that they're trying to come down to a list of requirements and then take those requirements to determine if there's a solution that they can recommend. But I think they've...we've...the group started off with a lot of complicated information and the HIT Standards Committee sent them back to simplify it and so they are working on the requirements but basically trying to define what provenance is and all of that. So I don't know if we need to do more than acknowledge its importance and that continued work needs to happen on it.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Well obviously as we're working on, as we said, granular models, does that...and this provenance is focused on the data element level, we need to ensure that there's consistency in how we see these meshing up, what we're advocating...

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

...on the semantic interoperability side and then the governance...you know, the provenance piece is supposed to fit on there that they actually are at the same level.

Rebecca D. Kush, PhD – Founder, Chief Executive Officer, President & Director – Clinical Data Interchange Standards Consortium (CDISC)

Yeah. I think it's pieces of metadata that go with the element. Didn't we already just come up with a way to word that on the prior slide?

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

Yeah, yeah.

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

Maybe we could strike it from this, the top and the bottom one get struck and the middle ones remain at the moment and we get...I promise to return with a response on the question.

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

Okay. And then...so maybe that's it for this call, actually.

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

That's great and I...there is still the...so, regarding the slides that we did not get to on this, Becky and Jamie, I am willing to take email suggestions and input on those.

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

Okay, great.

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

So thank you. I'll hand it back to...

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

So I guess we're ready for public comment.

Public Comment

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

Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes. 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. Thank you.

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

It looks like we have no public comment.

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

Okay. Well then, we get about 5 minutes back.

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

Okay, thank you everyone, we appreciate your contribution.

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

Thanks.

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

Thank you. Bye, bye.

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

Thanks very much.

Betsy Humphreys – Deputy Director – National Library of Medicine

Thank you.

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

Okay, until next time. Thank you.