



HIT Standards Committee Semantic Standards Workgroup Final Transcript June 8, 2015

Presentation

Operator

All lines are now bridged.

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

Thank you. Good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's 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 will now take roll. Becky Kush?

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

Here.

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

Hi, Becky. Jamie Ferguson?

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

Hello.

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

Hi, Jamie. Asif Syed? Betsy Humphreys?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Here.

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

Hi, Betsy. Eric Rose?

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

Here.

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

Hi, Eric. Harry Rhodes? John Carter?

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

Good morning.

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

Good morning.

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

Hi, Larry. Mitra Rocca? Rosemary Kennedy?

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

Present.

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

Hi, Rosemary. Stan Huff? Steve Brown? 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 do we have Trisha Greim?

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

Present.

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

Hi, Trisha. And is Mazen Yacoub on? Okay, with that I'll turn it to you Becky and Jamie.

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

Okay, thank you very much. Becky do you have any opening comments?

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

I just wanted to thank everybody for all the work they've put into the report that was done for the last HIT Standards Committee meeting and I also wanted to mention that I guess the Content Standards Workgroup went first on this exercise so we've shared with you all what they came up with and I hope people got a chance to review it since it was sent out I believe over the weekend for this call. So, anyway thanks for all the hard work and I guess we have quite a bit on our plates to get through today at this meeting. So, I'll turn it over to you Jamie.

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

Great, thank you and I want to echo Becky's comments. I want to particularly recognize of course Trisha but also Eric and Mitra who really carried the load in the Standards Committee meeting and discussion and presentation. So, thank you.

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

Absolutely.

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

Thank you, I am actually here too, this is Mitra, from FDA.

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

Oh, hi.

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

Yes, hi, Jamie, hi Becky.

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

Hello.

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

And this is Trisha, I just want to correct, Becky the slides did not go out until this morning I know your intention was for them to go out sooner, I apologize.

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

Okay, so let's go ahead and review our agenda for this call. I think as probably most of you are already aware we've been asked to rate the maturity and adoptability of the standards sections that were assigned to this workgroup and so really that's our sole agenda item for this call. Any questions about that or anything else that we need on this agenda?

Okay, hearing nothing what I'd like to do in order to get everybody on the same page, oh, all right, sorry, I didn't realize so the calendar is being displayed, so today we're prioritizing recommendations, rating the maturity and adoptability of the standards. On June 24th these will be presented to the Standards Committee. I myself will not be available on the 24th. Becky will you be able to do that presentation?

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

I will be in Japan that day.

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

Ah, and I will be in Italy.

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

I had thought that this was going to happen on the 11th and it got moved.

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

Yeah.

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

So, my calendar is not synching up.

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

Right. Well, so we will have to have a follow-up item then to determine who can present these recommendations since both the Co-Chairs had other plans for that new meeting date. Okay, what I wanted to do at the top of the call was to review the criteria for rating things as low, medium and high.

I think you've all received the citation of the article by Dixie Baker, John Halamka and Jon Perlin I believe that talks about the maturity and adoptability scale of things but I want to make sure that we all have in mind what those criteria are and so an e-mail was sent out just a little while ago that I do want to read through first and this is an excerpt from that article, which is the definition of the attributes of maturity and adoptability so that we're all really talking about the same thing.

And I don't know if it's possible to display that list on the screen or if...did anybody not receive that e-mail in the workgroup?

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

I received it but not time to read it.

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

Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, I got it but didn't read it yet.

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

Okay, so we can...we're going to go through it right now and now, so I'm just going to read through the definition of attributes, but I'm going even preface that by saying that the...so how do you rate one of these things as low, medium or high and I'll just...I'll pick...there are three maturity criteria and three adoptability criteria and then within each of those there are a set of specific attributes.

For each attribute the low, medium and high are defined according to specific metrics, but I'm going to go through it in just a second here, and so the idea is that overall if we look at these criteria and these attributes and consider the bulk of the, I think it's, oh, it looks like 13 or 14 maturity criteria and roughly the same number of adoptability criteria and I think that what we want to get from this call is a sense across those different criteria of whether it would rate as a low, medium or high on the maturity and adoptability scale.

So, what does low, medium and high mean really for each one of these attributes and criteria. So, I'm going to read right now a different section of that article. So, there are three classes of the metric for each one. Emerging, which would correlate to being low maturity for example, emerging means that, now I'm just reading directly, technical standards and implementation specifications still require additional specification and vetting by the standards development community or they have not been broadly tested or they have no or low adoption and have only been implemented with a local or controlled setting. So, that would be...that's called emerging and that would be a low maturity or adoptability.

Kind of the middle scale is called "pilot" so this would correlate to the medium. The article says, technical standards and implementation specifications that have reached a level of specification maturity and adoption by different entities such that some entities are using them to exchange health information either in a test mode or a limited production mode. So, that's medium maturity.

And then high maturity is classified as "national" and the article says, technical standards and implementation specifications have reached a high-level of specification maturity and adoption by different entities. So, high-level of adoption and high-level of maturity would be national or a rating of high.

So, we have to think about...so that's how you figure out what's high, medium or low for each one of these. Everybody with me so far?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yes.

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

Okay, I'm just going to read through the maturity criteria. So, under maturity of specification there are three attributes, breadth of support, stability and adoption of the specification. So, those three attributes comprise the maturity of the specification.

The maturity of the underlying technology components is the maturity of the technologies used in the specification or standard including any nested technologies upon which the primary technologies may depend and the platforms that support these technologies. And so the attributes of the maturity of underlying components is breadth of support, stability, adoption of the technology, platform support and maturity of the technology within its lifecycle.

And then finally, we have market adoption under maturity criteria. This is how widely the specification or standard has been adopted both within and outside healthcare and projections for its future adoption. So, the attributes of market adoption are the installed healthcare user base, the installed user base outside of healthcare, interoperable implementations, future projections and anticipated support, and investment in user training.

Okay, so now moving over to the adoptability criteria, ease of implementation and deployment is how easily the technology specified can be implemented and deployed for use. The attributes of ease of implementation are availability of off-the-shelf infrastructure to support implementation, the standard being used as a success factor, conformance criteria and tests, availability of reference implementations, the quality and clarity of the specifications, the specification modularity, separation of concerns, ease of use of the specification, the degree to which the specification uses familiar terms to describe real world concepts, run time decoupling and appropriate optionality. So, all of those attributes together comprise the ease of implementation and deployment.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, Jamie, can you help me out with the separation of concerns. I get all the other ones that one has me, concerns, separation of concerns.

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

I don't know the background of that one I'm sorry.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah. The other ones are obvious. Okay, that's good. I wasn't just missing it, okay.

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

No and there is...and I'm looking at the article there is nothing else that really explains that attribute so sorry.

Okay, then moving into the ease of operations, this is once the specified technology has been implemented how easy it is to operate and maintain on a day-to-day basis. So, the attributes of ease of operations are comparison of targeted scale of deployment to the actual scale deployed, the number of operational issues identified in deployment, the degree of peer coordination that's needed, operational scalability, i.e., operational impact of adding a signal node and fit-to-purpose. So, those things together comprise the ease of operations and then finally, intellectual property or IP how open and accessible the specification is for implementers, the attributes of IP are openness, affordability, licensing permissiveness, copyright centralization and freedom from patent impediments.

Okay, so, I thought it was important just to literally read through those criteria so that we have those in mind as we go through the following pages. Any other questions or comments on those?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.
I guess the only thing I'd say is there a lot of them.

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

There's a lot of them and actually, no I agree completely, there's a lot of them and taken together it's actually a pretty high bar.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.
It absolutely is, yes.

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

Most certainly, right? So, for something to be designated as a national standard it's a high bar.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.
Yes.

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

Okay.

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

And Jamie it does...this is Trisha, it does appear that there are adoptability attributes within the maturity criteria.

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

Well, yes, so within the maturity there is that one or two, I guess there are two attributes within the maturity criteria that do have to do with the degree to which it has been adopted, right? So, one is adoption of the standard and the other is adoption of the underlying technology. Absolutely, right.

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

This is Larry; I'm also a bit uncertain about the tiering and sort criteria between limited adoption and national adoption. And if we look at full national adoption there are only a very few like ICD-9 CM that would have that level of adoption in the US and then there's a sort of tier of things that are used in many circumstances but not nearly as many as ICD-9 CM.

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

Right.

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

And then there are things that are very limited and more of a sort of prototype than a...

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

Yeah and things that we all plan to use like 10 CM for example.

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

Right.

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

But that really nobody is using in production, right?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, this is Betsy; I'm on the same page with Larry thinking that if we had applied these criteria years ago we wouldn't have selected any standards...

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

Absolutely.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Except maybe ICD-9 CM.

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

Yeah.

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

Yeah. So, let me just read through again the measure of pilot versus national. So, pilot says, technical standards and implementation specifications that have reached a level of specification maturity and adoption by different entities such that some entities are using them to exchange health information either in a test mode or in a limited production mode.

And then national being that the standards and specifications have reached a high-level of maturity and adoption by different entities.

So, you know, I would say for example that SNOMED has reached that national level because, you know, there are many different entities that are using it at a high-level of maturity.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I think that my comment sort of relates to back where we were at the beginning.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And now I think that there are a number on the list who probably qualify, but...

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

Right and then as we go through our slides we'll have to consider whether these vocabularies, whether the classification systems or ontologies have been used in the particular way that's specified in this rule and so I think it's not just about, you know, whether LOINC is being used it's is it being used for the purpose that's in the rule and that's the level of maturity and adoptability that we have to rate on this call.

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

Yeah, because I would appreciate a bit more clarification because looking at what we've seen both in NCI experience dealing with, you know, statewide clinical data and the write ups that we've seen about the use of various standards I don't see any of the standards that are currently in this set of proposals as having been that widely adopted.

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

Well...

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

And I'm not clear sort of what the cutoff is and how to measure it. It just seems like a lot of this is still in, you know, testing phases of various sorts and various situations.

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

Yeah, I think that's a valid observation. So, let's go through and because Eric has some information that he wants to share with us on LOINC and he will have to leave the call in about 20 minutes I believe or maybe in 10 minutes, right?

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

Yeah, in 8 minutes.

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

So, let's start with the slides on LOINC if we can skip ahead to I guess, what is it, slide seven, and let's go through and start to have the conversation on the high, medium or low. Again, so what we're looking for is...and we'll just start with the first one, so the use of LOINC for laboratory order entry and CPOE I guess I'll put out a starting bid, I would say the maturity of it is that it, you know, still requires work by the SDO to be used for this purpose.

So, according to these criteria that would put it at a low maturity and I guess adoptability I'm not sure...I mean, I would say probably there are some pilots that are successful, so perhaps it's a low maturity medium adoptability. How does that sound?

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

Well, this is Eric, I think that sort of...that kind of...that rings true. I think that the key thing is that the SDO in question may not have the resources to create the additional terms and codes that would be needed to support MU 3 starting in early 2017 for this because of the large number of different orders, particularly panel orders, orders that don't just have a single analyte or orders that are reflexive, in other words, where, you know...

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

Sure.

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

What the lab executes is based on the results of one of the tests. There is so much variation from one clinical laboratory to another. So, but I don't want to preach to the choir...

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

And...yes...

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

If that's the consensus.

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

No, and just as a...because we have two pages of LOINC here and just as a reminder the previous comments on LOINC for CPOE orders from this workgroup were essentially critical in three areas, one was the excessive specificity of LOINC for routine lab orders like blood chemistry for example.

Second was its lack of support for panels and profiles or groups of orders.

And the third was the almost total absence in LOINC of point of care testing orders such as bedside testing.

And, so I think, you know, if those things all need to be developed for CPOE it's got to be a low maturity I think.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, the question...

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

This is Betsy, on this panel business just give me a quick reality check, part of the issue, is it not, that what you said that there is great variability? I mean, we may all call it the "x panel" but we don't all mean the same thing by it.

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

Yeah a Chem-7 is not a Chem-7.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Well that makes a national standardization of a Chem-7 panel rather difficult doesn't it?

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

Well, yeah, ultimately what needs to be, this Eric, what I think ultimately should be supported as a workflow where the ordering clinician may be able to use familiar terms and have some way of seeing exactly what it is they're going to get in a panel test or a reflex test that depending on which clinical laboratory, if they had the option of sending the order to multiple clinical laboratories, depending on which lab they send it to, and I think that the electronic directory of services, the eDOS, standard does support that but the question, you know, really is whether LOINC can support, you know, has codes appropriate to represent the full semantics of these orderable laboratory tests today and/or whether they have the resources to be able to support it, you know, in time for MU 3.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Well, I would agree with...my only comment would be that it sounds to me as if the solution to this problem does not singularly lie on additional resources or ability to do something on the LOINC end. It sounds like a bigger issue to me.

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

Well, so that...I think that gets to the underlying technology part of this rating scale and the other more important part of the standards package.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, so I'm not...I just want to make my comment that I feel that I'm along...I'm with the rest of you on the fact that we're not ready here on the panel side, but I feel that just saying that LOINC isn't ready yet will not solve this problem. So, if we want to solve this problem I think it's going to take a bigger effort than that.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Including this directory with everybody registering, updating all their stuff or actual elimination of some of the...that are not helpful.

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

Okay. So, I think on this call, in the interest of time, you know, we have a bunch of these things to rate and we're just looking for the low, medium and high, I don't know, and maybe Trisha or Michelle will help us out here, how much do we want to document the rationale for each of our ratings versus just getting the ratings down on paper?

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

I think that we'll want the rationale for things that are either low or high. Well, I don't know. I guess the things that there isn't universal agreement across the workgroup on we would probably want the rationale kind of.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Jamie, I don't mean to get in the middle of this, I'll just comment that possibly we might, if there are others that seem to me to fall into this same category of the, you know, panel orders and the whatever, to just...just to indicate that in some ways this is more than a standard readiness issue in terms of getting this implemented the way people would like to see it, because I see it as a combination of what would have to be available to people in the EHR and whether we would have the directory and register all the various flavors from the labs and then plus other things that LOINC might have to do as well.

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

Yeah, I agree, you know, and in terms of the maturity criteria I really do think that all is included in the maturity of the underlying technology components which has to do with sort of the breadth of support and the...well, maybe it's more than that...I mean, I think what you're saying is more than that, but...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I'm just saying we can say whatever we want here, but I think that if we want to line up things that what would it take to fix this so that we wouldn't be in the same position three years from now, my view is this is a pretty big issue to fix.

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

Yeah.

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

Are you...this is Trisha, are we saying that there is a business standardization component as well as a vocabulary standardization component?

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

That's one way to describe it I guess, yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

As I said, I think that if you want to apply national standardization to something which is variable by individually labs then you almost have a contradiction in terms.

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

Right that's certainly so but then that may be an indication that it's not a mature area for national standardization as it stands.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

No, I wasn't disagreeing with that.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I agree with that principle.

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

So, I guess actually then perhaps that's also an argument for rating this as low on the adoptability scale even though there are some pilots which are using it in production successfully we think that to scale that would be impossible.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

You know obviously they have a value set of the most frequently ordered tests, so, I mean, people do use it to order tests, but obviously not across the board...

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

Right.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And in the right circumstances.

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

Right. Okay, Trisha are you a scribe and note-taker for this session?

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

Okay, yes.

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

Okay. So, I do think that when we look at some of the criteria in the implementation and deployment or adoptability scale, when we look at, you know, for example, comparison of the targeted or desired scale of deployment to the actual current scale that's deployed I think we have to rate this as a low in adoptability as well as maturity based on this conversation.

Let me just move us onto the next row which is vital signs, LOINC for vital signs, body mass index and growth charts. I'm going to propose there that the maturity is probably high but the adoptability is perhaps, at best, a medium. What do folks think?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I don't know the implementation aspects of it which is your second point.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I believe the coverage of it is fine in the standards.

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

Right, right.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, I'd agree with that. I would agree with that.

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

In terms of the maturity of the standard itself I think that would be a high.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right.

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

But the adoptability, you know, could be problematic for...especially for the currently installed base that doesn't use the standard the way it would have to be implemented for certification.

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

Right, I would agree with that from what we've seen.

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

And so that...so, I think that would make it either a low or perhaps at best a medium for adoptability but I'm not really sure which.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, I mean, I think the issue there is, you know, you're dealing within products and within environments in probably, you know, a one-time mapping activity and of course in some cases this has been done on a grand scale in, you know, clinical data repositories and all these others and of course in other environments it hasn't been done at all.

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

Yeah. Well, what's the sense of the group between a low and a medium of adoptability for vitals?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

I'm looking back at the medium...which is pilot right?

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

Pilot is medium, yeah.

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & Technology – Office of the National Coordinator for Health Information Technology
Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine
I think that it probably is actually used in some environments.

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

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.
Yeah it is.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine
Of course the thing is that if you, as I say, if you go back several years we're right where we were when LOINC became a standard where, yes, this was used pretty heavily in a number of environments and not at all in others and then they adopt them so...

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
So, okay, so based on what I'm hearing I'm going to suggest that a medium, so high maturity, medium adoptability for vitals.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.
That's fine.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
All right, so moving on then to the next item which is social psychological and behavioral data, we had actually in our previous comments we had noted I think some fairly significant problems in terms of the behavioral data in particular. So, I'm going to suggest that both the maturity and adoptability would have to be rated low for this particular area.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine
Are you talking about problems in implementing most of the stuff I believe that's in there on this is based on various types of standardized assessment instruments and patient reported outcomes, questionnaires and so forth?

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
Yeah and so I think that...I don't remember the...I don't have our previous comments in front of me but I know that we had commented fairly extensively about the problems with implementing the behavioral data capture in this way. And, you know, I think that really spoke perhaps more to the adoptability being low rather than the maturity of the standard itself. So, perhaps medium maturity and low adoptability would be appropriate.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine
That might be, they have pretty good coverage in this area, but...

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Then obviously the issue in terms of adoptability here is absolutely what kind of, you know, software capabilities you have to...

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

Right.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Instantiate the particular form or set of questions within the particular EHR that you're using.

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

Yeah. Okay, any objections then to rating the social psychological behavioral data for LOINC as medium maturity and low adoptability?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Agreed.

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

Yeah, I agree too.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yes.

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

Okay. Transitions of care, I don't remember what the specific reference within transitions of care is for LOINC.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I thought this was the C-CDA?

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

Is this for identifying the...is this for the document identifier itself?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, I don't remember what this is either.

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

Okay, it will take a minute to find the rule itself.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Are you still connected?

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

Yeah, I'm just...I'm searching for the particular reference for transitions of care, sorry, it's taking me a minute to find this here.

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

Trisha, are you able to help Jamie?

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

I'm looking and my only recommendation is that maybe we put this in the parking lot and come back to it.

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

Hang on.

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

I can continue to search for it Jamie if you want to...

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

So, I'm looking for the reference to LOINC within this and I see that it's the C-CDA and it includes SNOMED CT.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, if the transitions of care are just that we want the C-CDA to go then I guess we can say, fine, right...

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

Yes.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And move on.

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

Yeah, I just...I'm not seeing, ah, okay...actually so, I guess, the only place I find LOINC within this section was the ability to detect invalid vocabularies and codes not specified in the C-CDA for example using a SNOMED code where a LOINC code is required. So, I don't know, I would guess then if that's the only use of LOINC within transitions of care then that would be a high maturity and high adoptability right?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, if you're just talking about what should go in the C-CDA and that it's in the right spot, right?

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

Yeah, yeah, absolutely, yes.

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

So, that's high/high.

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

That's high/high and now onto incorporate laboratory tests and values/results, well this has to be a high/high I think, right.

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

Yes, high/high, yes.

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

And the same for transmission of laboratory test reports.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, yeah, absolutely.

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

So, those are easy, all right. And now onto slide eight just to finish up LOINC. So data portability, let me try to find what this is referring to specifically within data portability.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I wonder if all of these here are not sort of similar to the one we were just talking about, about transferring data.

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

Yeah.

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

Yes, this is the same, yes, Betsy, data portability says to create a set of export summaries for all patients in EHR technology.

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

Yeah.

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

Formatted...

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

Okay.

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

According to the C-CDA.

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

Okay, so that's high/high.

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

High/high.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And if you look at all the rest of them it's kind of odd actually that we're talking about LOINC around this, but if we are...

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

Yeah, isn't it?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

If we are then I would say it would be high/high across the board wouldn't it?

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

I, well, no, so the first two would be high/high clearly for portability and view, download, transmit. The transmission to public health agencies, you know, I would say a clear majority, possibly all of the public health agencies that we try to make these standardized electronic submissions to, aren't ready to receive them.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, then you need to talk about that they can't receive them but certainly...

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

Right, so that's adoptability, but not...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

It isn't even...

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

It isn't even...you know what I mean it's not adoptability by EHR because aren't we talking about EHR certification criteria here? It's actually...

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

We are.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

It's whether the public health labs can actually receive them, it's got nothing to do with whether the EHRs can send them or whether the...

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

I'm going to disagree with you on that, it has everything to do with...you know, I mean, why would you have a criterion for an EHR to send something that cannot be received? That makes no sense.

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

That's right.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, that seems to me...I agree with you, it's just that you have to phrase this properly because it's kind of not a function of either LOINC or a certified EHR.

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

But, again, if we go back to the adoptability criteria, you know, so I'm...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

No, I'm with you; I'm just saying if it's summarized improperly someone might get the wrong impression that there was a problem...

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

With the content of the standard or there might be a problem...

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

Right, so the...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

With the EHR specifications.

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

Yeah, so I think the content of the standard has got to be high in maturity for transmission to public health agencies, but the adoptability, which includes...so if we look at the attributes of that, the first one is off-the-shelf infrastructure to support implementation. Well the public health agencies don't have it. So, the infrastructure doesn't exist for this.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Well, I just feel that since there are two parts to the transmission you probably...we just probably have to be clear that the one side, yes, there is off-the-shelf capability, the other side there isn't.

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

Right, well, but so, when we talk about, you know, reference implementations and the, what was it here...

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

Well, this is Trisha...

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

Yeah?

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

What I'm hearing Jamie is that by the criteria of the article...

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

Yeah?

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

What you're saying is perhaps defensible but what I'm hearing Betsy say is that...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So...

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

The criteria of the article doesn't take into account the full story.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

No...I agree with Jamie entirely that making this a requirement for people to send things that the people cannot catch on the other end doesn't make a lot of sense, but I think that the issue is that the standard and the EHR side of the house are probably pretty ready to do this.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

On the same...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, we have to make sure that we explain it correctly. I mean, that's...

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

In the meantime...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, why don't we...

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

The transition...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Why don't we give it a medium.

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

...

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

So, I would say that...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

...

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

So, the maturity...okay, let's separate this out, so the maturity I think clearly is high, right?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Correct, yes, agree.

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

But I think that on the adoptability side I think that, again, so now we're looking at whether it's probably medium or low in adoptability and...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I might...

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

I guess medium says that some entities are using the standards...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yes.

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

For exchange in a test or limited production mode, so, that would be a medium.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, I think it's a medium.

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

So...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

I agree with that one.

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

So, high and medium...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

In fact probably we'd find some places where they're doing it in a production mode and it works well, but it's just that it's so uneven.

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

Yeah, but I think we should probably, you know, have an explanatory note that the majority of public health agencies cannot do this. So, I would guess that the transmission to cancer registries is likely to be a similar story where there are a number of very successful pilots but also not widely deployed.

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

That's my impression as well.

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

Right.

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

So, that would be a high and medium with a similar story for the cancer registries. In terms of Consolidated CDA creation performance I don't know honestly. Let me see if I can find this reference and see what it's talking about. Well...

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

...

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

I'm trying to find out what it is about LOINC that, you know, is specifically in here. I mean, this is just LOINC as a part of the CDA so I think that's got to be a high and a high. Any disagreement with that for Consolidated CDA creation performance?

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

No.

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

Okay, now in terms of application access to the common clinical dataset, well this is not something where...this is an area where basically the standards are still under development for using any LOINC and other things in this way as is for example HL7 FHIR API access. Standards are very much influx and with significant development remaining and generally not implemented.

So, I would propose that application access to a common clinical dataset we would rate that as a low and low today. Despite the fact that we expect to have a lot of implementation in the future it's just not there. How do folks feel about that?

**Larry Wright, MA – Program Manager, Enterprise Vocabulary Services (EVS); Biomedical Informatics Specialist – National Cancer Institute
gh Solutions Foundry, Inc.**

It sounds good.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, I agree.

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

I think that, you know, what we're talking about here is LOINC as a part of the FHIR profile specifications and those are largely undeveloped with LOINC or anything else. Okay, so that was, I think is that the end of LOINC? It is. So, we did LOINC first because Eric wanted to have some input on that and he had to leave the call a short while ago. I'm going to suggest let's go back up to page four and sort of start from the top if that's okay.

Okay, the dental terminology, my impression, this is just my impression I've never used or implemented it myself, but my impression is that CDT has a high maturity, that the standard itself is well used, but I would rate it as a medium adoptability because I don't think it's widely implemented on a national scale.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I believe, which may or may not be relevant to this discussion, but if dentists are covered by Meaningful Use standards, are they?

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Then this is widely adopted because...

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

It is.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

All dentists use it. It's like...

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

But it's a question of...so, but is it used for transitions of care I think is the question right now.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

That I would not know but I would imagine that it is among the most coded things that you would see in anyone's record.

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, therefore I would think it would be like you...if you sent a record from spot to spot and you had any dental procedure information in it...

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

Right.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

It would be CDT.

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

Yeah.

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

That's correct, what's the relevance of SNODENT to CDT is it the same thing? It's just...presentation?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

SNODENT is in fact a proper subset of SNOMED now.

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

Oh, okay at like an understanding with...IHTSOD...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yes, yes, the ADA and in fact the...it happens that there is a person affiliated with the ADA who is a head of the dental working group and the IHTSOD now. But, I believe that in the United States CDT is still what is used to describe procedures. So, I would say that's pretty high adoption for that.

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

Okay, so...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah.

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

So, that would be high maturity and I guess high adoptability. Let me just make sure I understand the context of the adoption in this particular case so hang on a second this might just be back to creating a CDA.

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

I believe these are all CDA...

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

Yeah.

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

Criterion.

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

Right, okay, so again, I think, you know, similar to what we did with LOINC then for the CDA components the last one I think is again the FHIR API and not the CDA. And so the...or even application access in...through a CDA.

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

In a CDA even is what I think it is.

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

Yeah, so that's still low. So, I mean, that's not widely implemented to say the least. So, I would suggest then that the first four bullets on this slide we would rate them as high maturity and high adoptability, and the last one we would rate as low maturity and low adoptability because the standards are still being developed and not generally implemented at all.

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

Within the context of Meaningful Use or within the context of the specialties, this standard covers?

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

Well, I would say in terms of the low on the last one, I would say within any context within the application developer context, within the specialty context or within the Meaningful Use context.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, I'd agree 100%.

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

Okay, so that would leave us on this page with everything high except the bottom row would be low/low.

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

Okay, I have that.

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

So, just testing for agreement again on that.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Agreed.

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

Yes, I agree.

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

Okay. Okay, moving onto CPT.

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

Has Asif joined?

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

Yes, I heard him.

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

I'm here.

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

Yes.

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

Great.

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

So, for CPT, again similar to the CDT, so if we can move onto slide five, I think the same pattern has to hold where essentially, you know, using it in the CDA context of creating and sending view, download, transmit of the CDA has got to be a high maturity and high adoptability but the application access component is where the standards and specifications for putting the content together are still under development in HL7 and not adopted.

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

That is correct, we are working with FHIR to a certain extent at this point but again it's like you said, under development.

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

Yeah. Okay. So, high, high, high, high, low, low.

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & 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

Okay. Well, this is going quickly. Now onto 10-PCS, so now this is an interesting...this is where we get back to some of that conversation we had at the very outset of the call.

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

Have we advanced the slides?

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

Not yet. So, this is slide six now. There we go.

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & 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

So, let me seek some comments on how to navigate with this one because obviously 10-PCS and 10-CM are still expected to be implemented and I know there is still some furious lobbying on both sides about that one, but, you know, currently we anticipate implementation but generally, although it has been piloted it's not used anywhere.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yeah, it's not used anywhere, so my own view is that determining maturity has to follow use.

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

Yeah. So, I think, you know, if we look at the stability and breadth of support and adoption the platform support, maturity of it within its lifecycle, I'm just reading off these attributes again from the criteria, the installed user base inside and outside of healthcare, interoperable implementations, investment in user trainer, well, investment user training exists, but I think everything else we'd have to say that this is at low maturity and in terms of the ease of implementation and deployment the availability of off-the-shelf infrastructure, it's use and conformance criteria, availability of reference implementations, it's ease of use, the degree to which it uses familiar terms to describe real world concepts, scale of deployment on all these factors I'm sorry, I think we have to rate it as a low on everything. That's my take, but, you know, it's an interesting conundrum.

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

I don't think there's a choice.

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

Okay, so, you know, this is one where...

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

Shall I put an asterisk and just...or just put low/low on all of them?

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

I would just put low/low.

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & 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

I mean, ONC certainly has within its regulatory authority the ability to adopt as national standards things that do not meet the criteria they just need to explain it. And so, I think the explanation is very simple, refer to HIPAA CMS rule.

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

Thank you, yes that would be...that's clear, thank you.

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

Okay.

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

Next slide?

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

Yeah, let's go on actually so now we can skip to slide nine. And so, actually nine and ten are the different...the PHIN VADS and the OMB standards for race and ethnicity, and, you know, so this is an area where, again, our previous comments noted some problems with implementation, I don't know if there really are so much problems with the maturity of the standard as much as with its implementation and implement ability.

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

Jamie, this is Becky and I know Mitra is on the phone and Larry, my concern is whether these are harmonized across the other federal agencies.

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

In other words is more underlying standards development still needed?

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

Yeah, because I think this goes back to our comment on the core dataset and is there harmonization across some of these core pieces within the United States. I'm not quite sure but my sense is that different agencies don't use the same race codes because I've had a lot of discussion around this. I mean, Mitra if you could speak to this?

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

Yeah, that's right, so, at FDA we use the OMB race and ethnicity code, we don't use CDC's codes.

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

That's the issue right here.

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

Yeah, the CDC was designed to start with the OMB codes and extend them out compatibly, but...

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

Nine hundred codes.

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

Yeah, the use of it is limited I think to certain “ish” areas where that’s important. I’m not sure how much harmonization has gone on in some of these other areas. I know there has been some, but I couldn’t give any good estimate of the degree of it.

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

This maybe where we need the asterisk here. I don’t see how we can...

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

Well, what I’m going to suggest is that we would say potentially that both of these standards, again with the same exception of application access to the common clinical dataset which I think, for the reasons we’ve talked about before, I’ll suggest have to be low for all of these terminologies and coding systems. I’m going to suggest that both of these, race and ethnicity sets, the standard itself is mature and it’s used, but the adoptability suffers from, you know, potentially significant problems and maybe that’s the way to explain this.

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

I think it would have to rank at least a medium because it is certainly adopted in quite a few settings.

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

Yes.

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

And the CDC has done a lot of work to make it easily adopted for those purposes. So, the degree of harmonization with other standards is...

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

Right, I guess that’s the asterisk.

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

Yeah.

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

All right, so what I’m hearing then is high maturity except for application access, which is a low, and medium adoptability except for application access which is a low. And we would want an asterisk on both this page and the following page suggesting that harmonization is needed.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So you'd have the same list rankings on 10 as on 9.

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

Yes.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Okay.

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

We can advance then? Got it. I have the information I need for that one. Next slide.

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

Okay, great. Okay, onto coding of birth sex. Wow.

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

That's another same issue here.

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

Yeah, this is a...let's see, you know, I'd have to say that the...of course the standard itself you'd have to say is stable and mature for those three values, right, except for application access to common clinical dataset where those specifications are still under development. I'm not sure what to say about adoptability in this context.

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

Well, I think there's a point where we move from maturity to senility in some respect. I don't know that those three values would be acceptable in many clinical contexts at this point they certainly wouldn't be for research purposes though.

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

I know that...yeah, many part of California where I am have standardized on actually 14 different gender codes that account for both some transitional states as well as some phenotypic, genotypic situations.

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

This is Rosemary; I'm not on line, so I apologize in advance before asking this, are we talking about gender codes or sex codes, or both?

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

This is birth sex.

Rosemary Kennedy, BSN, MBA, PhD, FAAN – President & Chief Executive Officer – eCare Informatics

Thank you.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

So, I guess the issue here is recording this after which set of tests have been done if its birth.

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

Yeah. So, I'm going to suggest...

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

I would...

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

Sorry, go ahead, was that Todd?

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

No, this is Larry.

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

Oh, Larry.

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

I was just going to suggest that given that we all I think all recognize that these would face serious problems on current use and current systems we might want to make both of them medium which would reflect...

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

Okay.

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

For the maturity that it no longer reflects the best current clinical practice and knowledge and on adoptability that many systems have moved onto more complex representations that this wouldn't encompass.

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

Yeah. So, are you suggesting that we would put medium and maturity, and adoptability?

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

It's my suggestion the case doesn't fit well the way this whole rating system has been set up,

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

Yeah, I think that's fine and I think that your explanation that, you know, this no longer fits current clinical practice is perhaps the right footnote to put on this and then...but again the application access to common clinical dataset would be marked as a low maturity, low adoptability.

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

All MM except for the last one LL.

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

Yeah. Okay. Are we ready to move on?

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

With a footnote and I do have that, I will add that.

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

Okay, great, great. Are we ready to move onto slide 12 then? So, I am going to have refer back to the rule because I don't remember what this one is actually about, sorry to say. Does anybody know or remember this part?

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

We put a placeholder on this one Jamie, because I don't either.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

I know that there has been this issue about the flavor of "null" and that is can it be at least specific enough so you know whether it means we absolutely don't have the information because we never asked versus the person was asked but declined to answer. And, I mean, that is considered to be a significant issue in a variety of context not just this one.

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

Yes and I'm wondering if there is a typo here, to your point, is it really OTH or it UNK? I'm a little confused by this one.

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

Well, that was other I think.

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

It is OTH, this is Mitra, yeah an example of what Betsy said is like sexual orientation and they have other and that is emerging nullFlavor or...

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

Oh, okay.

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

You ask them and they say, ask but unknown and then you have a nullFlavor ask you, which asked unknown.

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

Thank you, so this is still related to...

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

Sexual orientation.

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

Thank you.

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

I mean that was an example.

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

Okay, so with that explanation how do we want to rate this? I don't know how much this is currently used for this purpose. Well, so, I think that the standard itself certainly is implemented, I would say, widely for other purposes, so, you know, that's got to be either a medium or a high in the standards maturity but the adoptability could be more problematic. And I've looked up the table in the NPRM. So, this is in relationship, I think as Mitra said, to questions about both sexual orientation and gender identity where asked but unknown or other. Are there pilots that use this for this purpose? Does anyone know?

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

Asked but unknown...

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

Yeah, well, but for this particular purpose in an EHR based on the fact that no one knows of any what I'm going to suggest is that, again, back to our criteria for this, we would say that the maturity of the standard is high but it's adoptability is low. How does that sound? Is that appropriate for this one?

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

Yes.

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

Okay. Okay in that case...is there any disagreement with that or any agreement or disagreement? This would be a high-level...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Or abstention.

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

Okay. Not allowed Todd you have to be one way or the other.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Oh, is that it? Whether I have a clue or not on the topic?

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

You can't be other or unknown on this.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Can we all be unknown? We don't know enough.

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

Yeah, we don't...I think that's probably the case. But, I have to say that, you know, this is a new area that's not generally captured like this in EHRs, so, I think it is appropriate to rate it as a low for adoptability. Okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

I agree 100%.

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

Okay, so now we're onto slide 13 UCUM. So, again, I'm going to go to the bottom of the page and say that the application access is still under development and not adopted so that one would be a low/low. I have to say that the maturity of the standard is certainly high in my own view...

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Yes, that would make sense.

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

Across the board. It's adoptability I would say is at least a medium across the board. My question is whether it could be a high in terms of adoptability.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, can somebody give me the 30 second update on the status in terms of where it lives and who is curating and...

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

Well isn't...this is published by Regenstrief isn't it?

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Right.

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

So, Regenstrief would be the SDO where it lives and who is curating it.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Okay.

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

You know clearly it has I would say many successful pilots I don't know if UCUM is widely used to the level of truly being a national standard. Betsy what's your sense of that?

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

The way I feel about it is that what would be truly...make no sense to me would be recommending anything else whether...so if you want standardization in this space and want to move it forward then it would seem to me that this is the logical candidate. The issue about whether everybody's ready for it yet is another issue.

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

Okay.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

And of course the thing is the fact that we don't actually have one is also problematic.

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

Yeah.

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

But to offer an NCI perspective, this is Larry...

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

Yeah?

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

We have had real interest in being able to use it, but many of the people who are interested also had serious problems and we've, for our own internal systems, come up with representations that were easier for people to use but that's not adoptability of UCUM as it stands.

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

Right.

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

So, I'd say medium is perhaps a reflection of there are real uses out there but it's hard to use.

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

Okay, so I think then what I'm hearing is that the maturity we would rate as high across the board except for application access, the adoptability we would rate as medium across the board except for application access, which would be low, and we would add the asterisk on this one would be that, you know, we know of examples of implementation difficulty but we also know of successful pilots. How does that sound?

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

Yeah.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Great to me.

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

Agree.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Agreed.

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

Okay, good. Now onto slide 14 I guess. Oh, and now I'm just noticing, so we have only 10 minutes left on this call and we have...

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

Halfway.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Boatload I think is the right word.

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

We have...well, I'm going to say we have about a dozen more slides, but, you know, I do think that we're making good progress on this. I wonder if we could schedule one more call to go through essentially the same kind of process for the remaining slides. I do think one call should do it, because we're...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Agreed, agreed.

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & Technology – Office of the National Coordinator for Health Information Technology
Yes.

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

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine
I agree too.

Mitra Rocca, PhD – Center for Drug Evaluation & Research (CDER), Office of Translation Sciences – Food & Drug Administration
Yeah, I agree too.

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

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & Technology – Office of the National Coordinator for Health Information Technology
Michelle, is there availability for another call to be scheduled?

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
Yes. We'll work with Jamie and Becky to do that.

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

Trisha Greim, MS RN-BC – Health Scientist, Standards Division, Office of Science & Technology – Office of the National Coordinator for Health Information Technology
Okay, thanks.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology
I might suggest for the next call if we could possibly fill it out and then have the group react it might go a little bit faster.

Jamie Ferguson – Vice President, Health Information Technology Strategy & Planning, Fellow, Institute for Health Policy – Kaiser Permanente
Okay, so we can do that. Perhaps we could have an administrative call Becky you and I with the ONC staff in the meantime.

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

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

Yes and we figure out who is going to present at the 24th meeting as well.

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

Good.

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

Yeah, we need to sort that out.

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

Yeah.

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

Yes.

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

Okay. Okay, so having said that and with a little more than five minutes left for this scheduled call I'm going to suggest that we pause here, so we put a placeholder on slide 14 as the next slide that we'll pick up on our next call. Let me ask if there are any public comments and then we can come back perhaps for comments from the workgroup.

Public Comment

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

Lonnie or Caitlin, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

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

So, Jamie, maybe while we wait for public comment we can defer to the workgroup.

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

Yes, so, you know, I feel like I probably contributed myself to getting off to a slow start on this call by going through all the different criteria, but personally I'm glad we did.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Absolutely.

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

And I'm going to suggest that we start with a review of those criteria again on the next call just so that we're grounded in terms of, you know, what we're weighting things on.

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

Yes.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Makes sense.

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

But I felt that once we go going we had a good pace and valuable discussion.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Agreed.

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

So, any other comments for the good of the order?

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

There's no public comment either Jamie.

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

Okay.

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

So, we'll work on scheduling another meeting and get with you for an administrative call before that meeting.

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

Okay, excellent. All right, I think that's it for today then, thank you folks.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Okay, kids.

Betsy L. Humphreys, MLS – Deputy Director – National Library of Medicine

Bye.

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

Thank you everyone.

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

Thank you, bye-bye.

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

Bye.