



HIT Standards Committee Semantic Standards Workgroup Final Transcript June 11, 2015

Presentation

Operator

All lines bridged with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the 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. Jamie Ferguson?

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

Here.

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

Hi, Jamie. Becky Kush? Andy Wiesenthal? Asif Syed? Betsy Humphreys? I know Betsy...I'm sorry, Eric Rose?

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

Hello.

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

Hi, Eric. Harry Rhodes? John Carter? John Speakman? Larry Wright?

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

Hello.

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

Hi, Larry. Mitra Rocca?

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

Here.

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

Hi, Mitra. 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?

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

Here.

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

Hi, Stan.

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

Hi.

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

Steve Brown? 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 Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Yes, here.

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

Hi, Mazen.

Mazen Yacoub, MBA – Healthcare Management Consultant

Hi.

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

And Patricia Greim? Okay, well with that I'll turn it to you Jamie.

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

Oh, thank you very much...

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – 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

Now that I've just come off of mute, sorry about that. So, welcome and thank you everybody for participating today. So, our agenda today is to continue and follow-up and hopefully to finish our rating of the standards that were assigned to this workgroup by ONC against the maturity and adoptability criteria, so continuing our work from the previous call.

Now on the previous call we went through those criteria and the attributes of them in quite a bit of detail and it took a while and so I'm hoping that everybody is kind of retaining those at top of mind and familiarity with those as I'm not sure if we want to go through the same level of detail of review of them. We do have a summary page with some key points that are pointed out from those.

And then we'll kind of pick up where we left off which is I think around page 14 or 15 and hopefully we can get through this today. I did have a call with the ONC personnel where we've put some draft positions into all of the remaining pages so that we can have something to comment upon or perhaps argue about.

So, after page, I think it's after page 14 these should all be considered draft but I think before page 14 these are all the work product from our previous call. Is that clear? Is that agenda okay for today? Is there anything else we need to cover?

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

It's clear.

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

Okay, okay, so in that case let's go ahead and proceed, I think, do we have the updated summary slide? There we go, okay, good. So, these are some of the principles that we talked about based on, you know, the article that was cited with the...and this is the article on maturity and adoptability written by Dixie Baker and John Halamka, and Jon Perlin, and so remember that there are a number of different criteria with underlying attributes for both maturity and adoptability.

And so the first one was we said that standards that are still undergoing development for this particular purpose or by definition anything that's in a draft standard state cannot be high maturity. And so this was a primary rationale, one of the things that we did throughout consistently starting on our last rating call was to say that since the FHIR profiles are still very much under development that...and therefore not successfully piloted that the application access using them has to be rated as a low maturity and low adoptability at this point and so we've done that consistently throughout. But at the same time anyplace where we see large scale successful pilots, again, going back to the criteria from the article we would assign those as an adoptability of mediums where adoptability of high would be reserved for those cases where there truly already is national adoption not necessarily consistently everywhere but that there is widespread adoption.

And then I think the other thing particularly in terms of the adoptability criteria is that there may be cases where there has been some current adoption in pilots but where we see barriers to broader adoption that would cause us to rate the adoption perhaps lower than a medium even if there are some successful pilots if notable barriers have been raised or, you know, the visibility of notable barriers has been raised.

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

So, Jamie...

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

And then...so generally, you know, what the article and the criteria, and those attributes say is that in order to designate something as a national standard it has to really first be a high/high in terms of maturity and adoptability but contrary to that in the second major bullet here we're saying that, while there are some cases where we may want to recommend adoption of something that actually does not meet those criteria for a national standard, ICD-10 being a primary example, which, you know, since it has not been rolled out and used it's a low maturity, low adoptability, but, you know, we would refer to the HIPAA rule for its implementation as the rationale for sort of breaking those criteria and then...but there may be other cases and I think what we talked about was UCUM where if you want to standardize units it's sort of the only game in town, but it's not yet widely adopted.

Then the final point on this slide is, you know, things may look good in isolation or in specific pilots but in combination with other standards may have some significant barriers and so we talked about LOINC, which is of course very widely adopted for lab results and has had successful pilots for orders, but that there have been many parties who have noted significant barriers to adoption to widespread adoption for orders at this time given some of the inherent problems both in terms of what's deemed to be over specificity for routine orders but also I think the problem that panels and profiles or groups of orders as well as bedside or other point of care testing. And those would be reasons to rate it as low adoptability at this point even if the standard itself might be mature.

So, let me pause there and see, you know, if there are any questions, comments, discussion or suggested changes to this page?

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

Hi, Jamie, this is Larry from NCI.

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

Hi.

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

We discussed a little bit but on having a chance to read through the article I realized the definition of these maturity and adoptability categories is a bit different than I had thought of it as we went through the review last time in that one of the three main components of the maturity criteria is market adoption.

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

And so we tended to weigh that more in the adoptability part of the discussion but it seemed like perhaps we should re-examine that and a particular question that came up to me in that regard was for these purposes are we talking about actual market adoption in working EHR systems because...

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

Yeah, so let me...

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

...don't seem to have that sort of market adoption they are often sort of...

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

Translation or exchange layers.

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

Right. So, let me mention two things in response to your comment there, one is, I think on the previous call we did note that adoption is part of the maturity criteria but it's also, of course, adoption is part of the adoptability criteria and I think probably more so on the adoptability side. So, you're right we did not focus on that aspect of the maturity criteria but it is in there.

And then I think in sort of the second part of your point we were actually even I think a little more specific saying that the adoption that counts for these criteria is in the particular context or situation for use and implementation of the standard that's being cited in the proposed rule. So, it's not just that it's in EHR systems but it's actually for this purpose of this context, this specific context rather than just for some other context within EHR systems.

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

But would we be looking for actual integration into the working EHR systems or for things that operate on top of it as some sort of data massaging and exchange format?

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

That's a good question. I don't know, I think we'll have to...let's put a placeholder on that question and come back to that on case by case basis. Is that okay?

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

We could do that, it also sort of reflects back on what we did last time because the studies that I've seen and the experience that we've had at NCI of EHR data, a lot of the things that we're talking about are not natively implemented in large scale EHR systems.

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

Yeah, oh, so are you thinking that some of the things where we talked about for example messaging to cancer registries and we may have rated it as a medium but it really should be a low, is that what...

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

That sort of thing or, I mean...

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

The studies I've seen for instance of which systems actually natively encode in LOINC versus translate to LOINC where possible to exchange data under certain conditions.

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

Well now one thing...

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

The actual adoption seemed to be pretty low.

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

Yeah, so let me sort of disaggregate those two parts. So, I think, you know, one thing that we did have as part of our previous set of recommendations was that use of the standard should include use of a local terminology or coding system that is mapped uniquely, in other words, an interface term or code that is uniquely mapped to the standard as a background task of the system.

So, I think in the case where you're talking about using something that then is mapped to LOINC I think we would say that this is an appropriate...that should count as an appropriate use of LOINC. And, I know Eric you had a lot of thoughts in that area would you agree with that?

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

Yeah, sorry, I had to take myself off mute. Yeah, I think so. The biggest concern is just regarding LOINC for order entry. I think that the other uses cases were much less concerning.

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

Yeah, okay. So, should we go back perhaps...well, here's what I'm going to suggest, let's proceed with our planned agenda for today, so we'll pick up at page 14, we'll go through and review the draft ratings and change those where they need to be changed and then we can go back through and we'll add an agenda item to go back through the whole document and look for consistency. Is that an acceptable way of dealing with this issue?

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

Yes.

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

Okay. Okay, so with that then let's do go back and look at...we'll start picking up at page 14. Oh, sorry, I think it's the next page, I think this was where we ended last time.

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

Jamie, this is Trisha, I just wanted to announce that I've joined the call.

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

Oh, hi, Trisha, hi.

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

Thanks.

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

So, actually I recall we did talk about...I must have had the wrong page in mind, can we go to the next page, page 16 I guess.

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

Yeah, I think 16 is where we left off.

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

We did...

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

So, this is where we left off.

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

Ah, okay, I thought we did 16 too, that was the sexual orientation.

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

Yes, you're right, yes, okay; keep going, next, all right.

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

Seventeen.

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

UCUM, here we go. Is this where we left off then?

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

All right, I guess, I didn't remember correctly. Okay, so for units then the rationale for these ratings is that generally the standard itself is stable and mature, the UCUM standard, it's been adopted in pilots or in isolated settings but is not widely used across the country on a very broad basis and therefore we would put the adoptability at a medium with the exception of the application access where the FHIR profiles using UCUM are still under development and have not been successfully piloted and so when you put the maturity and adoptability with the application access as we have with other items to low. So, does that rationale hold up and how does this look to everybody? Don't everybody talk at once.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Yeah, sorry, Jamie, this is Todd. This reflects the discussion I think it was appropriate.

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

Okay.

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

Yeah, I think this looks good too.

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

Okay, so if there is...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

How are we going...

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

Sorry, go ahead.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

How are we going to...I'm sorry, this is Todd again, how are we going to capture the notes, was it on these slides or in a bulleted...

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

Yeah, we did want to capture...

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

Summary of comments.

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

Some notes I think on the slides. I guess, you know, how much of an explanation of these ratings is needed or warranted for this purpose, I don't know. Michelle, what do you think? If I can put you on the spot, in terms of the need to explain these ratings, how much detail should we have on this?

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

I think where there are areas where there could be interpretation or where we should have some additional details, I think that's part of what you tried to do with the summary as well like pull out the places where, you know, there are specific thoughts or opinions and I think these will really serve as backup to support that, if that makes sense.

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

Okay, okay.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

So, I guess, my point is just to make sure we capture those so that whenever someone looks at this they understand at least the general perspective...

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

Yeah.

Todd Cooper – President – Breakthrough Solutions Foundry, Inc.

That was taken on the group that led to what they see.

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

And I guess this raises that question that we were discussing a moment ago about within the maturity criteria two of them are maturity of specification and technology but then the third is market adoption and we seemed to agree...

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

That the actual adoption was limited.

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

Well, that's true. Let's see, I don't know, Stan, I wonder if I can put you on the spot to ask, you know, your perspective on the adoption of UCUM?

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

Well, it comes back to the things that you were saying earlier, you know, I think UCUM, yeah...to go back to a bad pun, I mean, you know, it depends on what you mean by implementation. Everyone, you know, in our system for instance we use UCUM but I mean the way we use UCUM is that UCUM is used as a defining set of...defines a concept, if you will, and then you have the exact UCUM representation which sometimes we use and sometimes we don't use.

I mean, we actually implement using codes but we always ensure that every code has one and only one mapping to an exact UCUM representation.

And so, I think, yeah, what you could say is that systems that are implemented that I know about are doing a similar thing, everyone uses UCUM as a defining set of characteristics but, if you will, they're implementing local codes or have slight variations on the UCUM expression as they use it in a working system.

And so, I mean, I think that's the situation I'm not sure by our criteria whether that means it should be high or medium.

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

Yeah.

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

But, I don't have a problem at all recommending UCUM especially if you, you know, we just educate people that in most cases the best way to implement UCUM is in fact to implement it as I've described, implement it as codes in the working system, but know the exact mapping from that code to the UCUM expression so that you can... whenever you need to you can use the UCUM infrastructure for translating units from one, you know, one form to another, you know...

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

Okay and so, I think this does come back to, you know, frankly a judgement call about whether we would want to rate the maturity high versus medium I think is really the question before us now. And so I think from an actual standards maturity stand-point I think there's no question that it's a high. I think the question is for the market adoption component of the maturity criterion is this kind of adoption where, you know, I know that there may be a lot of systems that use it and a lot of systems that don't use it.

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

Right that's my experience too from the NCI perspective and...

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

You know and...

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

When we do use it we use it as Stan suggested through...

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

Assigning codes rather than using it natively, but...

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

So, I guess I'm going to suggest that because we know of, you know, sort of non-pilot but in true production uses, that it's not consistently used across the country but it is widely used across the country, I would stick with the high personally, but, you know, absolutely willing to be out voted.

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

I think what we have on the screen is...I'm comfortable with that representation.

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

Is there any opposing view on this one?

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

No, this is Mitra, I am fine too, within...the FDA or HL7 structured product labeling we use UCUM too and we have the list of all the UCUM codes for the sponsor on our website so they use it natively.

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

Okay. Okay, one slide down, let's move onto slide 18 then. Okay, this slide I will say right off is frankly a fudge because I personally, I put in medium/medium and I don't know the true maturity and adoptability status of this standard. So, this is completely open for workgroup input from those who have more knowledge of this particular standard.

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

Yeah, I think, this is Stan, I think it's a good standard but I honestly don't know any production systems that are using it anywhere.

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

Okay. So, given that, if that's the case then this would...I think that would require it being rated as a low and low or at best maybe a medium and low.

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

I mean I think it's well thought out I don't know of any technical issues with it but again...and I'm just expressing my knowledge, which I don't know everybody's systems, so please speak up.

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

Yeah, but I mean, so...and I think that speaking to the earlier comments, I think they were Larry's, about the maturity criteria having to do with adoption. You have to have some adoption in order to ensure the maturity of the standard through a revision cycle and if there hasn't been any then, you know, maybe it can't meet the maturity even of a medium.

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

This is Eric, I don't have a lot of familiarity with this standard, I actually first heard of it when I...from the NPRM. It does seem like it has a lot of potential value. It adds a lot of structure to family history and, you know, which certainly is necessary for...and to facilitate a lot of clinical decision support so on and so forth, but I've never heard of anybody using it in production.

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

So, it seems that the question before us for now then is whether to rate this as a medium maturity, low adoptability or as a low maturity, low adoptability.

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

Is it also possible to say that the members of our workgroup are not familiar enough with it to render an opinion, but...which ought to...which I think, you know, it says something but it also doesn't preclude the fact that there may be successful implementations of it that we're just not aware of.

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, this is Becky and there's actually a family health history thing on the website that you can go through HHS and answer these questions, but I'm not clear what the standard is behind it and whether it's this standard and what they're doing with that information.

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

Yeah.

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

Well, so, here's what I'm going to suggest, I'm going to suggest that we would rate it as a low maturity, low adoptability with an explanatory statement to say that the workgroup members are unaware of any implementations of this but we're willing to revise our rating subject to more information.

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

Yeah, I think that's fair, I mean, again, just to emphasize, people...Nathan Holtz who is here at Intermountain has been one of the key developers of this standard and so I think it's well done, you know, I know that it's well thought out and that...standard, but we're not using it in any production system even though one of the principle, you know, designers is from here. So, yeah, I think that's a good way to approach it. I just emphasize the fact that it's low/low doesn't mean that this is a piece of garbage it just means that...

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

Right.

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

It's early, you know, we think its good work...

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

Yeah.

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

We think its excellent work it's just early.

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

Yeah, it just hasn't been used yet.

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

Yeah, yeah.

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

That we know of.

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

Yeah.

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

Okay. Okay, so any...is there any disagreement then with rating it as a low/low with that explanatory statement?

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, hearing none, let's go onto page 19. Okay, so in this case...so now we're talking about SNOMED, we have two pages of SNOMED with some different ratings for different purposes and I think...so generally what you'll see on this page is that the standards maturity which includes some widespread implementation for these purposes, it is high in the EHR context and the adoptability because it is in some cases widely used, is generally high with the notable exception of clinical information reconciliation and incorporation where, you know, this is frankly a highly problematic area where the adoptability is, I would say, low at best in my own view. So, let me stop there and seek comments on this.

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

I guess I would raise, once again, the question of how much actual implementation in EHR systems there is, we've spent some time sort of talking with people both dealing with the EHR data coming into state registries and other sources, and also with system builders asking, you know, what they're coding with and have found very little native implementation, we've found some efforts to prototype and explore what implementation would look like and translation layers of varying degrees of success, there have been lots of complaints about how the data quality is rather poor coming out of those translation layers.

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

So, again, so back to our previous comments that, you know, using an interface terminology that's mapped to the standard does constitute the use of the standard which I think would account for the second part of your comment, but recognizing that some of those implementations may not be as high quality.

I guess from putting on just my Kaiser hat, stepping out of the workgroup facilitator role for a minute, I'll say that, you know, we've used it successfully in tens of millions of patient records for over 20 years for all these purposes and so I guess that's my perspective.

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

So, actually I was interested in asking you that because I've talked with some people who have worked with the Kaiser systems and said that the codes that they see using them were not SNOMED codes.

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

Well, that would be our interface terms which are all uniquely mapped to SNOMED or modeled to SNOMED.

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

Okay, so, it's under...

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

Then at the same time they're also mapped to, you know, ICD and CPT, and medication terminologies, and, you know, whatever is needed. So, no, we frequently do not expose the...most frequently do not expose native SNOMED to the fully specified terms to clinicians that doesn't mean that they're not actually entering things in SNOMED.

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

And do you know how many other systems are in the same position or not exposing it but actually having implemented it...

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

That's the same situation at Intermountain, you know, we've used SNOMED for, you know, 10 years or more, but in exactly the same way that Jamie has described, you know, we...so our...if you asked our end users they wouldn't think we're using SNOMED either.

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

Yeah, exactly. So, we, you know, we have over 20,000 doctors and over 50,000 nurses who use it, you know, literally all day every day and the number of them who think, you know, or even know about SNOMED is probably 100.

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

Is there a reason for that particular sort of way to...not to expose users because of the complexity?

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

Yeah, well, from our view-point we call it...we make the right thing easy to do.

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

And...

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

I don't know Eric you may want to comment on this as well.

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

Are you on mute, Eric?

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

Hey, yeah, sorry about that, no I think that use of SNOMED for all of these is fairly feasible. I think that there have been some wrinkles with smoking status that we've dealt with in other aspects of our feedback, but of course I, you know, I do have the obvious bias of working for a vendor of clinical interface terminology that maps of its terms to SNOMED so we, you know, we see ourselves as important enablers of adoption of SNOMED. So, no, I don't have any heartburn about any of what we have on here.

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

And Eric, what level of complexity do you get too? I mean, in terms of the representation of content, because SNOMED can get into the post coordination sort of level or I mean for Jamie and Stan, I mean, do you get into that level of complexity or is it pretty much like pre-coordinated statements?

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

It depends on your...that depends on your perspective, you know, I think that clinicians generally always...the clinician end users of the EHR system always want everything pre-coordinated because it makes the system easier to use and more straightforward and, you know, better workflows.

I think that from a research or a quality improvement perspective generally you want everything post coordinated, you know, for analytical purposes and so I think that...I guess that's my view on the pre versus post coordination perspectives and unfortunately I have to try to represent both of those.

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

And that's, you know, we have a very similar sort of situation. The users select from highly pre-coordinated concepts and we basically make pre-coordinated concepts that express what they want to put on the problem list and we have a mapping though from the pre-coordinated version to the post coordinated pieces and we actually store both because...and we use...that is the actual record that we store from the problem list has both a pre-coordinated code and then the post coordinated codes in it because when we bring data back we may want to sort and ask, you know, which of these...if we want to put a filter on that and say, which of these are respiratory illnesses or that sort of thing and we want to be able to do that sort directly on the records that we retrieve not have to go to, you know, a terminology server, you know, to do that through reasoning and the terminology server itself.

So, yeah, we basically very similar situation to what Jamie described. Our end users see highly pre-coordinated concepts on the backend and for research purposes and sort of hidden from them is the decomposed representation that's much easier to reason about.

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

Okay, thank you.

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

Okay, so just back to page 19 then, we have proposed ratings, are there any suggestions to change some of the ratings or can we say we have consensus but these are appropriate?

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

The one that I...was already raised...I think we at least haven't used SNOMED for smoking status.

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

Okay, so would we want to rate that...

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

I think the maturity is high but I might say a medium on adoptability there, but I...

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

Okay...absolutely fine and you're right that was noted previously, all right, so that would be a change to the adoptability of SNOMED on smoking status to a medium. Any other suggested changes? And then with that one change do we have consensus on this page? Okay, I guess we're onto SNOMED page two.

So, this, you know, looks actually quite a bit different, the reason being that what we've found is that frequently...I'll sort of go line by line through some of the rationale and thinking behind these draft entries, is that in the clinical quality measures frequently they include requirements for SNOMED particularly in the exclusionary terms, exclusionary criteria that don't exist natively in the medical record and so the maturity for that particular purpose would be I think a medium and the same with adoptability.

Whereas with the view, download, transmit, you know, I think that's a pretty widely accepted as a high. And so similarly with the transmission to public health agencies, similar to some of our discussions on the last call, we found that many of the recipients the public health agencies are unable to receive this format and so therefore the adoption is actually quite low.

And then with the transmission to cancer registries I think similarly we put the adoptability at medium for that reason but it seemed that the maturity of the standard itself for that purpose might be higher and so I don't know we may have to get some comments on that one.

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

And...

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

Consolidated CDA...let me just finish and then we'll go back and discuss this if that's okay. So, Consolidated CDA creation performance, again, similar to the view, download, transmit that's I think widely accepted as a high/high and the application access to common clinical dataset I think I would actually expand the asterisk to say FHIR profiles still under development you can't really test something that hasn't been fully written yet and so therefore by definition is a low/low. So, now let's go back and I think we had a comment perhaps first on the cancer registry's line.

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

Right, this is Larry, I was going to suggest that the cancer registry values should be the same as the public health agency values.

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

Medium and medium.

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

Great, so let's make that a medium/medium. Any disagreement to that? Okay, with that change how does this page look and are there any questions or any need to discuss this?

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

This is Becky and I don't know if there is a general way to say it, but this has been a big issue with what goes to FDA because FDA does not receive SNOMED. So, there are a couple of fields, Mitra can probably tell us, that are in the labeling standard and maybe a couple in a protocol standard. So, there has been a gap here and I don't know what we do but calling out the fact that we're not consistent is probably worthwhile.

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

So, would that be for the cancer registries line or which?

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

No it's...

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

For FDA...

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

Well, I don't know if you consider FDA a public health agency in a sense then there's no adoption really, it's extremely low.

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

Yeah and so I think that's actually similar to, you know, what we see in the case of other public health agencies. So, you know, I wonder if...

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

I mean, I can tell you when we did the ASTER Study we had to take SNOMED out of EHRs and convert it into MedDRA which is...it's a safety reporting thing which then goes to FDA.

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, there have been people who have done this mapping but it's actually a requirement that all Pharma companies use MedDRA and that's around the world, it's a global requirement.

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

Yeah, but so I wonder, you know, if that's an argument for making the adoptability of the transmission to public health agencies a low instead of a medium.

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

Yeah and it's not...

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

You know, I don't know.

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

I mean we work with IHTSDO through our Joint Initiative Council and we've been trying to talk about how we handle this but it's just really not a clear path it's been a problem ever since SNOMED started happening because MedDRA was there first and it's an international agreement that it will be used for this purpose.

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)

And it only is a safety part so I mean there are places where you can use SNOMED but it has not been adopted or required.

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

Yeah, but of course MedDRA itself is not used in EHRs.

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

No, no, no of course not but...

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)

That is only the safety piece so there are other places where SNOMED might be applicable and I know, you know, in the EVS it's available, so I'm not saying we should...

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

Well, and, you know, so...and this...the particular context of this row is public health reportable labs and...

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

Yeah.

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

Yeah.

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

You know, so I guess I would tend to stick with the medium/medium and I think you just...you're raising a valid point but I'm not sure it goes on this page.

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

No, I know and I don't know which page it belongs on or if nowhere or maybe it's a general comment, but it's been a sticking point for more than a decade, it's just, it's an elephant in the room and I don't know what should be done, but it needs to be acknowledged.

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

Yeah, well and I...you know I don't know...I don't think we actually have any FDA safety reporting...

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

Yeah, we don't have that now. We don't have...

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

In this rule, right?

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

No we don't have any adverse event reporting yet in this rule.

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

Yeah, that's probably why.

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

Yeah, so, maybe that's a comment outside of this.

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

Outside of these recommendations.

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

Sorry, to take it off line.

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

Oh, no, that's okay, understandable. Okay, so we've changed the transmission to cancer registries from a high/medium to a medium/medium, are there any other changes to this page or do we have consensus and can go onto the next page?

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

I'm good with this.

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

Okay, all right.

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

Jamie, this is Mitra, I have one question.

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

Yes, Mitra?

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

Do these have to be in sync with what we recommended on Monday for LOINC for transmission to public health agencies? Because for LOINC we had high and medium for transmission to public health agency reportable lab and then transmission to the cancer registry also high and medium.

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

So, that's a...let's put a placeholder on that and when we come back and test for consistency let's make sure we question that on both of these, is that okay?

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

Yes, that's good.

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

All right, so we have a question mark pending on the transmission to public health agencies, maturity for LOINC. Okay, so slide 21, please. Okay, NCPDP, formulary and benefits version 3, I think that the rationale for a medium/medium on this is that we know of successful pilots but it's not widely used. And so...we think that the maturity...I believe there are actually more recent versions by NCPDP since this one, but this one has been, I believe piloted but is not widely deployed. So, is there any reason to change these proposed ratings?

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

So, I, yeah, I...my impression was that these were high actually because, I mean, Intermountain is dependent upon DrFirst and Surescripts and my understanding is that they're using these internally. So, I mean, Intermountain doesn't...you know, we don't see them but we get the value of them because my understanding is that they're used in, you know, DrFirst and Surescripts.

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

Okay, now we, yeah, we did receive some comments in an earlier cycle about the size, the file sizes of the formulary and benefits files being that they're large and that is sometimes problematic for transmission and processing. So, taking into account your comments Stan how about if we perhaps would rate the maturity as high but the adoptability as medium given that it, you know, perhaps it is widely implemented but some people are having problems with it.

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

Yeah, I mean, I'm making some assumptions because I'm not an expert in this but that's my understanding kind of what's going on. So, I'd actually be happy either way I just wanted to note...I was hoping somebody else had more knowledge than I did.

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

Yeah, I'm reflecting back on some of the previous comments about the file size issues on this as a rationale for making the adoptability not high, but it sounds like, you know, the maturity may indeed be high. So, would a high and medium rating on this sound appropriate to the group? Is there a reason not to do that?

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

I'm fine with that.

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

Okay. Okay, so we've changed this one and I guess we are...so actually...so it looks...I think that the asterisk on page 21 should come off. And then I guess we're onto page 22. Okay, so DSTU for the C-CDA, so again, so this is where the principle comes into play where what we said is that anything that's a draft standard that is time limited by its nature of being a DSTU can't be high maturity even if it's widely implemented it's due to be replaced by a normative standard within, you know, I think two years or less.

And so, if this were a normative standard we would rate it as a high but otherwise I think we had the rationale that the maturity would be medium. And then the two exceptions to that would be the data segmentation for privacy which we believe has not been successfully piloted on a wide scale and the application access where the FHIR profiles are still under development and therefore haven't been piloted yet.

And then the other area, so that's on maturity, on adoptability you'll see that in many cases we think this is high because, you know, the underlying CDA standard obviously is widely adopted. The C-CDA is actually widely used, but the clinical information reconciliation and incorporation has been I think...proved to be highly problematic of breaking apart and parsing the CDA content reliably to ingest those and incorporate it with reconciliation into the receiving system I think, so I would suggest the adoptability there is truly low.

The data segmentation for privacy similarly with the lack of any wide scale production pilots is low. Of course the FHIR profile development the rationale for application access being low, and then also the esMD, the electronic submission of medical documentation, being that that's new and I think subject to revision is probably the best way to say it would be a low.

And so I think, you know, this is an area where CMS has actually come out with in fact conflicting standards for the same purpose in proposed rules and so I think it is unclear what the right direction is and I think that's part of the rationale for making that one a low on the bottom row. So, let me pause there for comments.

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

Jamie, this is Eric Rose, I don't have a whole lot of familiarity with this but I would imagine that the workgroup that was looking at document standards or content standards probably also looked at this, right, because this isn't really a vocabulary question.

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

Yeah that's a good question. So, Michelle can you inform us or Trisha what the Content Standards Workgroup had to say about this draft standard?

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

The Content Standards Workgroup went through things in a much higher level so they didn't quite go into this much detail. All they did was identify what they thought would be, I don't know if you remember Jamie, ready for prime time kind of...

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

Yeah, I don't remember...I don't have that in front of me and I don't recall if they had rated the Consolidated CDA Release 2 DSTU as one of their, you know, ready versus not ready standards.

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

They definitely discussed it on their last call, I forget where they put it so I'm going to go look through and Mazen if you find it first if you could speak up too.

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

Okay. Okay, very good. Other questions, comments, proposed changes to this slide 22?

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

Looks good.

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

Okay, I would suggest actually removing the second footnote the one with the double asterisk. I think that whether it's subject to revision or not depends on who you ask within CMS. So, that's perhaps an unnecessarily contentious statement.

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

Jamie, this is Stan.

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

Yeah?

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

I've got to drop off, I've got a conflict so...

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

Okay, well, thank you for your input I appreciate it very much.

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

All right, I'll catch you next time.

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

All right, thanks, bye.

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

Bye.

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

Okay, any other suggested changes to this slide or do we have consensus on these ratings? Oh, also, I just noticed that there is an asterisk on transitions of care that I think is perhaps misplaced. Going once, going twice, consensus. Okay. So, let's go onto the next slide.

Okay, NCM, so this is one of those things where, you know, we're not using it now, but we anticipate, unless there is any new legislative or administrative policy that we anticipate starting to use this later this year. So, on 10 CM and then the SCRIPT 10.6 it's hard to see a reason not to rate that a high/high in my view. So, any comments/questions on slide 23? Okay.

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

So, onto slide 24. Okay, RxNorm, so I think some of the rationale for the general ratings of medium on both maturity and adoptability have to do with the continuing evolution and development of the standard itself as well as the state of deployment across the industry I think, you know, there has been for years I would say a movement towards RxNorm but we find that other medication terminologies that maybe included in it still are more widely used.

So, the exceptions to that, the sort of default rating, if you will, of a medium/medium would be the clinical information reconciliation and incorporation which I think has to be rated as a low adoptability given the fact that it's not widely done and the application access provisions where the FHIR profiles are still under development. So, let me pause and ask for comments on this one?

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

This is Eric, I was a little surprised that the group rated the maturity as medium and I'm not an expert in drug terminologies but RxNorm has been around I think for about 15 years and I don't think there has been too much churn in terms of, you know, the structure of the, you know, the way the terminology has been structured. So, I wonder if anyone who is involved in that decision might be able to comment on that?

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

Well, you know, I was the one who proposed this and I was considering the state of adoption as well as the fact that, you know, there are frequent updates to the standard, I guess you're absolutely right though that the structure has been fixed for a number of years and so maybe the maturity should be rated higher as a default value.

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

This is Larry, I would agree with what you put there and the market adoption I think is the key issue there. It had a fairly stable representation I think there are some content issues, but the adoption seems like something that hasn't reached a level that we could say that was a high maturity yet.

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

So, apropos the adoption, so folks who are in care provider organizations like maybe Stan might be able to speak to this, but my...as I'm sure folks know there are, you know, a small number of commercially provided drug databases that are very commonly used for prescribing and recording historical medications in EHRs and my understanding was that they all mapped their terms to RxNorm and made those available to their customers which would suggest that the data is there...

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

So, that...

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

For the...

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

Yeah and I can speak as a provider organization and say that that's absolutely right and so that is I think a good argument for marking the maturity as high. I think that the...in terms of the...through that mapping process, in other words, I think there still an argument for the adoptability to be perhaps at a lower rating in part because of the issues that have happened around timing of updates to the standard. So, I don't know if that actually plays back to the maturity as well, but I know that there have been some issues in recent years with the timing of updates.

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

Right I have heard issues around the quality of the mappings as well but I'm not in a position to evaluate them myself it's just part of what gave the impression that while they have incorporated content from some of the very widely used standards it's still those other standards that are widely used and RxNorm is still working to sort of find a successful role in that space.

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

So, are there any other views on the maturity rating of medium versus high? I'm going to say that, I guess my own view is, since there are these concerns that have been expressed I'm more comfortable leaving it as a medium and basically I guess I would propose we leave the page as is but certainly welcome to or open to other comments.

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

This is Mitra, I think this is fine.

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

Okay. Okay, all right, so if there's no reason to change this then I think we can declare consensus on this page and move on.

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

Before...

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

Yes?

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

Jamie, I just had one question, is there a reason why the asterisks are on the last row? I didn't understand the connection between the FHIR profiles and the clinical dataset.

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

So, it's the application access. So, the application access to the common clinical dataset is we believe a reference to the use of FHIR APIs for the application access where the FHIR profiles are very much in a developmental stage and perhaps some lightly piloted but certainly not widely piloted and not fully developed.

Patricia 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

Okay. So, let's move on. Okay, CVX. I think that some of the rationale behind the proposed ratings here are that CVX I think is widely used in EHRs for capturing vaccines administered and so that I think is an argument for the maturity and adoptability generally to be high with the exception that the immunization registries vary in some cases in their ability to receive data. So, let me pause and ask for comments on this page.

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

Jamie, this is Mitra, I have one question. So, CVX is a new alert with HL7 version 2.x...

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

But not with Consolidated CDA.

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

So, that's a good point and I wonder if that...that could be a reason to downgrade the Consolidated CDA creation performance perhaps to a medium. I am aware certainly of some implementations but not perhaps widely used on a national basis. So, how do others feel about downgrading the Consolidated CDA, the next to bottom row on page 25, to a medium maturity, medium adoptability?

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

So, this is Eric and I apologize, I think I missed why the maturity or adoptability for Consolidated CDA would be any different from for instance VDT or transmission to immunization registries?

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

So, I...

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

Yeah, sorry, go ahead, Mitra.

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

So, because CDC leverages version 2.x so all the transmission to immunization registries which use CVX codes they use version 2.5 or 2.7 of HL7, they're don't use CDA.

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

So, but, I guess the question is why would CVX...if we're looking at adoptability for Consolidated CDA why would it not be feasible to include CVX codes in outbound Consolidated CDA or ingest them in an inbound Consolidated CDA.

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

I guess if they can accept it, like if CDC could accept a CDA, fine.

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

Well, so the...

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

But they are using...

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

I believe that...

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

Sorry.

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

Yeah, I think that issue on the receiving side is accounted for by the medium in the transmission to immunization registry adoptability, right?

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

Okay, but that is not built into CDA at all. That is...

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

Is that the case that Consolidated CDA does not have the capability of representing vaccine information using CVX codes?

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

No, it's been in the previous releases of the CDA patient summary standard. So, that's, you know, so I...I don't think there's an issue in terms of putting CVX into patient summary CDAs that's I think a widely accepted practice.

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

Oh, it's just the transmission, okay, so then we have medium on the one above that is fine then.

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

Okay, okay, so after that discussion how does this page look now as is?

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

Yes, it's fine.

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

Okay. So, hearing nothing then I think we can move on again. And now we're onto NDC. So, NDC I think, you know, certainly is widely used, however, where the EHR is not the prescription ordering system it may not be adopted and so...and particularly, so again, remember that the context of use here is not the general one but the context of use is vaccine codes as part of the encounter record and so I think the issue that we're trying to reflect in the adoptability column is the fact that, you know, unless the EHR is the prescriber's ordering system, you know, it's generally not going to know the manufacturer or lot number, etcetera of your last Tdap or whatever. You might remember the month. So, let me ask for comments from others on this kind of rating that we have proposed on the page?

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

This is Mitra, I am fine with your rating Jamie.

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

I think...so for the first three...for everything except immunization registries does this refer to use of NDC codes to represent medications in general or just...

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

This is just for the...

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

Oh, I'm sorry, it's vaccine codes, I'm sorry.

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

Yeah, this is for vaccines administered.

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

Yeah, yeah, yeah, I'm sorry.

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

Yeah. Oh, and it looks like there's a typo in the bottom row that should be perhaps a low/low. Now, I guess, you know, back to the same consideration that we've had on the other...some of the other slides, in terms of the market adoption criteria within the maturity rating I don't think that NDCs are currently widely adopted for...not in the EHR system for these purposes.

So, I would just want to ask a question to the group is that a reason even though, you know, NDC obviously is widely used for other purposes is that a reason to knock the maturity down from a high to a medium?

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

So, NDC codes are used within RxNorm and then RxNorm is used within First DataBank and Multum, and MedX and all of those tools? So, doesn't that then make NDC maturity high?

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

Well, I think again, it has to do with high for what purpose in what context of use. So, remember the particular context of use in this case...

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

Is like...

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

Is vaccines administered as part of...you know that data as part of an encounter record.

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

Okay.

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

And so if we were talking about the prescribing system I would have a different answer.

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

I see.

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

But where I'm talking...where we're talking about the record of vaccine administration as part of an encounter record I think it's a different answer.

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

You're right, yes.

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

Well, I think, you know, in general the maturity of NDC is...may not be high. If maturity means sort of obtaining the characteristics of a grownup terminology I'm not sure it's done it just because it's been around for a while it's the 35-year-old living in his parent's basement of terminology.

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

But, so vocabulary...

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

Okay, so, Eric do you want to propose a change to the page?

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

I think the maturity of NDC is medium.

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

Okay.

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

Although, I guess there's a little fuzziness around what maturity means and I suppose for...given the constraints of...I mean, if you accept the premise of decentralized management of, you know, packaging level drug codes by the manufacturers who are responsible for packaging them that, you know, I don't want to, you know, ding that idea, but if that premise is accepted it makes a lot of sense, but for...as a standard for use for interoperability I think that's...I would argue that it's maturity is medium not high.

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

Okay. So, from my own perspective I would...I think I would have a different argument for making the maturity medium and that is that this particular context of use is not about the pharmacy systems or prescribing systems or drug, you know, track and trace or safety systems that use NDC, this particular context of use is about patient encounter records which generally do not use NDC.

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

That's right.

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

And, so I would argue for making the maturity medium because of the context of use. So having heard those arguments are there any other...are there counter arguments for leaving it as a high or how do folks feel? Who wants to opine on this? Boy, well great.

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

I think switching it to medium is fine.

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

Okay. Okay, is there any objection to switching the maturity on page 26 to medium with the exception of the bottom row which would be a low? And then again on the double asterisk here I think we want to align with...we want to make sure that these comments are the same and maybe just...maybe we can just remove all of those because we covered that on the first page, we said the FHIR profile are still under development and have not...therefore can't be widely used. Okay, on page 26 maturity medium except where it's low going once, going twice, okay, we're done on this one.

And do we have one more page? Yeah, I think...

Lonnie Moore – Meetings Coordinator – Altarum Institute

No this is actually the final page here.

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

It's...

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

Oh, it is, so, I was...where did we cover the PHIN syndromic surveillance and ELR to public health.

Mazen Yacoub, MBA – Healthcare Management Consultant

Slide five.

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

Oh, okay, I just...I don't know why I guess I was looking at things out of order. Okay. Okay, so now...so if this is our last slide then I think we wanted to...we had a couple of placeholders and we want to go back and look for consistency. By my clock we only have eight or nine minutes left on this call. So, we're going to have to try to be quick if we want to stay within our timeframe.

I think one of the questions, if we go, just remind me of the precise framing of this, could we go to page two of SNOMED, I'm not sure which page number that is.

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

That was slide 20 I think.

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

Here we go, so I think here we rated the maturity of SNOMED as medium for transmission to public health agencies with the rationale that the public health agencies aren't generally in...not widely accepting of these electronic transmissions and so the question was one of consistency between this rating and I believe LOINC for the same purpose where we rated the maturity of the standard high and so I think we want to have consistency on those ratings and the question is whether perhaps to raise the maturity of SNOMED for public health to high or to lower that of LOINC to medium I think is the question.

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

So, I thought we agreed on the mediums here and it was slide 12 that had the LOINC...

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

Where the same arguments would apply.

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

Yes, I think that's right. So, let's go back up to our LOINC pages.

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

Slide 12.

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

Slide 12 and I think then what we would say is that the third bullet here in the transmission to public health agencies would be a medium in maturity.

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

And the fourth as well.

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

And for cancer registries as well, yes, exactly, good catch. Okay, and so having noted that change what I'm going to suggest is let's quickly go through all of the slides back from the first one. Okay. Next slide. Okay, so this one I think we agreed with this. Next slide.

Okay, this is...these ratings look consistent to me with what we've had before, so, as we...next slide, what I'll say is anybody speak up if you think there is any inconsistency in our ratings on these slides.

Slide seven. Okay, similar rationale here. Slide eight. Okay, CDT, dental terminology, it is widely used in dentistry for these purposes. Slide nine. CPT also obviously highly used for these purposes but FHIR still under development.

Slide ten. Okay, actually can you go back up to slide nine, it appears that the asterisk on Consolidated CDA may be misplaced and also we would want to I think revise the footnote or remove it in all the cases where we were trying to refer to FHIR API ongoing development.

Okay, slide, ten. PCS, okay, so this is where we may also want to add a comment here that even though its current maturity and adoptability have to be rated as low the HIPAA final rule should be a good reason to adopt it as a national standards anyway.

Slide 11. Okay, and so here, let me just kind of quickly read over this. So, the CPOE we've noted that as a low previously. Vitals, I think maturity high, still some adoptability issues. Now the...I guess the one question that I would have on slide 11 is incorporate tests and values or results. I think that for consistency I think that the incorporation of sort of remotely generated data...I guess it does depend on the particular context. If we're talking about incorporating test results that have returned from a clinical laboratory in a CLIA compliant message that would be a high/high, however, if we're talking about incorporating tests and values from a CDA patient summary and not from a lab result report then I would argue that should be either a medium, low or perhaps even a low/low, because, you know, that's just not widely done. So, I know that, you know, we're short on time but it may be worth...can we go over by a few minutes to check this one or should we do that off line?

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

This is Eric, I'm going to have to drop off.

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

Okay.

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

But please don't let me stop you from continuing.

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

Jamie, before we start losing people, this is Becky, I think we were going to try to twist some arms and see if somebody would be willing to present these as well.

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

Yes, that's absolutely right, thank you, Becky. So, for those on the phone, unfortunately, with the rescheduled date, the recently rescheduled Standards Committee meeting moved to I believe...

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

Well, the meeting has always been June 24th.

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

Oh, has it?

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

We just cancelled the June 11th meeting.

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

Oh, okay, all right, sorry about that. Well, in any case, so a number of folks including Becky and I cannot make it on the 24th and so we are looking for a member of this group who would be available to present these slides to the Standards Committee and so I'm asking for volunteers. Is there anybody who can make it to that meeting either by phone or in person? Oh, please, somebody.

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

What about Stan is he planning to go I wonder, he left earlier.

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

Oh, he left, he'd be a great person to present this.

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

Stan or, you know, Todd, I mean, Todd you've been in on many of these conversations in fact I think all of them.

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

Todd had to leave early too so he's not on the phone, sorry.

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

So, that's why there was silence, okay.

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

So, I mean, I think that, you know, the only thing about asking Stan to present is that he has actually missed many of the conversations on this and so I don't know, Larry could you possibly be available or otherwise we can ask...I mean we drafted Mitra last time.

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

I'm booked pretty much all of Wednesday.

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

So, that's a no.

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

Sorry, yes it is.

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, Jamie, maybe we can ask Stan because he is a Standards Committee member...

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

So, hopefully he had it on his calendar.

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

Right.

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

And if Stan can't do it perhaps Trisha could present on behalf of the workgroup.

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

Okay, let's...the one thing I would also ask is let's see if Todd can be available because he has been present and active in I think all of the conversations as well.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – 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.

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

And if you need me Jamie I could present as well. This is Mitra.

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

Ah, okay, so Mitra, excellent. So, I think, you know, Mitra I think you would be a great presenter.

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

Mitra, you did a great job last time.

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

Yes, she did.

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

I was just wondering if they'd asked me to do it.

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

And you've been in on all the conversations as well.

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

Oh, yeah, I was here. So, I should have the rationale.

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

And you're local.

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

I am local, yes.

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

So, I think, is there any objection to us asking Mitra to be our presenter then?

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

If Mitra agrees I'm all for it.

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

The meeting is on the 24th of June?

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

Yes, it is.

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

Okay, yes, I have time.

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

Okay, okay. All right, so I think we have our presenter now and so I think there are a couple of remaining questions. I've just noted one on slide 11 for the incorporation of test values and results that needs to be checked because if that is a CDA as opposed to a lab result message then that would have to be downgraded for consistency.

I think if the workgroup will permit, I know we've lost some folks, what I'm going to suggest is that Becky and I can review these off line for consistency and potentially make minor adjustments. I think...well, we've only got a couple of more pages to review for adjustments why don't we do that just very quickly here. Can we go to page 12.

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

On this one it seemed like you had a good argument for at least making that medium/medium on the...

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

I think, yeah, on the incorporation of lab tests and values/results I think if we can verify that this is incorporating lab results that don't come from a reporting lab then that would be a medium/medium. And so can we go onto page 12 please?

Okay, and then here we changed the maturity of the public health agencies and cancer registries to a medium on both of those, again, same consistency argument. Can we go to page 13? Okay, I think...are there any suggested changes here?

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

I think the one that I would question on this is the clinical quality measures filter whether the maturity is truly high there versus a medium for the same kind of argument about the market adoption. Does anyone on the call have a view on that?

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

Jamie, these are the CMS quality measures? And use of race and ethnicity codes within those quality measures?

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

So, let's see, so I don't have the rule in front of me...

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

Okay.

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

For the 170.315(c)(4) section so I don't know that particular context. What I'll say is let's flag that one item as a potential follow-up and Becky and I can follow-up on that off line and if we need to we may want to change that maturity to a medium...

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

Okay.

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

From a high depending on the particular context. I don't think we have time to check that right now.

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

Okay.

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

And then can we go onto page 14, quickly, please? Okay, so, actually here it appears that the standard, I'm not sure what standard we're talking about because that has been overwritten by the comment. Yikes. So, I don't...

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

Oh, yes, I see, okay, slide 14, okay, I will look here. Shall we come back to this one while I look this up?

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

Yeah, let's come back to this one if we can and then can we go onto slide 15 please? Okay, so, this one I think we had a fairly extensive discussion on this. I would just note that the clinical quality measures are rated as a medium maturity here.

Can we go onto slide 16? Again, we...I think for...the question on here is for consistency is if this is not widely adopted does that market adoption affect the maturity knocking it down from a high to a medium? I don't know the answer to that. I don't want to second guess our previous discussion on this, but I had to ask the question. And I think from slide 17 on I think we've covered all of those on this call in detail.

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

Was it slide 14 that we were looking at?

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

Yes.

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

Okay, on my deck I believe that was UCUM could that be possible? Let's see, no that's 13.

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

Yeah. So, I...there's been some reordering I don't know what this one was supposed to be.

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

Okay. All right, I will do a compare Jamie and...

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

Okay, all right and we can come back and we can also check that one I think remaining item that we wanted to follow-up on or what was that...oh, that was on the clinical quality measures filter for PHIN VADS on the maturity of that for that particular context of use. Okay, so with apologies for running over I think and with a couple of follow-up items for our Workgroup Co-Chairs I think we might be done with this call.

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

Okay, can we open up for public comment?

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

Okay.

Public Comment

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

While we wait for those to call in there was a comment through the public chat from Rita Altamore at the Washington Department of Health and she says it is not true that most public health agencies lack the ability to receive LOINC and SNOMED codes in the context of ELR. In fact, most public health agencies desperately want them but don't get them especially because SNOMED, as often as we would like to...it's missing a word, so I'm sorry, I'm not sure what she intended, but we can share that with the workgroup.

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

And we have no public comment.

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, thank you very much Jamie and Becky for getting us through this we really appreciate it.

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

Okay. So, thanks very much.

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

It was Jamie who got us through this. So, thank you.

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

And Mitra thank you for...

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

Mitra thank you for volunteering and we'll see you on the 24th.

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

...Okay, thank you.

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

Yes, I appreciate that.

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

Oh, you're welcome thank you.

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

All right, okay, thank you. Bye-bye.

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

Bye.

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

Thanks everyone.

Public Comment Received During the Meeting

1. What is interesting about this slide and should be clearly documented is the Maturity < H but having Adoptability = H ... different from the preceding slides and a rationale should be included with the slide deck.
2. It is not true that "most public health agencies lack the ability to receive" LOINC and SNOMED codes in the context of ELR. In fact, MOST public health agencies desperately want them but don't get them, especially SNOMED, as often as we would like to/should.