



**HIT Standards Committee
Transitional Vocabulary Task Force
Transcript
December 2, 2015**

Presentation

Operator

All lines are now bridged.

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

Thank you, good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Transitional Vocabulary Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Floyd Eisenberg?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Present.

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

Hi, Floyd. I believe Chris Chute will be a little bit late. Deborah Krauss? Gay Dolin?

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Present.

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

Hi, Gay. Joseph Jentzsch?

Joseph L. Jentzsch – Principal Consultant – Kaiser Permanente

Present.

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

Hi, Joseph.

Joseph L. Jentzsch – Principal Consultant – Kaiser Permanente

Hi.

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

Marjorie Rallins I believe will be late as well.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Present.

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

Oh, hi, Marjorie. Nancy Orvis? Rob McClure?

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

Nancy Orvis is here.

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

Hi, Nancy. Rob McClure?

Robert McClure, MD – Owner/President – MD Partners, Inc.

As is Rob McClure.

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

Hi, Rob. And from ONC do we have Julia Skapik?

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I am on.

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

Hi, Julia. Okay, with that I'll turn it back to you Floyd.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Great, thank you very much and welcome to the next meeting of the Standards Committee Vocabulary, Transitional Vocabulary Task Force. So, the first thing we're going to do is go through, review our charge, do a bit of a recap of what we've discussed and where we've been and review some preliminary recommendations based on the discussions we've had to date so we can move forward to, hopefully by the end of this call, have some preliminary recommendations to make to the Standards Committee on the call on the 10th.

So, if we move forward just going back to look at our charge and Chris Chute will be on shortly but the charge again was, should transitional vocabularies be eliminated as alternatives to reporting to federal quality measure programs using EHR captured clinical data elements and if so which ones and by when.

Secondarily, looking at the impact of retaining transitional vocabularies on reliability and validity of measure results and the potential cost and implementation for vendors and providers to keep or change, I presume is how it is written, and does that compare to the current situation with vocabulary alternatives. So, we have talked about those, I won't read through all the assumptions, but why don't we move to the next slide as a recap.

So, we did some review of the existing vocabularies, we talked a lot about issues about mapping what can be mapped, what can't and there are basically two slides here trying to recap what we discussed, one CPT was one of the vocabulary's discussed and there are plans to integrate an ontology that could allow mapping to SNOMED into the current CPT hierarchy. CPT and SNOMED are complimentary with some overlap.

We did hear about the IHTSDO WHO partnership looking at SNOMED and ICD-11, remembering we're implementing ICD-10 now but this is SNOMED ICD-11 collaboration since 2001 for a common ontology. There is some overlap but with semantic anchoring and the data can be coded in a granular fashion and the patient record aggregated in SNOMED concepts and rolled into a CPT rubric for billing as per our discussion but the model is evolving.

We also discussed the code systems that have use cases that drive ongoing needs. One coding system can't meet all use cases. I tie back to SNOMED allows some easier transition and I know I'm reading slides I'll try not to do too much more of that, one more...if you can move to the next slide.

In our discussions we did indicate that federally published algorithms and central mappings should be made available to provide consistency for current measure reporting but terminology capture and meaning should be permitted to be local to facilitate quality improvement in clinical decision support not merely quality reporting.

Federally approved algorithms and services could support, should be available to support more consistent local mapping.

We also talked that reverse mappings can't occur cleanly and transitional codes are needed for the time being as clinical data are not yet coded in granular form in widespread fashion.

So, I realize I just read that what I'm looking to the group is from what we discussed did we miss anything to recap our prior discussions?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Well, this is Marjorie; I think this is a great summary of what we discussed so far. We kind of left things suspended in time though.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right, so we didn't come up with recommendations and we had some suggestions and we're going to get to that in the next slide of based on the suggestions so we can discuss what next steps might be but I wanted to make sure we had...I didn't miss anything on the summary of where we've been. Thank you, Marjorie. Any other comments?

Okay, so the main thrust of our discussion today will be to look at the next slide, which is going to drive a lot of our discussion and that's talking about some preliminary recommendations and based on, again, our prior discussion but I'm looking for comments on these, so the original intent of the Standards Committee was to migrate toward clinically coded data to support consistent provision of point of care, evidence-based medicine through clinical decision support as well as secondary use such as measurement, research and reimbursement and that should be preserved as a goal. Is there any comment on that or suggestions?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Floyd, you might want to clarify what we mean by clinically coded data. What do we mean by that as opposed to what?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Good point.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

This is Marjorie.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

How would you define that?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think what we meant are code sets that are able to capture clinical detail and typically those are things like, you know, vocabularies that have an underlying ontology. I think that's how we described that as opposed to...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I think the issue is clinical detail, right? So, with the expectation...I mean, I think our expectation is that we want to reasonably pursue the encoding of data that is necessary to support clinical care and that as opposed to...

W

We aren't receiving your number entry due to a possible issue with your phone carrier.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, that's interesting. So, I mean, obviously we want to fit this into a sentence, so I think that what we might want to say is towards...migrate towards...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.
Clinically relevant?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Coding, yeah, coding data to...I don't know how to wordsmith this right.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

How about clinically relevant coded data?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Well, I think...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Encoded, encoded.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think what's there, the clinically coded data is correct I just don't know if, you know, lay people know what that means or do we know what that means you know.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, maybe we just say, detailed, towards detailed clinically coded data or...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Well...

Robert McClure, MD – Owner/President – MD Partners, Inc.

The problem is that can be...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I mean...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Concerning.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think there is whole...

Robert McClure, MD – Owner/President – MD Partners, Inc.

I mean, a lot of people are concerned that what we're driving towards is, you know, more disruption of workflow...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes.

Robert McClure, MD – Owner/President – MD Partners, Inc.

And that's certainly not the focus.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

So, I think what that originally...when we looked at the original intent it meant clinically coded data as opposed to administrative coded data.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think that's what that means.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Exactly.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

And so that's what...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Exactly.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I didn't want to sort of lead the discussion but I think that's what we should say or clarify here. And then I think people will have a better sense.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay, so let me just make sure I got that. So, if we change from...migrate toward clinically coded data rather than administrative data.

Robert McClure, MD – Owner/President – MD Partners, Inc.

How about towards, you know, the committee...to migrate towards encoding data to support clinical care instead of administrative.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

That's good.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right, because that's...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Can we say clinical care and workflow?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yes that's good. So, you know, towards...to support...and I would use encoded data, but so...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Because it's encoding data to support clinical care and workflow versus purely maybe something like that administrative use of or primarily instead of purely.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I mean, do we want to be so bold as to say "billing?"

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

No, I think administrative goes beyond that.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, it does.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Okay.

Robert McClure, MD – Owner/President – MD Partners, Inc.

And so I agree, although, I have to admit sometimes we're primarily interested in encoding for non-clinical care and more administrative as opposed to billing, but, yeah, I think billing is too narrow.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Okay.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, I want to make sure, because we're indicating here our understanding of what the original intent of the Standards Committee was...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

And we're not changing that intent this is what we believe...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

You were cutting out Floyd, this is Marjorie.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, you kind of cut out, but, yes; I agree that was my understanding of the original intent.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Mine as well.

Robert McClure, MD – Owner/President – MD Partners, Inc.

You still there Floyd? Uh-Oh.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Maybe he has to dial back in.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I am taking notes Rob so I think if people want to continue the discussion we'll, I assume, have Floyd jump back on any second.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Julia, this is Marjorie, can you read back what we were saying just to make sure we're all on the same page?

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, hopefully I've put it in the right place. I'm going to...okay, we support the original intention of the HIT Standards Committee to migrate towards encoding data clinically rather than administratively to support evidence-based medicine, the rest of the sentence didn't change.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, you said clinically and I would actually say...now I'm not remembering the exact phrasing but, you know, we're talking about encoding data to support clinical care and workflow that's the phrase that we wanted. Because we're encoding data to support clinical care and workflow and I think that's a really important, you know, kind of circle it in lights. Any situation arises where it's unclear where to go that should be the guiding light. If it isn't helping clinical care, if it's not improving workflow you've really got to question what you are doing.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Well, I mean, should I take out the secondary use part at the end?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I mean, I'd have to hear the sentence but I think we're saying that twice now, right?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Well, no I think...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

All right, the sentence now says, we support the original intention of the HIT Standards Committee to migrate towards encoding data to support clinical workflow and patient care rather than administrative activities.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think we're looking now at the second bullet.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

You're back?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, we're just making sure that we didn't screw up by putting all of the stuff that's in the second half of the first sentence into this.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Oh, I'm sorry, I was confused.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah. Because we have, to support consistent provision of point of care evidence-based medicine through clinical decision support as well as secondary use and we may have kind of goofed that up. It would be certainly a lot easier to see this if we were seeing it. I don't know is there a way for someone to actually do what you were thinking you were going to do to make it so that we can read it? Because I think we've now lost some of the value of the second clause in that first sentence of...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I agree Rob.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Kind of jamming it into the beginning.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think it's important to say, as well as secondary uses.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

You know I think...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I added a second sentence let's see if you like it...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Okay.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

As bullet number two or point number two.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I can...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

We also believe...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

This coding will better support secondary use and then rest was the same.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

And should be preserved as a goal is that what you're going to...I think that's a good point.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Well, you tell me. Do you want the rest of it or do you just want, we also believe this coding will better support secondary use of quality measures, research and reimbursement?

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, I'm a little bit lost on where we are because I think we also need to...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think we need to hear...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

See it.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think there are two statements in number one and we need to hear both of those to make sure and we can't see it that's what the...I think that's what the problem is. I wonder if you...does this have a chat feature? I wonder if you could type what you had in the chat and we could look at it that way.

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

Julia, we sent you instructions on how to get ready to show this. I think it would be a lot easier if you could show it up on the screen. So, if you could check your e-mail or the chat box and work on that behind the scenes so that we can...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, I actually did follow those instructions and all it did was reopen my browser without showing me any new way to...I will look at my e-mail though to see if there is anything else.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, I think the whole browser just kind of went dead for a bit and then came back and that may be when you tried to do that. Are you able to hear me okay?

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

We can hear you now Floyd.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay, because I think the sound went out at the same time, I got a note about that. So...

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

By the way...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, we're still editing the first bullet then?

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, maybe we can, while we're waiting for that we can think about the second one.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right. So, the...right, so we're actually now, Chris, on slide five and looking at our preliminary recommendations. There was some word tweaking to the first bullet, we were having trouble being able to actually show the change in wording on the screen, Julia is working on that.

But now we're looking at the second bullet about the federal government choosing a date in the future to transition and suggesting also that a SNOMED expression library could support exchange of complex ideas with a single identifier and CPT and ICD-11 models may support this approach in the future. So, comments on that one? That's really putting a stake in the ground and saying the federal government at some point should make this a requirement.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

So, Floyd, this is Marjorie, so the first...it says the federal government should choose a date in the future to transition to clinically focused data capture with no alternative transitional codes permitted after that date. And then we have extensive discussion about use cases and whether this was practical. I don't know what's on the next slide, so if you have...I think we talked about various flavors of this, but it seems like...is this for any and all use cases or specific ones?

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

Well, the premise is that all use...this is Chris Chute, the premise is that all use cases are ultimately going to derive from clinical data and to the extent that you generate clinically encoded data in a granular form then you can support those use cases as derivative aggregations be they quality metrics, be they continuous improvement, be they clinical research, precision medicine. I mean, we all know the drill.

So, the principle is that the government should specify that clinical data should be coded or rendered as granular clinical information. Now we didn't go so far as to say SNOMED but I think that was the intention and that the direct capture of alternative codes such as ICD be deprecated, this would imply that there would be a way of going from granularly encoded clinical data to the mandated reimbursement codes, assuming they still exist at that point, and so there's lots of infrastructure that has to be put in place and we did talk about use cases.

We were advised not to put a timeframe on this recommendation but I do know that when we've dialogued about it amongst us on these calls, you know, the notion of something on the order of a decade has been raised.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Okay, thanks for that clarification Chris, this is Marjorie.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, based on that should we be modifying anything here?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think...is there a next slide? I think this is a bit...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well, why don't we go to the next slide because...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yeah, I think we should do that.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Why don't we go to the next slide and we can look at some additional recommendations and see how this works.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Okay, this is Gay; I just wanted to make one comment about the previous slide. I wonder if the second paragraph should actually be two. So, it should be, you know, it seems like a SNOMED expression library would be useful.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

A separate element.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I was thinking the same thing really it's a sub-element of this one.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, yeah.

Robert McClure, MD – Owner/President – MD Partners, Inc.

And maybe even the CPT and 11...ICD-11 models, well, no I guess that's aligned with that. So, yeah, I'd make that a second, a sub-bullet.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay, so let's go to the other elements that we were talking about so we can make sure, so one is the first here is hybrid measures could still continue to intentionally incorporate and combine clinical and administrative terminologies, example of EHR data and lab data and claims reports.

By default, the current eQMs are hybrid measures because some information comes from administrative data, but not in a consistent way across systems. In the future, the use of administrative data, where specified, should be deliberate.

So, this was addressing pretty much what measures do today. So, often they'll use administrative coding to document in a problem list, they'll use sometimes procedure coding to identify encounters and procedures that have occurred as opposed to other terminology. So, that's what this was trying to address. Any comments on this bullet? Or maybe we should just go through all of them first rather than comment on each?

So, the next was a single reporting system is proposed to point of care using clinically appropriate terminology and indicating it is acceptable to use federally published deconstructions of administrative codes into SNOMED expressions. SNOMED expressions should be encouraged.

The use of pre-coordinated SNOMED codes should be discouraged and transitional vocabularies will need to be used until requirements for specific reporting terminologies are in place.

So, basically saying, continue as is until the other is available and the other recommendations were how to move forward to the long-term goal.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

So, this is Gay, I'm not sure what is meant by number four and on number five I think the last sentence is...I'm not...a little bit over the top. The sole use of pre...well; the sole use of pre-coordinated SNOMED codes should be discouraged.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, all of these are taken from notes from our prior discussion. It doesn't mean they have to be as is in our recommendations that's why they're here for our discussion.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, I mean, there's probably pre-coordinated SNOMED codes that are okay.

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

Oh, we're not saying you can't use pre-coordinated codes it's basically pushing, this is Chris Chute again, it's basically pushing the community, the vendors and the providers to support pre-coordinated expressions, sorry, post coordinated expressions. If there is a pre-coordinated code they're perfectly welcome to use it.

But as it stands now a lot of the machinery, a lot of the infrastructure, can only handle pre-coordinated codes and I think that's what we're saying nothing is being shared. I think that's what we're saying is that the use of only pre-coordinated codes should be discouraged, it's not that you can't use pre-coordinated codes but having an infrastructure that will only handle pre-coordinated codes should be discouraged.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Okay.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

And I think some of this...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, I think that...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Reflects...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

My first impression when I saw the sentence was "what" so maybe we need to...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think some of this...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Do a little work on it.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, I think some also refers to potential availability of an expression library where you could use a specific code that the expression library basically has post...provides the post coordination.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes and, this is Marjorie, I think that...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Oh, good we're going to be able to see edits while we work.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Okay. Can we go back to the...yes. So, for number four, can we go back to number four whoever is driving, yes?

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Number four is now number three, I don't...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Oh.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

It relabeled itself.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Well...so, I'm building upon the discussion about the use of pre-coordinated SNOMED codes should be discouraged. I agree we need to sort of reflect what we really mean there but also practically speaking that also means using intentional value sets for measures and we know that this right now is a long way off. So, I think...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, so, but Marjorie, first off, and this is important, the sole use of pre-coordinated SNOMED codes should be discouraged.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Sole use.

Robert McClure, MD – Owner/President – MD Partners, Inc.

I think that's...I mean, it's perhaps easy to overlook that, but it's not saying, don't use pre-coordinated codes that would be I think foolish for us to promote what we're promoting is the fact that...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

It makes...

Robert McClure, MD – Owner/President – MD Partners, Inc.

That to rely on only using pre-coordinated codes has been I think slowing...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Okay, yes.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Us down.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes that is...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I think we need to just make it...if we've made it into the positive rather than the negative.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right, yeah, probably.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

That would be good.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

So, they used...

Robert McClure, MD – Owner/President – MD Partners, Inc.

So, we need to encourage...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Post coordination should be encouraged or something like that.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right, exactly that's probably what we need to say. By the way, I sent, as a public comment, my modification to bullet one.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I saw it Rob we'll go back and insert that meaning.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Okay.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

And this is...if I might comment on bullet three while we're commenting...while we're revising number four, so a single reporting system is proposed. Again, I don't know if I agree with that statement. I think that's a bit of a stretch and if we look at, as we described and talked about last week, the changes to CPT for example, you know, all of the updates to SNOMED, I think that advocating for a single reporting system doesn't necessarily serve us well from a practical stand-point.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, so Marjorie there is something else that came up in off line discussions that we seem to be focusing heavily on SNOMED but we also...would that preclude LOINC, RxNorm specific vocabularies that are used like I think it's...is it NUBC, I may have that wrong, for providers, I'm sorry for...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right that was the example that I used but...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right.

Robert McClure, MD – Owner/President – MD Partners, Inc.

There is, you know, what has occurred over the course of time is that certain vocabularies have become the primary, you know, exchange and actually documentation code system for particular ideas, particular kinds of ideas now it's not to say that I think some of these that are almost one offs might actually...we might, as a group suggest that for example of using the NUBC which is the, you know...one field, field 17, describes patient status that one got selected and is a part of C-CDA and CDA and so it's kind of being promoted in Meaningful Use. Is that really the best way to do this?

You know I think that might fall into the rubric where we would say, hey, let's stop fragmenting ourselves across these code systems because they happen to have been a part of our administrative approach in the past and we just want to keep that "simple."

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I think that would have to be examined because there is a reason why the things were, you know, chosen. So, like for example...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, well because...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

NUBC codes, yeah, are more complete.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well and in fact I think many times these situations have arisen because the data that's captured in support of that administrative billing activity is what people want to exchange, you know, in that case it's what was the patient status at discharge and that is recorded as a billing piece of information and so people focus on it, they happen to use a billing code system to use it and the idea was, yeah, we want to exchange that and so it kind of makes sense to pull that out of the billing form because it's the billing piece of data that turns out to be a very good way of capturing really a clinical piece of knowledge. So, we're faced with this dilemma of, well, but, you know, that's a clinical piece of information that's really important would we rather that be consistently captured like all the other clinical data that we're talking about asking to be encoded instead of the, you know, kind of hit and miss that happened in the prior world that we've been living in where certain items got pulled into billing forms and therefore that's why they got encoded.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, I thought you were talking about NUBC codes, I don't know how we...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Which codes.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I thought you were talking about the NUCC, the NUBC, you know, the provider type codes.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I'm sorry, if I said...but that's exactly the same thing, exactly the same kind of...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Well...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Actually the other one is worse, this one...that's a good example, I mean, that one there is a series of codes that, do you want to transition that into SNOMED. There are codes in SNOMED that somewhat align but not all the ones that, again, it's really primarily been thought of in the context of billing, I need to identify the kind of clinician who was involved in this activity and it was...it's kind of been considered a billing sort of activity although it's clearly clinically relevant.

And I think Chris, you know, if I can point to Chris as that beacon of kind of consistency, probably would say, but, yes, we want to push towards a more consistent code system so we can benefit from the knowledge the code system provides and the consistency in terms of relationships and that's one of the things this group, I think, does need to kind of put the stake in the ground, that stake that we were discussing is a pretty large blanket stake.

But it does, I think intend to say, these...this is probably a bad phrase to use, but these one-off examples like NUBC and, you're right, provider type and NUCC is patient status, you know, that are one-off codes that come from a code system that happened to have been included in some of our core exchange standards. Those are the kind we probably want to push to say, let's not...let's transition from thinking about those as being primarily billing codes that are really useful clinically to clinical data and if there is a need to, you know, send a billing form just map it but some of these other ones...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes, so...

Robert McClure, MD – Owner/President – MD Partners, Inc.

That's not the same thing; LOINC is a great example of that. The things that are in LOINC should stay in LOINC and I think Marjorie keeps bringing up the things that are in CPT...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Well, not just CPT...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Is that...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I tend...I think, you know, I tend...CPT are not one-offs and I think we have to think practically of where, you know, people have spent a lot of time investing in re-engineering their systems, you know, for ICD-10 at the moment knowing of course that there will be some changes there, but I think part of why code sets like CPT have been modernizing is to accommodate, you know, issues like this.

I just think we need to...I think we need to think about that and contemplate that in these recommendations and the practicality of proposing a single system and maybe we need to revise that. I think somewhat like we did with number four.

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

Yeah, this is Chris...

Robert McClure, MD – Owner/President – MD Partners, Inc.

So, let me, okay, go ahead, Chris.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Hey, Rob...

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

I want to be the beacon here. I think we're conflating issues of reporting and recording.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine

And we always do that. For example, let's pick on the CPT example, if indeed CPT is deconstructing its codes into constituent SNOMED elements, which I think is what the slides that Marjorie had showed us before are moving toward, then it may make perfect sense to report in CPT but the implication is that the data would be recorded in constituent SNOMED elements and then aggregated using the explicit CPT logic that says, you know, a 45678 is composed of these SNOMED elements to generate the CPT codes from the recorded data in the clinical record.

So, I think we have to be careful when we talk about, you know, how should the data be recorded, what is the stake in the ground we're trying to plant versus how should it be reported as a derivative ideally an algorithmic derivative from the underlying recorded data.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

And Chris, I appreciate that and I certainly understand the distinction between the recording and the reporting. I do believe, from my understanding of what the CPT team is working on is that their model is intended to support recording as well. So, I just want to make that clear as we're making these decisions.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right and so what I was...I mean, thank you, Chris, that's exactly what I was also going to try and say and that we use the word reporting and we...I think in my mind I'm hearing exchange as opposed to I think reporting for me at least has some kind of more narrower connotations.

And so what I'm hearing us kind of circle around is the expectation that so called transitional vocabularies that maybe expected to continue in use going forward for whatever the use case is including data capture that if they are a transitional vocabulary that we are comfortable with, I'll just use that phrase, that transitional vocabulary needs to support algorithmic and I would say near lossless transition, ah, translation to SNOMED with the expectation that SNOMED is the exchange/reporting code system that, you know, for use.

That means if you...that would mean, yes, we would support the idea of these transitional vocabularies for a number of other use cases because we're confident they can be accurately translated to the code system that we think needs to be exchanged like SNOMED.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, Rob...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

And I think...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I don't want to interrupt but I just want to point out that, is this language the language that you put in the chat? And this is the language that we had just come to an edit on before you sent that. So, I wanted the group to select either one or two and three so that we can move on.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, we could change mine to say "we support the original intention" but otherwise, yeah.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

No, I think she's saying either use one or use two and three.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, no, no I know, but I just didn't put that "we support" part...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Oh.

Robert McClure, MD – Owner/President – MD Partners, Inc.

In the first one, it could be.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I like the two bullets, it's always better to...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I like the two and three that's my selection.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I'm fine with either, but I agree that's more general two and three are more general. I was just using some of the stuff that was originally in the first, but...

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

The first is very...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Do the Co-Chairs want to weigh in?

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

Well, the first is really...it's very dense. If you could do sub-bullets, you know, you've got all of the action, verbs and adjectives in there towards, is it primary clinical coding or encoding clinical data to primarily support? You know that's one question, you know, because we talked about primary clinical coding as a phrase that Chris was using before and I think it says everything that you need in one but it's really dense reading, yeah, and hard to break it out. We support the goals to migrate to meet these objectives.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Floyd, Chris do you want to weigh in?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, I'm just kind of looking through for...so, I had an interim fire alarm test here, so I'm just catching back, are two and three complimentary to one? Is that how you're doing it now?

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, so we had come to the language in two and three and then Rob re-suggested the language that's in one. So, now I'm asking the group if in fact you want to change it back to the first...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I just wrote one while we were waiting for two and three to show up because I couldn't remember...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Right.

Robert McClure, MD – Owner/President – MD Partners, Inc.

What two and three were going to be.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I guess my only question is if we say, should patient care...in two, should patient come before clinical workflow. This is a thought, and that perhaps a sub-bullet could say, patient care includes point of care medicine that is evidence-based as utilizing clinical decision support. It just separates...as Nancy was saying I think it's a little less dense and it indicates what we mean by patient care, the needs. Thank you for doing all this on screen editing Julia I know it's hard.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

It's harder to get it to work in the first place. Does anyone think that two is improved or worse with the changes I just made?

Christopher G. Chute, MD, MPH, DrPH, FACMI – Bloomberg Distinguished Professor of Health Informatics – Johns Hopkins University; Chief Research Information Officer – Johns Hopkins Medicine
This an improvement.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, no, I like that, I'm good with that.

Joseph L. Jentsch – Principal Consultant – Kaiser Permanente

I like it as well, this is Joe.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, I can go on? Speak now or forever hold your peace and it is gone. Do you want two to be closer to the language we previously had? Here, I'll do this; all right I'll remove the second option two if no one feels that it's an improvement. Okay. Sorry about the numbering by the way it's making a mess.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Shall we say...oh, can you go back? So, and Chris you can speak to this, but again, for me that reporting vocabulary, shall we say reporting/exchange vocabulary?

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

With transition of care, I mean, I think you can't help it because we shouldn't be developing dueling use cases, right? Either we should capture once and use many times and so if we're, you know, recommending this than we can't say, oh, you know, you do this for reporting and you do this for transition of care. In fact the reporting standards...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, sorry for the background noise we're having a test again here on fire alarm, but I agree with what Gay just said and I think we should try to address this also means addressing other exchange formats.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right, so how does that phrase fit in the...let me just...so the idea of SNOMED and LOINC both being expected for use? Are we changing? Or I don't know maybe change isn't the right phrase. Do we think that one single code system...I mean, we already said we didn't expect that in the very beginning and we've...obviously, the standards community, the standards coding community is working under the assumption that there is aligned but distinct primary code systems for different major use cases, i.e., SNOMED for more clinical findings and that sort of thing and LOINC to represent tests, clinical tests and document architecture and things like that. We're not saying that we don't think that's going to continue, right?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Perhaps we should be explicit and indicate that we feel that this would continue just so...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yeah, I think...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

There is no question.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

And this is Marjorie; I'm really not comfortable with this phrase with no alternative transitional codes permitted after that date. I think we need to revise that. Let's address the first issue first.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, this is Floyd with a suggestion. Perhaps we can indicate, we continue to support standard terminologies such as SNOMED and LOINC. And is there a way to somehow address and other terminologies that...I'm trying to figure out the right wording for, address the...the same way...to use CPT as the example, although it's still not fully...it's not operational yet, but other terminologies that basically address SNOMED.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well I think the issue is that what we want to see happen is that the...we want to transition from...yeah, well, we want to transition from the support for multiple code systems to communicate the same thing.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right.

Robert McClure, MD – Owner/President – MD Partners, Inc.

That's what we want to move away from. I think we're probably not on solid ground to say that there is one code system to rule them all and so...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

That is very true Rob. I just think practically that is...we'll never get away from that.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, but, I think we can, you know, absolutely put a stake in the ground and say, it's the responsibility of the government to say that for, you know, a particular kind of information there is one code system that's to be used and that's it and if you're using other code systems for other use cases for that same kind of data then the expectation is there is a high fidelity translation from your code system to this exchange code system. And right now that was the charge that we were dealt with because we were being given situations where there is the same information there were multiple code systems that could be used and that's what we want to get away from.

But to say that there is one code system that I think...I don't think that's what we really meant here and we just need to work on the wording to say, one code system for a, you know, again, this is bad phrasing, but for a certain kind of data.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, does anyone support or want to make edits to the language that's on the screen now?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well, I'd suggest there was something Rob said in the first part of his...three sentences ago, which unfortunately I didn't have a chance to write down, but I thought really addressed what we're trying to say here.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

We could always go back and listen to the transcript.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

We may need to do that.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Was it the...

Robert McClure, MD – Owner/President – MD Partners, Inc.

I don't remember.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Was it the concept Floyd of away from the support of multiple code systems...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Within...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

The concept was away from support of multiple for the same use case.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I actually had...I put that in. I put the support part and I had multiple. But we would need to change this to code systems, right?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right.

Robert McClure, MD – Owner/President – MD Partners, Inc.

By the way code systems is two words.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Not in a CDA document. That was a typo.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

I think we're getting there this looks better.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

You're right; I think the previous was a little too prescriptive.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Hopefully, by the end we won't have a bunch of fuzzy statements. So, we have to make sure we have the right balance. I'm not saying this one is not fine it might be, just as sort of a review step that we want to take when we're done to see if after all these edits we're still making a clear statement.

Robert McClure, MD – Owner/President – MD Partners, Inc.

By the way we're 3 minutes away from the end of the hour.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

This goes until 12:30 doesn't it?

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

This is Marjorie, I'm going to...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Oh, do we have an extra...oh, okay, good, sorry.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

We have half an hour left.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

We have half an hour but Chris and it sounds like Marjorie I think has to jump off.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Yes, I'm signing off.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

This is Marjorie so I'll talk to you guys...do we have another call?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

We have a call after the Standards Committee call...

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Okay.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

To follow-up on their comments.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

Okay.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

It is later this month.

Marjorie Rallins, DPM – Director, Quality Measure Specifications, Standards and Informatics – American Medical Association

All right, thank you, bye-bye.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

I believe it's the 9th isn't it or next week?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Let me just double check it's on a later slide. We have the...the Standards Committee is on the 10th and then we meet on the 16th. So, we have a...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

So, what we're done with today is what we're going to be submitting to them?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

We can go back and forth in e-mail with some other...potentially with some other edits based on that and make our recommendations but today is when we're really trying to consolidate what we want to recommend, correct, which gives us about 20 minutes giving some time for public comment.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, one thing I did Floyd is I feel that these clear statements on this slide somewhat repeat some of the content in three.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, I wonder if we should remove five for example and consider removing the bullet underneath three and moving that to six.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

It actually seems to fit well with the post coordinated SNOMED expressions so I would support that as long as others would.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I agree that one...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Well that...

Robert McClure, MD – Owner/President – MD Partners, Inc.

That one is kind of sitting there.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, where it is it seems out of place but with the other it seems to fit at least as an example explaining what expressions are.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, then we probably want to change the deconstructions of administrative codes, it's just other codes, it's really other code systems, I would change that, right? So, in the first part it says deconstruction of administrative codes and I would say "other code systems."

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

And somebody explain to me what the timing is for six. Is this a temporary measure or a long-term?

Robert McClure, MD – Owner/President – MD Partners, Inc.

No I think it's forever, it's acknowledging that there are other acceptable alternative code systems that have demonstrable use cases and I think maybe it's too strongly focused on federally published deconstructions instead of just saying that there are readily available vetted deconstructions.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, two things, one, based on Julia's comment I think what we're looking at here is everything except bullet seven is future and, if you can bear with the background noise that's going off again, that the reason for federally produced was a discussion we previously had that it would be helpful if whatever deconstructions there were where evaluated by the federal government to assure that they were getting the information they needed.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right and she changed it to endorse that seems to be a better phrase for capturing that although that has, I think, some heavy weight associated with it but I like it.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Floyd, this is Gay, so are we saying...what I'm seeing here is that if people create post coordinated SNOMED expressions they need to be vetted by the government, is that what I heard you just say Floyd?

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

No, I think Gay that the context is if you're reporting to federal programs then the federal government should provide you with the confidence that you're using acceptable deconstructions.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think it was more...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, to say what's allowed and what's not.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Not to approve. It wasn't to approve all or validate all expressions but more to assure that if a specific organization is doing deconstruction that it's done appropriately, at least that's how I was interpreting it.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Could we...do we feel confident if we changed endorse to acceptable and that's looser.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah that would be much better.

Robert McClure, MD – Owner/President – MD Partners, Inc.

That means that it doesn't have to go...because endorse I think has some pretty...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I couldn't even imagine how that would happen to be honest.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah I know but it maybe...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

We already have it. It says acceptable...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yes.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

At the beginning of the sentence so I put allowed. Okay. Do you prefer accepted? I can change the beginning of the sentence.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think perhaps we're suggesting the government should identify...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Principles of what's needed but not necessarily endorse or certify use is what I'm hearing.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, there you go that's probably fine too. Floyd it seems like they're not quite sure about your fire alarm.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I am.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Are you sure there is not an actual fire?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah that's right. Are you sure that you shouldn't be outside?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

No it's a day of testing because they're redoing the whole alarm system.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, what about five? Do we think that five is now redundant based on the language in three?

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I feel like it's an outlier and doesn't belong besides that I don't really know what it means.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I don't know what five means now given all the other stuff we've done.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Do you like that Rob?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Should I just keep that as reporting?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I'm on the fence about it. I could take it back out.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, I don't know if other people feel the same way about reporting as an adjective for terminologies. I feel actually more strongly that I'd like to see transitional/alternative vocabularies. Yeah.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, two things here...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Because I think some of these...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Instead of the reporting...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Again are...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Go ahead.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, well, you know, Floyd and I talked about this before, but the idea of transitional it's really...that's what we're saying we want the process to be but the vocabularies are I think what we're discussing is that some of them will always be alternatives for certain use cases.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

And are you saying in that sentence, what you're trying to say is...and I'll just use an example, until the CQM specifications align with the recommended vocabularies you'll have to use the alternative one. Is that what the example is? Is that what you mean? The part that says, requirements for specific reporting terminologies are in place.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I don't know what that means...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

And if that is what you are talking about.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I agree, I think that needs work. I would almost say, transitional alternative vocabularies will need to be used until a single...until a...well, okay, I'm just going to say what's in my head, it's not right, until a single reporting terminology...until the...I want to say "the single reporting terminologies" i.e., you know these designated reporting terminologies are available.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, see, I don't like it at all because I don't think there is just reporting terminologies, right?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I know.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I mean, you're...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Can we call them submission terminologies?

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yes.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I'm just...it's not just for reporting it should be whatever you're sharing should be using the same terminology shouldn't it?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, basically what we're saying is until the recommendations above are complete, you know, are made operational, that's ugly, but, we would expect multiple terminologies to be used for the same type of data. I mean, until we get put in place the approaches that we've described, which you think are all necessary in order to support a single defined terminology for each type of data, until that happens we have to accept the fact that there may be multiple terminologies that are used for a single type of data...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Yeah, I think...

Robert McClure, MD – Owner/President – MD Partners, Inc.

And that's what we're saying.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Right, this is Gay, I feel like we maybe have already said that and I just wonder if originally this bullet point was to say, until the recommended standards...until the recommended standards are updated, you know, you can't...we don't want to create a situation where there is...where we're saying requirements that are actually going to be invalid if the people send...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

When people send the fee or, you know, FHIR someday or, you know, the QRDA. If we have requirements that are in there that are using say the NUBC codes that, you know, and it says you must use NUBC here and then we're saying, oh, you can't use NUBC here. So, those have to...those all have to be aligned until...the alternative vocabularies have to be allowed until such time that those specifications are all updated. But I wonder if that what's this bullet was really intending to say.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

It is, this is Floyd, it's what it was intended to say. And considering that it's going to be...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I'm just throwing things out there.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Sometime I think the term alternate makes sense at this point.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Right so until standard specifications are updated alternative vocabularies must still be allowed.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, so I just put a public comment in as another way of writing it.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I can't see your public comments anymore from the sharing page. Can you e-mail it?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

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

Lonnie will share it with you Julia.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Okay, thanks.

Robert McClure, MD – Owner/President – MD Partners, Inc.

There are parts of what you've written that are probably better than what I wrote, but I think in fact actually what you've written is probably better.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

I think I might have lost Internet access.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Let me read it then. What it currently says, transitional and alternative vocabularies will continue to be used for reporting and exchange until single data specific terminologies are identified and incorporated into standards and programs.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

Yes, that sounds good and that's definitely not what I'm seeing.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I think what you have written there is pretty good. Mine is shorter but...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Shorter is sometimes good.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, but yours actually I think can stand alone. Mine, you know, I mean, that's useful.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, the one that we didn't really pick apart yet is four. So, I don't know if we want to take a look at four before we move onto the rest of the slides.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right, we probably should because four was basically talking about how measures are constructed today and actually four is more consistent with kind of where we are today and we want to move away from that but we can't at the moment. So, we can certainly...this is more background.

Robert McClure, MD – Owner/President – MD Partners, Inc.

When you...the meaning hybrid measure is that...that's not...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

It's a CMS term...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Structure of the measure that's...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

It's a CMS term when you combine administrative data with the clinical data and the measure.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Oh, okay.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

And that was why we ended up calling it out because if you tell people, you know, that there is a proposal to move towards clinical terminologies they'll say, what about hybrid measures?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Ah, okay.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, I think that the point...

Robert McClure, MD – Owner/President – MD Partners, Inc.

And it...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

What we talked about a couple of days ago is that this should be intentional. If you're trying to pull claims data it would be coded administratively and that could still be incorporated but it shouldn't be haphazard the way it is now.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right that makes sense.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

As the...

Robert McClure, MD – Owner/President – MD Partners, Inc.

But, do we need to say that then? I mean, because this is...yeah, I would just leave...then if that's important and I get the sense...yeah, I don't know that you need any of that. Yeah, that's better. You might want to put "hybrid measures."

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think the only question here is, are we suggesting that hybrid measures are not eCQMs, electronic clinical quality measures; they are data obtained clinically and data obtained from administrative sources that are combined. Is that correct or...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, CMS is currently specifying some hybrid measures and they intend to continue to think of them as CQMs.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

CQMs or eCQMs?

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

eCQMs.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Although I don't know that...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think their intention...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Maybe we...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

They're going to be able to...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Maybe what we want to say is not to kind of be so focused on this and instead say something like, it's, you know, again I don't have this wordsmith'd in my head yet so I'll just say what I'm thinking, that the changes that we've suggested does not preclude the specification of eQMs that purposefully use both administrative and clinically encoded data.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think that's closer to what we're trying to say.

Robert McClure, MD – Owner/President – MD Partners, Inc.

I wouldn't say "in the future." I would say, it is our intention that the use of administrative, right, should always be delivered.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right so the example would be for all patients for whom claims are...there is a claim for this service.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Let's look at the clinical data and that's intentionally...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Using administrative and clinical data.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right, exactly.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah, because it allows you to incorporate utilization information.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, I'm just doing a time check, it's 18 after the hour, it sounds like we've done a good job looking through the edits to these recommendations. I think given time what might be helpful is if we can send the recommendations out for one last review by the group and give you a couple of days to comment so that we can come up with our final set of slides for the Standards Committee next week.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeah and Floyd really the only slide that we haven't discussed is this one. So, do you want to spend five minutes on this?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Sure, I can spend just a couple of minutes. We had two secondary questions and what is the impact and what's the potential cost. So, we did not do an evaluation of cost so it's more of a summary but it's basically suggesting that testing currently, measure testing currently addresses information captured in existing transitional vocabularies so we know the reliability and validity or potentially can, but without the...we'd have to reword barring federally approved, but algorithms and services using federally approved, federal principles that consistency of data capture can't be assured. And it's just an answer to that comment. Any comments on that one?

It is just answering our additional two questions. And the other one was talking about the potential cost and just addressing the recent change to ICD-10 coding has a large impact on vendors and providers, and changing direction in the near-term would have significant impact and cost.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Floyd, I'm not sure if I understand this sentence here. Can you rephrase that so that I can maybe clean up the language?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Currently measures using the terminologies that they use can...measure developers can evaluate reliability and validity, but until we know how people will use other terminologies we don't know...we can't necessarily assume that just because they use the terminology that it's valid or that it's reliable. There are workflow issues as well.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I'm just not sure if I agree with the current measure testing.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Results and reliability, and validity.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well, I don't know that it does, I think it potentially could.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I think I want it...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

So, maybe...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

To say unknowable.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

That's fine.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

That's...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Maybe it's not known now and we don't know what the change will be. Maybe that's a better way of saying it. Because some of it is not the terminology but it's how you manage your problem list, how you manage your allergy list and its workflow more than it is the terminology.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Isn't it just, I mean, answering the question, wouldn't that just be the inconsistency. What is...the question is what is the impact of retaining transitional vocabularies and the reliability and validity of measures or measure results and I would say that the answer is we would have continued inconsistencies and inability to compare between institutions because that's the problem, right?

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I agree.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I like that.

Robert McClure, MD – Owner/President – MD Partners, Inc.

I think the answer to this is, to that question, is that given that there is so much variability in the encoding of data due to workflow and implementation differences that the addition of transitional vocabularies creates unacceptable variation in the analysis of quality measure data.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Well said.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I almost want to say, it's bad enough, even if we got rid of transitional vocabularies that we know that adding transitional vocabularies just makes a bad thing worse.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Keeping you mean.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, sorry, keeping, yeah.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Now I feel like...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

And I think we could leave the second sentence off.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Well, I, yeah...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay...

Robert McClure, MD – Owner/President – MD Partners, Inc.

You can get rid of that second sentence but I would say it is not possible to assure measure results are comparable when transitional vocabularies are included. I wouldn't just get rid of that. Yeah. You might actually say when transitional vocabularies without, that part that you have there...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

I think that's good.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Okay.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, one thing that was in...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

The sentence that I deleted, pulling it out that the lack of any mapping guidance makes that an even greater problem.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right that's what I was...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I don't know if you...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Going to put in there is that...

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Okay...

Robert McClure, MD – Owner/President – MD Partners, Inc.

You know transitional vocabularies without vetted translational...

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

No, I don't think that's...I don't think we need that because what we all already have said is that even with the single vocabulary primarily a single code system we're going to have to vet an algorithm.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Or approved algorithm.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Right, right.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

So...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I wouldn't say that problem compounded I would say particularly without vetted, you know, a vetted translation from the transitional vocabulary to the anointed vocabulary whatever we're going to call that thing, mapping guidance, you could just leave that. You could just...that's fine without vetted mapping guidance.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Do we want to say something about needing mapping guidance if we were to move to a single vocabulary or do you think that's really not relevant to this particular question?

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

I think we said that earlier.

Robert McClure, MD – Owner/President – MD Partners, Inc.

I think you've alluded to that elsewhere. Yeah, I think it's in there.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Okay, do you want to briefly glance at number two?

Robert McClure, MD – Owner/President – MD Partners, Inc.

It looks fine although I'm not sure why it's just focused on ICD-10.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

It was just indicating that if you're going to...we already have a lot of cost on ICD-10 that was put out there and so maybe we can just say, we don't know what the cost is but folks have just gone through this exercise so asking them to do another one on top of it would be complicated.

Robert McClure, MD – Owner/President – MD Partners, Inc.

Yeah, I think what we might want to say is, you know, well, I don't know if we want to say this, but assessing the cost would be valuable, you know, through...assessing the cost through pilot testing...

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Right, I should say...

Robert McClure, MD – Owner/President – MD Partners, Inc.

Might be valuable.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Yeah, we should be careful. We have three minutes left and we do have to go to public comment. So, perhaps we can finish this and the other...any other edits through the e-mail group.

Julia Skapik, MD, MPH – Medical Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I'll leave it like this.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Okay. And shall we go to public comment?

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

Sure, Jaclyn can you please open the lines?

Public Comment

Jaclyn Fontanella – Virtual Meetings Specialist – Altarum Institute

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

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

So, while we wait for public comment, we'll share the notes that Julia took today and we'll think about a deadline for receiving feedback to make sure that we have feedback in time for the Standards Committee meeting next week. We can touch base off line at what makes the most sense so that we can aggregate everything in time for the meeting but we'll include that when we send it out. And it looks like we have no public comment. So, thank you Julia for taking notes today and thank you all for your patience with us.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Thank you all very much and also for your patience with my fire alarms.

Robert McClure, MD – Owner/President – MD Partners, Inc.

All right, thanks.

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

Thanks, everyone, have a good day.

Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC

Thanks.

Gay Dolin, RN, MSN – Clinical Integration Specialist – Intelligent Medical Objects, Inc.

Bye-bye.

Public Comment Received During the Meeting

1. Julia Skapik: We support the original intention of the HIT Standards Committee to migrate towards encoding data to support clinical workflow and patient care rather than administrative activities. We also believe this coding will better support secondary use (Quality Measurement, Research and Reimbursement).
2. Rob McClure: Bullet #1: The original intention of the HIT Standards Committee to migrate towards encoding clinical data to primarily support consistent provision of patient-focused point of care medicine that is evidence-based, utilizing clinical decision support where possible. It is expected that secondary use of this encoded data (Quality Measurement, Research and Reimbursement) is preserved as a goal.
3. Rob McClure: Multiple terminologies for a single type of data may be allowed until the changes suggested above are implemented.