Clinical Quality Workgroup
Clinical Quality Measures Essential Components Tiger Team
Draft Transcript
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Presentation

Operator
Ms. Robertson, all lines are bridged.

MacKenzie Robertson – Office of the National Coordinator
Good afternoon, everyone. This is MacKenzie Robertson in the Office of National Coordinator for Health Information Technology. This is a meeting of the Health Information Technology Standards Committee's Clinical Quality Workgroup, Clinical Quality Measure Essential Components Tiger Team. This is a public call. There will be times.... This call is also being transcribed. So, I ask that you please identify yourself before speaking and I'll now take roll of the members and after the conclusion, ask any staff members to identify themselves. Jim Walker?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Here.

MacKenzie Robertson – Office of the National Coordinator
David Baker? Keith Boone.

Keith Boone – GE Healthcare – Standards Architect
Hi I'm present.

MacKenzie Robertson – Office of the National Coordinator
Hello, Keith. Christopher Chute? Jason Colquitt? Floyd Eisenberg? Brian Levy?

Brian Levy – Health Language – SVP & CMO
Yes, present.

MacKenzie Robertson – Office of the National Coordinator
Thank you. Galen Murdock?

Galen Murdock - Veracity Solutions
Present.

MacKenzie Robertson – Office of the National Coordinator
Marjorie Rallins? Joachim Roski? Phil Renner? Gene Nelson? Aneel Advani? John White? Katie Goodrich? And if there is any staff on the phone, if you can please identify yourself.

Jacob Reider – Office of the National Coordinator
Jacob Reider from ONC.

Dana Womack – Office of the National Coordinator
Dana Womack, ONC contractor.

Kevin Larsen – Office of the National Coordinator
Kevin Larsen, ONC.

MacKenzie Robertson – Office of the National Coordinator

Hello, Kevin. Okay, Jim.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, thank you very much, MacKenzie. Thank you for helping us out today. So, if I got the count right, there are four ... member present.

MacKenzie Robertson – Office of the National Coordinator
Correct.

Keith Boone – GE Healthcare – Standards Architect
This is Keith Boone. I had a quick question. I had downloaded the PowerPoint presentation from the Web site, or at least I thought I had and it looks like it's not—it's looks like what's ... Web site is not....

MacKenzie Robertson – Office of the National Coordinator
Is not what?

Caitlin Collins – Altarum Institute
On the HIT Web site?

Keith Boone – GE Healthcare – Standards Architect
Yes. It looks like I'm looking at—

Caitlin Collins – Altarum Institute
They don't actually have today's posted up yet. That's the one from yesterday.

Keith Boone – GE Healthcare – Standards Architect
Oh, that's the one from yesterday. Thank you.

Caitlin Collins – Altarum Institute
You should have received a PowerPoint in an e-mail sent this morning.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, maybe someone could just resend that quick.

Jacob Reider – Office of the National Coordinator
I'll send that to Keith right now. Anybody else?

Keith Boone – GE Healthcare – Standards Architect
I've got the e-mail from this morning.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Oh, okay, great. So, there's only four of us. That doesn't amount anything like a quorum. I think we better go ahead and work. Maybe we won't have anything that requires a quorum that we need to do today, or at least until some of the people arrive. I know Floyd was planning to be here.

So, welcome and maybe the first thing we should do since we don't all know each other and face-to-face meetings will be ... none, maybe we could just go around quickly in alphabetical order and say who we are and sort of what brings us here in terms of interest and experience. Keith, that means you go first.

Keith Boone – GE Healthcare – Standards Architect
So, this is Keith Boone. I tend to introduce myself as a standards geek for GE Healthcare and I represent GE a number of different standards ... including my role as a member of the board of HL7, a co-chair in ING and an active participant in several S&I framework projects including query health and transfers of care.

My interest in this particular space essentially stems from the work I've been doing in query health in terms of work on the HL7 e-measures format to help standardize measure structure so that they can be automatically computed to support query health, quality measurement, population health research activities.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Great. It's a pleasure to have you, Keith. Brian, I think maybe you're next.

Brian Levy – Health Language – SVP & CMO
Yes, hello. I apologize for the background noise. I'm in an airport right now, but I should be able to stay on for most of this call. So, I'll try to stay on mute as much as I can.

Again, this is Brian Levy. I'm the Chief Medical Officer at Health Language and I've been there for 12 years or so and looking at the terminology ... and standards-base for that.... ...and prior to this committee I was one of the CPA at ... Interoperability Workgroup Committee ... standards.... ...be working with this group.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Great. Good to have you, Brian. Galen?

Galen Murdock - Veracity Solutions
Yes, thank you. I apologize for having dropped off due to.... So, my name is Galen Murdock. I represent Veracity Solutions. We are a software product development consulting firm, specifically do a lot of work in healthcare. I've got 20 years' experience in product development and that works with about four different major VHRs and hospital systems, ambulatory, home care, back-end. I was an HL7 programmer back in the day and worked as ... architect for much of my career and now ... executives to develop plans for better healthcare applications.

In my particular interests, I've seen a lot of need for better quality, mostly from a patient-centric, Hippocratic oath fashion and I'm very passionate about making sure the technology balances innovation with safety and quality whether it's ... password ... and CMS or work in control medical terminology or decision support or rolling out electronic transcribing or anything on the CTOE front on the hospital side, I've seen the benefits of standardization and also frankly, some of the bureaucracy, and I'm hoping to help to ... more.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Great. Good to have you. Have any other members arrived in the mean time?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant
Floyd Eisenberg.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Oh, great, Floyd. We're just doing brief introductions of our interests and experiences that bring us here.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant
Okay. Do you want me to do that?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Yes, please.

Floyd Eisenberg – National Quality Forum
Okay. I'm with NQF, their Health Information Technology area, having had experience working with our measure authoring tool that's available for HHS contractors for measures they're currently expressing though meaningful use. I spent most of 2010 and '11 helping ... developers retool a significant number of measures from paper-based to electronic management format.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Great, thank you. I'll do me and then maybe the staff and ... could introduce themselves. I'm Jim Walker. I'm Chief Health Information Officer, Geisinger Health Systems and an internist and a future cognitive psychologist. So, my interest in all of this is creating usable and useful processes and teams and help IT to support them improving care. Staff and ex officios?

Jacob Reider - Office of the National Coordinator
Okay. Let's see - alphabetical, first name or last name is a good question. I'm going to go first. This is Jacob Reider. I'm a family doctor at ONC, have been here at ONC for six months, but have been in the industry for about a decade working in this domain. I'll pass the baton to Kevin Larsen.

Kevin Larsen - Office of the National Coordinator
I'm Kevin Larsen, an internist and been at ONC about six weeks. I am the Tom Tsang replacement, the medical director of meaningful use. In my past life, I was the CMIO of ... County Medical Center where I oversaw deployment of a system-wide EHR and did quality improvement and quality measurement.

Dana Womack – Office of the National Coordinator
And this is Dana Womack I have a background in nursing informatics and have worked in product development, implementation and health IT consulting. I was previously at ONC for a few years, you may know me from clinical decision support assistance and I'm very happy to be working with you.

Jacob Reider - Office of the National Coordinator
I think that's it for staff, Jim; so, back to you.

M
Did we lose Jim?

Jacob Reider – Office of the National Coordinator
I don't know. Maybe the gremlins really are in action today. Jim, are you there? Okay, so in Jim's absence, MacKenzie, your judgment here. Should we poor, John or—

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Hello. Sorry about that. They got me too. So, thank you. This is a great team. Obviously, we've got ... people to ... and I also want to encourage you as we're working through value sets and the other essentials that we identified, if you become aware of somebody else who has expertise that ... be sure to let us know right away. We want to make this the most effective group we can.

So, we'll just review quickly the agenda and the Tiger Team purpose. Today, we're going to talk about values and sort of the core example, the first example of essentials for clinical quality measurement system and then talk about where we are in terms of meaningful use too. Do we have value sets that we need? Are they genuinely usable and useful? What needs to be addressed and how fast to optimize them? And then, we'll go to public comment.

I think we can go to the slides; if you want to go to the second slide. So, the Essentials Tiger Team focuses on what we need for a high quality, clinical quality measurement system and obviously, one of the first things is value sets. The Standards Committee had done some fairly thorough, I think, initial work on terminology and the Quality Measures Committee participated with the Vocabulary Committee on that. But, of course, there's always improvements; things like demographics ... other terminologies remain to be—kind of standard terminologies remain to be an identifier ... in some of those cases.

And then, the other thing we want to think about ... care is how these value sets will be maintained in a way that they're accessible, that they're usable, that they continue to represent best evidence care and also really enable people to report the kinds of quality that are identified as we go forward as being critical components of value care.

So, it isn't easy on the phone, but I encourage you to jump in whenever you need to, but maybe now is a good time to stop and ask if that focus makes sense in a general way and that maybe to even start to identify other things besides value sets that we'll want to address as we work together in future meetings.

Keith Boone – GE Healthcare – Standards Architect
This is Keith. I think one of the key issues in quality measurement and in some of the other aspects of things that we're trying to improve, decision support ... is going to get us back to the linkage between and across value sets and the clinical guidelines for which you ... decision support or perform measures, etc.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great. Do you want to say more about that? Maybe an example of how that plays out?

Keith Boone – GE Healthcare – Standards Architect
So, in terms of an example of how that plays out, one of the examples I reviewed a couple of years ago was clinical guidelines for treatment and care of diabetic patients and there was an international guideline that had been put together that talks about all of the different things that are necessary from screening to diagnosis to treatment, etc.

In the context of the dialogue, you'd think that it was fairly clear what was being talked about in terms of, for example, doing certain kinds of screening tests to screen patients for possible diagnosis for further evaluation for.... And so, they described some tests, but the challenge is when you actually go and implement that guideline, you look at the name of the test and you go, "Okay. So now, I've got to go find ... codes associated with this particular test and figure out which ... codes they're talking about."

When we're talking about diabetes itself, what are the applicable diagnosis codes in ICD? What are the applicable codes for the disease in SNOMED so that we can actually understand at a computable level what the guidelines say because the guidelines are all in English. It's all very nicely written, actually quite detailed flows, but it has to be translated into something that can be acted upon by the computer so that you can perform clinical decision support, so you can measure what's actually happening. I think the real challenge is actually tying those pieces together.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Right, okay. Any other thoughts about this? Any other central components we want to put on the parking lot for the future?

Kevin Larsen - Office of the National Coordinator
This is Kevin Larsen. I just met with the Policy Committee's Clinical Quality Measurement Workgroup chair this morning, David Lansky, and a couple of items that the Quality Measurement Workgroup would like some standard development around are patient reported outcomes and care coordination. They're both high priority areas that currently are—there's been a lot of concern that we don't have standards and measures to support those high priority areas. And so, we are busy working on the measures, but that measures group feels that they will need support from standards.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay. I'm guessing as a member of that measures group, I'm guessing this has been—by the way, try hard to identify ourselves. I know it's easy to forget. I assume this workgroup and the Standards Committee will be able to work more usefully if the content of those standards has been identified. Is David all ready to even identify a set of 15 or 20 out of which 5 or 8 might be chosen?

Kevin Larsen - Office of the National Coordinator
I think that likely what would be the case is that a similar kind of exploration with some stakeholders to figure that out. We were just talking about that today. I think there are some ideas about what would do this best.

For example, patient recorded outcomes could take a number of different directions. One direction you could take would be a standard that would require patient rules, for example, to allow some kind of patient reported outcomes to be present.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay.

Brian Levy – Health Language – SVP & CMO
This is Brian, a quick question. Will this group be creating a ... or ... try to identify ... already out there, will recommend others...?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Jacob, do you want to take that or do you want me to? This is Jim.

Jacob Reider – Office of the National Coordinator
Brian, this group in general is not a creator so much as an appointer if that answers your question.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Yes, it's a different language. This is Jim. I say that we might specify them or identify needed value sets, but probably hand off to somebody like National Library of Medicine who's good at doing it and who also knows if there are existing value sets that entirely or largely meet the specifications.

Brian Levy – Health Language – SVP & CMO
(Hard to hear speaker)

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
I'm sorry; whoever is talking is breaking up a little bit.

M
This is.... Can you hear me?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Yes.

M
I was going to say I think we'll be doing a fair amount of recommendation on value sets that needs to be completed ... a lot of ... value sets out there. So, I don't think there are enough existing value sets out there.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, thanks. Jacob, this is Jim. That raises a question. Do we have someone on the committee that's supporting us who is an expert on what value sets do exist? Floyd, is that you or do we need someone who can help us know when we start talking about this if there's something there or the language we need to use to specify them in a way that's executable?

Floyd Eisenberg – National Quality Forum
Well, this is Floyd. To answer your question, I don't put myself out as a person ... out there ... own value sets at all. We work with vendors—I mean measure developers who create value sets for their own measures. So, my question is is this group intended to identify value sets, or more identify what is the infrastructure needed to make sure value sets are created appropriately that is harmonized and made available and kept up to date because that's what I thought the...?

Jacob Reider – Office of the National Coordinator
This is Jacob. Floyd, I agree with exactly what you just expressed because pointing to individual value sets that ... for requires much more of a content focus, which would be more in the domain of the Policy Committee with reference to the quality vendor. I don't think this ... so much as what are the attributes of the ecosystem that would cause value sets to be available? How do we maintain them? How do we harmonize them; all of the things that you just said much more eloquently.

Floyd Eisenberg – National Quality Forum
This is Floyd again. I guess my question on ... reported outcomes as an example - the specific outcomes sought or the tools to identify those. I think what you'd be looking at is do they exist ... content, but I almost question this is actually deeper than value sets. How do I know when it's ... EHR that it came directly from a patient? That's a prominence issue. So, is that part of the scope of the team?

Jacob Reider – Office of the National Coordinator
I think that's a structural question.... So, if we need to know about prominence of something, is the structure of a value set adequate to carry that information and I actually do think that would be instilled here, but, perhaps as you say, a little bit deeper. So, that might be something we consider later after we talk about the depth of the ecosystem. So again, I'm interested in the thoughts of others on that question.

M
This is ... from IHS; so just to comment on the previous two comments. I think one thing that is helpful without our all being experts on specific value sets or ... modeling, etc. is to try and identify within the constraints of sort of potential quality measures.... The distinction between what can be derived from EHR models versus what is sort of a communication standard, what ... HQMS versus ... the relationship between that flow between EHR information or patient information to the definition of quality measures to actual ... and just making a clear contribution to where different value standards are required between each of those steps, which will actually help all the different type of communities address further standardization.

Keith Boone – GE Healthcare – Standards Architect
This is Keith. Just looking at, for example, the two areas where we're talking about maybe value sets being needed or even measures being need for ... in terms of our efforts, I think it would actually interesting to ... the steps that you would go through in order to eventually get to a particular value set, maybe even ... as examples. I mean I ... sort of the first step of, okay, well, if we're looking for ... for query outcomes or care coordination, how do we figure out what data we need to gather? Where is the evidence that tells us what data we need to actually tell us that we're doing well or not?

And then, what is that data? How do we make decisions about the vocabulary they like to use to enable to us—to deal either with the capture of that information, ... of that information or even in some cases, just the automatic computation of that information ... or....

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great. Others?

M
This is ... here. I would like to come back for a minute to the notion of covenants and I think the covenants should be dissociated from the value sets themselves. So, basically, what we mean is we want to know if it's diabetes as reported by the patient or reported by the doctor. So, it might be ... in a different ... system. That's really important. The point is who reported it and to some extent, ... same difference as ... oncology and.... I think we shouldn't mix up what it is that we're talking about and how we came into knowing what it is.

Floyd Eisenberg – National Quality Forum
This is Floyd Eisenberg. I wholeheartedly agree. My only question of whether a value set plays a role is ... the type of individuals used across this ... should there be a value set for.... Otherwise, I would totally agree.

Galen Murdock - Veracity Solutions
This is Galen. ...top of the hour, but I agree with what's been said. I also want to emphasize that making them computable, ... the gap between knowledge and what's actually ... understood with ... that ... condition. The more we can do to bridge that particular gap, which most EHRs suffer from and ... mapping between ... how it can be multilingual from a value set standpoint, the better off this committee I think will be—the more ... committee will be in ... of making.... With that, I apologize, but I got to leave for.....

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, thank you. All right, so it sounds like we've identified prominence as a separate concern from scientists. We obviously have to be able to connect with them, but it's a separate ... and needs to be a separated issue. This is Jim. I'll just tag on what's been said that we're probably going to need to characterize the patient's care team in a way that has not been done in a standard way. So, that is one of the elements of prominence is which member of the patient's care team ... nurse care manager, pharmacist, all of that. Who does this information come from?

And then, I think someone raised the idea of communication standards. We'll need to flush that out if someone wants to now or when we come back. And then, I think another form of metadata besides prominence was raised with the likelihood of data accuracy or some measure of the quality, of the reliability of the data. Is that an accurate reflection of what was said? Okay, well, we'll put that on parking lot in any case.

So, Jacob, then I have a question for you and Floyd I guess. This is Jim still. David's question about value sets doesn't really sound from what Floyd said like it matters for this workgroup except ... any care coordination or any patient reported outcomes value set is the—to address things like prominence. But, as far as identifying a value set for information, it sounds like that is somewhere like in maybe David's workgroup.

M
I think that's right.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay. So, that comes off of our—and so, what we'll be doing is focusing on value set creation standardization and....

M

That's right. I think the key there is that as they start to begin their workgroup ... about value sets that might be looking for new kinds of information that hadn't previously been represented, how does that push the envelope on our end in terms of the structure that these things may ... the kind of value set? But, the content itself, I would agree with that scope.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
And so, I guess another sort of follow-on from what you said is that we might feed to David our ideas about prominence and communication and likelihood of data accuracy as we sort of test that. That sounds like the kinds of things that they might be thinking about and needing in....

Any other thoughts about either about our approach to value sets or other essentials? Those remain open. By the way, all of you feel very free to send the thoughts that occur to you after the meetings or whenever they occur to you to, I guess, Dana or Jacob or me, whoever you find is easy to send them to and we'll try to ... those and bake them into the workflow.

All right, we can go to slide then and the recipe is to remind you that I haven't had lunch yet. So, what goes into a value set or into a measurement system? The next slide, slide four you see a demonstrative sort of schematic or cartoon of the way we move from the design and of course, interpretation of science to create ... through to measures that ideally ... developers think would reflect appropriate ... to value sets that help us really advocate those quality measures in large populations of patients by the way of Health IT and other modalities and then intervention value ... kinds that help us measure what we're doing.

I'm going to go ahead to five unless anyone has any comments. We probably need to move fairly ... for the business end of the meeting, but in terms of our value set creation, the idealized model would look something like that. I think what we all are working towards and hoping for is increasingly it will be the guideline creators who learn to ... and expressing their guidelines both in rigorous natural English and in appropriate code sets so that it doesn't take so much interpretation of their ... to create the quality measures. Then, use value sets to support the measures, identify value sets and reuse them as appropriate and build new ones as necessary, really check their usefulness and usability.

I think that would be the serious issue that maybe we haven't addressed all that much yet. How do we know that a value set is usable and useful? Are there standards that we and others have developed that we encourage the development of that enable people to perhaps ... to know that the value sets were ... and appropriate? Any thoughts on that cartoon?

In slide six, sort of the important thing about slide is that two-stage development where the first need is to have value sets humans can read and know what is meant and how they can be used, but then also to create equally ambiguous machine readable value sets that make it easier and easier to build these things through the software.

Next is the value set progression. We've move from fixed-based descriptions into ones who ... formats ... early and ... have standardized control value sets that are publicly available and are well managed, that are up to date in terms of the best usability, usefulness, as well as clinical content and the creates a system that makes it more and more the case that they can be consumed automatically rather than in a human managed process. It talks about that....

M
I think this is a key piece, this slide, that demonstrates the target of this project. So, if, and this is obviously up for discussion. Sort of our goal here is to deliver for meaningful use to improve specifications, delivery of value sets that align with the clinical quality measures that have been proposed for stage two. What are we missing and what are the key things that this group ... we ... CMS focus on in the coming months so that we can get to kind of a GA date to use a software term for meaningful use stage two that prepares the nation for success? What are the core things that are missing that we may or may not have yet?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer

Great. Any other comments? So then, I think slide eight, we want to talk about how value sets evolve or perhaps better how they're created and managed, particularly the challenges and opportunities we see in that. What about the development of value sets can be made more efficient, more transparent, more really culminated and how can they be—what are the characteristics of value sets that we really need to see? Maybe we can start there. What are the desired characteristics of value sets? Do we list them farther down...? Yes, on slide ten.

Why don't we look at slide ten and think about other characteristics of value sets that we want to identify as being key to their usability and usefulness.

M
So, in terms of key characteristics, I mean you talk about.... I think one of the key issues is searchable, accessible.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great.

M
So that you can actually find the particular information that you need. So, you said ... in terms of infrastructure. We need an infrastructure ... and something that we've not addressed directly on this call of ... previous ... is the issue of them being public domain. So ... building blocks ... that particular slide is something that needs to be addressed maybe not by this workgroup, maybe the policy workgroup, but it's not helpful if there's a value set that ... that they can't be reused at a particular quality measure because of various restrictions on use.

M
This is.... Part of the other items is clearly burdened with clear description of the version of the ... that the value set is based upon.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
This is Jim. So, maybe part of the curation including that and other aspects? Any other—I guess the good point—I'm sorry I didn't recognize the ... who ... people can't find them. If they're not easy to find then we won't get much.... I think that's right on and at least it suggests to me that that's one of the things ... into. When you think about Medline and mesh headings and what librarians do with literature, articles and papers and all to make them searchable and findable. I guess it strikes me that ... we need ... is like library function to make these things generally accessible.

M
Also, I think a fairly defined use case for the value sets. Is this value set simply tied to a certain measure? ...other areas? ...list of the.... And so ... multiple ... for a list of diabetes ... all that. So, I think having a clear understanding of the use case and value sets is first.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great.

Keith Boone – GE Healthcare – Standards Architect
As we're running through this list, again, this is Keith, I'm reminded of some work that HL7 had done in terms of business requirements for a template repository with some value sets show modest similar characteristics with respect to the kinds of metadata that needs to be captured for a co-system value set or a template and we're making information accessible to address issues of governance, to address issues of ... control, approval, etc. ...that up and send it out.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Where would the staff the—you said Jill will send that up to us?

Keith Boone – GE Healthcare – Standards Architect

I will send that—yes.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Super. Great. I guess, Keith, part of what you're talking about in terms of that kind of metadata might be hard to design for what kinds of measures that have already been used for in the past. ...working on these, you get a sense of both what it's designed for and also where it's been used so you get a sense of ... in that case.

M
(Hard to hear speaker)

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great. Keith, I think you had a comment about work that IT may have done around VSBS and what a repository might look like. Is there a role for that in this picture?

Keith Boone – GE Healthcare – Standards Architect
So, there is certainly a role for the user of inoperable standards to communicate to a value set repository. IHC has created a profile called sharing value sets which is the simple way to get access to a value set provided that you notice its identifier. It is essentially built on top of the functionality of clinical terminology services, but it's a very simple Web service. It actually is both a ... and restful interface available... able to query value sets and ... representation ... turn it into, for example, a tabular representation so you can load it into Excel or to a database or any of those sorts of things.

Actually, the Query Health Workgroup in the SI framework has already determined that they're going to be using SVS in order to enable access to value sets for their particular use system. ...does not fit ... the requirements that you have for a value set infrastructure in terms of being able to search, manage, etc. and for that you probably want to be looking at more ... standards, maybe something like clinical terminology services, but that's most about query and not about....

M
Would you want this to be a formal recommendation at some point about the methods with which a repository would communicate value sets? So, if we were to cause a repository to exist, would this group have a recommendation for how that repository would interact with the rest of the world and would that be ... as a starting point? As I recall ... also references CTS2 ... interactions if I'm right about that.

Keith Boone – GE Healthcare – Standards Architect
So, yes, I would love to see that as a formal recommendation of the workgroup. If there was such a repository, these are the applicable standards and their particular uses for getting access to the information in the repository.

M
Very helpful. Thank you.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
So, Keith, this is Jim. I would think we'd need to know both the needs that ... and then, as you started to indicated, what are the additional needs that we would need to meet for this work and identify how those would be added at SVS or tended to SVS I guess would be a better way to say it.

Keith Boone – GE Healthcare – Standards Architect
Well, so there are a variety of different standards that you can use to access information about value sets. SVS has a particular purpose, which is to be able to configure ... to get access to a particular value set to exchange the information about that value set once you've identified it.

For some of the wider uses for which we've described needs for information technology, again, on your previous slide, for example guidance at discovery, identification of value sets by the purpose of use, etc. might require use of a standard with more breadth like the HL7 local terminology services which is

essentially for being able to query for the value sets by the metadata describing them and get access to particular information about codes, etc. and then in the broader sense, you also need to be able to manage, create—create the value sets ... data associated with the value sets.

In terms of ... being able to support that sort of infrastructure, I'm actually not familiar with any specific standards, ATIs, etc. that enable people to create value sets per se. It may be that there are some pieces in FTS or ... that's ... to that particular use. We have to look at specific sets of requirements, exchange of value sets being one, discovery of value sets being another and creation and management of the lifecycle ... through the....

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great. So, ... someone to do their magic and make a cartoon of those ... layers of standards that we could use to think about how we make this all work together.

All right, well, I just noticed the time. We're at actually 12:24 and we need to give five minutes for public comment. So, we have a minute or maybe just over for anyone else to sort of respond to this discussion or add any additional insights.

Okay, MacKenzie, we're at 12:25. I think we can do these last few slides, I guess, at the next meeting. I think we need to be fair with the public comment time.

MacKenzie Robertson – Office of the National Coordinator
Sure. Before we go to public comment, I just wanted to check one more time to see if anyone who wasn't on the phone when we did the roll call if you just want to state that you're here now.

Jason Colquitt - Greenway Medical
Yes, this is Jason Colquitt I was on late after roll.

MacKenzie Robertson – Office of the National Coordinator
Thanks Jason Anyone else?

Olivier Bodenreider
Oliver Bodenreider, also came late.

MacKenzie Robertson – Office of the National Coordinator
Okay, thank you. Okay, operator, can you open up the line for public comment please?

Operator
We do not have any comments at this time.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
All right, thank you. Okay, MacKenzie, do we have the next meeting of this group scheduled?

MacKenzie Robertson – Office of the National Coordinator
I'm showing it's on April 11th from 2:00 to 3:00.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay, great, from 2:00 to 3:00 eastern?

MacKenzie Robertson – Office of the National Coordinator
Yes.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Okay. So, at that time, we'll ... today's discussion, combine it with the slides we didn't get to from ... today and then I think we'll probably be ready to start making some additional recommendations as a result of

the discussion in that meeting. So, we look forward to you all being present and thank you for your great contributions today. Anything else, Jacob or Dan?

M
No, I think we're all set. Thank you, Jim and thank you, team.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Have a good day.