

**HIT Standards Committee
Vocabulary Taskforce
Clinical Operations Workgroup
Draft Transcript
September 10, 2012**

Presentation

Operator

All lines are bridged.

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good morning everybody, this is MacKenzie Robertson in the Office of the National Coordinator. This is an early call, a joint meeting of the HIT Standards Committee's Clinical Operations Workgroup and Vocabulary Taskforce. This is a public call and there will be time for public comment at the end of the agenda and the call is also being transcribed so please do make sure you state your name before speaking. I'll now take roll call and since it's a joint call, I'll do Clinical Operations Workgroup first followed by the Vocab Taskforce. So, Jamie Ferguson?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Present.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Jamie. John Halamka?

John Halamka, MD, MS – Harvard Medical School

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, John. John Bechtel? Christopher Chute? Martin Harris? Kevin Hutchinson? Elizabeth Johnson? John Klimek? Rebecca Kush?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Rebecca. Nancy Orvis? Wes Rishel? Cris Ross? Joyce Sensmeier? Karen Trudel? Jay Crowley? Terrie Reed? Okay and for the Vocabulary Taskforce, Jamie Ferguson I know is here. Betsy Humphreys? Don Bechtel? Christopher Chute? Bob Dolin? Floyd Eisenberg?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Present.

MacKenzie Robertson – Office of the National Coordinator

Floyd is that you? Floyd are you here?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yes.

MacKenzie Robertson – Office of the National Coordinator

Okay, yes, perfect, thank you. Patricia Greim?

Patricia Greim - Veterans Affairs

Patricia Greim is present.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Patricia. John Halamka is on the line. Stan Huff?

Stanley M. Huff - Intermountain Healthcare

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Stan. John Klimek? Rebecca Kush is on the line. Clem McDonald? Stuart Nelson?

Stuart Nelson – National Library of Medicine

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Stuart. Marjorie Rallins? Dan Vreeman? Jim Walker? Andrew Wiesenthal? Doug Fridsma? And Marjorie Greenberg?

Marjorie Greenberg – Health and Human Services – Center for Disease Control

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Great, thanks, Marjorie. Are there any staff members on the line?

Amy Gruber - Centers for Medicare & Medicaid Services

Amy Gruber, CMS.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Amy.

Anthony Oliver - Human Resources and Services Administration

Anthony Oliver, HRSA.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Farrah Darbouze, ONC.

MacKenzie Robertson – Office of the National Coordinator

Sorry, I heard Farrah from ONC and who else?

Anthony Oliver - Human Resources and Services Administration

Anthony Oliver, HRSA.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Anthony. Okay, Jamie, I'll turn it over to you.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, great, well, thank you. So our agenda today is we have a sole agenda item which is to review questions that were assigned to us through the Standards Committee by the Health IT Policy Committee that are intended to inform some of the decision making around Meaningful Use Stage 3 proposed criteria and so we have, as John mentioned, we have 17 questions and that is our sole agenda item, if we're able to get through these with answers in less than the full 2 hours than we can cut this meeting short a bit following the public comment. Is there anything else that we need to discuss on this call or is that agenda agreeable to everybody?

John Halamka, MD, MS – Harvard Medical School

And to give you just a quick preamble, so basically what happened is that the Policy Committee Meaningful Use Workgroup has, over the last couple of months, been thinking through its aspirations for Stage 3 just as you said and they have been gathering these questions, which they've been forwarding to various members of ONC staff and Standards Committee over the last month or so and the number of questions has grown to be quite extensive in the, what I'll call sort of ad hoc, trying to be helpful to their early deliberations a number of us crafted a few answers, so what you'll see in today's questions is some, what we'll call preliminary answers which are just best guesses. So, really, as Jamie has said, purpose of the call today is to take the brain trust we have on the phone and to seriously ask across the entire standards landscape, do standards exist that support some of these aspirational goals in Meaningful Use Stage 3?

Patricia Greim - Veterans Affairs

This is Trisha Greim, I have a question?

John Halamka, MD, MS – Harvard Medical School

Go ahead.

Patricia Greim - Veterans Affairs

Do we have a quorum?

MacKenzie Robertson – Office of the National Coordinator

Hi, this is MacKenzie, for Workgroups we don't need to worry about a quorum that's only for the full committee meetings.

Patricia Greim - Veterans Affairs

Okay, so we don't need to concern ourselves with whether there is a quorum or not, thank you.

MacKenzie Robertson – Office of the National Coordinator

Sure.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But, you know, I think that question...we do have a wide ranging group of representatives on this call and so personally I feel good about the nature of the responses that we'd be able to craft on this call.

John Halamka, MD, MS – Harvard Medical School

And I would say we aren't making decisions today, we are simply coming up with our best advice and so obviously, I hope, others join the call along the way and I'm sure that in our Standards Committee meeting deliberations that they'll be an opportunity for further input. So, as Jamie said, we should go forward because the Policy Committee is desperate for advice by the 12th.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, exactly. Okay, so why don't we start off then with the first question, which is I don't see it on the web yet, but it's number 102, the issue is that in this aspirational goal EHRs would need to be able to consume external lists of "never" combinations, and so the question has to do with what standards would be required, and so John did you write this preliminary response here?

John Halamka, MD, MS – Harvard Medical School

I did and so really I think the issue is twofold, which is if an EHR is to consume, you know, never give Viagra-type combinations with nitrates, you would need to ensure that you would have some mechanism of representing the rule and that you would have to have some mechanism of representing all the substances within that rule and so the question is one, vocabulary and two, you know, is there a nationally accepted standard, Arden Syntax, GLIF, etcetera that EHRs could use to digest externally provided rules and hence that was my early attempt at a preliminary answer, you know, lots of work needed on vocabulary harmonization across all the different ways we represent drug labeling and DDIs to my knowledge aren't represented in some sort of conical rule format other than plain English, but very interested in the input of the group.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, so, you know, one thing, John, that occurs to me, this is Jamie, is that as you're suggesting here there maybe some vocabulary development that would be needed and so the preliminary response would essentially direct that development towards particular SDOs and would we want to do the same thing as a pattern throughout this to say that where there are standards that need further development or that need to be developed de novo for some of these items, do we want to recommend the particular organizations, the standards organization or families of standards in which those solutions should be developed.

So, for example, in this case we might say that we would recommend directing the NLM to develop the necessary vocabulary resources, but we might also say that for example we would direct HL7 or we would seek to have HL7 further develop the appropriate standards for representation of the rules with all the stakeholder interests represented.

John Halamka, MD, MS – Harvard Medical School

Well, certainly that would be maximally useful to the Policy Committee to say "here's a gap, oh, and by the way here's how we'd recommend filling the gap."

Ram Sriram – Chief, Software & Systems Division - National Institute of Standards and Technology

How are the questions handled around there, our answers? Is there a raising the hand initiative? I'm Ram Sriram from NIST. Hello, can you hear me?

John Halamka, MD, MS – Harvard Medical School

Yes, we can.

Ram Sriram – Chief, Software & Systems Division - National Institute of Standards and Technology

Because I don't know how we are handling the...in terms of the questions, can I respond to something here?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Please.

Ram Sriram – Chief, Software & Systems Division - National Institute of Standards and Technology

Okay, there are three issues, John brought out something which is very important and there are three issues involved in here. One is the vocabulary of the representation. Two are the rules which could be Arden Syntax or we may have to come up with a standard syntax for it. One has to look at Arden Syntax carefully. Third, is to process this rule someone has to process the thing, like once we have the rule then there is an inference engine which could go and kind of file the rule and respond appropriately. And fourth, all these have to be testable, because when you talk about Meaningful Use 3 criteria, which has to be authenticated by someone, so then we need to make a mechanism to test it. So, I think there are four issues involved with this whole thing.

So, in terms of the first one, that's the vocabulary, we probably...SNOMED is one of the things which is being tossed around here quite a lot and I think we should work closely with NLM to see if there are other ways of...there are other forces in this area that we harmonize with too, like I actually serve on this National Center for Biomedical Ontologists and they've developed a whole lot of stuff and maybe there is something that we can look in there and we can get something out of it too.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, so now, just in terms of the scope of our answers for this call I think we're concerned with the standards that would be adopted and not necessarily with the functional requirements that would be described for the processing of the EHRs such as, you know, the testing of inference engines.

Ram Sriram – Chief, Software & Systems Division - National Institute of Standards and Technology

Yes, no, I'm just pointing out that...I understand, but in general, okay?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, no, I think that's a good point. So, I would suggest our response on question 102 is that the approach of directing the standards development to where we think it most likely could be solved. I would propose to the group that we would say, as John said, that we've identified a gap and that standards development is required for the vocabulary standards we would direct NLM to coordinate the needed development and that for the representation of the rules we would recommend ONC to partner with HL7 on the representation of the rules. Does that sound like an appropriate response?

Stuart Nelson – National Library of Medicine

This is Stuart Nelson; I think that you have to recognize that the rules can be written in a wide variety of ways and...well, in terms of vocabularies and that, you know, I see RxNorm mentioned here, RxNorm by itself does not carry the information about the various kinds of classes that individuals might want to say, you know, for example the example you said of Viagra with nitrates or Viagra-like medications with nitrates, both of those were classes and not individual medications, and are not really included in RxNorm, now it does...there is a natural mechanism to coordinate RxNorm within NDF-RT, we have a very close working relationship and NDF-RT has many of those classes, but there is no established set of classes that anybody has ever come up with that are certainly a useful set.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, thank you, Stuart, so just to clarify what I was recommending was actually not to specify any standards in our response, but instead to specify the organizations that would work to fill the standards gap in whatever way they, you know, felt best in working with the different stakeholders. So, for curing the vocabulary standards gap we would recommend ONC to work with the NLM and for the rules representation to work with HL7 but without specifying any particular standard.

John Halamka, MD, MS – Harvard Medical School

I certainly agree with Stuart, I mean when I thought of pharmacologic classes there is SNOMED CT, there is NDF-RT and so, yes, you know, I was just trying to be representative and so I concur, Jamie, that if it's...there are multiple sub-vocabularies one could consider to solve this problem and NLM seems the most appropriate to harmonize those. And with regard to rules, you know, I think through all of our major SDOs and HL7 seems best poised to deal with a rule representation.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, now let me just test with the group and seek a little more input, because I think this could set a pattern on this first question, if we're going to identify organizations to solve the problem rather than recommending specific standards to be developed is that the way to proceed?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

This is Floyd Eisenberg with a comment, I agree with everything you said, I like the idea of organizations. I think, what I think I heard earlier about four issues, there is a fifth one and even if all the appropriate organizations can identify the standards and vocabulary there is still an implementation curve that has to occur and if there is a complete gap we might want to make the correct negation that it's maybe too aggressive even for Stage 3 to start with a new standard.

John Halamka, MD, MS – Harvard Medical School

Well, in fact, I wonder to this point, Jamie, that not only should we make some statement about there is a gap and it should be addressed by an SDO, I wonder if we want to make some sort of statement as to standards maturity and that is to say, you know, sometimes in the world of family history, let's take an example, you know, there are existing standards, there were actually a couple, there is, you know, one used by HL7, one used by the Surgeon General and the maturity is well they exist they're just not widely deployed. Well, in the case of this particular question I'm not sure that there really is, even an existent standard to Floyd's point, so, you know, maturity of the DDI representation in a format to be digested is low.

Mark Berhage

This is Mark; The other thing I'm going to throw out about that too is if we think about choosing or directing organizations to some degree we're identifying a hammer, you know, so for example, if, I'm just making this up, but maybe for this particular purpose, you know, business process modeling rules would be a more appropriate expression format, but if we ask HL7 to look at it they're going to focus, understandably, on the tools that they have influence over and direction over. So, I'm not quite sure how we resolve that attention to your point about there are multiple options out there and if you choose an organization to some degree you're picking a horse.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, I think that's exactly right, Mark and you know, what I was...that's why I wanted to get more input on this because I think that, you know, one option and frankly what we would have done back in the HITSP days is we would have just said "well there's a gap and it needs to be filled" and we wouldn't have said, you know, exactly how do we make progress on it and I think the intent here is to try to push a little further and faster rather than just to say there is a gap to say "well, how would we recommend filling that gap" and so, but maybe identifying one organization isn't good enough.

John Halamka, MD, MS – Harvard Medical School

Right and so I think, for the purposes of the call, if there were multiple organizations that we would want to consider, I think that's fine, it's just, you know, some statement of to the Policy Committee "this particular one seems rather aspirational because the standards maturity of rules over the wire is very low and examples of organizations that could help solve the problem are HL7 and, you know, who does business process modeling? I mean...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

OMG is the organization that does that.

John Halamka, MD, MS – Harvard Medical School

Right, so OMG, yeah. I think that would be a fine statement.

Patricia Greim - Veterans Affairs

And this is Trisha Greim, do we also...so as we identify the gap and recommend next steps including organizations that could address the steps, do we also want to, you know, make a request or recommend that a request is made to those organizations, because it seems to me like there is a return step that we need to identify that the organizations need to accept the request to fulfill on that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, absolutely, at least to me, the request is implied in the recommendation to partner with the organizations, but...

John Halamka, MD, MS – Harvard Medical School

Right, well, I suppose another statement though is that this aspirational stuff so it could be the Policy Committee will decide actually not to pursue some of these based on Floyd's point; it's just too early in the industry. So, I think that step of closing the loop with an SDO would be made after they decide to go forward or not.

MacKenzie Robertson – Office of the National Coordinator

Right, and this is MacKenzie, I just wanted to echo that same statement that John just made. This is really for the HIT Policy Committee's Meaningful Use Workgroup to give input into their recommendations going forward, so it's really just answering their questions and not recommendations from these two Workgroups to be made separately. So, it's really that you're feeding into the Meaningful Use Workgroup and helping them prioritize their recommendations.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, so one of the other things we might want to consider is a comment on the likelihood of filling this gap with standards within 2 years.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yeah, the other thing, this is Floyd, that we might want to indicate, maybe to be more politically correct, is there is an eDecisions process going on in standards interoperability framework but it's very early and we're not sure how far along that might be, they're also doing work in the area.

John Halamka, MD, MS – Harvard Medical School

And so, Jamie, I really like your point because statement of standards maturity should be expressed in some digestible fashion so the Policy Committee knows does 2015 or 2016 look likely or impossible, because really that's what we're looking at here is these would be effective 2015, 2016, so I like that, you know, in 2 years do we think we're going to have something or not.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, so on this particular one what I would say as...what I would propose as our actual comment would be there is a vocabulary standards gap, we recommend partnering with NLM to fill the vocabulary standards gap which would be likely to be able to be filled within 2 years, however, we would also recommend partnering with both OMG and HL7 on the representation and processing of the rules which we feel would be less likely to be able to be standardized within 2 years.

John Halamka, MD, MS – Harvard Medical School

Works for me.

Mark Berhage

Sounds reasonable.

MacKenzie Robertson – Office of the National Coordinator

And this is MacKenzie, Farrah is the ONC staff person supporting the working group, I just want to make sure you've got that?

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Yeah, recommend partnering with NLM and OMG.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, what we would recommend partnering with NLM to fill the vocabulary standards gap which we feel should be able to be addressed within 2 years and we also recommend separately to partner with OMG and HL7 to fill the standards gap for representation and processing instructions for the rules, which is less likely to be completed within 2 years.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Okay, got, it thank you.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Excellent.

John Halamka, MD, MS – Harvard Medical School

Very well said.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, onto 104.

John Halamka, MD, MS – Harvard Medical School

Yay!

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

We did one, okay. So, for 104 recording in structured data preferred language, gender, race, ethnicity, date of birth, occupation industry codes, sexual orientation, gender identity, disability status. For those items...well, I believe that there are standards for preferred language, gender, race, ethnicity, date of birth. I don't know what they are but I'm sure there are standards for occupation and industry codes. I have actually asked around a large number of folks who are unable to identify standards for sexual orientation or gender identity, but then for disability status...

Marjorie Greenberg – Health and Human Services – Center for Disease Control

You're breaking up there.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Sorry, am I still breaking up?

Clem McDonald – National Library of Medicine

You're not breaking up for me, this is Clem by the way, I got in late, just wanted to log in.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, now for disability status aren't there standards for...well, I guess...I know there are standards for functioning but I don't know if that meets the need for this purpose and so for example, the way that the VA describes disability might be different from what's desired here.

Clem McDonald – National Library of Medicine

Well, I think there's a whole lot of different purposes for that and different places might check it off differently. So, I think that clarity is needed on what this is for exactly, who is using...is this check in time, you know, that's the sense I had from discussions in the rulemaking, you know, in the comments, people wanted the people to have that as sort of part of registration.

John Halamka, MD, MS – Harvard Medical School

Right, I mean, my sense was that as they think of transitions of care from care giver to care giver sometimes it's important to know, I mean, was this person walking, talking, you know, feeding themselves yesterday and today they are incapable, I mean some sort of sense of how...what is their level of functioning in activities of daily life.

Clem McDonald – National Library of Medicine

But, both of these were not put into the 2014 category, you were talking about 2016?

John Halamka, MD, MS – Harvard Medical School

This is all 2016 stuff, right, sort of aspirational as part of a transitions of care from caregiver to caregiver to have a baseline sense of not just what medications are they on and what's their problem list, but really what are their functional activities of daily living.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But there are a set of functional standards that were adopted as part of the consolidated health informatics, so in fact they are not only our standards there are HHS adopted standards for that, so I think the one thing that is not...for which standards don't exist or aren't in use would be the areas of sexual orientation and gender identity.

John Halamka, MD, MS – Harvard Medical School

The question I had on the gender identity one is there any reason why one couldn't use existent vocabularies and code sets for phenotypic gender.

Clem McDonald – National Library of Medicine

Well, you're getting really into deep water there because phenotypic gender you probably want to use the cytogenetics categories which lets you go as far as you have to and you can describe the lesions and pieces missing and all kinds of things. This, I think, was really a sexual preference as I read it, but, you know, are people going to answer that question when they're checking in? I think these things need some group that can figure out where this is supposed to be used and whether it would be used and how much burden it would be.

John Halamka, MD, MS – Harvard Medical School

Right and the Policy Committee of course will do that, I think they're just simply asking us, should they decide it's a good idea are there mechanisms to decide, you know, I am a phenotypic male but my, you know, sense is that I have, you know, a female persona or a preference for female sexual orientation or whatever and...

Clem McDonald – National Library of Medicine

Well, I think there are lists too, I think you're right, I think they will be in SNOMED and I think there also are lists that were proposed, you know, anyway, I don't know who would vet them though.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Okay, this Marjorie Greenberg, I'll raise my hand, okay?

John Halamka, MD, MS – Harvard Medical School

Sure.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, go Marjorie.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Okay, we're talking about sexual orientation right now, right? I also, wanted to say some things about disability status. Also, you're right about occupation and industry, I mean there are two major standards for that, but again, you know, one could have a fair amount of discussion on any of these, but, on sexual orientation and gender identity there is certainly work going on in the department and I know it's of great interest to the secretary, and NCHS is now testing some questions related on the National Health Interview Survey related to these items. So, I think there is really quite a lot of experience in asking the sexual orientation and gender identity questions, but the area where there really is not a lot of experience and consensus is in the transgender area.

But, as for the LBTG I think the LB and G, you know, people feel that there definitely are standardized ways to collect and use that data. So, I didn't have time to, you know, gather information from Friday to this morning, but I think that's really the distinction that's been made by the data council as well that there are standards for the lesbian, bisexual and gay, but the area of transgender is, you know, being...they're having listening sessions and its being explored, but there is testing going on right now on some of this through the Health Interview Survey.

Clem McDonald – National Library of Medicine

Marjorie, I thought the impression I had was this was being part of registration. Do you think this would work in a semi-public space, you know, where people register?

Marjorie Greenberg – Health and Human Services – Center for Disease Control

No, no, I don't think you can ask it at registration, I mean, I think, this is something that...although, I mean I'm not sure, some people would say "yes" I mean not that you'd ask it but that a person would fill out something maybe on a computer or, you know, what have you, but I think are we only talking about things that would be collected at registration or would some of these be collected at...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, yeah, I think the measure is for demographics at admission.

John Halamka, MD, MS – Harvard Medical School

But, nonetheless I don't think it's really our scope today to ask if it is reasonable or easy, or there are privacy concerns, it's purely to say...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Just are there standards.

John Halamka, MD, MS – Harvard Medical School

Yeah, should there be a decision to do it? Is there a standard to represent this data and I think Marjorie has suggested, you know, to the rubric that Jamie identified for our first question, you know, what's the maturity of this? Oh, the answer is it sounds like there is some work going on. In two years could there be a complete set including transgender vocabularies "could be" and who is working on that, Marjorie?

Marjorie Greenberg – Health and Human Services – Center for Disease Control

As I said this is under the data council, which, you know, established these or recommended these standards for the items above, you know, the first five there, preferred language, gender, race, ethnicity and there is one more...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, what I would recommend then as a response on this is that well established standards exist for everything on the list except for sexual orientation and gender identity that work is going on, on those things and that we would recommend, again, the NLM is our one stop-shop for the Meaningful Use vocabularies, we would recommend that NLM coordinate with those who are developing standards in that area with an expectation that those items could be standardized within 2 years.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah, I don't know about transgender, but as I said the National Center for Health Statistics is piloting questions right now for the Health Interview Survey so I think the other aspects of sexual orientation and gender identity definitely I see no reason why you couldn't have that in 2 years.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, does that proposed response sound okay to folks?

Mark Berhage

Changing the one that's marked original the only thing I'd suggest is that we add a phrase about suitability needs to be evaluated. I think this point that was being discussed about there might be a set of standards to represent something, but will it work for the intended use, you know, is it different, to answer your question, with a trained interviewer and a survey versus having a clerical person in a public space, we don't know where it's going to get used.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, that's...

Mark Berhage

It seems at least worth highlighting this so they'll have to look at that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, so for example, is the international classification of functioning and disability, is that appropriate for use at a registration desk, that's a great question.

Clem McDonald – National Library of Medicine

Yeah, I would say, in fact I would say "no." There is no way to be able to figure out those categories.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Well, you know, this is what...on disability status are we going to have a conversation on that, because I know that the questions, the Request for Comment related to disability status in Meaningful Use Stage 2 invoked as a possibility the questions that were...well actually, yes, that was the fifth one, preferred language, gender, race, ethnicity and disability status. The department has four population-based surveys, the department has already required that all HHS population-based surveys collect all of those and for the disability status it was the 5 questions or 6 questions, excuse me, that are in the American Community Survey, but in...and those were...it was asked should those questions be...should that same standard be invoked here for Meaningful Use, it obviously wasn't or and should it be a demographic, or should it more be something like related to the problem list or whatever.

I mean, I've talked to some people who are very involved with those questions, those 6 questions or variance of them for population-based surveys. They did not think that it was appropriate at this stage to recommend those questions as part of intake or as part of demographics. So, that is, you know, I think at least the Social Security Administration may have formally commented on that, CDC did not. But, regarding the whole area of disability status or functioning, let's say functioning as opposed to disability status, which is still a lot of questions as to how you really define disability, and those 6 questions frankly are just a starting point, they don't capture many important aspects of disability.

But I think, you know, this does go back to recommendations that, from the point-of-view of something in a problem list or just trying to capture a person's functioning, this does go back to the recommendations that we made I think last summer not this summer, last summer, related to the ICF and SNOMED as a way to code different components of, you know, functioning and that actually goes back to, as somebody said, the HITSP as the preferred or the recommended vocabulary standards. So, I don't think...I think we should in some way, you know, integrate these different perspectives in talking about this.

John Halamka, MD, MS – Harvard Medical School

So, I think, you know, to Jamie's point, if we simply not only describe where this is in maturity and what additional work is needed, but also say and it is important to consider whether or not these standards will be suitable for your intended purpose Policy Committee, that is a Policy Committee item to review.

Clem McDonald – National Library of Medicine

Well, I think we should actually focus on suitable for demographics, because that's where it's been positioned.

John Halamka, MD, MS – Harvard Medical School

Jamie...?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Agreed, so, okay, so then, you know, for...so I guess, let's go back to perhaps the three things for which there are not existing standards in Meaningful Use which are the occupation and industry codes, sexual orientation, gender identity second and third being the disability or functioning status, and so perhaps in all three of those there are standards, their suitability for purpose needs to be examined, their maturity...well, their suitability for purpose and maturity should be examined and coordinated by the NLM for applications in demographics as suggested. How does that sound as a proposal?

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah, the only thing I would say is in these areas...well to the extent that SNOMED is invoked, of course NLM is important, but NLM has really not been engaged, certainly I don't think much, they serve on the data council, but the occupation and industry is clearly a NIOSH, there is an automated system that is being worked on to take free text and I think in 2 years for sure there is no reason you couldn't have that and the person could just...and it could be done at intake because it just could put down free text and then you use the automated system, and there is a lot of work being done on that, and I think NIOSH and CDC did comment on that. So, these are so different, but to just group them together kind of concerns me.

I mean, I think, it's fine for NLM, I have great respect for them to just kind of serve as a coordinating body, you know, if that makes it easier, but I think there are areas where NLM is just, you know, is the lead and there are other areas where they just...that's not really where they been that involved. The same with sexual orientation or gender identity there may be some stuff in SNOMED but that key work is really being done through the data council...and the National Center for Health Statistics. Disability status, you know, that's such a big one, they're so different these three, so I would just hope that they wouldn't just be kind of packaged up as, you know...but I agree with you, all of them where the standards exist or are being developed you have to look at suitability for purpose, you have to look at, you know, where the data would be collected and how the data would be collected, but I think these...I would certainly hope by Meaningful Use Stage 3 there would be a way to collect all of these things, because you're not going to get...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right and I did not mean to suggest that, you know, NLM is the owner or developer, or custodian of all of these standards within the federal government, however, their value set authority center work and their download capabilities do make the NLM the one-stop shop and essentially the single point of contact for the Meaningful Use community to obtain the vocabulary resources that they need for Meaningful Use. So, that's why I was pointing...I was recommending that we point to the NLM just to serve as a coordinator for gathering the information on the standards that need to be developed and so forth.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Sure, they're willing to do it, that's...

Clem McDonald – National Library of Medicine

I think that is likely. Is Betsy on the call? But, if I was speaking for her, I would say that's likely, but I'd also like to ask another question, you know, some of these things could become...they are very large data sets, occupational and industry code is isn't it a couple of thousand, ten thousand, five thousand or something like that? Is that right, Marjorie?

Marjorie Greenberg – Health and Human Services – Center for Disease Control

What? There is one for occupation and one for industry, but, yeah, I mean, you can't, you know, these aren't going to be coded manually, the idea is...

Clem McDonald – National Library of Medicine

Well, but the thing is their uses have been primarily for, you know, investigational things and for epidemiologic things and to transit these directly to healthcare systems, which are trying to get a job done within a fixed amount of time so the patient is not waiting too long, I think we should get the healthcare industry a little involved in this before we add...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, what I'd like to do is see if we can formulate a response without having a lot of discussion on the detailed status of the standards because I'm looking at my watch and in 45 minutes we're about to answer the second question and we have 15 more.

Clem McDonald – National Library of Medicine

Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, what I'd like to suggest is that if it's acceptable to point to NLM as the coordinator for the appropriate analysis for suitability purpose and so forth and designation of standards for those things that aren't already in Meaningful Use then we can answer this one and go onto the next one.

John Halamka, MD, MS – Harvard Medical School

Works for me.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

I mean, I'd feel more comfortable if Betsy were on the phone and said "yes" but sure, I mean, start there I guess.

Clem McDonald – National Library of Medicine

Well, I'll say yes and can catch the consequences representing NLM.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, well thank you. So, the response then is on 104, is that there are existing standards in Meaningful Use for everything except occupation and industry codes, sexual orientation, gender identity and disability or functioning status and for those three categories of vocabulary standards we recommend ONC to coordinate with the NLM to assess the suitability for purpose of existing standards and the readiness for standards but we expect that standards could be available in those areas within 2 years.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Hello, this is Farrah; I'm just going to need you to repeat that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so standards exist in Meaningful Use for everything except three areas, the three are first occupation and industry codes, second sexual orientation and gender identity and third disability or functioning status. For these three areas we recommend ONC coordinate through NLM to analyze suitability for purpose of existing standards and to develop standards as needed for this intended purpose.

John Halamka, MD, MS – Harvard Medical School

Sounds great.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

I'm not so sure about the develop...I mean, I think the suitability...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well the develop would be for example for transgender.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Oh, okay, well, yeah that's under development. So, you're not saying NLM should develop them but...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No, no NLM should coordinate.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah, all right, I mean, I don't think they're doing that now and I'm not even sure it's appropriate, but, you know...

John Halamka, MD, MS – Harvard Medical School

We heard from Clem that they'll take it on, so we're good.

Clem McDonald – National Library of Medicine

Yes, I may not be good, but...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

And I think, Marjorie, that actually that is their role for Meaningful Use is to coordinate and this is what the value set authority center I believe is really all about and I don't know, Floyd if you want to say anything more about that or Clem?

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Well, the thing is that this goes well beyond Meaningful Use though, this is a major initiative right now in the department and so I would just say that NLM should work with, you know, the people in the department who are working in this area, I mean, I'm thinking of NLM too, this is very sensitive territory and I don't think we should, you know, throw them into it.

Clem McDonald – National Library of Medicine

Marjorie, be assured that NLM will work with those groups, NLM doesn't make vocabularies for much of anything, it's SNOMED, it doesn't make the SNOMED vocabularies. So, be assured we'll take advantage of the activity and the experts.

John Halamka, MD, MS – Harvard Medical School

Hey and the good news, Jamie, is 107 is also a vocabulary. So, let's move on.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. So, on 107 the questions are, are there mature standards for drug intolerance or allergic reactions value sets, are there also standard value sets for overriding an allergy alert?

Clem McDonald – National Library of Medicine

Boy, that's very complicated, you know, the first one, I think there are really two pieces and it looks like they're confused. One is you've got field this, is I have an allergy and you put stuff in it, that's the name of drug or the drug class, so that exists in the RxNorm or RxNorm ingredients and the allergic reaction sets I think there are too, that is what is the allergy, you know, with hives, this and that, I thought that existed too. Mark could you help me with that?

John Halamka, MD, MS – Harvard Medical School

So, yeah, the question in my initial response was I knew that there were substances described and I thought SNOMED CT had some nature of what was the reaction but I wasn't sure there was a vocabulary or code set for, you know, was it severe or moderate, or minor, so, you know, certainly anyone on the phone who would be...I mean, when I think of allergies it's what is the substance, what was the reaction, what was the severity of reaction.

Clem McDonald – National Library of Medicine

Well, I think, most of this...well you may know better, but I thought most of this and just ask what was the reaction, if you get anaphylaxis that's telling you.

John Halamka, MD, MS – Harvard Medical School

Right, but if you say "rash" you know, I mean, is that total body urticaria or three bumps on your abdomen?

Clem McDonald – National Library of Medicine

But, I mean, I think, well we should research that, but I think, there are certain lists, I thought HL7 had it in the allergy segment had a list of items. We can't answer it at this minute.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right. So, I think just getting back to the particular questions and our scope here, so I think that there are standards for drug intolerance and allergic reaction but as John said in the preliminary response there are no standards for overriding an alert.

Clem McDonald – National Library of Medicine

But that begs the question that one has to go to a code list rather than say, you know, it's not applicable.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yeah, this is Floyd Eisenberg, with a comment; I think we're talking here about a clinical workflow issue and capability more than vocabulary.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Say more about that, Floyd, please?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Well, just the issue of overriding and there are terms within SNOMED to say severe and moderate if one wants to but that's a post coordination issue in a sense, and the workflow to manage that in an EHR is not clear that there is a standard on how to do it.

John Halamka, MD, MS – Harvard Medical School

So, for example, in our EHR, which is self-built, we came up with an internal list that is representative of what we think are all the gradations of reactions that one might have to an environmental or medication substance, so it's a code list, but we don't have...we had to invent completely the notion of if you want to override an allergy you just say "I'm overriding it because I think the allergy is misreported. I'm overriding it because I think the benefit of the drug exceeds the risk" right? I mean that kind of code set I've never seen any standard, I mean we're happy to share ours, but don't think any organization has developed it.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yeah, and Floyd again, I think having had the experience in infectious disease where taking a very detailed history I find that there has been real...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

You're breaking up, Floyd.

Clem McDonald – National Library of Medicine

Yeah, well, the challenge is all allergy alerts aren't right including the fact that some will...you know, they look at the drug name and then they go to class and they can go beyond what they should. So, whether this kind of begs the question that we have to code the heck out of that and people can't just say "no, I don't think its right."

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, there are, I think, again, so just to focus on our response quickly and try to move on, I think we can say that there are standards that could be used to identify drug intolerance and allergic reactions as has been said in different ways not only are there not standards for overriding alerts but we might also say this is unlikely to be solved within 2 years.

Clem McDonald – National Library of Medicine

Yeah, there are two sample code sets I think, John just gave his, I think David Bates has one too, it's 4 or 5 items.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Does anyone feel that that could become a standard for Meaningful Use within 2 years?

Clem McDonald – National Library of Medicine

No.

John Halamka, MD, MS – Harvard Medical School

Nope.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, okay. So, then for 107 our response is that there are mature standards for identifying drug intolerance and allergic reactions, however, on the second question there are no standards for overriding an allergy alert nor are there likely to be standards that could be used within 2 years.

John Halamka, MD, MS – Harvard Medical School

Sounds good.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Thank you and I got that one.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

All right good. So, onto 109, is there a mature standard for coding smoking status, well there is one in Meaningful Use now, so that one is done.

Clem McDonald – National Library of Medicine

Right, yeah.

John Halamka, MD, MS – Harvard Medical School

Yes.

Clem McDonald – National Library of Medicine

But, there are actually 2 or 3 really good questions used in a lot of survey instruments that what we have I think is not.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I agree but there is something that's already in Meaningful Use, so I would suggest we can just move on to 112. Where does advance directives fit with CDA?

John Halamka, MD, MS – Harvard Medical School

And what I had heard from some HL7 folks is that there is ongoing work to represent advance directive information in CDA format by, in the next couple of years.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I would answer that a little differently, I would say that advance directives can be represented in CDA today but it's not well standardized in the kind of templates that we would want to use in Meaningful Use, but it could potentially be done within 2 years.

John Halamka, MD, MS – Harvard Medical School

Yes, perfect.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

I'm sorry, can you repeat that one?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so, advance directives can be represented within the CDA today, however, standardized templates should be developed for Meaningful Use which probably can be done within 2 years.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Okay, got that, thanks.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, onto 113.

John Halamka, MD, MS – Harvard Medical School

And this one is a messy one so good luck with this.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, so I guess, so there are a number of questions here, the first one is how well developed are structured sig standards and I think we can say not well developed.

Clem McDonald – National Library of Medicine

Now, which question are we on, 113?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

This is on 113. So, just in the interest of full disclosure our Kaiser comment on this question was that it was overly prescriptive and, you know, not realistic, but just...

Clem McDonald – National Library of Medicine

I would agree with that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, you know where I'm coming from, just sort of full disclosure, but I think that to deal with the questions from the standards perspective specifically we can say structured sig standards are not well developed and are unlikely to be developed within 2 years.

John Halamka, MD, MS – Harvard Medical School

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, ability to track CDS triggers and how the provider responded, I think this is also, I would recommend we respond that this is also not well developed and unlikely to be developed within 2 years.

Clem McDonald – National Library of Medicine

I agree.

John Halamka, MD, MS – Harvard Medical School

Agreed.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, in terms of the ability to flag preference sensitive conditions and provide decision support materials for patients, I would also suggest we respond these standards are not well developed and unlikely to be well developed within 2 years.

Clem McDonald – National Library of Medicine

I agree.

John Halamka, MD, MS – Harvard Medical School

Agreed.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, standards...the last question sounds more like a functional algorithm question for EHR developers rather than a standards question.

John Halamka, MD, MS – Harvard Medical School

What I would also argue, as to your comment about a little bit over specific, I trained in county hospitals where the maximum dose of morphine was probably a factor of 10 more than the Boston gentry dose of morphine, so I don't even know if you can even answer such a question with a fixed algorithm.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah. So, how would you suggest we respond to that last one?

John Halamka, MD, MS – Harvard Medical School

I mean it doesn't seem to me to even be a standards question, it seems to be an algorithm question and I think such an algorithm may be beyond the state of science today.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah.

John Halamka, MD, MS – Harvard Medical School

So, the answer I would just...in the interest of being professional, no such standard exist and it is highly unlikely they will be developed in 2 years.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, okay, good, okay, any other comments on that one? Okay, in terms of 119 then, moving on, is there a mature standard for family history? I know that some folks like the Surgeon Generals, but I would not call that a mature standard myself nor is it widely used.

Clem McDonald – National Library of Medicine

I mean there's a big issue with the family history, it's not an issue is that there's really two schools of thought, one is to collect a total, you know, family tree history and the other one is to figure out what you need to figure out the risk of breast cancer or colon cancer, the common cancers, and there is no work being done on that, but there are a couple of research projects underway through NIH now trying to figure...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But, also the objective is to record high priority family history data.

Clem McDonald – National Library of Medicine

Oh, well then...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Including colon cancer, breast, glaucoma, MI and diabetes.

Clem McDonald – National Library of Medicine

Yeah, that's not unreasonable, but I don't think there is anything available yet.

John Halamka, MD, MS – Harvard Medical School

Okay, so I am aware that HL7 has working groups noodling through this problem, but, you know, to my initial comment, the Surgeon Generals format exists, not widely deployed nor mature and HL7 has working groups. So, you know, what we ended up doing at the Beth Israel Deaconess was to, all of your comments, inventing what it was we thought was salient to capture a specific condition but it's not a standard.

Clem McDonald – National Library of Medicine

Could you say that again?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But the other part of the certification criterion here is to make sure that every CDS intervention can take into account family history for outreach, frankly, I don't see how that can be standardized in time.

Clem McDonald – National Library of Medicine

Or maybe ever, did anybody read that cheesecake article in the New Yorker? They let the cooks do what they want to get the food out with this we may have to do the same.

John Halamka, MD, MS – Harvard Medical School

Yeah, no, it sounds to me, Jamie, like we should answer 119 similarly to 113.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, mature standards do not exist and are unlikely to be able to be developed within 2 years.

John Halamka, MD, MS – Harvard Medical School

Right, but many people are working on it.

Clem McDonald – National Library of Medicine

John, could you get...could you share what you guys have done just for interest?

John Halamka, MD, MS – Harvard Medical School

I will.

Clem McDonald – National Library of Medicine

Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so now we're onto question 204A.

John Halamka, MD, MS – Harvard Medical School

204B?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I think 204A is on provider directory capabilities, the ability to identify other Meaningful Users even those on other EHR systems.

John Halamka, MD, MS – Harvard Medical School

Yeah, for some reason in my document I don't have a 204A, it could be my McIntosh, but MacKenzie, is there a 204A in the document you sent?

Clem McDonald – National Library of Medicine

It's subgroup 2.

MacKenzie Robertson – Office of the National Coordinator

There is a 204A in the one that was distributed this morning, I don't know if there are older versions that you might have had prior to this.

John Halamka, MD, MS – Harvard Medical School

Okay, got it.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, so let me read this then in its entirety. The objective is to retain, view, download and transmit to provide 50% of patients the ability to designate to whom and when preset automated and on demand a summary of care document is sent to patient's identified care team members and create ability of providers to review or accept updates.

John Halamka, MD, MS – Harvard Medical School

Wow.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, patients would designate care team members to whom their summary of care document is sent across different organizations and EHR systems, and patients would create the ability of providers to review and accept updates. And so the question that has been directed to us is whether provider directory capabilities exist for this including the ability to identify other Meaningful Users including those on other EHR systems.

John Halamka, MD, MS – Harvard Medical School

And so, well, having been charged with deploying the provider directory throughout the entire State of Massachusetts by next month I can tell you "no."

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, I similarly, I would say "no."

Clem McDonald – National Library of Medicine

And this is not a vocabulary question anyway.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No, this is not a vocabulary question but this is a clinical operations question.

John Halamka, MD, MS – Harvard Medical School

And if anyone is interested in what standards we actually decided upon, we created a RESTful XML-based query response interface that allows full search and disclosure of information for all providers through some 20 different data elements, but that's not a standard.

Clem McDonald – National Library of Medicine

Are you using the NPI?

John Halamka, MD, MS – Harvard Medical School

It is one of the data elements but it is not the primary data element because most people don't know it and it's not conical necessarily.

Clem McDonald – National Library of Medicine

Right, right.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so I would suggest our response on 204A is that standards are not sufficiently mature to achieve this objective and are unlikely to be sufficiently mature in time for Stage 3.

John Halamka, MD, MS – Harvard Medical School

Agreed.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Which now brings us to 204B which has two options. Option one is to provide 10% of patients with the ability to submit information. A provider would choose one or more of these information types according to what is the most appropriate to their practice such as family health history, observations of daily living, caregiver status and role, functional status, patient created health goals and several medical devices or option two would be to provide 10% of patients with the ability to submit information using a generic semi-structured questionnaire platform and a capability to receive uploads from home devices that accommodate the data above.

Clem McDonald – National Library of Medicine

Well, almost every one of those questionnaires is in LOINC above, but how to send it is a whole other set of issues.

John Halamka, MD, MS – Harvard Medical School

So, I think with option 2, I mean, Jamie, didn't we propose in our earlier work that SNOMED CT could be used to compose questions and LOINC to give answers.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right and so then...and LOINC would identify the survey instruments.

Clem McDonald – National Library of Medicine

Yeah, I think you had that backwards, John, LOINC would be the questions and SNOMED would be the answers.

John Halamka, MD, MS – Harvard Medical School

Oh, sorry about that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, LOINC would identify the questionnaire or the survey instrument and SNOMED could be used for the answers in general.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Which one are you on right now? I've gotten a little lost.

John Halamka, MD, MS – Harvard Medical School

204B.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

204B and so for this, again, you know, family health history is one which we just responded that there are no sufficiently mature standards, similarly caregiver status and role...

Clem McDonald – National Library of Medicine

Yeah, yeah.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

You said there is not a standard for family history?

Clem McDonald – National Library of Medicine

There is not a...yes.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

SNOMED doesn't have a standard for that?

Clem McDonald – National Library of Medicine

Well, it's more than just a list of answers, it's how you ask, it's the different pieces and parts, and there are a lot of ways to do the different pieces and parts, like to building a whole family tree or are you're just saying, has your mother had breast cancer before she was age 50, which is a risk factor. It's a very complicated space.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

It's not that there aren't standards for parts of family history but there is no overall mature standard for capturing family health history.

Clem McDonald – National Library of Medicine

Especially when it's asked in disease specific ways.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Clem McDonald – National Library of Medicine

And PROMIS 10 has like 4 total scores, so this is the problem we had, you know, some of these things are under specified in general in the measures too.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, let's go back to 204B, so...and, so, you know, we're talking about in option two the generic semi-structured questionnaire platform, well I'm not sure what a semi-structured questionnaire platform means I have to be honest.

Clem McDonald – National Library of Medicine

I think it's a "hope."

John Houston – University of Pittsburgh Medical Center – NCVHS

Right, it's either structured or it's not structured and so maybe the response is to say, as we did in our earlier work, you know, this is how we would phrase the question using LOINC, we would give the answers using SNOMED and for that subset, you know, one could create structured questionnaires of arbitrary complexity.

Clem McDonald – National Library of Medicine

Yeah.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah, I do think on the functional status that we had recommended SNOMED and ICF as I recall and that's the original.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, that's correct, yes.

Clem McDonald – National Library of Medicine

But, Marjorie, there are a whole bunch of survey instruments that were also recommended, which is probably actually better in various places.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No, so, but again, so LOINC would be used to identify the survey instruments.

Clem McDonald – National Library of Medicine

Well the question...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But then to the specific answers within that I think Marjorie is right that the functioning, the recommendation and actually I think the adopted standards are ICF and SNOMED.

Clem McDonald – National Library of Medicine

Well, let me just clarify, ICF, well I don't want to get into that discussion, but there are really good survey instruments and PROMIS is one and there are 4 or 5 of them about general functional status, you know, the VR36, the VR12, the SF36, which you have to pay for, those are functional status survey instruments and then...and they're all in LOINC except for the SF, but the question is it's not the same as a coder reading the chart and putting in a code, people...they are self-completed. So, we at least have to be clear what we're talking about in functional status.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so John could you read back your proposed response on this one?

John Halamka, MD, MS – Harvard Medical School

Sure, that is option two is what we favor and that one could use LOINC codes to describe questions and SNOMED to provide answers creating structured surveys of arbitrary complexity.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I agree with that response.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Well...

John Halamka, MD, MS – Harvard Medical School

I mean, so the question really is you look at the nature of this 204B either we get into unbelievable weeds over every single type of instrument, you know, say "oh, well this one is sort of mature and this one is not mature" or we give the Policy Committee, you know, a set of tools so that anytime they want to ask a patient to generate data there is a consistent way to do it.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Well, when you put it that way one can't disagree, but for example...I mean that's not...

Clem McDonald – National Library of Medicine

Marjorie, that's for the patient to report it, it says 10% of the patients to report. They can't report ICF codes.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Of course they can't report ICF codes.

Clem McDonald – National Library of Medicine

That's what it says.

John Halamka, MD, MS – Harvard Medical School

Yeah, this is for patient generated data surveys really is the issue.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

The question is whether what is reported you want to code it.

Clem McDonald – National Library of Medicine

That's a separate question, that is not what this question asks.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

This is actually for patients to be reporting.

John Halamka, MD, MS – Harvard Medical School

Right.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Their glucose level and all that, I mean...

Clem McDonald – National Library of Medicine

They take it at home.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

From home devices?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

From home glucometers, right.

Clem McDonald – National Library of Medicine

They do it twice a day.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Okay, okay.

John Halamka, MD, MS – Harvard Medical School

But then there is that corollary question of what if there is a glucometer that speaks the continua alliance standards or IEEE 10073 or, you know, these sorts of things. So, I mean, I think, option two, Jamie, to your point, there is the first answer that we would give and then the second question for everybody to debate is how mature are continua alliance standards or the IEEE standards for the purpose of automating the capture of data from glucometer devices. Anyone willing to make a comment on how much they've seen?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I think, you know, and that's actually a question...the question, the way its phrased here is can we be ready by MU3 to accept glucose, blood pressure and weight from home medical devices.

Clem McDonald – National Library of Medicine

That would be a nice goal.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I think it's...that's unlikely to be sufficient and well standardized within 2 years.

Clem McDonald – National Library of Medicine

I agree, I see.

John Halamka, MD, MS – Harvard Medical School

Works for me.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

And for these others one through five you would want a structured questionnaire developed?

Clem McDonald – National Library of Medicine

Six, seven and eight too, because...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, so the structured questionnaires could be developed, you know, some exist; others could be developed of arbitrary complexity, as John said. But, for example, for the...for automated feeds from home devices that is unlikely to be sufficiently well standardized by Meaningful Use 3.

John Halamka, MD, MS – Harvard Medical School

I mean the 1107B3 personal health data standards I guess Jamie you would describe as a work in process.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

As I would the implementation of continua specifications, it's not that there aren't working examples but there are many different ways of doing it that are not sufficiently well standardized and my personal read is that the standards are not sufficiently mature for adoption nor would they be within 2 years.

John Halamka, MD, MS – Harvard Medical School

So, for example the most commonly used devices from Why Things Corporation invented their own standards using a RESTful XML approach that is not continua compliant.

Clem McDonald – National Library of Medicine

And that's true of a lot of them.

John Halamka, MD, MS – Harvard Medical School

Yes, okay.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

The thing is right now people bring in, certainly on the glucose, they bring in their handwritten charts or whatever, or whatever is produced so that's...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Or their iPad or their iPhone, or, right...

Marjorie Greenberg – Health and Human Services – Center for Disease Control

So, that's the best we can expect even up in another 2 years.

Clem McDonald – National Library of Medicine

Yes.

John Halamka, MD, MS – Harvard Medical School

And I'm good with that.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

And so if we're going with option two we're not necessarily recommending this PROMIS 10, right?

Clem McDonald – National Library of Medicine

No.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No.

Clem McDonald – National Library of Medicine

But there are probably five very respectable ones and PROMIS is very good, Marjorie, I don't know if you're opposed to it.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Yeah, no, I mean it's a rich database but if any kind of structured questionnaires are going to be recommended in 2 years, I mean, people really have to start working on deciding which ones they're going to be.

Clem McDonald – National Library of Medicine

That's true, but that's not this question, I think, I'd like to get together with you on that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so do we have...do we have an answer, a good answer on 204B then?

John Halamka, MD, MS – Harvard Medical School

I think so.

Clem McDonald – National Library of Medicine

Yeah, we've answered it.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, let's go onto 209 then which is the capability for EHR to query research enrollment systems to identify available clinical trials. Becky are you still on the call?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

I'm on the call; I was just on mute, sorry...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, how would you propose we might answer this one?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

I think that we could say that there are standards that could be used for eligibility criteria, we developed those through our protocol representation model, so it's a set that could identify an initial cohort and then you would do more testing to figure out if they actually are eligible for the particular trial.

Clem McDonald – National Library of Medicine

Well there is a consult trial database in NLM and it does have a query capability so in theory one could query that, but the data inside it isn't crisp enough to make it useful all the time.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, I think that's what I mean, Clem is that it would give you a first pass and then you would have to do more testing. Also, you can do that in individual EHRs some EHRs are using the eligibility criteria to do that within their systems like City of Hope.

John Halamka, MD, MS – Harvard Medical School

Well, let me ask a specific question. So, if we have clinicaltrials.gov is there a mechanism, an API, a standards-based query response format that I could use to take someone's problem list and medication list throw it against clinicaltrials.gov and ascertain their potential for participation in a trial?

Clem McDonald – National Library of Medicine

No. No, you could type in some things and you could get something back or you could do that through an API, the problem is the clinical trials eligibility criteria is mostly narrative.

John Halamka, MD, MS – Harvard Medical School

And so that's sort of the question, Becky, is...

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, well you're talking about clinicaltrials.gov and I'm sorry I thought this question was about going into an EHR and finding the patient.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, the question is whether EHRs could query research enrollment systems to identify available clinical trials.

John Halamka, MD, MS – Harvard Medical School

And I just used clinicaltrials.gov as sort of a sample of a research enrollment database, I mean, it's not exactly enrollment but at least it tells you what clinical trials exist.

Clem McDonald – National Library of Medicine

Yeah 130,000 of them.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Yeah, well...okay, there's a core set of what we call eligibility criteria that are at every protocol that gives you a first cut that could be a starting point for this. I think what we're saying is it's not finished and ready for primetime.

Clem McDonald – National Library of Medicine

Well, it's not coded, usually, right? The protocols are narrative usually.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

So we have...well, we have a standard to code certain elements, about 300 elements, from a protocol.

Clem McDonald – National Library of Medicine

Oh, okay.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

So, if you take those elements and bounce them against something like an EHR system you could find a first path of a subset of patients that might qualify for the trial.

Clem McDonald – National Library of Medicine

Okay and are those the standard codes used in clinical spaces?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

They are standards that are in CDISC in the BRIDG model for the protocol representation.

Clem McDonald – National Library of Medicine

Yeah, but those aren't...they don't use the ones from HL7 or from SNOMED, or from...

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Well, the BRIDG model is the CDISC HL7 NCI FDA model. So, they are in that, those eligibility criteria are modeled in that.

John Halamka, MD, MS – Harvard Medical School

Well, I think then to Jamie's rubric, would we say that within 2 years it is likely that there will be well developed and deployed standards that would allow an EHR to query clinicaltrials.gov or other repositories of clinical trials information in a robust fashion.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, I would say it sounds like we would...let me propose a response that we think that within 2 years existing standards could serve that purpose for a first pass but not any definitive identification.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

They serve as a first pass to get a cut for patients right now if you use those standards and there is an IEG profile called retrieve protocol for execution and we can...so there's a starting point for it. So, within 2 years if there is an interest in it I think we could develop it more fully.

Clem McDonald – National Library of Medicine

But, Becky, what codes are used? The CDISC codes are not LOINC codes, they're not SNOMED codes, they're not RxNorm codes.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

They're not codes they're standards, they're XML tags.

Clem McDonald – National Library of Medicine

Well that even makes it harder. How are we going to match up the clinical data with your...

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Well, I think that's a good question and could we try to figure that out within 2 years? I would hope so.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, I mean it sounds like...it sounds as if this is an area where we think that standards are not yet sufficiently mature but could possibly be developed within 2 years for a first pass of eligibility.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

So is this, this is Floyd, is this a role for the value set authority center to have value sets to manage that?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Well, yeah, I think that we should have further discussions with that center and we've started those with Betsy, but this is an opportunity I would say and I think there's enough work to know that there are some standard eligibility criteria that could be used for this purpose. I think there are a number of standards that were started in this area and got stuck and I think if there was a use case and somebody was interested that they could be matured.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, well, let's see if we can craft an answer based on this discussion and I'm going to try to push us to close out these questions because in the remaining time for this call we have about 4 minutes per question.

John Halamka, MD, MS – Harvard Medical School

And so, Jamie, it sounds to me like what has been said is there has been really good foundational work and that probably within 2 years we could do something basic but additional vocabulary mapping is necessary to be coordinated by NLM.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Would you not mention some of the CDISC work?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, I would, I would say, yeah that there are existing standards that could possibly be sufficiently mature within 2 years and we recommend working with NLM and CDISC.

Clem McDonald – National Library of Medicine

Well, the coring of vocabularies is important.

John Halamka, MD, MS – Harvard Medical School

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right, so NLM for the vocabularies but it sounds, Becky, as if CDISC, IHE and HL7 may all need to work together to solve this within 2 years.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Certainly, I mean the BRIDG model is a collaborative model and it's all in there we just need to make it so it's more useful and that it works with clinicaltrials.gov and I think there is some work that could be matured.

John Halamka, MD, MS – Harvard Medical School

Sounds good to me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. So, we have our answer on that one.

John Halamka, MD, MS – Harvard Medical School

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

302, the question is there are value sets that exist related to the nature of reaction for allergies, i.e., severity.

Clem McDonald – National Library of Medicine

It seems confounded with the previous question.

John Halamka, MD, MS – Harvard Medical School

Right, I mean this is the same question that I had asked earlier which is rash, you know, do you describe that as total body urticaria or 2 bumps on your abdomen and I think Floyd answered, you know, SNOMED CT does have some post coordinated terms that could be used, but, you know, again, happy to hear the wisdom of the group, do we feel like there is a code set that exists that is well describing the severity of an allergy today?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Is this specific to allergies or could adverse event code sets work as well?

Clem McDonald – National Library of Medicine

Well, I'm going to challenge though, John, is that so often the allergy defines the severity and to get more might be pretty hard.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, and the question here is intended to be used for reconciliation of contraindications and medication allergies.

Clem McDonald – National Library of Medicine

You mean automatically?

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

That's why I'm asking if you could use some of the code sets for adverse events, would this be considered something like an adverse drug reaction?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, my suggested response on this is that standards exist, but for example the post coordinated expressions would need to become pre-coordinated terms that could be done potentially within 2 years, but work would have to be done and I think the adverse event reporting would be another good source, but...so I think that all could potentially be pulled together within 2 years, but work would have to be done for that.

Rebecca Kush – Clinical Data Interchange Standards Consortium (CDISC)

Yes.

John Halamka, MD, MS – Harvard Medical School

Works for me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, on this one then, on 302, I would suggest we respond that substantial work would have to be done to adapt and further develop existing standards for this purpose but it could possibly be done within 2 years.

John Halamka, MD, MS – Harvard Medical School

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, 304, this is a big one for transitions of care. The question is what counts as a transition, what is the definition of a transition, we need a definitional statement about what the care plan refers to and what standards exist for structured data elements to include in a summary of care. Well, as John suggested in the preliminary response a consolidated CDA enables templates for care plans and problems, medications, allergies, etcetera. There are no standards to support structured recording of other things that have been listed here.

John Halamka, MD, MS – Harvard Medical School

Environmental factors, you know, social and financial information, etcetera in their list.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, exactly. Most likely course of illness, wow.

John Halamka, MD, MS – Harvard Medical School

Patient's long-term goals.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

This is Floyd; I think they're also thinking of expected outcomes which isn't where...so I would agree with the comments used so far.

Clem McDonald – National Library of Medicine

Hey, I just looked up the allergy segment in HL7 there are codes for all three of those things, it's mild, moderate, severe for John's issue. They may not be national standards but they are there.

John Halamka, MD, MS – Harvard Medical School

Great.

Clem McDonald – National Library of Medicine

So, what are we doing with this one, 304?

John Halamka, MD, MS – Harvard Medical School

Well, in 304 basically I think we're saying, you know, guys you do have a consolidated CDA which is going to give you a nice transitions of care format.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

John Halamka, MD, MS – Harvard Medical School

But there is a whole lot of things you want to put in it that templates don't exist yet and are unlikely to exist in 2 years, you know, patients expected outcomes, environmental factors in the home, I mean, interesting but not in 2 years.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, but I think there's another question that they have here that's not a vocabulary question is what counts as a transition of care for which a summary of care document would have to be transferred.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

This is Floyd, that's what I was concerned about.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

You know, in the case of...in our case for example, you can have a transition between care team members but they are actually sharing the same physical and logical record and so there is no...so how do you, you know...does that mean we have to now transmit a document in addition to sharing the actual record?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

So, this is Floyd, just from a personal experience, if one changed doctors in the middle of the hospitalization is that a trigger for a transition?

Clem McDonald – National Library of Medicine

I thought it was defined in Meaningful Use. I thought they had definitions for it. I didn't memorize all 1500 pages.

John Halamka, MD, MS – Harvard Medical School

But, MacKenzie, it seems a little bit odd that the Policy Committee is asking the Standards Committee to define a transition.

Clem McDonald – National Library of Medicine

Well, I still think it might be done. It certainly isn't between care providers within an organization.

John Halamka, MD, MS – Harvard Medical School

I mean do we...I mean, again it seems more policy ask than standards ask, but would a transition be defined as between organizations rather than within an organization? I mean, you would think that if there is common use of a single EHR across providers that one wouldn't actually generate a transition of care document among two providers in the same organization in the same EHR.

MacKenzie Robertson – Office of the National Coordinator

So, hi John, this is MacKenzie, I know Michelle Nelson has joined the call and she is the ONC staff lead person from the Meaningful Use Workgroup, I don't know if maybe she could provide some more insight on what exactly they were looking for there. Michelle are you on the line?

Michelle Nelson – Office of the National Coordinator

I'm on the line but they're vacuuming, so I'm sorry.

MacKenzie Robertson – Office of the National Coordinator

Oh, in the office?

Michelle Nelson – Office of the National Coordinator

Yeah, so I think, John, has a very good point and it is defined in the rule. So, I'm not really sure what...I can't remember at this point what we were trying to get at in the discussion. So, I think I will throw them back to the definition that's in the rule and we'll go from there.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so then I think that taking off from the preliminary response consolidated CDA includes a number of templates, other templated sections of CDA exist that are not yet adopted in Meaningful Use, but there are no standards to support the structured recording of a number of items that are listed in the suggested criterion or objective.

John Halamka, MD, MS – Harvard Medical School

Sounds good.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so is that answer acceptable to everybody?

Clem McDonald – National Library of Medicine

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Then on 305, a provider to whom a patient is referred acknowledges receipt of external information and provides referral results to the requesting provider thereby closing the loop on information exchange. And so, the measure, here again, is for 10% of patient's referred, referral results are generated from the EHR and returned to their requester via a report or another electronic document. And the question is are there mature standards available to close the loop for this process and what format/infrastructure would you recommend?

Clem McDonald – National Library of Medicine

What...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Sorry, go ahead.

Clem McDonald – National Library of Medicine

Well, it's not a vocabulary question.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No it's not a vocabulary question.

John Halamka, MD, MS – Harvard Medical School

But, what I would say, and this is my preliminary report is the definition of close the loop, at least in my risk management group, has been it's a bit like a functional acknowledgement. I am sending you a referral, did you receive it? Yes, I did. The patient showed up here is the summary in response to your referral request and if the patient doesn't show up there is some management report that shows that the loop was never closed. And again, we've done this in Boston and we've invented everything because this doesn't exactly fit into your standard X12 referral and, you know, these sorts of things, so, you know, certainly willing to hear any other ideas, but other than "yes, we can send consolidated CDAs back and forth" that's fine I just don't know that there is a close the loop standard.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But, again, you know, this, as with the last one, this seems not to consider the case where the record is actually shared between the providers as opposed to cases where the actual transmission is needed.

Clem McDonald – National Library of Medicine

Well, in most of the Meaningful Use things they exclude the need to do these things within an organization.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, but even not within an organization, so it's entirely possible for the sharing of the record outside of an organization.

Clem McDonald – National Library of Medicine

Oh, that's true, yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

And, so we do that in fact for a large amount of specialty care. So, in terms of...

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

This is Floyd...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Sorry, Floyd, let me come back to you in just a second.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

But the proposed response is that there are no mature standards available to close the loop for this process but the second question on format or infrastructure that we would recommend is to use existing standards where they are applicable, which is not in cases where the record is shared.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

So, this is Floyd, I would agree with that, my question is, is it worse then and I apologize for my lack of detailed knowledge on the CDA to know this, is there information that can be in the provenance of the returned CDA that indicates it's related to the original request. If there is provenance information that can tell that that's good, if not maybe we need to refer that to HL7.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, I would say that the standards for including provenance information in CDA is not yet sufficiently mature but could be developed.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Okay, that's what I wanted to get at, if there is more standards work that needs to happen to make this feasible then I think it's worth mentioning.

John Halamka, MD, MS – Harvard Medical School

Sounds good.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, so then in addition to the response that's already been drafted we could say that standards for provenance and CDA could be further developed but work would have to be done.

John Halamka, MD, MS – Harvard Medical School

Yes.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, 401B then, are the standards for transmission of immunization history...

MacKenzie Robertson – Office of the National Coordinator

Jamie, this is MacKenzie, I think, this is clinical quality. So, I don't the clinical ops or the Vocabulary Taskforce have been asked to respond.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Oh, I see, okay.

John Halamka, MD, MS – Harvard Medical School

But, actually, because the way I read 401B is there are two questions, can you represent an immunization history and the answer is "yes, there are formats to represent the history" but can you represent a rule, this goes back to the same sort of discussion we had with 102, you know, all children age 2 should receive DPT except if they're allergic to duck eggs and I'm unaware that such a rule representation of immunizations exist.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Exactly nor would it be likely to be able to be developed and sufficiently mature as a sufficiently mature standard within 2 years.

John Houston – University of Pittsburgh Medical Center – NCVHS

I actually don't think this one really should be assigned to quality because it isn't a quality measure, it's, you know, what we would say is immunization history implementation guides exist and are mature and the rule representation is unlikely to exist in 2 years.

MacKenzie Robertson – Office of the National Coordinator

Okay, I mean it doesn't...we took a stab at assigning them to different Workgroups in the interest of time, but by all means if you want to go just through all of them and any that are related here to your Workgroup and apply the answers too, that's fine.

John Halamka, MD, MS – Harvard Medical School

Good.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

And this is Floyd, I would agree with John, this sounds like more of an operations standards issue.

John Halamka, MD, MS – Harvard Medical School

So, MacKenzie, what others aren't assigned to us?

MacKenzie Robertson – Office of the National Coordinator

I think we've done them all so far. These are all the questions, there aren't any separate questions.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

There is one; this is Farrah, that requires a response from Clin Ops, 407.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

John Halamka, MD, MS – Harvard Medical School

So, Jamie, I didn't realize that we had a subset of the 17.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Oh, yeah, I thought they were all for us even though I didn't see our name on all of them, okay.

Michelle Nelson – Office of the National Coordinator

You're certainly welcome to answer them all though.

John Halamka, MD, MS – Harvard Medical School

Well, we have 20 minutes left, so hey lets go to 407 if that's the last one that that we have and then we can go back and give our sage advice to a couple of the other just for fun.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

That sounds great. Okay, so 407.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Sorry, this is Farrah, just to make sure I have 401B correct, immunization history standards exist and are mature but are unlikely to be developed within 2 years?

John Halamka, MD, MS – Harvard Medical School

No, no, no, no the rules portion, there were two questions.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yeah, so its two different things, so one is standards to represent immunization history exist and are mature period. Then standards for representing rules about immunizations are not sufficiently mature and are unlikely to be developed within 2 years.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

Okay, got it, thanks.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay, 407 has to do with the capability to electronically send healthcare associated infection reports to the National Health Care Safety Network using a common format except where prohibited and in accordance with applicable law. Is the current standardized message for HAI sufficiently mature and is there a standardized message format that can be used across a variety of registries for public health reporting?

Clem McDonald – National Library of Medicine

They've asked this question in a complicated way, so I think that CDC has developed everything you need to send the reportable disease reports to them, but then it gets broader, you know, everything...I mean like so tumor registries is a different standard so when they generalize it to be any kind of public health reporting I don't have a good answer. But there is a standard also for tumor registry.

John Halamka, MD, MS – Harvard Medical School

Hello?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

John Halamka, MD, MS – Harvard Medical School

Sorry, I heard a beep there. Anyway and so to me, I mean this one, I mean, Jamie, I'm just unaware that the CDC's hospital acquired infections standard is widely deployed but it certainly exists and certainly within 2 years you could envision for that particular healthcare associated infection requirement it would be appropriate.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think that's possible.

Clem McDonald – National Library of Medicine

Well, just one other clarification, the healthcare associated infection...hospital I don't think and currently the CDC isn't...they don't for example report Klebsiella's generally resistant bacteria because it's not community, so I don't know the details in that either. Does someone know if they have a thing cooking for hospital acquired?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

This is Floyd, I don't want to speak for CDC, but most of it is hospital but the name is actually healthcare acquired or associated.

Clem McDonald – National Library of Medicine

Right.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

So, it is intended to eventually take in community data, not much in the NHSN actually deals with, as I understand it, community associated infections or post hospital infections because it's hard to get that information. But, that's the eventual intent. The HAI are standard I believe is mostly related to inpatient or in facility.

Clem McDonald – National Library of Medicine

Is that tied to CDC?

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yes.

Clem McDonald – National Library of Medicine

That's probably something different than what I spoke to.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Okay.

Clem McDonald – National Library of Medicine

I don't know where it stands for sure, but it's the kind of thing that might be doable, I don't know how big, complicated or developed, or how well it's working.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yeah, I think one, this is Floyd, I think one of the challenges is some of the definitions change over time and I don't know how that affects the HAI standard for the data that are transmitted.

John Halamka, MD, MS – Harvard Medical School

And so, I mean, Jamie, as a consolidated set of comments is it reasonable to state that for healthcare associated infections the implementation guide does exist from the CDC and it is likely that within 2 years that it will be deployed or something like that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

That sounds reasonable to me. Is everybody okay with that answer?

Clem McDonald – National Library of Medicine

Yeah, I just wish I knew more about it.

John Halamka, MD, MS – Harvard Medical School

Just Google CDC HAI and you'll get the implementation guidance, it's a CDA document.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right. Okay, so then in that case we have done all of our assigned questions.

John Halamka, MD, MS – Harvard Medical School

Yay! And do we want to...because we have just a couple of minutes, do we want to...

M

No.

John Halamka, MD, MS – Harvard Medical School

We can just look at 402B, you know, or not, you know, everyone can go on their way. It depends on how much endurance you've got.

Floyd Eisenberg, MD, MPH, FACP – Independent Consultant

Yeah, this is Floyd, I apologize but it's my battery too, so I'm going to have to sign off, so thank you.

John Halamka, MD, MS – Harvard Medical School

Okay. So, hey, Jamie, it sounds like we have less than 100% enthusiasm to work on unassigned work.

MacKenzie Robertson – Office of the National Coordinator

So, this is MacKenzie, does that sound like we're not going to go into the other questions and I should open it for public comment?

John Halamka, MD, MS – Harvard Medical School

Jamie, are you still there?

MacKenzie Robertson – Office of the National Coordinator

Did we lose Jamie?

John Halamka, MD, MS – Harvard Medical School

I heard a click. So, sure, Jamie is that you? Well, we've lost Jamie, so...

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I, no, sorry, I tried to go on mute and I accidentally hung up, so sorry about that.

John Halamka, MD, MS – Harvard Medical School

Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I apologize.

John Halamka, MD, MS – Harvard Medical School

What I was saying is that it seems like we have less than 100% enthusiasm to do unassigned work, so happy to go to public comment if you think that's okay?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No, that sounds great, that sounds great to me.

MacKenzie Robertson – Office of the National Coordinator

Okay, thanks, operator can you please open the lines for public comment?

Public Comment

Rebecca Armendariz – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press *1 or if you're listening via your telephone you may press *1 at this time to be entered into the queue.

Farrah Darbouze – Program Analyst – Office of the National Coordinator

While we wait for that, this is Farrah, I'm going to be sending the responses to Jamie and John, and just please review them if you have any changes to my note taking just please let me know.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

That would be great, I appreciate it, thank you very much.

Rebecca Armendariz – Altarum Institute

We have no comment at this time.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay.

MacKenzie Robertson – Office of the National Coordinator

So we have no public comment, thank you.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So, we give 10 minutes back, thank you everybody.

MacKenzie Robertson – Office of the National Coordinator

Everyone can go get their coffee now.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

After the Johns or John and Jamie sign off on this summary would you send it to the other members?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Absolutely.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Thanks.

John Halamka, MD, MS – Harvard Medical School

Good, well, hey, Jamie, thank you and certainly thanks to everybody for getting up so early, we did great work today.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Thank you, I really appreciate all your help on this.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everyone.

John Halamka, MD, MS – Harvard Medical School

Thank you.

Clem McDonald – National Library of Medicine

Okay, bye-bye.

Marjorie Greenberg – Health and Human Services – Center for Disease Control

Bye-bye.