



Collaboration of the Health IT Policy and Standards Committees

Public Health Task Force

Final Transcript

March 22, 2017

Presentation

Operator

All lines are now bridged.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

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

Larry Wolf, MS – Principal – Strategic Health Network

I'm on.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Larry. Anne Fine? Andy Wiesenthal?

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Hi.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hello. Floyd Eisenberg?

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

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good morning. Marc Overhage? Noam Artz?

Noam Arzt, PhD – President – HLN Consulting, LLC

I'm here, good morning.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Morning. Susan McBride?

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Richard Loomis? Morning, Susan.

Richard Loomis, MD, CPC – Senior Medical Director & Informatics Physician – Practice Fusion

Good morning.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Richard. Anjum Khurshid? Janet Hamilton? Julia Gunn?

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Morning.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Hello.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Steve Hasley?

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

I'm here.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Morning. Brian Anderson? Riki Merrick? Chesley Richards? And Margaret Lampe?

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

Good morning.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Morning. From ONC do we have Jim Daniel? Rachel Abbey?

Rachel Abbey, MPH – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes, this is Rachel. Jim will be joining shortly.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Okay. Is there anyone else from ONC on the line?

Michael Baker, MS – Management Analyst – Office of the National Coordinator for Health Information Technology

Hi, Kim, this is Michael Baker.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Michael. So, Larry, I'll turn it over to you.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

And everybody, this is Anne, I joined a little bit late I'm really sorry.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Hi, Anne.

Larry Wolf, MS – Principal – Strategic Health Network

Perfect timing Anne we just finished roll.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay.

Larry Wolf, MS – Principal – Strategic Health Network

So, let's go onto the next slide and a refresher on our charge. I think it's pretty clear we're looking to capture pregnancy status and then share pregnancy status, use clinical decision support and electronic initial case reporting both generally as connecting providers and public health, and also specifically around Zika. Next slide.

I'm going to take a crack at crunching our principles down to fewer, I'm trying to execute on parsimony, because I also want to work in the statement about that we're working within the clinical guidelines, we're not looking to modify the guidelines we're looking to recommend technology to support the guidelines in the public health processes. Next slide. So, these are basically notes to do that. Next slide.

Right, so our agenda for today, sorry back up, so our agenda for today, we wanted to review some summary slides we put together on CDS Hooks, myHealthFinder (*echo*) using the name prenatal, the text prenatal in the names of the tests as a way to capture pregnancy status, implicitly capture pregnancy status, in the naming of the tests. Then we'll review the summary recommendations, then we'll open up for public comment. Next slide. I'm going to incorporate these in the principles, we can move on, next slide.

Okay, so a tweak on this slide to include individuals. Let's get the animation, so first click, so guidance coming out from public health and there is guidance available for individuals, myHealthFinder is just one example of that. Next click.

And we also have examples of providers making information and making guidance available to individuals and some of that is repurposing, rehosting public health guidance using APIs, we have an example of that with myHealthFinder as well. Next animation.

And then we have individuals supplying health data to their healthcare providers. I think this arrow probably ought to be dashed or otherwise hash-marked because generally this happens verbally or patients providing printouts to their clinicians not electronically but we'd like to see it happen electronically the whole area of patient generated data generally but specifically around this. Next animation.

Then the rest should be familiar, orders with specimens going to the lab, next animation. You report from the lab and to public health if there is something reportable. Next animation.

We've got work going on for providers to report electronically to public health, the initial...electronic initial case reporting work and then finally, one more animation, follow-up from public health with the healthcare providers.

So, that's the current take on an overview looking to incorporate individuals. Any comments or reactions from the workgroup?

Noam Arzt, PhD – President – HLN Consulting, LLC

This is Noam; my only comment would be that, you know, part of the eICR reporting is what's now called report ability response that goes back, that's different than sort of case follow-up. So, you might want to include that response. In other words, it's a response that in fact what the provider thinks is reportable or suspects might be reportable it's a confirmation that it is or isn't actually reportable.

Larry Wolf, MS – Principal – Strategic Health Network

Okay.

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

So, Noam, this is Floyd, just with a comment. Would it be better to have a double-ended arrow on report eICR? Because I look at follow-up and I actually interpret that differently once public health knows there is an issue they want to get more information, they want to ask the provider something outside of the eICR, just a thought.

Noam Arzt, PhD – President – HLN Consulting, LLC

That's right, so I'm not...I mean, I'm not sure if I would put a double arrow, I'm sorry, a double-ended line that's confusing, right, because this is an animation that steps through a flow, it doesn't sort of happen at the same time and I know that it's a fairly cluttered diagram now. It really should be an additional line that in the animation is after the report of the eICR but before follow-up, there's an arrow back which is the report ability response.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

So, this is Anne...

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

So...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

I would argue that that's a little bit too in the weeds for this particular diagram while I am...I know it's an important piece of the process. There's a lot of nuance that probably could be represented in other places but here I feel like the main thing is that as part of the process healthcare is sending data electronically to public health and there's a lot of granularity within that process but that's the process that we're talking about it's just like the information flows to public health and then public health does have to go back for more information but I feel like that detail doesn't need to be in the slide but that's my own personal opinion.

Noam Arzt, PhD – President – HLN Consulting, LLC

You know, do what you want to do, I'm just saying it's a fairly big component of DigitalBridge sort of flow that's all. So, you guys do what you feel is appropriate that's just a comment that I'm making.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, so Noam, thank you for that and Anne and Floyd, thank you for the...it's sort of like the major flow here is this initial report but it's not a one-way flow it's bidirectional and I think a lot of the work of DigitalBridge is actually creating bidirectional capability, maybe we should kick around making that arrow double-headed, I like that thought, but keeping it just the one arrow to try to limit the clutter because all of these really have...whether it's a low-level acknowledgement or an optionality for some additional communication following the initial activity, yeah.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

This is Julia Gunn; another really important part of this is that public health reaches out and has to speak very often to the individual not just through the provider.

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well that's represented...this is Andy Wiesenthal; that seems to be represented with that guidance arrow on this graphic...

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

It's more than guidance.

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

To the individual.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

It's more than guidance. Guidance are things that you do but we often need additional information that perhaps only the individual has.

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Right, so you're talking about additional investigations.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Exactly.

Noam Arzt, PhD – President – HLN Consulting, LLC

It's a follow-up arrow I think she's saying in the flow and when you have follow-up at the end going to the provider there's follow-up to the individual.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

That's correct, directly from public health not through...

Noam Arzt, PhD – President – HLN Consulting, LLC

Right.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

The provider.

Noam Arzt, PhD – President – HLN Consulting, LLC

There's follow-up from the provider too.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Correct, we will call the provider but we also call the patient too.

Noam Arzt, PhD – President – HLN Consulting, LLC

No, no, I mean, there may be follow-up from the provider to the patient too.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Absolutely, absolutely.

Larry Wolf, MS – Principal – Strategic Health Network

Okay.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

That's why I'm suggesting that we...I agree, we do have follow-up to the individual but I guess the point of this is really talking about the pieces that can be made electronic. Now it is possible that public health to the individual collection of information could be made electronic and we're exploring doing that here in New York City for example with our system to be able to...for patients who are reported with foodborne illness we really need to interview the patient about what food they ate and so we do that by phone now, but it is possible that this information can be collected through an electronic survey that's directly tied into our surveillance system and we are working towards that. I know that's already been done in some jurisdictions.

So, I do agree that there is an arrow that really goes from public health to the individual to collect information, it's not an information flow from public health to the individual, it's an information flow from the individual directly to public health but through outreach from public health to that individual.

So, it gets complicated and I just don't know how much of that complexity we really need to capture here because the main pieces of this are what data is flowing to public health because that's...and I mean, I don't know, I could either way but I sort of feel like we could make it way...we could make it look like spaghetti if we wanted to. So, I would try to keep it simple.

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

This is Floyd...

Larry Wolf, MS – Principal – Strategic Health Network

Maybe we...

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

Just with a quick comment...

Larry Wolf, MS – Principal – Strategic Health Network

Should...

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

On Anne's. I tend to agree with Anne's comment but one way that you might be able to simplify...in parenthesis write in small letters and "follow-up" that way you limit arrows and you get some of the concept. Just a thought.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Yeah, I agree that could work.

Noam Arzt, PhD – President – HLN Consulting, LLC

Right, except that this was displayed as an animation and those two steps aren't happening at the same time. We have to keep that in mind, right? The guidance steps were all at the beginning before there was even information flowing.

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

Noam Arzt, PhD – President – HLN Consulting, LLC

I mean, patient information flowing, so just keep that in mind.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Yeah...

Larry Wolf, MS – Principal – Strategic Health Network

So...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

A lot of this doesn't happen at one time or at the same time. I think a lot of this happens over time.

Larry Wolf, MS – Principal – Strategic Health Network

Yes, so obviously this is a way of simplification. I wonder, if given the conversation we just had on follow-up, if the right way to address this isn't to take the follow-up arrow off altogether because it's not just public health and healthcare providers but to say "this is really the initiation steps that are here and that there could be follow-up really going in all directions including additional information from the individuals to public health.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Perhaps the title of the slide would...

Larry Wolf, MS – Principal – Strategic Health Network

Right.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

Could better reflect sort of that initial aspect of it.

Larry Wolf, MS – Principal – Strategic Health Network

Okay. So, any thoughts on title like initial information flow or initiating information flow, or something that focuses on the beginning?

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This is Susan McBride and I almost wanted to put some scope around it in terms of our recommendations and so I was actually thinking about all the arrows in terms of do we have input into this piece and how could we show that dimension and if we could show it with an asterisk or something in terms of our scope that may clarify our own focus and also it may lend itself to a title.

Because I think there's multiple aspects of this but I'm not sure that public health guidance...I mean, maybe in the form of pushing out that light CDS that we've talked about we would foster that in terms of our recommendations but it does seem like we're touching on almost every aspect of these arrows in terms of standards recommendations.

Larry Wolf, MS – Principal – Strategic Health Network

Yes. So, maybe that is...so the scoping piece maybe is right and the follow-up is actually...is not included in our recommendations at all whereas we pretty much touch on some aspect of everything else here, specifically the report back from the lab to the healthcare provider but that seems like an essential flow so I'm going to leave that one.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Yeah, I agree. I think that the follow-up arrow...maybe we should take off the follow-up and just maybe put in either a note or when we're presenting the slides say that there are follow-up activities that happen as a result of this initial flow of information.

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

Julia Gunn, RN, MPH – Director Communicable Disease Control Division – Boston Public Health Commission

I think having the word "initial" in the title will then sort of get people in the mindset that this is just the beginning.

Larry Wolf, MS – Principal – Strategic Health Network

Yes. Well, I'm going to try that and see what this looks like in 24 hours and we'll share it with the group. Okay, let's move onto the next slide, thank you for all that input.

Okay, so we spent a fair amount of time discussing some of the additional options and Anne and I had some follow up discussion as well with some folks involved with CDS Hooks, so these are our first pass,

they're still pretty rough. I was noticing a bunch of typos and things I would clean up this morning after you guys got the slides, so I have no ego investment at this point, feel free to let's talk about what's here and ought to be here and where we ought to make some edits.

So, this is the overview on CDS Hooks. I think the piece that says "open source" is good. It was initiated with Josh Mandel but I don't know that he's...I don't know how much we want to thank Josh in the slide itself as part of the SMART on FHIR work that he's been a leader on and he's doing some other things currently and others have taken the lead with CDS Hooks.

Noam Arzt, PhD – President – HLN Consulting, LLC

This is Noam; I have just a couple of comments here. First, you know, it's good that there are prototype implementations, of course prototype is not production, and I'm pointing...and I'm only making that comment really because on a subsequent slide in this deck it makes, I forget now what it's talking about, it make a point of saying that a particular standard, you know, has no production implementation and that's the reason why, you know, it's not...I think it was talking about the RFD I think on a couple of slides later. So, you know, we just need to be careful not to say it's bad in one case and sort of, you know, be silent on it in another, right, there's sort of a fairness thing here.

Larry Wolf, MS – Principal – Strategic Health Network

Right.

Noam Arzt, PhD – President – HLN Consulting, LLC

It also...

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

And also...go ahead.

Noam Arzt, PhD – President – HLN Consulting, LLC

It should also be noted that, you know, not all CDS activities require sort of an "in your face" response to the provider sort of in real-time. So, remember CDS Hooks is essentially a frontend thing so it's something that presents something to the provider. So, it may be good for some things, it may not be for everything.

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

So, this is Floyd and I tend to agree somewhat with Noam's comment. I think one thing that can be done to simplify is we don't have to give the whole story of just saying it's just a bullet, it's open source, model for describing how EHR calls out a remote service, I don't know that you have to say it's just to the provider it depends on how you implement it. The cards we could simplify...we don't have to give all the detail of what's in parenthesis and at the end I think I'd also say it's merging with other HL7 FHIR efforts because I think that's important. So, just...

Larry Wolf, MS – Principal – Strategic Health Network

And...

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

That's not simplifying it's adding something but I thought it was important.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, no, no I like that we're aligning with the FHIR efforts. I like the idea of simplifying maybe we don't need all of the steps in here, it was helpful in terms of my own education to know they exist.

I think we should maybe just acknowledge that there are prototype implementations by EHR vendors we don't have to list the specific vendors that there are 30 CDS organizations involved in implementation but we don't need to list Elsevier.

I like that Argonaut has chosen it as a focus for 2017 although their focus on it my understanding is not specifically public health just that it's a general part of what they're doing this year.

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

Correct.

Larry Wolf, MS – Principal – Strategic Health Network

I think they're looking to see initial production implementations this year but that's a long way from saying that they're generally available.

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

Yeah, I would agree with that, Larry, and I think...I just watched a presentation on it yesterday here at HL7 Partners for Interoperability so it has a lot of promise but again it's not currently in production. So, when we say "we should see" maybe we should say "anticipated production implementation."

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

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

Just to be a little more circumspect. The other challenge is the triggers are limited for everything we might want to do so just saying that they're all there with an "etcetera" we just want to be cautious.

Larry Wolf, MS – Principal – Strategic Health Network

Yes and I think if we actually pull the center part of this slide and identify all the elements other than it supports triggers from the EHR, right? Or do you think it's important to actually say that it supports specific triggers?

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

I'd just say...

Larry Wolf, MS – Principal – Strategic Health Network

Or...

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

I think saying triggers is fine and we can have folks look into it to figure out what the details are. I don't know that we need all those details here.

Larry Wolf, MS – Principal – Strategic Health Network

Yes. My understanding was actually it was up to the EHR's capabilities what could be triggered, you know, how the triggers would work. So, I may have actually missed a piece of that.

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

Yeah, I'm not entirely sure but I think it's...maybe the limitation is based on those who prototype.

Larry Wolf, MS – Principal – Strategic Health Network

Yes, I think it's important that the services are...can be remote, right?

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

Right.

Larry Wolf, MS – Principal – Strategic Health Network

And that may actually represent implementation barriers. I could easily see people saying “I’m happy to use CDS Hooks if everything runs inside my control and even though it’s powerful to get outside of my firewalls that makes me nervous especially when people come back in asking for data.” So, I could see this could have, you know, small steps forward even though architecturally it could take large steps.

Noam Arzt, PhD – President – HLN Consulting, LLC

Right, but...this is Noam, but if everything was running inside your organization why would you need CDS Hooks you’d just do it.

Larry Wolf, MS – Principal – Strategic Health Network

Right, they’ll be a way to use...

Noam Arzt, PhD – President – HLN Consulting, LLC

The point is, you know, a sort of distributed notion.

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

Well, Noam, I think the answer to that is it’s something that can be shared so you could implement it locally but it’s a format that you could share so in a sense it’s coming from external implemented locally as opposed to accessing in real-time external, they’re two different methods to manage it.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

This is Marc Overhage and I think we have to be care here, number one, we’re spending an awful lot of time on this for something that is some time out in the future and uncertain. So, I wonder, you know, we may want to time box this discussion a little bit and I think we have to be very careful in terms of...I mean, how much do we want to make this focal in our discussion and recommendations because it is one way to attack this problem, it may be a solution, okay.

Larry Wolf, MS – Principal – Strategic Health Network

Yes and that’s...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

I don’t think you can say much more than that and I fear people will get hung up on it and it will keep people from moving forward with solving some of the problems because everybody will go “well we’ve got to wait for CDS Hooks to solve it.”

Larry Wolf, MS – Principal – Strategic Health Network

Yes, so, Marc, good comment. Our recommendation slide actually is more general like that it’s a method to be looked at. So, and I think this is going to wind up more towards we heard the committee ask us to provide...to take a look at this and we took a look. So, that’s the level at which I want this slide to wind up when we’re done. So, thank you for trying to get us...keep us on track this is not something we should talk about this morning.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

So, this is Anne, so then is the thought that the CDS Hooks would be mentioned as sort of as we had before but this slide might be sort of in an appendix like this is...here is what we looked at?

Larry Wolf, MS – Principal – Strategic Health Network

That's what I'm thinking that we would acknowledge in the beginning part of the deck that...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay.

Larry Wolf, MS – Principal – Strategic Health Network

We heard the committee say we should look at it, we did look at it. There's a couple of...there's a slide in the back of the deck that says what we looked at...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Yeah.

Larry Wolf, MS – Principal – Strategic Health Network

Recommendations as the method to be pursued.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay, that sounds good.

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

Yeah, and this is Floyd, I think that works really well and Marc's comment was a good one but at least we do identify that we looked at it because the combined Standards/Policy Committee made that request.

Larry Wolf, MS – Principal – Strategic Health Network

Okay, let's go onto the next slide we can probably skip over most of this as well. These are highlights here, if someone has got specific issues that they think we should pull from a summary slide let me know we can do that offline and combine the two slides into one.

Noam Arzt, PhD – President – HLN Consulting, LLC

This is Noam; my only comment is in that first intro sentence there is a little bit of editorializing, right, the best way, that's editorializing it's not...

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

Noam Arzt, PhD – President – HLN Consulting, LLC

Necessarily truth.

Larry Wolf, MS – Principal – Strategic Health Network

Yes. Yeah, it's editorializing, it's endorsing and that's really not our intention here.

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

Yeah.

Larry Wolf, MS – Principal – Strategic Health Network

Okay.

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

So, this is Floyd, I'm also not sure that you need CDS Hooks to launch a Smart App so I'm...

Larry Wolf, MS – Principal – Strategic Health Network

Yeah.

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

I think it gets a little too detailed and there's a lot of information that's still...much of this is prototyping although there are Smart Apps that are working.

Larry Wolf, MS – Principal – Strategic Health Network

Okay, I will tone this down. The retrieve for data capture piece was really an aside in a conversation I don't think we really need that here, it was somewhat a predecessor to the structure data capture in our earlier attempt to do something similar, it was really pointing out that in a lot of pilots and prototypes over the years that never got much traction, but we don't need the specifics. It's more a warning about any place where things are not yet in the production. Okay, let's go onto the next slide. Okay, next slide.

So, similarly we had encouragement to take a look at things that are targeted to the consumer, myHealthFinder is an example. We had a piece of our call last time that talked about that. So, I feel like we need to include that as well in things we've looked at. So, I think that's really about all that the intention was here just that it's there, it's available, it's something that could be...it is in use today, it's both consumer-facing and clinician-facing, not so much myHealthFinder but...

Noam Arzt, PhD – President – HLN Consulting, LLC

You know on that, this is Noam, on that last point there about sort of the travel industry I'm reminded that, you know, the travel industry is real good about telling us like when we need a travel vaccine, like if we're going somewhere that requires it, that's pretty well established. So, why couldn't that sort of, you know, mature kind of information exchange be extended to other types of health warnings? It just occurred to me because my kids are about to go to Vietnam so, you know, they have to get all these travel vaccines. So, the travel industry makes them keenly aware of that, very early.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This is Susan McBride and on another point related to this I think again I'm going to talk about scope in terms of standards and policy for health IT and it seems like this is relevant to our patient portals and the current standards we have out there, and this maybe a hook that providers could use to apply within their portals for either pushing and/or having available information for individuals to pull the information out of the portal.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, I think if there's multiple players that might be involved and maybe that piece about outreach to travel is a good example, so we ought to make sure it stays in the final set. In some ways it's on the edge of our scope, right, because there may or may not be any standards around that. It's maybe more of a policy and encouragement for travel industry to do that. They all, as you point out Noam, they all are doing that, pretty high visibility for vaccines. I think lower visibility for other reasons that might cause people not to travel but they are a good avenue of outreach and the CDC site does have information under travel about health risk.

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

Yeah, so...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

And I think that this is...this is a response to what the committees did ask us to do and I do think that the concept of using something like "CDS" it's not CDS but it's decision support in a way for an interactive tool for the public for an individual is a really good idea that I don't think public health has really embraced or used in the past very much. So, I think it's a...I think it's a good thing to include. It's not explicit just exclusively the patient portal in a healthcare interaction with an EHR it's more a public health person interaction which I think is a good idea.

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

Yeah and this is Floyd, I agree with all that. I think when I look at this slide your first two bullets are things that potentially could be done, we looked at things like HealthFinder and then the last four are potentially considerations for how to move it forward. So, I think splitting them may help and where it says outreach to travel industry...and I'd also say consumer involvement, direct consumer involvement, as well because I think that's what the Standards Committee folks and Policy Committee folks comments were all about.

Larry Wolf, MS – Principal – Strategic Health Network

So, I think you're right Floyd about they were really looking for direct to consumer. We should highlight that.

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

Yeah and so if we list them as considerations it's not necessarily in scope that we can identify all the standards but they are things that we thought about and that we later on, when you have the recommendations, we do talk about them.

Larry Wolf, MS – Principal – Strategic Health Network

Right and for what it's worth just an Internet search for travel health risks the first two hits are CDC and the next one is World Health, next two are World Health Organization, and, so, yes, if you were just randomly looking that's where you would likely wind up with "what are my travel risks." Okay, let's go onto the next slide.

Summary of recommendations, and first one, thank you. Okay, have at it, you guys are not quiet today at all.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

This one hasn't changed that much. I think we didn't...we didn't quite know where to put the feedback that we got about including the individual in the recommendations so we stuck one piece of that here at the end where it says, consumer generated data, explore ways to...I'm not sure it really goes here to be honest. So, this would be capturing pregnancy status from an individual and getting that into an EHR.

Larry Wolf, MS – Principal – Strategic Health Network

Right, maybe this...

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

Yeah, and this is Floyd, my comment there is it says "ways to share" I think its ways to capture consumer generated...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

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

Data and share with a provider.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right and that's...

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

So, I think we missed...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Patient portal.

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

The capture here.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right, this is really using the patient portal. I think we should use that word "patient portal" like Susan just said to share patient generated data. I would call it a patient at that point because they're really interacting with their own EHR, with a provider in an EHR.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

The only thing, this is Marc again...

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

So, this is Floyd...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

I don't...

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

Yeah, go ahead, Marc, sorry.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Sorry, the only thing I don't like about that is I think portal conjures up a very narrow specific way of communicating with patients, you know, so...

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

Yeah...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

I'd feel better about some more generic description.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay, but this is...

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

So, Marc, I think you and I were about to say the same thing. I was going to say, capture consumer generated data and share with provider, an example might be, an early example might be using the portal but I don't think you want to...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Yeah.

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

Limit that, I agree with you.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This is...

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, I'd almost rather not put...

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

McBride...

Larry Wolf, MS – Principal – Strategic Health Network

Portal on the slide just because I agree with you guys.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay, I just didn't know, so take that off, just pretend I didn't say that because that's my own ignorance speaking. I didn't realize there are multiple ways, sorry.

Larry Wolf, MS – Principal – Strategic Health Network

I guess as a consumer I'm much more likely to use an App on my phone when I interact with my provider and I use an App on my phone or multiple Apps on my phone to track aspects of my own life and my own health, so, yes, I think if we...when we say "portal" we're looking backward in many ways in terms of where people are actually going and where the activity is.

So, explore ways to capture from an individual and share patient generated data with their provider something like that. And this is bold for us because it's a change from what you saw before but in the final I don't see any reason to bold it.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Agreed.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This is Susan McBride and specifically related to pregnancy status it seems to me like we're talking about consumer generated data related to pregnancy status and not more generally and the conversation right now seems like we're talking more generally about seeking information about health and healthcare.

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

Yeah, Susan, this is Floyd, I noticed that as well and two slides later when we have things like myHealthFinder is where I thought to address that where we're trying to identify the patient's own risk, travel pregnancy status, pregnancy intention but we could talk about it here as well.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right that's what I was saying it's a little awkward about where to put that patient information but I do think there is an element of if a patient wants to let the provider know that they're pregnant or planning pregnancy or whatever then this is a way to do it, obviously it's better to come in and get your prenatal care, but...

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

Yeah, I think Susan's just referring to the fact that all...anything the consumer wants to generate is broader than our scope although it's under pregnancy status header but...

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

Yeah and I really...related to recommendations around the dimension of how did you determine you were pregnant and one of the ways that we talked about was, well the patient may tell you that they think they are or they generated a pregnancy test at home or whatever.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

At home, exactly.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

That was what this bullet was, I thought, about in terms of capturing pregnancy status.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Exactly that's what I think it is about but I think it has generalizability...

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

Right.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

To other types of data that might be important for the patient in general or the patient in relation to a public health risk like for example travel data so the patient could share when they came back from a country too.

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

Agree.

Larry Wolf, MS – Principal – Strategic Health Network

So, the heading here is capturing pregnancy status, the other bullet talks specifically about pregnancy status so I think this one should as well. So, explore ways to capture pregnancy status from an individual and share patient generated data with their provider. Maybe the "share" piece winds up subsequent, I'm not sure, because if it's the provider who is doing the capturing we need that step here so maybe it should stay in the slide.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

I think it should stay here.

Larry Wolf, MS – Principal – Strategic Health Network

Okay. Let's go onto the next slide.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

This...so this is about again, about sending and sharing, so the changes we made here were a lot of conversation sort of offline about still ways of, in the short-term, getting information to public health and using ELR as the really best and only option besides phone and fax, and all of it is imperfect.

We've been having a conversation about using a specific prenatal test name, so for all the same Zika tests that are done normally to have a way for providers to order them as a prenatal test which would provide a clue that the patient is pregnant. It is being done by...certainly it's being done for hepatitis B and it's being done, I think, in a few cases for Zika now, but we've had some conversation of whether a different LOINC could be used for that and the consensus seems to be from Rita Altamore and Riki, and others that this may not be a good thing to do in general the principle with LOINC codes is like one test, one LOINC regardless of who it is being done on, but there are other ways to present the data of the pregnancy in the HL7 message.

So, I think it is still a viable option and one that we should promote. So, that's the one change is to add that in because Ask on Order Entry is, from an implementation point-of-view, is resource...requires resources and willingness on the part of the laboratories that they may not have right now unless we can sort of...I mean, I think it's good that we promote it but it doesn't mean it will necessarily happen so this is a good alternative.

Is there any comment from anybody about that? Okay, the people...

Larry Wolf, MS – Principal – Strategic Health Network

Maybe we...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Go ahead?

Larry Wolf, MS – Principal – Strategic Health Network

Maybe Marc or Floyd do you have any experience with constraints around test names and LOINC, in this case we're using the name as an implied statement about the patient's pregnancy?

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

So, I guess and I'd be interested and maybe Marc has a comment here too, it sounds like we're asking for a...basically something like a local name because you're using the same LOINC code and so the providers, because they know they're pregnant they're taking their local code and mapping it to the same LOINC code that they would if they weren't pregnant. I'm trying to figure out how that would work.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

So, I think what it...I mean, I...again, I don't...this is...this has been done and I can't remember which laboratory did...is doing it, I can find out, that the idea is that the name of the test...so we'd have a separate test order in the laboratory system it would have a different order code of some kind but the LOINC itself would be the same, I guess, and then the fact that the test...the name of the test is different

would allow the laboratories to program their HL7 message to populate a field, like for example, in Riki's spreadsheet there are ways to include pregnancy information in the HL7 message and there are a number of different ways to do it technically how that's done, I don't...I can't comment on.

I know in New York City we have...there is a field called "relevant clinical information" which is used. In Riki's spreadsheet I think it's using the pregnancy as a separate row as a result itself so that there's a LOINC for pregnancy and a result but...

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Right.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Is that...Riki are you on the line now?

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Yeah, yeah, I'm here...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Oh, great, oh, good, good, good I'm flying in the dark here. So, maybe you could comment on that?

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Well, so I did send a...so it was Mayo that has the prenatal order for the Hep B surface antigen test and I sent a note out to Julie, unfortunately I had the wrong e-mail so I ended up resending that same request today so I haven't heard back from her yet, but the...so, yes there is an Ask on Order Entry question which is what, you know, I'm proposing to do, but on the other hand there also were...LabCorp said that sometimes to get ICD-10 codes in OBR...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

31, for reason for study or they get them as, you know, relevant clinical information in OBR.13. So, that's another way that sometimes the labs know that the patient is pregnant.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

So, maybe I think what we...I think the thing that we should do is that...I think our recommendation should be to promote the transmission of pregnancy information in electronic laboratory reports and then the ways that it can be done are Ask on Order Entry, there is this other way which is the capturing

of ICD-9 codes that are in the tests, I don't know how they do that...what Riki just described, and then this other thing which is the prenatal test name, but I feel like we need to put...try to really encourage the labs to do this.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

This is Margaret...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

There is no one way unfortunately.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

This is Margaret; I agree with you Anne that there is no one way for them to collect the information necessarily but it really would be great if they could communicate the information to public health in the same way because you know...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

With Hep B that's really a challenge...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

On the public health end. So, I'm not...I'm not sure if collecting it in various methods can translate easily into communicating it in the same way, you know, I don't...

Larry Wolf, MS – Principal – Strategic Health Network

Yeah, so my...

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

I'm not sure how it...

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

This is Andy; I'm going to chime in here because I will say that this would be wonderful and they'll do it if you will ask for it one way but you don't.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

Right.

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

And you ask for it like 2000 ways and that's their bigger problem, if public health could agree on exactly what the nature of the data and the definitions were this is what we want, all of us will accept this, and somebody didn't cite that they were exceptional then I think the laboratories would find it very easy to do that.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

So, does Riki's spreadsheet not do that?

Larry Wolf, MS – Principal – Strategic Health Network

I think Riki's spreadsheet is...

Andrew M. Wiesenthal, MD, SM – Director, Health Care Practice – Deloitte Consulting, LLP – International Health Terminology Standards Development (SNOMED)

Well, Riki's spreadsheet is Riki's spreadsheet but public health agencies agreeing to one definition of what they will request is something else entirely.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Well...

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

I actually think for hepatitis B it's more of a passive receipt of it, I don't think public health is driving that at all.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Yeah.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

I think the labs are deciding how they'll do it and how they'll send it.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Margaret Lampe, MPH, RN – Nurse Scientist – Centers for Disease Control and Prevention

So, maybe your statement still holds true but I just don't think it's been tested at least with Hep B.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

I actually think that public health...

Larry Wolf, MS – Principal – Strategic Health Network

I'm hearing that there's complexity in what's being done now. We didn't see a really singular solution emerge from what we've explored and so, to Andy's point, there isn't a single, you know, this is the gold standard that's already received some level of consensus and we could push forward as it should be the "only" and that adds...obviously that adds to the complexity and even the discussion we had here on what seemed like simple relatively ad hoc way to create prenatal in the test name is a way to pick up the pregnancy status might not make it through to public health if the LOINC code represents the assay and that's the same whether it's prenatal or not.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Steve Hasley here, I would point out that there is a LOINC code for mother's hepatitis B virus surface antigen status. So, precedent I think has been set that we could get a...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Yeah, so...

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

LOINC code.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay, so that's a really interesting point because that's where I was...I would really prefer if we could have a separate LOINC code for this but the feedback from Riki and Rita was that this goes against what HL7 usually wants to do. So, Riki could you explain? Because I feel like if we could, in this case, push for that...

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Well...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Why wouldn't we?

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Well, we could but, I mean, I think, that LOINC code is...that's a LOINC code for a status that's like a question that's not the result of that specific test.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Wait, say that again?

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

So, it's...the way I understand that LOINC code it's asking what the status for that Hep B antigen is it is not the answer to the Hep B antigen test, it's the interpretation after looking at the fact that the Hep B test was positive and the patient is pregnant I'm answering that question.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

And...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

And just to take another spin on that, I think that's right, and the fundamental problem I think I hear us trying to talk about is how are we going to communicate from the ordering site or clinician to the laboratory this data that's needed and the order isn't the LOINC code in almost any case.

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Right.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

So, the order code is completely different so having that LOINC code that is specific, and I agree there would probably be some pushback on that even with this example, which is a great one, Steve, but if you get passed that you still haven't solved the problem of how do you get the order to convey the information about pregnancy.

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

Yeah, I...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Well, there is...there is a field, I mean, there is the relevant clinical info field but we're not recommending that, we're...are we...that's not even in here Riki, in your sheet, right?

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

I didn't put it in here as an example but I mean we can put other ways that just...all that data could be captured that way, you know, to...I think in ELR, I don't remember, I think I'll double-check real quick if it's coded or not, hang on.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Because, I mean...

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

It's a string so it's not coded. I mean, you can get free text right?

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

So, yeah, I mean...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

That's...

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

They could send you anything free text.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

That's how...that's what we've done...

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

In that field.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

In New York City is we've been using the relevant clinical info field and, you know, if we...if, you know, we could say that...I just can't say if that...we'd have to vet that with the public health community before we...

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

It's a free text field so it's not coded information is the...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Problem with that particular field.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

At least in ELR.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right. Okay, so it seems like we...I think we may need another...I think I was saying this before and we didn't get around to it, but we might need another call just to figure out what we want to say on this particular topic before we present on it. Riki are you...can we do...can we set that up afterwards?

Riki Merrick, MPH – Lead Specialist, Informatics Terminology – Association of Public Health Laboratories

Sure.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay.

Larry Wolf, MS – Principal – Strategic Health Network

Okay...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

And the only other thing we added on this slide was the encouraging the state and local jurisdictions to use the existing public health authority to require transmission which is pretty much the only leverage that we really have other than our charm.

Larry Wolf, MS – Principal – Strategic Health Network

Which is wonderful but you're right it's limited.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

So, I think we can move to the next slide unless people have additional comments.

Larry Wolf, MS – Principal – Strategic Health Network

Let's move onto the next slide. Okay, so this is where the CDS stuff landed. So, comments to what we're trying to do here and what you'd like to see on the slide?

Noam Arzt, PhD – President – HLN Consulting, LLC

This is Noam; I guess I have two comments, first, between this slide and the next slide we've now lost any specific reference, even just by example, to RCKMS. So, I'd love to see in the first bullet under

recommendations before the semicolon an e.g., RCKMS, because some people just, you know, they'll read that but they won't really know what you might be referring to.

The other thing we've sort of lost is the notion of sort of a, you know, short-term, mid-term, long-term, you know, set of possible strategies, we've sort of lost that as well as the previous diagram, right, so somewhere from last time...

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

Noam Arzt, PhD – President – HLN Consulting, LLC

To now we also lost that diagram unless you meant that flow diagram to somehow replace it but it's not exactly the same thing.

Larry Wolf, MS – Principal – Strategic Health Network

No, they're different diagrams showing different flows. The other...

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This...

Larry Wolf, MS – Principal – Strategic Health Network

Was really showing how CDS is developed and disseminated.

Noam Arzt, PhD – President – HLN Consulting, LLC

Right and we've lost that.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This is Susan McBride and I think the first two recommendations seem to be more short-term whereas the last three that are bold seem to be more longer term.

The other thing that I would say about those recommendations is that second one, well, the first and second in terms of identifying best practices but also encourage sharing there is a lot of discussion around this right now about creating, in the eQCM environment, a mechanism at potentially a federal level or some sort of way to share best practices and it relates to CDS for the eQCMs and other workflow redesign or clinical workflow strategies but there is so much overlap between what we're talking about with Zika and those eQCMs and a lot of discussion about portals for sharing.

So, if we could strengthen that from encouraging to maybe even suggesting that the Policy and Standards Committee make some pretty significant recommendations in terms of, we need a vehicle for sharing because there are best practices out there but we have...there really isn't a good vehicle for sharing workflows and mechanisms around CDS that are currently working for people.

So, I would vote for really strengthening that first and second bullet and also putting some dimension in the recommendations around short-term and long-term.

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

So, this is Floyd, one challenge I have is my view of the slides just disappeared so I agree with everything just said. Is this slide 16?

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

James Daniel, MPH – Public Health Coordinator – Office of the National Coordinator for Health Information Technology

Yes.

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

Okay, so the one comment where you have like myHealthFinder I think is rather specific and perhaps something like, explore...like we did two slides ago, explore a mechanism to enable consumers to identify and document their own risks including travel, pregnancy status, pregnancy intention to share with their providers to trigger care decisions might be more generic rather than specifically leading them to one solution.

I'm also a little concerned about the CDS Hooks statement because it's very specific. Perhaps explore mechanisms such as CDS Hooks, SMART on FHIR and emerging HL7 standards to deliver CDS and other clinical software.

Larry Wolf, MS – Principal – Strategic Health Network

Okay, I like those.

Noam Arzt, PhD – President – HLN Consulting, LLC

One of...this is Noam, one other comment, again, on the first bolded point I'm not sure where modular CDS came from, I'm not...to my mind everything we're talking about is modular CDS. I mean, what's the impedance for drawing out that concept? If it is a concept.

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

So, this is Floyd, I think it was an attempt to avoid CDS Light because we couldn't define that.

Noam Arzt, PhD – President – HLN Consulting, LLC

Well, you've done no better to define modular CDS. I mean, if you can't even define it how can it be a recommendation to explore it?

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Steve here, but I think calling out SMART on FHIR does a disservice to other implementations, other developers that might not be using the SMART on FHIR framework. How about open API enabled CDS?

Noam Arzt, PhD – President – HLN Consulting, LLC

I would support that.

Larry Wolf, MS – Principal – Strategic Health Network

Is that a "yes" or a "no" Noam?

Noam Arzt, PhD – President – HLN Consulting, LLC

Yes, I would support, you know, as few references to specific product solutions and I just don't think we've...we certainly have not done enough depth of examination of any potential solution. So, I think it's fine to identify examples, as examples, e.g., I mean, it gives someone an idea what you're talking about but that's different than an imperative, right, I mean, the way these are written it's almost an imperative.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah.

Noam Arzt, PhD – President – HLN Consulting, LLC

I think examples are good, so it gives people an idea what you're talking about, when you say "open APIs" I think it's fine to say, e.g., CDS Hooks, SMART on FHIR, whatever else you want. I wouldn't have a problem with that. Just like my comment about RCKMS I'm not saying it's the end all be all but it will give someone an idea of what you mean by reference.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Also, this is Anne, I feel like we want to be clear that this whole concept of modular CDS really, in my understanding of it, is that for these kinds of situations where you have complex and changing algorithms for testing for example that the CDS should be broken down into the smaller components and shared so that there can be...like you shouldn't just give up you should do whatever CDS is needed to identify patients at risk and then provide easy access for providers to the information that they need. That's kind of what...where we were going and I don't know if that really comes through here.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

So, Anne, Steve here again, what you're saying is maybe that however we define these modular applications that there should be maybe a, you know, way to vet them. We can't just have 50 people saying, oh, this is our Zika recommendation 99 cents on the App Store if nobody's looked at it.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

I'm not sure that's exactly what I meant. I think what I mean is that in this slide when we're trying to tell...provide a recommendation that I think where we were going with the CDS light, as well as the modular CDS, is that there are elements of CDS that can be very useful in identifying the people who are at risk in pointing to existing content, guidelines, etcetera, and having the URLs or point to that guidance be brought to the front of the provider interface so that it's easy for them to get them when the material is too complex to actually really use full on CDS like this patient needs to get this test and that that's the type of thing that should be used in a rapidly changing public health emergency for example and that's kind of a more short-term.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Thanks for clarifying.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Does that make sense?

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Yeah. We're all talking about what theory, you know, what might happen because, you know, there are a few companies that are doing this but they haven't gotten a lot of traction yet because the APIs haven't been exposed yet. So, it's hard to see what is going to go forward.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Are others still on the line?

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Maybe we've stunned them all into silence.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

I don't know.

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

This is Susan McBride; I do have a comment about all of this in terms of opening up the backend of systems with APIs. I just wonder how well the industry is going to like that idea particularly as it relates to security and, you know, the more you open up the more vulnerability you've got, so...

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Well...

Susan McBride, PhD, RN-BC, CPHIMS – Professor – Texas Technology University Health Sciences Center

I'd be very interested in CHIME's input on this as our leaders and CIOs in terms of their comfort level with this kind of a strategy.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

But the 2015 CEHRT Rule forces them and Meaningful Use forces them to expose this data in an open API, I mean, that gauntlet has already been thrown down.

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

Yeah, so here's Floyd with a comment on that because I was just listening to a presentation of a group working on the policy and issues around using APIs, perhaps we can make a comment on further work and publication of information about managing security and alignment with APIs will help with implementation. It's a little outside our scope so it's a consideration but something we could at least address.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

This is Marc Overhage; the other thing I would throw in there as well, while the functionality is required I think the challenge there is going to be folks working through the security and authentication

processes that they're going to employ and I think that's where the wild west is, you know, it's not going to be can the Apps or can the backend expose the services it's going to be what are the hoops that you have to jump through to access the services.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Marc, Steve here, so are we going to need something beyond SMART? Are we going to have to move to Block Chain?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Well, we clearly need more than FHIR, right, you need at least OAuth but even if you have OAuth then you still have the issue of which individuals are you going to allow through OAuth, how do I know that this OAuth certificate belongs to patient x, y, z? That process is going to take a long time to sort out and I think it's going to...kind of like the VA Health Information Exchange approach, you know, it's going to severely limit the patients who do it and in particular when you have young healthy folks who are pregnant that's probably not their first priority to spend time figuring out how to access their, you know, OAuth to their OB's records.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Is that where...I mean, people are talking a lot about Block Chain now is that where that's going to come in?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

No, Block Chain has the same issue, got to have...I mean, you have to...you've got to know who it is on the other end of the wire...

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Yeah.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

That's why I love that cartoon, you know, that's about the Internet and nobody knows you're a dog, right?

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Right.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Who is on the other end of the wire? Even if you have the services available and you have the capability to expose it somehow somebody is going to have to say "this authentication token belongs to Sally Smith" and that's where I think CIOs are going to get anxious.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Well, certainly with the patient-facing stuff, but, you know, between providers it gets somewhat easier don't you think?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Somewhat, but, you know, we didn't solve it with Direct, we haven't solved it, you know, that's been the fundamental problem for lots and lots of the things we've tried to do with health information exchange.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Yes.

Larry Wolf, MS – Principal – Strategic Health Network

Yeah and if we're worried about...worry about people who are intentionally trying to create problems, you know, it hasn't been solved with fraudulent claims either and providers who only exist on paper.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Keeping us all employed.

Larry Wolf, MS – Principal – Strategic Health Network

So, I guess I'm not seeing a lot of final wording for this slide either maybe it's worth an edit in some e-mail exchanges to work on cleaning up this one as well.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Well, I like the idea of putting, under the first bolded line there, putting in a, for example, SMART on FHIR, you know, just so people can understand what we're talking about.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Concrete examples are always good.

Larry Wolf, MS – Principal – Strategic Health Network

Okay and so we have the second one, the second one is for consumers like myHealthFinder is that sufficient? I know there was some discussion about singling that one out.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

It sounds okay.

Larry Wolf, MS – Principal – Strategic Health Network

Okay and then reworking the last one about exploring open APIs such as CDS Hooks to deliver CDS to EHRs. Okay, I'm going to take that as a yes for now, we'll circulate some draft slides early next week. Let's go onto the last one of our recommendation slides. Next slide, please.

I already know that we ought to add the DigitalBridge in the last bullet and other eICR projects. I think the driver behind this recommendation wasn't just the specifics around CDS Hooks or SMART on FHIR but it really was the things like DigitalBridge seem like their main contribution is they've convened all the right players but the technical options that they're looking at maybe have evolved since they kicked off and maybe those are worth revisiting.

Noam Arzt, PhD – President – HLN Consulting, LLC

Yeah, you know, this is Noam, you know, this is...at least in the short run this ship has sailed, I mean, you know, these are really complicated processes that have taken years to develop. So, you know, I'm not

even sure what that last bolded bullet really means and in practical terms, you know, I just don't think anything is going to change too quickly.

My other comment is that the charge talks about the eICR, Electronic Initial Case Reporting, but actually the eICR isn't a process, eICR is an artifact. So, the eICR stands for Electronic Initial Case Report, meaning the actual report. So, I think in some of the places on this slide eICR is used when you really mean eCR, Electronic Case Reporting Project. So, those two things are slightly different, one is the artifact, the other is sort of the process.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Noam, this is Anne, I think we do want to reference the eICR when we're talking about the collection and sharing of pregnancy status. We could be more generic and say eCR but we definitely want it to be in the eICR in a specific way also, so that's one thing, but I agree with you we could easily change everything to eCR it wouldn't hurt, I think it's fine.

Noam Arzt, PhD – President – HLN Consulting, LLC

I'm not even suggesting that we change everything I'm just suggesting that eCR and eICR, you know, aren't the same thing so we should use the right term in the right place, I'll leave it to someone else to figure out what that is, but eICR is the Electronic Initial Case Report...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right.

Noam Arzt, PhD – President – HLN Consulting, LLC

The artifact, it's not reporting the process and maybe we're stuck with that because that's what ONC institutionalized in our charge, right or wrong, but I'm just pointing that out just as a point of fact that's all. So, I'm not sure what eICR Projects are, right, there are eCR Projects and the eICR is one artifact in those projects that's at least how I see it.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

I think we could easily get rid of the...I mean, unless people think we have to use the exact same phrasing as was in the charge we can just get rid of the "I" because that's included in Electronic Case Reporting.

Noam Arzt, PhD – President – HLN Consulting, LLC

Again, but your point is well taken, so I'm not saying that we shouldn't necessarily make reference to the actual eICR and the presence or absence of pregnancy status in that report, in that artifact.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Right, if the artifact you're referring to is the HL7 Implementation Guide for the eICR, that's the specific recommendation and that...we could rephrase the first bullet to be, incorporate the recommendation for collection and sharing of pregnancy status into the eICR specification or implementation guide...

Noam Arzt, PhD – President – HLN Consulting, LLC

Right, right.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Or whatever it is.

Noam Arzt, PhD – President – HLN Consulting, LLC

That's...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

That's the concrete recommendation and the rest of it could be using just eCR, how about that?

Noam Arzt, PhD – President – HLN Consulting, LLC

Right, I think that would be a more accurate way to...

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay.

Noam Arzt, PhD – President – HLN Consulting, LLC

Say that.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureau of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay.

Larry Wolf, MS – Principal – Strategic Health Network

Great, yay, that feels like actually a step forward, a little bit clearer, thank you.

Noam Arzt, PhD – President – HLN Consulting, LLC

But I'm still not necessarily comfortable with the SMART on FHIR and encouraging DigitalBridge to explore, I guess it's okay, but, again, you know, I don't really know that we're in a position to encourage a specific technology.

Larry Wolf, MS – Principal – Strategic Health Network

Well, I think we don't know and, you know, to some of the earlier discussion, we're not posing as experts who've reviewed all the possible methods.

Noam Arzt, PhD – President – HLN Consulting, LLC

Right then why should we be encouraging any particular one and if you leave it as a method of what? So, it's a dangling sentence also. I'm not sure what that means, as a method...I don't know.

Larry Wolf, MS – Principal – Strategic Health Network

So, in some ways we're actually trying to address this in the earlier bullets maybe that's sufficient given what we said on the prior slide around CDS. I think that there was really...and this came up during the committee meeting as well, that there was a desire to perhaps try to move into a newer generation of standards they felt like a lot of the existing work was built around earlier things whether it was HL7 v2 messages or Direct and that where FHIR may be getting traction that it was a useful thing to see implementations using it.

James Daniel, MPH – Public Health Coordinator – Office of the National Coordinator for Health Information Technology

And Noam, this is Jim, and am I audible Rachel?

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

James Daniel, MPH – Public Health Coordinator – Office of the National Coordinator for Health Information Technology

Just a little bit of process-wise how we got there. I think you might recall from previous conversations it was suggested that we do reach out to the CDS Hooks group to understand clinical decision support and CDS Hooks a little bit better and it was sort of a natural progression into the tie-ins to case reporting there that led to some recommendations from the people telling us about CDS Hooks and how it works that, you know, some of these technologies are probably applicable for case reporting not as you said for the initial case report but as you look at the overall case reporting project, so, I came on late so I wasn't sure if the process of how we got there was clear Noam.

Noam Arzt, PhD – President – HLN Consulting, LLC

No, I understand how we got there I'm just concerned that, to use your words, you know, possibly applicable, you know, turned into encourage, you know, if...

James Daniel, MPH – Public Health Coordinator – Office of the National Coordinator for Health Information Technology

It's not an encourage use it's explore and I think...and we can put "and others" there too. I think FHIR is such a big one that I...I mean, that's why it's named. I think if everyone agrees that they're uncomfortable naming any technology recommendations here that's fine as well.

Noam Arzt, PhD – President – HLN Consulting, LLC

Again, I don't...I mean, I don't feel so strongly that I, you know, will storm out of the room, but, you know, I'm concerned based on our collective limited knowledge of recommending and even exploring any particular technology as if DigitalBridge hasn't, you know, actually talked at all about FHIR, because, well at least some of us have.

The other thing that's confusing in this is that, you know, there is some sense that CDS Hooks and SMART on FHIR are sort of converging into one thing anyway. At least that's the sense that I have.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

I don't know that I would say that. There are...

Noam Arzt, PhD – President – HLN Consulting, LLC

Well, you know, again...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

They're closely aligned. I'd say they're aligned but I wouldn't say they're merging in any way.

Noam Arzt, PhD – President – HLN Consulting, LLC

No, I mean...

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

And certainly they're at very different stages.

Noam Arzt, PhD – President – HLN Consulting, LLC

Okay, again, you know, I'm not completely on top of that so it's just what I heard. So, maybe I heard an over simplified version of that.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Cerner Corporation

Maybe what I was reacting to is I don't think they are necessarily tightly coupled even if they end up in some future version of some HL7 standard both being included that doesn't tightly couple them. I just think we want to be careful not to tightly...especially when you have something that is literally, you know, on the blackboard like CDS Hooks.

James Daniel, MPH – Public Health Coordinator – Office of the National Coordinator for Health Information Technology

So, Larry, just a reminder that we probably do need to save time for public comment.

Larry Wolf, MS – Principal – Strategic Health Network

Yes, thanks. So, maybe we should take a crack at editing this slide and...thanks for all of the input today. I've got lots and lots of notes it will be an interesting next couple of days trying to get a clean slide deck, but thank you, it's a good problem to have. Let's quickly go to the next slide and maybe we can announce...well, actually we need the screen to do that, okay, never mind.

So, the important take away on this slide is the bottom line, next Thursday, so a week from tomorrow there's a joint meeting of the Health IT Policy and Standards Committees and we've been asked to make our final recommendations for that meeting so that gives us just over a week. We have a meeting, a call ourselves on Wednesday next week as a final touch base before that goes out, so a final walk through of the materials. So, they ought to be pretty clean by next Wednesday morning because they need to get to the Policy and Standards Committees, so we'll be working to get an updated deck to you guys I'm guessing probably Monday, maybe we can do it sooner, probably not though.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Also, Larry, this is Anne, I'm sorry to interrupt, but I did want to clarify, partly for my own understanding and for others on the call as well, that I believe that this is...what we presented today here in this set of slides was just the recommendation slides but that there would be the additional slides that had been taken out before including for example the one that Susan or somebody mentioned was now missing which was that slide with more detail about the CDS, etcetera, some of that will be going back in right?

Larry Wolf, MS – Principal – Strategic Health Network

Yes.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay, thanks.

Larry Wolf, MS – Principal – Strategic Health Network

The plan is to put all those things in an appendix and we'll figure out Anne how much of that we want to highlight as what we've done in the last month in response to their comments.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Okay, thanks.

Larry Wolf, MS – Principal – Strategic Health Network

But given the ability to dive in, given the slightest provocation we should probably be thoughtful about what we want them to dive into how we want to spend our time. Okay, well, let's open it up for public comment.

Public Comment

Lonnie Moore – Meetings Coordinator – Altarum Institute

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

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

There is no public comment at this time.

Larry Wolf, MS – Principal – Strategic Health Network

Okay, so, I see that there were some e-mail questions about do we have any meetings beyond the presentation to the Policy and Standards and I think there's at least one on our calendars for potential follow-up after the presentation, it's not on the work slide, but that should be already on people's calendars. So, with that, thank you, everybody for your work today, for your online comments, we've got a rich set of materials to try and tidy up here and we'll be talking next week. Thanks.

Anne Fine, MD – Medical Director, Reportable Disease Data Analysis and Informatics Unit, Bureaucracy of Communicable Disease (BCD) – New York City Department of Health and Mental Hygiene (DOHMH)

Thank you, everybody.

Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Thank you, everybody.

Steve Hasley, MD, FACOG – Chief Medical Informatics Officer – American College of Obstetricians and Gynecologists

Bye.

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

Thank you.

Thank you, bye-bye.

Public Comment received during the meeting

1. Richard Hornaday (Allscripts): Thank you for differentiating follow-up (supplementary information) versus "pure status" reportability response that likely just indicates which jurisdictions to which each condition was reported.
2. Richard Hornaday (Allscripts): Please note that the detailed data capture requested by this group may not be able to be satisfied with consumer information. You all may need to adjust expectations on data capture & exchange and/or be more prescriptive about information needed from consumer generated data.
3. Richard Hornaday (Allscripts): Regarding pregnancy status in eCR versus eICR. Limiting pregnancy status to eICR limits it to the initial artifact, essentially leaving exchange of pregnancy status in other aspects/artifacts (electronic Lab Reports - eLRs, Reportability Response, any exchange methods used to ask for and collect supplementary information) open and potentially neglected.