

HIT Standards Committee Vocabulary Task Force

July 14, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good afternoon, everybody and welcome to the Task Force on Vocabulary. This is the Federal Advisory Committee so there will be opportunity at the close of the call for the public to make comments, and just a reminder to the workgroup members to please identify yourselves when speaking. Let me do a quick roll call. Jamie Ferguson?

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

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Betsy Humphreys?

Betsy Humphreys – National Library of Medicine – Deputy Director

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Clem McDonald? Stuart Nelson?

Stuart Nelson – NLM – Head, Medical Subject Headings Section

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Marjorie Rowland?

Marjorie Rowland

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Halamka? Stan Huff? Chris Chute? Marc Overhage? Daniel Vreeman? John Klimek? Floyd Eisenberg? Karen Trudel? Don Bechtel? Eric Strom?

Eric Strom – DoD Military Health System – Program Management Support

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Patty Greim? Jim Walker? Chris Brancato?

Chris Brancato – Deloitte – Manager, Health Information Technology

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

As I said, Andy Wiesenthal and Bob Dolin could not make the call. Amy Gruber?

Amy Gruber – CMS – Program Analyst

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Marjorie Greenberg?

Marjorie Greenberg – NCHS – Chief, C&PHDS

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Lisa Carnahan? Nancy Orvis? But, Eric, you're here for Nancy, right?

Eric Strom – DoD Military Health System – Program Management Support

Yes, that's correct.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, did I leave anybody off? Thank you, everybody. I'll turn it over to Jamie and Betsy.

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

Thanks, everybody for joining today. It's possible that the meaningful use rules may have something to do with some of those who couldn't be on the call today. We do have really just one main topic for discussion today and that is the next steps on our hearings coming up that we wanted to talk about both the questions based on the notes from last time. I believe everyone should have a document outlining some overall questions and detailed questions that really were developed on our previous call, so we want to review those. We also want to validate the format of the hearing and start a discussion on who we might want to invite and who we might want to hear from in each of the different panels.

Now, is there anything that I'm missing in terms of the agenda for today, something over folks want to talk about today? Okay, hearing nothing then let's move forward. Is there anyone on the phone who did not get the document that Judy had sent out along with the agenda? The document is titled, "DTF Hearing Discussion Draft."

Now, I noticed when I opened this up I put a typo in this. The typo is that under the first section of the proposed panels remember this is the description and the order of the panels that we agreed to on our last call. The last panel should have a "D" with a closing parenthesis next to "Terminology Services Providers." That "D" will be referred to later when you see which questions might go to whom. That's the typo that was there.

What you'll see is there's an introduction that just sets the stage for this in terms of differentiating this hearing from the previous hearing, describing the overall focus of it. And one of the reasons why Betsy and I thought it would be important to have this kind of an introduction is in some cases we may potentially ask the same folks to come back. So what are we asking for that's different this time, what's the context of this discussion, why is this different from what you told us before? So that's really one of the purposes of the introduction and really to set the stage for the overall questions.

Does that introduction look acceptable to folks? Are there either minor or major modifications that are needed to it?

Marjorie Greenberg – NCHS – Chief, C&PHDS

I think generally it looks fine, but particularly because then you pick it up also in the first overall question, I think you might want to be a little more descriptive about what you mean by one-stop shopping.

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

That's a great point. Actually, it was very deliberate that I was not more descriptive, because the thinking there was that different panelists may have different perspectives on what that means and we would want them to be able to express that. That was the intention, but we can define it for them if we want to.

Stuart Nelson – NLM – Head, Medical Subject Headings Section

Maybe you can ask them what their definition of one-stop shopping, what would constitute in their mind what one-stop shopping is.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Even that is a little too withholding information or confusing, because you say that the earlier hearing focused on general questions about national governance. You don't say about national availability or distribution of terminology, value sets, and subsets. You say about national governance and then you say that the desire for one-stop shopping. So are we talking about governance here? If I had not really been involved I would be clueless without at least reading the attached recommendation, which of course should help. Do you see what I'm saying?

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

Yes, I think that's a good point. Maybe the thing to do might be to rephrase the first overall question and to essentially, since that's the place where we ask about that directly, and to put something in there about— Well, what's the list of capabilities that we would want to put there?

Marjorie Greenberg – NCHS – Chief, C&PHDS

For one-stop shopping, for obtaining what value sets, subsets, terminology is required from meaningful use.

M

That's enough. You don't have to go into any more detail.

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

I'm typing as we're talking, so I've got that in a revision, if that's acceptable. Is there anything else about the introduction that ought to be changed? Okay. Now, what do folks think of the basic structure of having just a couple or a few overall questions followed by detailed questions that may vary for the different panels?

Marjorie Greenberg – NCHS – Chief, C&PHDS

It seems reasonable.

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

I guess the other thing is, what I put in the overall questions were only those that seemed to be the most general questions, but then I noticed that in taking another look at this a number of the detailed questions would apply potentially to all the panelists. So a question about the questions, should the overall questions be only those questions that are the most general, or should any question that we're asking to all the panels, should that go in the overall questions bucket?

Marjorie Greenberg – NCHS – Chief, C&PHDS

Another way that we handle this with the National Committee on ... Health Statistics is we just provide the set of questions and then say, "Please respond to those that are appropriate from your stakeholder perspective," or however you want to put it. So, if you're asking a question that really would not be relevant to a measure developer or something, they just won't answer it and then they can make the decision rather than our telling them up front these are the questions that are relevant. On the other hand, if you really do have a different set of questions for different people then you might want to lay it out that way.

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

Or in some cases some of the questions that we really want to get all the panelists on a certain panel to respond to.

Marjorie Greenberg – NCHS – Chief, C&PHDS

True, but you can't make people respond to something if they don't have an opinion on it. If you just tell them, respond to as many of these as you feel are appropriate or that you have views on, then you leave it to them. But you can be more descriptive if you want.

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

No, I like that approach. I think that's a great suggestion. I like that. My intention in putting the ABCD list on the detailed questions was to describe for whom the question was intended, not to say that we wouldn't do exactly what you suggested, Marjorie. So, for example, I think that – well, I don't know. I was looking at question five, as an example, where we had talked about that in our last meeting as really being focused on the clinician office and hospital implementers, but I guess that could be answered as well by vendors, for example.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes, that's the thing. You don't want to pre-judge that maybe one of these other groups would have a view, even though they're not their primary audience.

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

Okay. So the overall questions really came from just looking at our discussion overall in terms of the intention of the hearing. The detailed questions were specific notes that I took from our last call, where these were the questions that we've actually discussed and agreed would be good questions. That's the source of all the detailed questions and their wording, but in fact anything could potentially be changed here. In So do these still make sense? Are there questions that are missing? Are some of these unnecessary? It's open season at this point on the questions. It's not a very talkative group today.

Chris Brancato – Deloitte – Manager, Health Information Technology

It's Chris Brancato. I was looking at the questions, and first I want to applaud you, because anything that I could have thought of or have been thinking of you have listed here. One question I had is, do we beg the question in here where we ask somebody to express an opinion on who should own the – I want to get the words that you used – centralized infrastructure?

Marjorie Greenberg – NCHS – Chief, C&PHDS

Do you really want to get into the issue of ownership, who should manage it or who should—?

Chris Brancato – Deloitte – Manager, Health Information Technology

Marjorie, I think at the end of the day when we heard our testimony last time it seemed to be a theme that had come back to us, and like I said, I was reluctant to ask that question just now but I throw it out there just for the sake of discussion, whether or not we—

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

I recall hearing, and I have to go back and read my notes to see who said what, but I recall hearing both sides of that to say that some folks said that it absolutely had to be infrastructure provided and managed by the federal government, and others said it absolutely had to be in the private sector. So I don't know, is that really a question for this panel or for this hearing?

Betsy Humphreys – National Library of Medicine – Deputy Director

It seems to me that the issue of the fact that there had to be overall governance and management of this was conclusions that came out of the previous hearings and recommendations or statements were made about that and then you discussed that with the standards committee and they put something that relates to that into the letter they've already sent. So it really seems to me that what we heard was that everybody thought that there should be one-stop shopping, whatever they meant by that, and therefore this should be, it seems to me, logically focused on technically what do people mean by that and what kind of services do they actually want to have, rather than who's running it, you know?

Chris Brancato – Deloitte – Manager, Health Information Technology

Betsy, I can agree with that logic.

Betsy Humphreys – National Library of Medicine – Deputy Director

Because it seems to me that was the subject of what went forward before.

Chris Brancato – Deloitte – Manager, Health Information Technology

Yes. Okay, it works for me.

Betsy Humphreys – National Library of Medicine – Deputy Director

If people tell us that will be fine, but I don't know that we have to ask them for that because we want them to focus more on what are the resources required, what do they have experience about running services like this or using them, and what technical features and capabilities they need.

Marjorie Greenberg – NCHS – Chief, C&PHDS

I would support that. I'm wondering if in the second overall questions you should say, either replace requirements or functionalities or say which requirements or functionalities are urgent. I think this is getting around that issue of what do they see as the central functionalities of such a centralized infrastructure. Then this other issue of governance or ownership or whatever could come out in response to that.

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

Yes, I like that suggestion a lot, Marjorie. So which requirements or functionalities are most urgent – yes, I get that.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Okay. I looked at the other questions and they addressed some aspects of functionality but I think we should get that right up front, and that would help us understand what they mean by one-stop shopping too.

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

Okay, so I have that in a revision. Is there anything in terms of the wording of the detailed questions that gives anyone any concern or that, I don't know how to say this nicely, but that would piss anybody off?

Chris Brancato – Deloitte – Manager, Health Information Technology

I don't think so.

Marjorie Greenberg – NCHS – Chief, C&PHDS

I don't think the latter, but I guess I'm not quite clear when you're referring to local work in number six, and then fourteen and fifteen again local. I'm wondering if everybody will understand that in the same way or if that needs any more explanation.

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

I think we had discussed that as meaning local meaning within an individual instantiation of an EHR system.

Betsy Humphreys – National Library of Medicine – Deputy Director

Or at least within an individual health care organization.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes, which could be distributed throughout the country.

Betsy Humphreys – National Library of Medicine – Deputy Director

So maybe we could think of a different word. Marjorie, I think what the issue is was getting their opinion on no matter what is provided centrally, what is the level of effort required to deal with these issues, updates, whatever in the local system. Local is a word that leaps to mind, but do you have a better word? Individual organizations?

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

Right, or we could qualify it by saying local at a particular site or within an organization or for a particular system.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Yes, you might want to just spell that out a little bit more so they're not just thinking local in my town or whatever, some people are more literal than others. I know these are all very bright people. Telling them a little bit more, even if most of them know it, never hurts. I don't know if this out of scope for us but it would be interesting, once we have all these people there, to know too what they do think the appropriate mix is between national standardized versus flexibility or customizing. That's, of course, an important question. It might just come out, it could be in a question, but do you really want everybody – I realize to implement something you always have to customize a bit, but I think the problem we've had is that there's altogether too much customizing or local

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

Let me take that up with a proposed overall question, how much customization is acceptable? Or is that not the right question?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I look at it as certain things function as your core because there are certain kinds of things you want to do with that to exchange information and to be able to enable information to flow. You may not want to have customization around those things, and that's where certification criteria and other things like that might come into play. There are probably, around that, a numbering, if you will, or a number that describes things that you would like to have consistent but maybe not standardized. And maybe what you do is you have metadata around it or you have other things that allow you to track it and understand it, maybe you have headers that describe what section you're trying to describe in a physician's clinical summary without necessarily requiring everything within that clinical summary to follow a standardized vocabulary or nomenclature.

Then there's probably a third layer that says these are things that were used locally that we don't need to exchange that we can map if we need to, but we don't feel like there needs to be any sort of consistency across that. That may be a way to think about a local and to what degree you need to standardize, because you'd sort of like to map the function or the goal that you have to what level in that view of the world would be appropriate.

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

That's a great way of putting it, Doug. Thank you. I think in question 14 we're asking about local variations and optionality and maybe what we really ought to do is link what you bring up, Doug, to that and put it as a complementary question of essentially where is local customization appropriate and how much of it is desirable, something to that effect.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes. I think if what you wanted to do is have a core set of exchange standards, that probably, and that was going to be something that was fundamental, like clinical summary documents or something like that, you wouldn't want to necessarily have lots and lots of variability and then require everybody to map that. That might be something you'd really say we all have to agree that this is the way we're going to do it, at least externally. We may make choices internally about how we manage things. Then there may be other things that it's important because we want for research purposes or we anticipate that there's going to be some additional use cases or requirements in which standardization would be helpful. Then there's a whole host of other things that we say the cost benefit for trying to have everything in a controlled vocabulary exceeds the benefits that we might gain from them. That's why it has to be tied to function and what you're trying to accomplish, because it's hard in the abstract to be able to make that assessment.

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

Yes, and we're talking about that customization in terms of specifically local variations in terms of unique subsets, local mappings, distribution of updates at multiple sites

Clem McDonald – Regenstrief – Director & Research Scientist

Can I get some clarification on that statement? I certainly philosophically agree. But when you say no mapping, do you really envision a world where there can be no mapping even with the limited model you

described? That is, people have that something now in most of these cases; they have something like it already, right, blood pressure or smoking history.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I'm not sure I understand the question.

Clem McDonald – Regenstrief – Director & Research Scientist

Well, we can proceed and maybe I can ask it better in a while. I guess the idea that there will be no mapping and there will be standards used, to me it's contradictory unless we start from scratch and we don't use anything we currently use today.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I see what you're saying, yes. The legacy systems will always be among us.

Clem McDonald – Regenstrief – Director & Research Scientist

No, it's not the legacy system, it's the legacy concept.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Or the legacy concepts will always be among us.

Clem McDonald – Regenstrief – Director & Research Scientist

We're going to always have diastolic blood pressure and pulse rate and things like that, and they're part of a lot of things. So as long as you accept that, I think the idea of being selective, to start small is not a bad thing.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I think, Clem, point well taken. That is true. It's the nature of linguistics, I suppose, and our understanding of the concept that things are going to continue to evolve and change over time and we'll never get to the point where we can have everything without that kind of mapping given where we are.

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

So what I've taken from this in terms of an edit to a revised document is adding a question around where and when local customization is appropriate and how much customization is acceptable, just to summarize. That's in the context of our series of questions around numbers 12, 13, 14, and 15.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Now are you going to place those within the context of I guess purpose or this notion of a core set of things that people agree upon, a group of things that we want to try to manage, say, the metadata around and have some consistency, even though the actual value sets may be different. Then another world in which we don't have – it's just out there. There's no real desire to coordinate.

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

I think that's the question we're asking.

Clem McDonald – Regenstrief – Director & Research Scientist

Your last comment actually raised another distinction of whether we're talking about having the structured part and the rest is free text, or we're having three phases. People are coding things internally but they're using their own, and so we have a set of standardized which we lock together, where everybody's still coding things as they do now but they're all not standardized, and we have a third level that's just text. Is that how you're—

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

Hang on just a sec. Just in terms of scope, I think that these questions are for a hearing on centralized vocabulary infrastructure for disseminating value sets and subsets of the vocabulary

Clem McDonald – Regenstrief – Director & Research Scientist

Okay.

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

So I don't want to broaden it out to free text questions and stuff like that.

Clem McDonald – Regenstrief – Director & Research Scientist

I agree. I'm glad you pulled it back.

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

That was a great discussion and a good add. What else is there that's not in these questions that should be? Okay, so I'm going to take this as we have a pretty good set of questions. If we can take this as perhaps a final draft subject to e-mail approval, I'll circulate the revised copy of these questions for your approval. And then what I'd like to do is loop our discussion on to the panels themselves and see who is it that we might want to invite and really get into that discussion.

So we're talking about four panels, we're talking about a panel half a day each; one for measure developers and value set creators, another panel half a day for end users, clinicians, hospitals, other EHR implementers, and then for that second panel we have a question mark on health information exchange organizations. It sounds from a discussion as if that may be appropriate, but we'll get to that question. The third panel the morning of the second day is EHR vendors and developers, which may include health information exchange vendors and developers, and so the developer term there is intended to encompass open source and other developers as well. Then our final panel, to some degree is likely EHR vendor panel, folks we've heard from before on other topics, and also intended to serve, to some degree, as a reactor panel, the terminology services providers, developers, and implementers.

Let's start out with our measure developers and value set creators. Who do we want to have on that, or rather who do we want to invite?

W

I feel the absence of—

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

Jamie, this is Chris. I'm sorry. I joined late. But can we address the relative proportionality here? I'm a little discouraged to see terminology services vendors and developers who I think, as I've maintained all along, a great deal to add to this discussion, kind of squeezed in in the last closing minutes of the last morning after— I'm just wondering about proportionality here.

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

No, Chris, that's a quarter of the whole time, so it's the afternoon of the second day.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

I'm sorry. I just saw the morning.

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

At the beginning I described the one typo is the missing –D" with a closing parenthesis before –Terminology Services Vendors, Developers, and Implementers." So that is intended to be the afternoon of the second day, and I apologize for that typo.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

Okay, fair enough. No problem.

Marjorie Greenberg – NCHS – Chief, C&PHDS

Okay, so it's not only the –D" that's missing, but the afternoon is missing?

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

Yes, I'm sorry. That's correct. We did talk about, and in fact we scheduled two full days.

Marjorie Rowland

Jamie, is the question still on the table?

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

Yes, please.

Marjorie Rowland

So, you're asking about measure developers and of course I would suggest the PCP out of the AMA. There are a number of measure developers, NCQA is another one that comes to mind. We can probably provide you with a list of measure developers.

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

Right, so in a morning session of probably what, two and a half or three hours?

Marjorie Rowland

Yes.

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

How many panelists would it be productive to have? In fact, we haven't really talked about the structure of the hearing in terms of how long we want folks to speak for, for example, versus how much discussion. So one option, and I'd like to just pause on the discussion of particular panelists for a minute and come back to that, but there are a couple of main options, I think. One is to ask people to speak for no more than five minutes, and a few will run over, but then have a lot of discussion. And another is to seek, for example, something like a 20 minute presentation from each panelist where they can really express their point of view and then get into discussion. So what are your preferences for those on the phone?

Stuart Nelson – NLM – Head, Medical Subject Headings Section

This is Stuart. I would like to say that I think a 20 minute presentation is about the minimum amount of time you can get any worthwhile information from somebody.

Marjorie Rowland

Yes and no, if that's all they gave you. I'm assuming that the written testimony can be more expansive.

M

I agree. I think if we had 20 minute testimonies we're not going to be able to get in very many people or very much discussion. I think people, if pressed, can actually be extremely concise and I would think that they could make their salient points complemented with written testimony in literally half that time.

Judy Sparrow – Office of the National Coordinator – Executive Director

One way we've been handling other hearings are having them submit written testimony as long as they wish it to be ... documents and then have five to seven minutes of oral presentation and make sure that they ... ahead of time so it can be distributed to the workgroup members and to other panelists so everybody's prepped and ready to go.

M

I would agree. I think we have to leverage what the value of the in person hearings are. And I don't think it's conveying detailed and complex information in a brief conversation 20 minutes or otherwise, but that there should be submitted lots of supporting documents that can become part of the public record, to use the time when we've got all of these very smart, very expert people in a room to really have the hard questions and to have the discussion because that's something that is much more difficult to obtain via e-mail or via the Web or via written testimony.

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

In fact, that was my assumption, but then I wanted to check that and realized that we had not really had that discussion. Stuart, are you okay with that? Because you were the one who wanted longer presentations?

Stuart Nelson – NLM – Head, Medical Subject Headings Section

That's fine with me, if we have good written testimony.

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

Now, let's get back to what Marjorie Rowland was suggesting, is that I think it would be in fact in this area probably relatively easy to come up with a long list of potential panelists for measure developers and for value set creators. So I think here we're really focusing on meaningful use but at the same time it may be very limiting if we focus only on those areas that are featured most prominently in the stage one measures that just came out yesterday. So I'm wondering if we might also want to consider other kinds of measures that may have an impact on the infrastructure for vocabulary that may not really come into play until perhaps a future stage of meaningful use.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

I agree completely, Jamie. This is Chris Chute. I think you have a very narrow specification of vocabulary infrastructure requirements if we were to restrict this only to meaningful use measures. The groups that occur to me, and I think Marjorie Rowland can actually provide many of her colleagues and measure developers and we might NQS, but the other family that comes to mind are some of the standards development organizations, ... X12, HL7, and other organizations who historically have created actually fairly substantial value sets that correspond to their messaging standards or to their representation standards. I think it's another dimension, issues like administrative codes and representation, and I think you get a very different perspective of the number of value sets and their complexity that will ultimately need to be accommodated by incorporating standards development organizations such as CDISC comes to mind.

You might go down the usual SDO list and see which might be appropriate, because otherwise you're going to be restricting it to, forgive me, handfuls of value sets that correspond to measures that are being put into place. And it would give you, in my opinion, a very distorted perception of what the functional requirements for vocabulary infrastructure would ultimately need to be.

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

Thank you, Chris. I think that's a very important add, to consider adding essentially the value sets for message specifications into this panel.

M

Jamie, let me push on that even further. Do we need to restrict this to health care?

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

That's a provocative question. I know that the OMG, the Object Management Group, is looking at common terminologies to specification, which of course would be a trans-industry, not just health care but everything else. I think for the purposes of this hearing I would somewhat prefer that we restrict functional requirements to health care, because I think that's more within our ..., and frankly, we could get really out there if we weren't thoughtful at some level. But I can see that these issues, at least from the perspective of how the industry is looking at them, are transcending across other domains as well.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I guess I think that whether or not we decide to have a particular presentation or the like, I do think that there are organizations out there that have evolved in different ways than the way in which health care has. I know that OMG and some of the others, they have very different processes in some ways. So I think if what we're talking about is creating the infrastructure and we're trying to figure out how to support it, although we need to make sure that we look at lots of value sets and we see all of the complexity there, that there's also, I think, some value in taking a look at some of the other models that people have followed. They may or may not be applicable, but a hearing is a good place to find that out.

Betsy Humphreys – National Library of Medicine – Deputy Director

Doug, are the folks that you're talking about people who would have been involved in the development but also the provision of value sets for people? Would they—?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I guess I wasn't thinking about the people that would be provisioning necessarily. I think that many of the problems in health care, at least when it comes to terminology, are both some of the more mature but also some of the more complex in that there's a ... number of activities that are going on in the standards world outside of health care that are – I would be curious to see whether they're following the same models or different models, and if they're following different models maybe it's because they have a different problem to solve. That's a useful thing to learn, particularly if you're trying to figure out an innovative way to do this, knowing how it maps to not only health care but other ways that other industries have solved it that would be useful. And if it turns out they're all doing it the same, that's also very useful information too.

Betsy Humphreys – National Library of Medicine – Deputy Director

So you were thinking from the point of view of getting the experience we're talking about this hearing is focused on infrastructure requirements and I just wanted to place where you think this kind of outside, which sounds like an interesting idea to me, where it belongs. So for example, you would have measure developers or value set creators in other fields telling you what kind of infrastructure they use or need or would you be thinking that we would add these people into, say, the "D" category of this is how we provide things and this is our lessons learned from doing it. I'm just trying to figure out where they would be most appropriate. Obviously for some of our categories we're really asking the real health users what do you need and bringing in what you think you need, so bringing in somebody from outside of health care wouldn't be as relevant there as it might be, what in A and D?

M

Let me take a look.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I haven't thought through, but it just sort of struck me that—

Betsy Humphreys – National Library of Medicine – Deputy Director

Doug, maybe it's a follow-on thing, since we were sort of saying okay, well these are the requirements as we see them coming from the field, the group that is going to be served by whatever one-stop shopping to all the stuff for meaningful use ... turns out to be. So then is it in effect a follow-on activity which is, okay, we've heard from all these requirements and now we want to look at how similar requirements are actually filled outside of health care and whether there's some great ideas over there. Is it a—?

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

Let me just say that I think there are some alternative models that are being pursued even in health care. I'm thinking of the Semantic Web Life Sciences group ..., as an example of that.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

I was going to add the same thing. I can say with some personal knowledge that the debates in Object Management Group as they're going forward are really—and to answer your question, Betsy, I think it should be a follow-on activity. I would feel a little uncomfortable putting it in to these two days. But it is an important topic. I agree completely. And what Object Management Group is graphing presently is exactly what Jamie just said. To what extent do we incorporate Semantic Web WC3 principles and I might add the whole OWL Freight Train or OWL 2 as it's more fashionably regarded. I think that would take the conversation of the testimony in a very different direction, an important direction to pursue, but I'd have a preference not to try to overburden that important discussion with what has historically been health care requirements. Because I can tell you with, again, some personal experience that OMG just does not grasp the number and simplicity, if you will, of a lot of the value sets that are used in health care. They think everything should be OWL and I don't want to have that debate necessarily in—

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

Chris, in the first place, I want to agree with your assessment of OMG's understanding of the complexity. In fact, I was just at their meeting two days ago talking to them about that exact issue. But I also want to play devil's advocate because what we're seeing is that we have a framework that we're comfortable with and within which we're going to develop a set of requirements and solutions, and oh yes, by the way, there's this potentially highly disruptive alternative way of looking at the world that may or may not pan out and we're going to look at that later.

So I'm not sure, I guess, and let me turn it back to you, Doug, in terms of the way that you've managed including potentially disruptive technologies I some of the other discussions that have been going on in recent months. I can argue it both ways, quite honestly.

Betsy Humphreys – National Library of Medicine – Deputy Director

Jamie, just to add to this before Doug responds. I didn't read Chris' comments as later, after we've made our decisions or next year. I just was reading it as another day hearing involving a different group of people, which could be scheduled not months later.

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

That was the intention.

Betsy Humphreys – National Library of Medicine – Deputy Director

I didn't think that we were talking about going away and months later bringing in this other perspective. I was thinking it was probably going to follow on pretty quickly but just not necessarily in the same two days I don't know that I feel strongly about it either way, but I don't think we have to defer this very long if we decide not to do it in these two days.

Clem McDonald – Regenstrief – Director & Research Scientist

This is Clem again. I'd like to weigh in on Chris' side, if that isn't already the direction clearly. I couldn't quite tell, Jamie, what you were saying in response to it. I don't need to tell if it's already settled.

W

Could we clarify what the question is here? I got a little lost, I'm afraid.

Clem McDonald – Regenstrief – Director & Research Scientist

Chris, you'd have to restate it.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

I think that we all agree that there are disruptive technologies and alternative industrial views. The question is whether we try to incorporate them in either the A segment morning or D segment terminology services. I think the question is large enough and sophisticated enough that frankly it could dominate either of those discussions and we would lose the opportunity to hear from the industry that we're trying to serve. So it was my proposal that we defer those, as Betsy said, not weeks or months, but hopefully maybe even days or maybe even extend it for another morning session. Because it's a crucially important question but I think it's a large enough question that it should not try to be compressed into what is already, I think, a fairly important and full agenda.

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

I do agree with that. What I wanted to avoid I think has been avoided, which is the possibility of us developing essentially a solution set that we're comfortable with without really considering those potentially disruptive alternative technologies and views or even their impact on different future states. So in fact you've just articulated the way in which we can both frame this set of hearings as well as how we can incorporate some of those disruptive technologies. And that is, if what the focus is of these hearings is to get the requirements down and not ... solutions, that actually allows you to try to make sure that we understand the problem that we're trying to solve. And although we may be able to have some people say this is the problem they have and this is how they solved it, we may be getting that, but the issue here

is, what are the characteristics of a system that would help us manage vocabulary and terminology? What are the characteristics of health care in general that require certain things of technology that we would provide?

With all of these things and to Chris' point as well, the risk is that we don't understand the problem well enough to propose a solution and so we propose the wrong solution and disruptive or not we anchor in the wrong solution because we haven't really fully articulated what the problem might be.

Clem McDonald – Regenstrief – Director & Research Scientist

But isn't this the intrinsic Catch-22 of life, that you can either keep on twiddling it forever or you do something?

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

I'm not saying that you would never do anything.

Clem McDonald – Regenstrief – Director & Research Scientist

Because I think they'll be no time when we'll understand the problem well enough that we'll get the perfect solution predictably. So the answer is to find a way you can gradually get there. That's the continuous prototyping answer, which may not work for a whole country.

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

This is a very interesting discussion. I think I'm hearing us approach consensus that we would want to have a follow on session at some time not too far in the future but to be determined, when we can better explore the requirements of alternative views of different industries and potentially disruptive technologies in health care. Does that sound right?

Clem McDonald – Regenstrief – Director & Research Scientist

Yes.

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

So now it's just a scheduling question. I think we can come back and discuss that kind of a panel more fully. I want to bring us back to the morning of Wednesday, September 1st, when we're now talking about measure developers and value set creators and we are talking about potentially two different types of organizations; one being organizations such as NCQA, NQF, the AMA, other groups who typically create health care measures but have value sets; then another set of organizations being the standards organizations, X12, HL7, CDISC, that typically create different value sets for particular message specifications. Are those the two basic communities?

Clem McDonald – Regenstrief – Director & Research Scientist

I'm assuming for scope that we're staying with clinical medicine because given my research nature one could go down the biomedical, biological pathway if one wasn't careful. I just don't think that's out of scope.

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

Let me challenge that a little bit, because I do think that, again, maintaining our basic lines on the road, being meaningful use, but looking down to the next bend in the road, I don't know what might be in future stages of meaningful use around data and vocabulary that would be useful for various kinds of research or other purposes. I don't think we're just talking about clinical care necessarily.

Clem McDonald – Regenstrief – Director & Research Scientist

Again, my enthusiasm is modest but for purposes of completeness it begs the question of whether you want to get into biological subsets of OBO, subsets of different research domains that would be relevant potentially to future genomic related practices. Again, I think it's a stretch but I'm trying to be

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I actually think there probably is some value not spending the entire meeting or an entire section on that. But there will be two things that I think will be relevant. The first is that the presidential council on Advanced Science and Technology ... report is likely going to be out by the time that this meeting will occur. That will be a report that will have some vocabulary and terminology implications. I think the other thing is that within the Office of the National Coordinator ... is leading the effort to try to figure out how to incorporate standards around clinical research and secondary use, if you will, of clinical data. And again, thinking ahead of the game and trying to make sure that we're thinking forward is maybe something that we would want to at least have mentioned as one of the requirements for the infrastructure, since that's clearly something that's in the near term horizon. And that is people that are actually creating value sets in that space I think are the emerged consortium out of NHGI, maybe some subsets of the OBO community, CTASs conceivably, although perhaps less persuasively.

Betsy Humphreys – National Library of Medicine – Deputy Director

You could view ... and Promise in this regard too.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Absolutely, yes,

Clem McDonald – Regenstrief – Director & Research Scientist

I would pick one or two representative groups to essentially not have ... distribution, but have at least one of those groups at the table.

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

Let's come back to – first, what's the number of panelists that we should have for a morning long session? I'm going to say, how about eight?

Betsy Humphreys – National Library of Medicine – Deputy Director

It makes sense to me. You have to leave some time in there for discussion or you don't get the value that Doug was pointing to.

M

Yes, so two groups of four—

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Hi, this is Stan. What is our approach? Can we have written testimony from more people and then restrict the panel to eight so we can invite more people to give written testimony so that nobody felt like they didn't have a chance to—

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, we did that – that's a good idea.

W

We also used the ... blog. We can ask people to send in blog submission or e-mail to us. I can collect e-mail and distribute it to the group.

M

That's a great idea.

M

I think six or eight would be great.

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

Let me make a proposal then that we would include in our invitee list the AMA, NCQA, NQF, X12, HL7, and CDISC, and that leaves us with space for two more.

Betsy Humphreys – National Library of Medicine – Deputy Director

NDNQI, National Database of Nursing Quality Indicators.

Clem McDonald – Regenstrief – Director & Research Scientist

What about LOINC? Well, maybe it's the wrong kind of stuff.

M

What about Emerge or Promise?

Clem McDonald – Regenstrief – Director & Research Scientist

I think definitely

M

I think Emerge, Phoenix is the other group that ... and I think they're actually officially attached with doing some of this, although I must say they've taken, how do I phrase this politely, a much less informatics oriented view. I think Emerge, I should disclose I'm one of the PIs in Emerge so I'm clearly biased, but I think nevertheless has taken a more sophisticated view of research relevant value sets as they apply to clinical phenotyping and biologically related indicators.

Clem McDonald – Regenstrief – Director & Research Scientist

We can disagree on that. They've taken the real measures and people have validated and tested and now they're getting better on the informatics side I think ... Phoenix.

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

I don't think I'm yet hearing consensus on who else. In the first place what do folks think of those six that I mentioned?

M

They sound good.

W

Jamie, this is Is this being displayed when I look at our session I'm seeing the agenda and I'm—

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

No.

W

... forgetting what you had mentioned.

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

I mentioned AMA, NCQA, NQF, HL7, X12 and CDISC. Those were the six that I suggested.

Clem McDonald – Regenstrief – Director & Research Scientist

What about DICOM?

W

Does DICOM have value sets, Clem?

Clem McDonald – Regenstrief – Director & Research Scientist

They do. Not rich piles of them, but they do. They have a lot of special value tips for the measurement process.

M

Yes, they do have it.

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

I've heard ten others being suggested, and we have two more slots.

Clem McDonald – Regenstrief – Director & Research Scientist

To make it more complicated, did you say CPDP?

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

I didn't say that yet.

Clem McDonald – Regenstrief – Director & Research Scientist

The first list is all message standards and DICOM. That's why I thought, because it's part of that string of delivery of information systems. I don't have a strong dog in the fight, but they all have value sets.

Betsy Humphreys – National Library of Medicine – Deputy Director

To Stan's point we can ask all of them for input, plus anybody else who wants to provide it, and then figure out who gets—

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

Right, we can certainly do that in terms of written testimony. But also we want some folks on the panel for discussion.

W

(Inaudible.)

W

... on mute. Oh, okay.

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

I have heard two or three people mention Phoenix. I don't know. As someone else said, I don't have a dog in this fight.

Clem McDonald – Regenstrief – Director & Research Scientist

I said that too. But you mentioned Phoenix, and they're not my dog either. It's a big comprehensive activity and it's being pushed very hard to standardize the Genome Association studies. It's worthy of knowing about anyway.

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

I'm wondering from our discussion if we have Phoenix and Emerge might we get different perspectives that would add value to the conversation.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, I would think so. Wouldn't you, Stan?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

They're very similar. If I were to withdraw my prejudice I think Phoenix is the officially sanctioned effort to achieve precisely what we're talking about.

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

If we add Phoenix to our list then that leaves room for one more panelist, if we're going to stay with eight.

Patricia Greim – VA – Health System Specialist: Terminology

I don't need to see NDNQI as a panelist because I don't think – I don't know. But I would like to see them invited to provide comment, the National Database of Nursing Quality Indicators.

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

Yes, absolutely. So right now we're at seven. Is that about it?

M

What about NCBI in terms of ... or related repositories?

Clem McDonald – Regenstrief – Director & Research Scientist

I would actually say NCBI, but they have some databases that should be part of standards like RBSE. ... gap is just a collection of all of the studies. It's not a formalized, kind of standardized, but they have some solid genetic standards that should be used in all kinds of data. There's RBSE. There's a genome. There's three of them. There's a genome reference sequence. I can't think of the third one.

W

Chris, they're also tied in to Phoenix.

Clem McDonald – Regenstrief – Director & Research Scientist

They would discuss those standards that they're using and pushing

M

caBIG is the other possibility, although I don't know where they exist on the fashion parade this week.

W

Do they have standards that they really have been – I know they're collecting value sets and so forth, but do they have that part of their work that they're really trying to propagate out as standards?

Clem McDonald – Regenstrief – Director & Research Scientist

Yes, through their vocabulary and BCBE, I forget what it stands for, but they've actually gone through a vetting process and review process for value sets for particular use cases. They're trying very hard, as we know, to transcend cancer only to become much more pan research focused.

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

So I've heard NCBI or caBIG.

Clem McDonald – Regenstrief – Director & Research Scientist

Well, if we're actively interested in genetics, the most important thing would be to get people really using the reference sequence references. So it's really an ID that identifies the database as what exact sequence was this report about a genetic abnormality aligned with, because without that you really don't know when they say this ... changed at position 35. And they have—

M

I'm sorry. I agree that's an important standard, Clem, but do you think of that as within a vocabulary context?

Clem McDonald – Regenstrief – Director & Research Scientist

It's a bigger vocabulary. They've got an ID for mutations. They've got an ID for the chromosome reference sequence. It's going to be important as an element of a field that you ship around. I guess it's not semantic vocabulary in the usual sense, so you're right there. It's not a word you're going to find in the dictionary.

M

I apologize for being in a noisy environment. This actually points to kind of a scoping question, that those sequences start bordering on what some people would call "instance" information rather than class or terminology or semantic terminology kind of stuff. We put all of those same things into the same infrastructure, though there are clear differences between things in classes of those things. So I guess part of the question is, is that within scope to worry about what I would call, probably if you give them another name, quasi-issue, but do we want to include reference sequences in the scope of what we're talking about here and other similar things as part of what we want to understand the requirements for?

M

From my own standpoint I would not mind at all including that in our scope for this, personally.

Clem McDonald – Regenstrief – Director & Research Scientist

If you talk to the NCBI folks, that is probably the foundation of what – I think they think it's the most important thing of all these things. So if you're going to report a mutation there's a syntax for reporting a mutation and they also have a database of mutations, but it's only meaningful if you also parallel report along one or more of the reference sequences, depending on what you're reporting. But they're not here to argue that, and I may be misrepresenting it.

M

I would be in favor of including that in the scope as well.

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

This is an argument for NCBI being our eighth panelist. Disagreement? Can everybody live with that?

M

Can you read the list once more?

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

The list now is AMA, NCQA, NQF, X12, HL7, CDISC, Phoenix and NCBI. Going once?

Marjorie Rowland

Are there any federal government groups that are relevant here or no?

Betsy Humphreys – National Library of Medicine – Deputy Director

NCBI is part of the federal government. I know that's probably not what you meant. In fact, it's part of the National Library of Medicine.

Marjorie Rowland

HRQ, are they relevant?

M

I don't see them as a value ..., Marjorie. They certainly would have, in terms of measures and the like, a stake in the ground, but to my knowledge they haven't been creating value sets.

Marjorie Rowland

Is CDC relevant from the point of view of public health value sets?

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

Yes, and again I think that some of that kind of perspective can be brought in by, in fact we can ask HL7, which does a lot of the specification development for those particular message value sets, to represent them. I think it's HL7 messaging.

Betsy Humphreys – National Library of Medicine – Deputy Director

I think we need to bring CDC back again on the service provider end.

Marjorie Rowland

The terminology services vendor, do you mean?

Betsy Humphreys – National Library of Medicine – Deputy Director

Vendors is a bad word; people who provide terminology services.

Marjorie Rowland

That's a different issue, though.

Betsy Humphreys – National Library of Medicine – Deputy Director

That's the D group, but I think CDC is in that group.

Marjorie Rowland

True.

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

They'd all have the same list of questions.

Marjorie Rowland

That's true. But I'm thinking notifiable diseases or whatever, to the extent that there are public health reporting that—

Betsy Humphreys – National Library of Medicine – Deputy Director

They do value set development, that's true.

Marjorie Rowland

I'm sorry. I'm coming up for air here, because I'm not an expert in the National Quality Forum and all that, but all of a sudden I'm starting to wonder, well, what about that? I've shut down the conversation.

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

That's okay. Let me suggest that even though CDC, for example, does create value sets clearly for a number of purposes, we could get their testimony on a different panel.

Marjorie Rowland

That's fine. I just think that you would have a completely different person probably talking about terminology services from CDC than you would talking about the value sets. The value set people, they would be the ones working with immunization or notifiable disease or that type of thing. They would be completely different people. So that would be the problem of just trying to get a two-fer.

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

We don't have to keep it at eight panelists, but I do think that's a pretty good number.

Marjorie Rowland

I'd like somebody of the eight to be able to address public health value sets, since meaningful use does include those.

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

Yes, and the implementation specifications for that purpose are all CDC specs.

Marjorie Rowland

They are, I think. ... CSTE or the immunization people, and they have partners obviously.

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

Where I was going previously was that those are all the HL7 standard specifications.

Marjorie Rowland

They are. Some of them are more embedded in HL7 than others. But it could be that they could work that out. I just think that we need to be cognizant of that element of meaningful use, even if we're just talking meaningful use, needs to be presented. I'm not sure if CDC would really want HL7 to present on their behalf.

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

I get that. I like having both Phoenix and NCBI, but I like having CDC also. So how do folks feel about a panel of nine?

Clem McDonald – Regenstrief – Director & Research Scientist

That may be one compromise. CDC almost is too big. It's got so much content it almost needs its own time.

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

I think we're talking about PHIN, really.

Marjorie Rowland

Probably, yes.

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

We're really talking about PHIN.

Marjorie Rowland

PHIN, a public health informatics network.

M

It's

Betsy Humphreys – National Library of Medicine – Deputy Director

If we're inviting someone from PHIN, did you say anything about USHIK?

Marjorie Rowland

About what?

Betsy Humphreys – National Library of Medicine – Deputy Director

About USHIK.

M

USHIK is definitely not a vocabulary value set developer. They do curate value set content and descriptions, but they don't develop them. And they don't even completely contain them, in many cases it's just pointers.

Betsy Humphreys – National Library of Medicine – Deputy Director

Thank you for that clarification. I totally agree.

Marjorie Rowland

I think you invite, I guess it would be maybe someone from the new informatics office, or whoever the lead person on PHIN is, I'm not quite sure who it is, and give them their parameters and let them decide how they're going to deal with it.

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

So at this point then let me reiterate the list, and now we're up to nine. Let me just validate this with folks. So we have AMA, NCQA, MQS, X12, HL7, CDISC, Phoenix, NCBI, and CDC.

Marjorie Rowland

I'll just ask one other question. Is CMS relevant here, or are they just users of everybody else's value sets?

Clem McDonald – Regenstrief – Director & Research Scientist

They're always relevant, but I don't think we can have ... panel.

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

They're always relevant, but I think that between the other measure developers that we have, I really –

Marjorie Rowland

.... Their interests will be covered.

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

Yes.

W

Okay.

Betsy Humphreys – National Library of Medicine – Deputy Director

Does NCI have a ... here?

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

We had talked about caBIG, I think, earlier, and I think we decided to go with NCBI instead, actually.

W

You could bring –

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

Look, they're going to be on the list for requesting a written testimony.

W

The thing is that NCI and caBIG would be one of the people that you would probably want to have in panel D.

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

I would agree with that too.

M

Yes, but like many, like CDC they could theoretically fit in both; as value set developers as well as terminology services developers.

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

In the interest of time I'd like to put a close on this discussion. Can everyone live with this list of nine panelists for organizations from whom we would invite representatives and then we would also invite written testimony from others that we've discussed and that you may request? So now I'm going to say, going once? Going twice? Sold. So that's good, so now we have our list of panelists for the morning of the first day.

Let's move to the afternoon of the first day, and this would be a panel organized around end users, being clinicians, hospitals and other EHR implementers, and one of the questions that we had from our last call was whether – we didn't decide whether or not to include health information exchange organizations on this second panel. I'm going to expose my bias, wear it on my sleeve, I think we should include one or more health information exchange organizations on this panel and now everybody tell me why that's a bad idea.

M

I think it's a good idea.

Betsy Humphreys – National Library of Medicine – Deputy Director

Are we talking in this panel, is this the panel where we would be thinking of including HealthVault or Google Health as well as some of the other kinds of things that would be normal in there?

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

Yes, absolutely. I think if we're going to include them, I think this would be the place. I have to say from my personal experience dealing with them from where I sit has been pretty dismal in this regard, but I would be happy to include them if that's what folks want.

Clem McDonald – Regenstrief – Director & Research Scientist

I think they're certainly a big player, so it would make sense you'd have some IATs and you'd have Google, Microsoft

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

We're talking here about electronic health record implementers.

Clem McDonald – Regenstrief – Director & Research Scientist

Okay, so then maybe not.

M

I can say from experience at Mayo with HealthVault and ..., for that matter, that Microsoft is actually somewhat systematically opposed to value sets. I don't think that it would be—

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

Yes, that's why I said my experience there had been ... and that's certainly part of the experience. Also, they certainly don't value the same metadata that certainly the clinical users would, or researchers.

Betsy Humphreys – National Library of Medicine – Deputy Director

That's good. I'm convinced. I know Stan said that he would like to be on this panel on behalf of Intermountain Healthcare, and that seems like a very reasonable representation to have on this panel.

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

Right, and I would like to propose putting a Kaiser representative on the panel as well, if that's acceptable to folks.

W

Absolutely.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Don't show me any preference, though.

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

Yes, same here. We certainly have experience and would love to talk about it, but I don't want to bias the conversation. So let's talk for a minute. So if we're going to have the same target number on this panel of eight, let's say that the categories of panelists might be perhaps end user clinicians from that perspective, we might have representatives of hospital organizations, health information exchange organizations that actually provide EHR services, and I think that's an important qualifier for that—

Betsy Humphreys – National Library of Medicine – Deputy Director

Well, if we bring in clinician end users we want to be sure we've got one that actually uses the stuff.

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

Exactly. I think that's right. So then we're talking about, and I would tend to say that most of the EHR implementers are not health information exchange organizations. So I might propose something like having three from an ambulatory perspective, three from an inpatient perspective, and two from an HIE perspective, something along those lines.

M

If you're going to consider another provider, obviously since you've nominated Kaiser and Stan had suggested Intermountain, I'd be remiss if I didn't play my parochial role and at least raise the possibility of Mayo contributing to this, because we have actually a fairly sophisticated vocabulary and value set development process ongoing in our organization.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, I was about to say that certainly Mayo's on the list, and then of course we have partners at Beth Israel Deaconess that would be interesting in this regard too. I'm sure others can think of other ones. Then there's Regenstrief.

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

Right, which could actually fit into the HIE category as well.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes.

Clem McDonald – Regenstrief – Director & Research Scientist

I misunderstood. I thought this was digesters of the vocabulary as medical record systems rather than producers, although there are some that will do both. Did I just misunderstand?

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, this is people who are ... value sets.

Clem McDonald – Regenstrief – Director & Research Scientist

Implementers?

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes.

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

At this point on the list I've got partners: Beth Israel, Kaiser, Intermountain, Mayo, and Regenstrief. In fact, we have packed it with, five of those six are actually committee members on the task force, which I don't think is necessarily bad.

Marjorie Rowland

There may be some correlation here – actually it doesn't sound great. We need others obviously.

Betsy Humphreys – National Library of Medicine – Deputy Director

Maybe we could take written testimony from members of the committee and actually expand, but I don't know if there's really any—

Marjorie Rowland

What about the VA too?

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

I was just going to say “What about the VA and/or DoD?” Yes.

Clem McDonald – Regenstrief – Director & Research Scientist

There's other big places. There's the Cleveland Clinic doing a lot of computer stuff. There's Vanderbilt. If you dug hard you'd find four or five more easily.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes. I like that suggestion. I think sooner or later I'd probably have a chance to say things about our experience at Intermountain anyway, so I think it would be important to bring in Vanderbilt or—

Clem McDonald – Regenstrief – Director & Research Scientist

I wasn't picking. I just think we need to—

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

No, I think that's good and I think that's a very fair way to do it. So at this point then from what I've heard that would be partner, Vanderbilt, since we have all the others are actually on the committee.

Betsy Humphreys – National Library of Medicine – Deputy Director

What about group health ...?

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

Yes, I think that's a good one.

Marjorie Rowland

Several of these people actually are members of the National Committee of Vital Health Statistics.

Betsy Humphreys – National Library of Medicine – Deputy Director

There's nothing wrong with that.

Marjorie Rowland

No.

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

And full disclosure, group health is a Permanente medical group.

Marjorie Rowland

Yes, it is.

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

So –

Marjorie Rowland

You're thinking of Mark Hornbrook—

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

Yes.

Marjorie Rowland

... or obviously Blackford Middleton. Does the committee have the resources to bring people in to sponsor their travel? If they were National Committee members we could do that.

Betsy Humphreys – National Library of Medicine – Deputy Director

NLM has been working with a clinic, a federally qualified provider in the New York area called the Institute for Family Medicine, and they have 22 clinics or something in the New York City area there.

W

Yes, Neil Calman's on the policy committee.

Betsy Humphreys – National Library of Medicine – Deputy Director

So maybe it would be good to get maybe not that particular one, but bring in someone that is working on this from the perspective of people who are doing Safety Net provisions and so forth.

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

I like that. What's the name of the Family Medical Center?

Betsy Humphreys – National Library of Medicine – Deputy Director

I think it's called the Institute for Family Health. They're an Epic user.

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

There's nothing wrong with that.

Betsy Humphreys – National Library of Medicine – Deputy Director

No. But I do think it would be very good to get somebody that represents that group.

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

And I think in the same vein, I was thinking OCHIN, which is actually operating Safety Net clinics in three states, but they're also an Epic user. The only organizations that have been mentioned thus far that are not committee members actually are partners: Vanderbilt, The Institute for Family Health, and OCHIN, if those—

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I would throw in Columbia in New York. Is there overlap with them in the other clinic that's been talked about? Is that any of the same people?

Betsy Humphreys – National Library of Medicine – Deputy Director

I don't know. They may have some interaction but I don't think they're really tightly coupled.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes.

W

Did I hear Cleveland Clinic earlier?

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

Martin's on the committee. Not on this task force, but is on the standards committee.

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I would nominate Columbia then.

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

What about potentially a different category of implementer, which would be the system integrators who help with implementation? So I'm thinking of Accenture, Deloitte, and even IBM, I guess, or HP for that matter. Mostly I think that's Accenture and Deloitte who assist with a very large number of implementations.

Clem McDonald – Regenstrief – Director & Research Scientist

Do they have experience working with value sets in their implementation? I'm not as familiar with that as —

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

I certainly know individuals in those organizations who have deep experience in that particular area. Posing more of a general question, if we really want end users, then that's not them.

Betsy Humphreys – National Library of Medicine – Deputy Director

But if they've implemented the value sets on behalf of the others

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

What about Duke?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I think that would be a good choice as well.

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

Well, we're going for academics and Safety Net, so we've got partners: Vanderbilt, Institute for Family Health, OCHIN, Columbia, and Duke. What about other hospitals perhaps who are not committee members?

Betsy Humphreys – National Library of Medicine – Deputy Director

What about – oh, I was just going to say HCA but we've got a committee member there too, don't we?

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

I would say John Berlin is a committee member.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, I would too.

M

Yes.

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

And Tenet is on the committee, but what about Premier? I don't think we have anybody from Premier. I'm thinking. I don't know. What are hospitals with the EHRs that we may want to invite?

Betsy Humphreys – National Library of Medicine – Deputy Director

Is there anything in Washington?

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

Actually, I was going to say some part of the Catholic health care system; Catholic Health Care West, as an example. If I add CHW now we're up to seven, and we're looking for another non-academic, something other than an academic medical center.

Betsy Humphreys – National Library of Medicine – Deputy Director

Did we decide against health information exchanges?

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

No, we didn't. We decided to include them.

Betsy Humphreys – National Library of Medicine – Deputy Director

Do we have any?

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

Well—

Betsy Humphreys – National Library of Medicine – Deputy Director

Vanderbilt could certainly talk about that.

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

Right.

M

As could, of course – well then you get into Mark Overhage being on the committee.

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

Yes, that's why Regenstrief – yes. I don't think—

M

On the other hand I'm not convinced that just because somebody is on the committee they should be precluded, particularly if they have highly relevant expertise and—

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

But I think what we're saying, and I don't think it's a bad suggestion at all, is that committee members will have plenty of opportunity for participation in the discussion and will be asked to submit written testimony and can represent themselves because they're at the table. I think the question is who else is there that's not already at the table that we can include in the conversation. So I think in terms of health information exchanges, how about Taconic, for example, Taconic IPA?

Marjorie Rowland

I'm just wondering, though, particularly an organization like Kaiser is so big that not to have them part of this and to engage in the give-and-take in the discussion might be bending over backwards a little bit too much. I don't—

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

Well, I have to I guess refuse myself from that decision, how about that?

Marjorie Rowland

But, Jamie, it just reminded me. I lost track, do we have the VA on the list?

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

No, because they're also a committee member.

W

I think we may have carried this too far.

Marjorie Rowland

Yes, we should have the VA and we should have Kaiser, that's my feeling. I have always felt that one of the purposes of these types of hearings, obviously it's to gather information and not just to talk to ourselves. But also, they have an educational purpose for the industry more broadly and so I don't think we should excessively restrict ourselves.

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

Let me read the list that I have now with those additions, which is partners: Vanderbilt, Institute for Family Health, OCHIN, Columbia, Duke, Catholic Health Care West, VA, and Kaiser.

Betsy Humphreys – National Library of Medicine – Deputy Director

I'm still struggling with why VA and Kaiser. Our idea is that we have other opportunities to bring forth our knowledge and lessons learned. I'm just still struggling to understand that.

Marjorie Rowland

Because I think you're trying to get a good balance of official input. I'm not saying that the members from VA and Kaiser on this group should be the presenters.

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

No, but, for example, from Kaiser with an invitation like this I would have somebody like Moon-Hee Lee or perhaps Simon Cohen come and help with this discussion.

W

Well then of course we're back to the issue of whether we have official and readily accessible input from these organizations if we have written testimony and we have people in the room who are actually able to answer questions about it.

Marjorie Rowland

I'm not sure that's an appropriate role for them actually, the members.

W

Well, you can't prevent – we hope – we don't want to prevent people from giving the information and expertise they have just because they're on the committee.

Marjorie Rowland

No, that's true. But to be the people who provide responses to questions about the testimony, that gets a little slippery. I remember, Stan, when we asked you to testify to the National Committee and you were a member?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

Yes, I did that.

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

Actually, I have to say that I've done that. I've given Kaiser testimony to the standards and the policy committees and a number of the standards committees.

Betsy Humphreys – National Library of Medicine – Deputy Director

I think that the issue on this is, the reason why we started getting into this position is because a lot of the user ... are on the committee and—

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

So if we think about just who is on the committee? We have Beth Israel, Kaiser, Intermountain, Mayo, Regenstrief, Group Health as part of Kaiser, and ... Clinic, all on the committee. That actually is a huge body of knowledge in this exact area and experience.

Christopher Chute – Mayo Clinic – VC Data Gov. & Health IT Standards

This is Chris. I'm sorry. I have to drop off and get on an airplane.

Betsy Humphreys – National Library of Medicine – Deputy Director

... on the panel or not, Chris.

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

Chris, thank you very much for your participation today. I appreciate it. I almost want to suggest splitting it and having two panels so that we have a member panel and a non-member panel, or something like that because actually from the member we can have a whole panel of real expert testimony just from the member organizations.

W

That's an interesting concept. It's sort of unusual to actually have an advisory group that has so many of the experts, but that's because not all these people are members of the standards committee, right? You've supplemented it.

Betsy Humphreys – National Library of Medicine – Deputy Director

This is because it's the task force.

Marjorie Rowland

Exactly.

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

I think that with the exception of group health all of those are members of the standards committee.

Marjorie Rowland

Really?

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

Yes. As a Permanente medical group is part of KP.

Marjorie Rowland

All right, I guess that's a unique situation.

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

Beth Israel Deaconess, Intermountain, Regenstrief, Cleveland Clinic, all sit on the standards committee—

Marjorie Rowland

Really?

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

And all but Cleveland Clinic are on this task force.

Betsy Humphreys – National Library of Medicine – Deputy Director

What a nice concept. We have the national experts on the committee.

Marjorie Rowland

You would expect to have some, but not all of them.

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

So what about this idea of having a panel that's really basically the committee members?

Marjorie Rowland

That might at least be truth in advertising then.

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

Yes.

Betsy Humphreys – National Library of Medicine – Deputy Director

I do think that some of the other people that we mentioned have a lot to contribute to this.

Marjorie Rowland

Right.

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

Absolutely. What I'm suggesting is that we would have a panel with partners: Vanderbilt, Institute for Family Health, OCHIN, Columbia, Duke, and CHW.

Judy Sparrow – Office of the National Coordinator – Executive Director

So we now need another day?

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

I think it's a question of how we slice the day and how long a day it is.

Judy Sparrow – Office of the National Coordinator – Executive Director

I see. Okay.

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

So, for example, if we started an hour early and had lunch an hour later, maybe we could squeeze in the members panel at the end of the morning of the first day, something like that, essentially to have testimony – or shorten it and have at the presentation but have the discussion be part of the afternoon with the broader group or something like that.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Let's juggle it and see what we can do.

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

Judy, what do you think of that?

Judy Sparrow – Office of the National Coordinator – Executive Director

I think that's good. We'd have to start a little early on the first day and maybe extend it a little longer. But we'll squeeze it in, like a shoe horn.

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

Okay.

Betsy Humphreys – National Library of Medicine – Deputy Director

If we can be especially ruthless on the time constraints for the task force members.

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

Yes, okay. Good. So can everyone live with that list in terms of the users and implementers split into two panels?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, I think so.

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

What I'm going to suggest is that where an organization – and this is probably true for us and perhaps for Cleveland Clinic, as an example, or for others, where the person who would give this particular testimony may not be, Stan or Chris may be the exception, but for many of these organizations the task force member may not be the right presenter that the organization would want to have. What I'm going to suggest is that we allow those other presenters for these organizations to stay and participate in the discussion with that broader list of the non-members as well. So the discussion should include everybody who's involved in both panels basically. Does that resonate with folks or does that not make sense?

Judy Sparrow – Office of the National Coordinator – Executive Director

It's fine with me. I don't know how we'll organize it, but it seems like we can.

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

You just need a slightly bigger table with a few extra seats. Actually, our task force isn't really that big anyway.

Judy Sparrow – Office of the National Coordinator – Executive Director

The task force is already sitting around the table anyway.

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

Yes. I think we have at this point two of our four panels, I think, our morning and afternoon of the first day pretty well nailed down. After two hours of discussion, or a little under, in the remaining seven minutes I would like to see if we can make at least some progress on the second day in terms of let's start with the EHR vendors and developers, and actually instead of the commercial EHR vendors, let me start requesting proposals for who's developing EHR technology that's in the open source community that we might want to invite.

Judy Sparrow – Office of the National Coordinator – Executive Director

Who's the lead on the effort that – Clem, are you still there? Who is the current head of the thing that was started by Bill Tierney? We can find that out. What is it called, open EMR?

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

Open EHR.

Judy Sparrow – Office of the National Coordinator – Executive Director

That's something different.

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

Okay.

Judy Sparrow – Office of the National Coordinator – Executive Director

At least I think it's different.

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

I don't know Bill Tierney, so I don't know open EMR.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bill Tierney is at Regenstrief. This is the one that maybe it's married with what Hamish Frasier is doing, and this is the one that was developed for use overseas but in under resourced areas, open source, and it was used in Africa, Haiti and all of those places, but still potentially very applicable in the United States and maybe used her some places. Then there's Vista.

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

Right. Let's leave a placeholder for another open source and then let's talk about commercial vendors and developers.

Judy Sparrow – Office of the National Coordinator – Executive Director

Open MRS.

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

Oh. Okay, open MRS, Vista, and a place holder. Then in terms of others what we've done previously was to reach out to the EHR vendor consortium, EHRVA, and ask them to select from their members those who would represent ambulatory versus hospital systems. Do we want to take a similar approach this time?

Judy Sparrow – Office of the National Coordinator – Executive Director

... Obviously in the morning, on the first day you've got a lot of people who are obviously EHR developers and implementers, but not vendors.

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

Right.

Judy Sparrow – Office of the National Coordinator – Executive Director

In addition to getting places like Kaiser that use Epic, you've got a lot of people who built their own, right?

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

Right. Stan, if you're still on, would you want to be another example of an EHR developer?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

No, I think we're represented fine just the way we are.

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

We can just ask the vendor association, we can ask them for four representatives or something to that effect.

Judy Sparrow – Office of the National Coordinator – Executive Director

Fine, good idea. We want practice people as well as hospital people.

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

Absolutely. So we can model that on the same request we had last time. Then the last group is the terminology services vendors, developers, and implementers. Now obviously we have some of these folks previously. What should be different about this list of invitees?

Stan Huff – Intermountain Healthcare – Chief Medical Informatics Officer

I don't know that it has to be a different list. I think we're asking a different question.

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

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

This is where we did have – well, across two different days we had some of the federal people who work in this space come in a different day, but they really were in this category, the caBIG and the PHIN people.

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

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Now if we have the CDC people, I don't think we necessarily have to have them twice over two days, given that we're sort of asking some of the same questions. So I guess we could decide where they go. Now, then we had help language and

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

I would say from my perspective I would much rather have the CDC from the PHIN perspective of the value set development rather than service provision.

Betsy Humphreys – National Library of Medicine – Deputy Director

Okay. So we're dealing with, in terminology service vendors we're dealing with health language ... Intelligent Medical Objects, SAIC – I think they were all here before.

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

Right.

Marjorie Rowland

So your interest here is in terminology services developers or implementers, not in terminology developers.

M

Right.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes.

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

Service providers.

Betsy Humphreys – National Library of Medicine – Deputy Director

This is the group where we want, in essence, the lessons learned, what works, what doesn't work, what ... where the problems—

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

What about 3M?

Betsy Humphreys – National Library of Medicine – Deputy Director

I ...3M

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

I think that Chris had actually expressed interest in Mayo being on this panel.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, and that would make sense.

M

Wouldn't NLM be ...?

Betsy Humphreys – National Library of Medicine – Deputy Director

107, right?

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

107, and I think the question, Betsy, is what about NLM?

Betsy Humphreys – National Library of Medicine – Deputy Director

Well, NLM knows something about this.

Judy Sparrow – Office of the National Coordinator – Executive Director

That's an understatement, and you are a provider for the UMLS of terminologies.

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

I wonder actually if the USHIK would go on this panel.

Betsy Humphreys – National Library of Medicine – Deputy Director

I think so.

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

So I've got caBIG ... 3M, Health Language, Intelligent Medical Objects, Mayo, and USHIK is eight. We do have, I think, pretty substantial representation of NLM and its employees on the task force, don't you think? Or is there a perspective that you want to present?

Marjorie Rowland

I do. But on the other hand since I think NLM is certainly a potential candidate, particularly if they want this in the federal government for actually serving in this capacity, I'm wondering if it makes sense to leave them off the panel.

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

Yes.

Betsy Humphreys – National Library of Medicine – Deputy Director

These are people who are out there one way or another doing this thing, using it, or implementing systems that make use of these value sets, or providing terminology services. So we can certainly describe what we think we know about terminology services but—

Marjorie Rowland

I'm trying to remember the testimony. I guess it was Stuart who provided the testimony.

Betsy Humphreys – National Library of Medicine – Deputy Director

I think the problem there was that the written testimony was what you would look at, but the—

Marjorie Rowland

Do you feel it was addressing different issues?

Betsy Humphreys – National Library of Medicine – Deputy Director

It was, yes. We're inviting back a lot of the same people. I could argue with in or out.

Marjorie Rowland

I don't know if this task force or the standards committee are actually only going to recommend functionalities, etc., or they're going to make recommendations that might even identify who could do this.

Judy Sparrow – Office of the National Coordinator – Executive Director

I can have a conversation with Doug about that, because the notion of there is one of the contracts that I believe he is going to award, which essentially has tasking in it to provide – essentially to be working under ONC's direction to attempt to identify what would be the technical strategy for building this thing and how you would end up in a sustainable thing. In my view, if Doug's on the phone he can answer, he

can mention this himself, but in my view is a logical part of that activity is a fairly serious look at the existing platforms and approaches that are in multiple federal agencies and what is the best way forward.

Marjorie Rowland

How will this hearing fit into that contractual work?

Judy Sparrow – Office of the National Coordinator – Executive Director

I think it can fit in very well in the sense that we hope between now and then the contract is awarded, which I believe it will, and so this is going to be information for everyone about what everybody really thinks needs to be done and what needs to be done first. What would be the most beneficial for people who are struggling to meet 2011 requirements? I can imagine a variety of steps of strategies to get us from here to there, where you say, okay, we already have A, B, and C, so why don't we get this organization or this agency that's already doing A, B, and C to do D, E, and F, ... so that will be something that people can use right away and then maybe have a different approach to something that might be the later, more industrial strength model in the future.

Marjorie Rowland

Sure. So this will obviously, the hearing will be input to this contractor?

Judy Sparrow – Office of the National Coordinator – Executive Director

I don't see why it wouldn't be.

Marjorie Rowland

This probably will not lead, if they're having this contractor, at least until we got the report back from the contractor it probably would not lead to a recommendation about some particular organization or group who might be best suited or able to do this. The reason I'm asking that is—

Judy Sparrow – Office of the National Coordinator – Executive Director

... we would have to ask different questions, wouldn't we, Jamie, if we were ...?

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

I think we would. I think you're exactly right.

Judy Sparrow – Office of the National Coordinator – Executive Director

We would have to ask a different set of questions to say, hey, this is technically the most robust place to build this out.

Marjorie Rowland

Okay. So I think in that sense maybe having – I would certainly think we could at least have written testimony from NLM.

W

Sure.

Marjorie Rowland

In relationship to these questions, as they are relevant to your services.

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

Yes, okay. Does anybody want me to read that list of eight again for this panel?

W

Okay.

W

Yes.

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

It's caBIG, ..., 3M, Health Language, SAIC, Intelligent Medical Objects, Mayo Clinic, and USHIK.

Judy Sparrow – Office of the National Coordinator – Executive Director

I guess if that's the set of eight, then probably we should put NLM there.

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

Okay.

Marjorie Rowland

Who was the third one?

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

3M.

Marjorie Rowland

Okay. caBIG ..., Health Language, 3M, USHIK, Mayo, and NLM. Did I miss someone?

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

Yes, SAIC and Intelligent Medical Objects.

Marjorie Rowland

Okay. Thank you.

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

Then I think we have achieved everything we set out in our hopes and dreams for this meeting.

Judy Sparrow – Office of the National Coordinator – Executive Director

We have to ask the public, though, Jamie.

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

Now it's time to open it up for any public comments.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, could you do that, please?

Operator

(Instructions given.)

Judy Sparrow – Office of the National Coordinator – Executive Director

Jamie, we have the next call for this group, I have August 13th. Is that right, for everybody?

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

Okay, now I have to say on August 13th I will be in a location where I will have no phone service overseas.

Judy Sparrow – Office of the National Coordinator – Executive Director

Then we can't have it that day.

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

Or, Betsy, you could do it.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right. Betsy?

Betsy Humphreys – National Library of Medicine – Deputy Director

I will be here, I think. Let me double check that.

Judy Sparrow – Office of the National Coordinator – Executive Director

It's 11:00 to 1:00. I don't think anything's gone out.

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

So what I would suggest is that as our next steps Betsy you and I can put together the revised list of questions, the invitees, and send it out by e-mail to the task force members for final comments, and then we should get these letters out as soon as possible.

Judy Sparrow – Office of the National Coordinator – Executive Director

Right and I'll draft up a draft invitation to you all for approval.

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

That would be great. The call on the 13th—

Betsy Humphreys – National Library of Medicine – Deputy Director

What would we be doing then?

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

I don't know.

Betsy Humphreys – National Library of Medicine – Deputy Director

Then maybe we don't need it.

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

Unless it's to coordinate with the new contractor.

Betsy Humphreys – National Library of Medicine – Deputy Director

Yes, okay. I'm going to be monitoring what's going on with that,

Judy Sparrow – Office of the National Coordinator – Executive Director

Betsy, why don't you let me know and if we need it I can send out a—

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

It's easier to keep it for now and cancel—

Marjorie Rowland

Why don't we hold it on our calendars and you let us know.

Betsy Humphreys – National Library of Medicine – Deputy Director

Okay, it's 11:00 to 1:00?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes.

Betsy Humphreys – National Library of Medicine – Deputy Director

Any public comments?

Operator

No, we do not have any.

Betsy Humphreys – National Library of Medicine – Deputy Director

Great. Thank you, everybody.

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

Okay. Thanks, everybody.

Betsy Humphreys – National Library of Medicine – Deputy Director

Bye.