

**Health Information Technology Standards Committee
Final
Summary of the June 22, 2011, Meeting**

KEY TOPICS

1. Call to Order

Judy Sparrow, Office of the National Coordinator (ONC), welcomed participants the 26th meeting of the HIT Standards Committee (HITSC). She reminded the group that this was a Federal Advisory Committee meeting, with an opportunity for the public to make comments, and that a transcript of the meeting would be available online. She conducted roll call, and turned the meeting over to HITSC Co-Chair John Halamka.

2. Opening Remarks

Halamka introduced National Coordinator for Health Information Technology Farzad Mostashari, who was participating via teleconference. Mostashari commented that the long-term vision of being able to create learning health care systems and using distributed data that stays close to its source but can be gleaned for patient care, research, public health, and quality purposes is the appropriate vision moving forward. However, current work must be done on the technical standards to make progress.

Policy and privacy issues need to be resolved, particularly in terms of implementing activities such as the indexing approach for discovery. The President's Council of Advisors on Science and Technology (PCAST) Workgroup advised that a policy framework for forward movement be set and that a use case be identified. One recommended use case is giving patients their own information—this is a practical example; patients have a right to their information as part of meaningful use Stage 1 criteria. In this use case, how would those data elements be tagged? Are there standards that already exist, that can be repurposed with some modifications to meet the goals? Because these are new, and timing has been accelerated to give industry and users as long a time as possible to consider this, it is hoped that a notice of proposed rulemaking (NPRM) will be issued soon to process input from stakeholders. This would occur ahead of the potential inclusion of this information in the NPRM dealing with all the rest of the standards and certification criteria for meaningful use Stage 2. It also would highlight the significance of the metadata for a variety of future applications, not bounded with any particular policy implementation, and would represent an opportunity to obtain broader comment for inclusion in standards and certification criteria.

3. Review of the Agenda

Halmaka stepped through the goals and schedules of the Committee's summer activities. Given their work to date and as projected, he sees some interesting themes coming out of each workgroup related to content, transport, and vocabulary. He then asked for additions or corrections to the minutes of last month's meeting—the following two corrections were noted:

- With regard to an item about Systemized Nomenclature of Medicine (SNOMED) on page 4 of the minutes, a question was posed to Paul Tang about whether the problem list is intended to include a general group of items, or whether it is intended to be more focused on findings and disorders. His answer was that from the HIT Policy Committee (HITPC) perspective, it is more related to the emphasis on findings and disorders.
- A recommendation from the Privacy and Security Workgroup with respect to electronic health record (EHR) query of enterprise-level provider directories (ELPDs) was that HITSC confer with HITPC and ONC to refine the requirements for the nationwide ELPD.

Action Item #1: The Committee approved by consensus the minutes from the May 18th meeting with the two corrections noted.

4. Metadata Analysis Power Team Recommendations

Metadata Analysis Power Team Lead Stan Huff presented the group's charge and reviewed the already-accepted recommendations on patient identity and provenance. Next, he turned to privacy and the use cases from the PCAST analysis. The group discussed three use cases: (1) patient pushes data from a patient health record (PHR), (2) simple queries authorized by the patient, and (3) complex queries based on policies.

Mostashari pointed out that it is easy to get lost in the details of these activities. The goal is to make some forward movement without necessarily solving all the toughest problems first. He asked if, for the purposes of this meeting, there could be a focus on the simpler, within-institution analysis. Huff agreed and indicated that his understanding is that the group would be making a recommendation that is appropriate for both simpler and more complex cases.

Halamka commented that if the transmission is going from provider to provider at the patient's request, or from patient to provider, the construct will make sure it goes to the right place. Huff noted that the envelope itself is encrypted, so an Internet "package sniffer" would only detect an encrypted package. The only person seeing it would be the authorized recipient of the message, who is now starting to unwrap it and encounter the various security information that the package includes. A certain amount of information must be on the outside of the envelope to ensure that the person receiving it knows how to handle it appropriately.

Dixie Baker explained that the Team's task is to examine the metadata for content, and that separately has to be protected. She emphasized that the responsibility for assuring that the content within the metadata is protected from person to person is a technical architecture question, not a metadata question.

Huff discussed the team's rationale for the suggested metadata and suggested metadata elements. The team agreed to focus on the content metadata. He showed a comparison of four standards that they investigated in-depth—the standard chosen was HL7 CDS R2 with headers. Coded values for sensitivity are needed. Huff presented a "straw man" list created by the group that requires input from the HITPC and perhaps public vetting. The list includes items such as substance abuse, reproductive health, etc.

Discussion

- Carol Diamond asked if data type—including a high degree of specification and disclosure—would be included in the header. Huff indicated that in use cases for which it is needed, data type would be included. Mostashari reiterated that this is not an unencrypted message header separate from the package. It is a header within the encrypted package that can be viewed by the person who has the authority to decrypt and view it. The header simply gives a clue about what is enclosed.
- Halamka worried about the problem of sending information that is, in itself, disclosing. He gave as an example a header notice that a Betty Ford Clinic report is enclosed within.
- In response to a question by David McCallie, Huff explained that with these standards they want to focus on the logical elements, regardless of how they are coded.
- McCallie noted that this model may be useful to indicate to a recipient that special handling is required and asked about patient privacy requirements. If a patient has allowed information to go into a health information exchange (HIE) but does not want sexually transmitted disease information disclosed, then this data is at the same level of protection as the actual health data, and they are protected or unprotected to the same degree.
- McCallie commented that to be useful, this will have to allow sub-filtering before the data is revealed, or it will not be very useful. Somehow, the HIE should be controlling what the electronic medical record (EMR) discloses, or the HIE should be enforcing from the registry of available data the subset that was allowed to be exposed based on the user. This proposal does not allow for that.
- In response to a question from Wes Rishel, Huff explained that in the original proposal about provenance, it was a set of data instead of a single element, so that it was modeled as a series of actions or transfers—each time the information was transferred there would be an annotation about who transferred it, when, etc. This kind of provenance information on the whole history of the data would reside in the system, but the last person who sent the data is what would be immediately available.
- Rishel also expressed concern about whether rules-based services for evaluating decisions were ready to implement. His concern is not with the technology itself, but with the ability to achieve a set of codes complex enough to describe what people need, and simple enough to be implemented by a three-doctor practice, as well as by Kaiser.
- Regarding logical observation identifiers names and codes (LOINC), Rishel commented that a systematic way of creating hierarchies of these codes is needed, such that those who have to characterize them at greater depth can do so, and those who do not can understand them at a higher level.
- In response to a comment by Huff, Rishel noted that this work is not done until they have settled on a subset that is small enough for the smaller organizations, or settled on a process for inference that is simple enough for the small organization to implement.

- Dixie Baker emphasized that the entity that decrypts the package then can act on the policy—but there are nuances related end-to-end vs. point-to-point encryption. The only way to ensure proper encryption is if it is sent so that only the right person can open it with their individual privacy key.
- In response to a comment by Jim Walker, Huff suggested that there could be some code that would simply indicate “sensitive information.” That would be more non-disclosing, but would be a very user layer of characterization above the specific values.
- Walter Suarez noted a consistency in the themes where sensitive information should be prioritized. The entire record, however it is defined, may in some cases be considered sensitive because of some circumstances of a patient. That policy question needs to be addressed.
- Marc Overhage referenced an example included in a letter submitted to the Secretary, Department of Health and Human Services (HHS), on behalf of the National Committee on Vital Health Statistics (NCVHS). NCVHS has considered a text note that includes depression or family situations, and the real possibility of the user flagging these data so that they can be put into this category. He suggested that NCVHS’ work be taken into account by the Power Team and the HITSC.
- Mostashari underscored that the goal of recommending this work is to allow ONC to seek much broader comment and feedback in an NPRM prior to the information’s inclusion in the omnibus NPRM around standards and certification criteria at the end of this year.
- Carol Diamond asked about obtaining implementation advice about this before it becomes a standard. Mostashari said that some breakthrough grants have been awarded to state HIE grantees to try some of these approaches. The Department of Defense, Veterans Administration, or other large delivery networks could also pilot some of this work. An initiative or a challenge grant could be used to seek comment from organizations that have already done some of this work.
- Diamond noted that up to now, the Committee has been recommending only standards that have been broadly tested. In this instance, it is being asked to make recommendations for the use of standards about which the Committee has no information. She indicated that she was not comfortable with moving forward based only on feedback from a comment period—a commitment to test these in real-world environments is needed. McCallie also suggested that this work may not be developed enough to solicit feedback.
- Mostashari informed the Committee that the PCAST Report Work Group has provided a specific use case in order to develop the standards for this specific case.

Action Item #2: The Committee accepted the Metadata Analysis Power Team’s recommendation for HL7 CDS R2 with headers as the standard, and registered its desire to for additional review and testing.

5. Privacy and Security Standards Workgroup Recommendations

Privacy and Security Standards Workgroup Chair Dixie Baker introduced Mayo Clinic's Chad Hirsch as the newest member of the group. She reminded the Committee of last month's discussion, during which it indicated that an ELPD capability may not be necessary for exchange.

Workgroup Co-Chair Walter Suarez explained that the Standards and Interoperability (S&I) Framework has launched work on ELPDs. He presented some alternatives to providing national-level functionality, and the Workgroup's conclusions regarding them. Then, he presented the concept of DNS + structured and encoded Web content. The Workgroup has recommended that the S&I Framework consider this approach for meeting the need of nationwide access without requiring a "national provider directory."

Suarez reviewed the Workgroup's next set of activities and noted that the group has created a map between meaningful use requirements and Privacy and Security Tiger Team items, highlighting what needs a standard and/or implementation or certification criteria. He suggested that this may be needed for all of the other areas of meaningful use as well.

Discussion

- Jim Walker suggested that optional guidance could be provided to help smaller organizations, such as simple implementation recommendations that would help groups create robust Web pages. Baker noted that it is anticipated that health information service providers will be where many of these Web pages will actually be put up.
- Jamie Ferguson pointed out that a recent Internet Corporation for Assigned Names and Numbers (ICANN) vote created more than 300 top-level domains, over 70 of which have trust anchors in the root zone. This does not conflict with the Tiger Team's recommendations, but the landscape has changed in a fundamental way with respect to creating top-level domains, and it is now much less expensive and complex. Given this change, a re-analysis may be warranted.
- Wes Rishel commented that the primary issue relates to where the trust is in the organization that issues the domain names. Will this organization validate that this is a legitimate, licensed business? Will it keep track of de-licensing? There are expectations that they are putting on this business, and it will have to come through in the price of an individual domain name. Another consideration is the fact that the software in use generically relies on digital certificates, not on the actual contents of the domain name.
- The Committee agreed that the question of top-level domain names would remain open.

Action Item #3: The Committee agreed by consensus to forward the recommendation of the Privacy & Security Tiger Team to the S&I Framework.

6. Summer Camp

Doug Fridsma introduced this portion of the meeting, which included an interim report on ongoing activities.

Patient Matching

Patient Matching Team Lead Marc Overhage discussed the scope of this group's work and its current activities. The Team is operating under several assumptions. For example, there are multiple use cases with different trade-offs for sensitivity and specificity, but this work focuses on the patient care use case. Also, establishing acceptable false positive rates is a policy and perhaps a local decision. Finally, their work is focused on guidance around the EHR, rather than the organization or entity that would aggregate the information.

Specificity is more important than sensitivity—that is, missing a match is less egregious than making an incorrect match. Also, they must not preclude new attributes from being added to the matching process. For example, if there was a dominant payer with a payer number that could be matched, that could be useful. Overhage concluded his presentation by listing the core and menu item matching fields.

Discussion

- David McCallie pointed out that the process should be kept open for additional approaches, one of which might be some form of voluntary patient identifier—while not widely used now, it may be in the future. Also, the distinction they are trying to make for the certification process is around validating the accuracy of the data that is captured when the patient is registered. It is technically possible to do so, but the practicality of going through all of those validations might be an impediment. The distinction must be kept between what is technically feasible and what is practical in a hospital setting. The tradeoff between what they would eventually certify that an EHR could do, versus what practitioners would be expected to do in the real world, is an issue to track.
- Carol Diamond asked if the Team looked at other sectors, given that there is nothing health-specific about any of these fields. She also asked about the propensity of choosing health standards when there may be other industries in which this has already been done. Overhage indicated that the Team did not find any examples from other sectors, but would welcome good examples to examine further. Halamka suggested that the Department of Homeland Security, and the system that is used when one is checked in at the airport, might be worth examining.
- Anne Castro explained that her organization uses partial matching to address matching challenges, which produces compromises that increase the success rate. Overhage commented that the Team did not try to proscribe in any way how the matching should be done.

- Stan Huff suggested that useful things to include are to indicate if a person is a twin or one of a multiple birth. Another is using a flag to indicate if a person had been mismatched before. If there was a mismatch before, it might happen again.
- Dixie Baker said that in a federated environment where identity is shared across organizations, one of the things shared is how the identity was authenticated—she asked if this could be used for this situation. If the person was authenticated using a biometric, shouldn't that fact be shared when the information is shared? Overhage noted that it was an interesting point, and one that raises fundamental questions of future-proofing.

Nationwide Health Information Network (NwHIN) Power Team

NwHIN Power Team Chair Dixie Baker presented the background and charge of the Team, which is to recommend a modular set of transport, security, and content components. They will present recommendations at the September HITSC meeting. The Team has been briefed on an ONC pilot to develop and test a process for modularizing existing NwHIN specifications. Also, they will be presented with an initial set of ONC specifications used in Direct and Exchange, and will review the materials for process and specification set.

S&CC Codesets Update

ONC's Steve Posnack directed the group's attention to a memo from Doug Fridsma addressing the HITSC and HITPC Chairs. The letter asks to raise the ceiling from the version of codesets proscribed in regulation, to allow codesets for testing use. To keep certification in synchronized with active codesets, they wish to raise the ceiling for voluntary use of new codesets for testing and certification.

Discussion

- In response to comments by committee members, Posnack explained that due to other regulatory factors, if more new versions of LOINC, CVX, or SNOMED come out in July, he will appear before this Committee again next month. Those three are the only codesets being addressed by this process. There is no way to create a blanket statement from HITSC granting acceptance of the latest versions of these codesets for testing and certification.

Action Item #4: The committee approved the memo addressing S&CC Codesets updating.

7. Discussion: Meaningful Use Stage 2

Meaningful Use Workgroup Co-Chair George Hripcsak reviewed a recommended timing proposal and the items that require Committee attention.

Josh Seidman noted that for some of the items on the meaningful use Stage 3 list, the Policy Committee is asking whether there are standards. Before they move to new fields in demographics, are there potential values in existing standards that could be considered for Stage 2? Also, the issue of patient-recorded data would have important implications for standards and

certification criteria. These could be part of Stage 2, and Committee input on these matters was sought.

In response to a question by John Halamka, Fridsma said that last year they created a spreadsheet with all of the policy objectives and their corresponding standards. He hopes to share that with this Committee and get feedback.

Fridsma described three levers: standards, implementation guides, and certification criteria. Every policy should have a certification criteria associated with it, some will require standards, and most of those will require implementation guides. Last year with meaningful use, the Committee had standards and implementation guides, but did not get a chance to think through the certification criteria. It is hoped that there will be an opportunity to do so this round. The group is receiving a clear message that it must focus on constraining standards. The group will be discussing vocabulary constraints in August.

Halamka questioned whether HITSC might put in a lot of work on some of these measures, which were controversial, only to have a standard not be required. Hripcsak explained that for the most part, the Policy Committee felt that this was a reasonable set of objectives. The Centers for Medicare and Medicaid Services (CMS) might decide that something cannot be implemented, but it is unlikely that the HITPC would remove some of these objectives.

Discussion

- With regard implementing the clinical quality measures that were added into meaningful use, it was noted that the National Quality Forum (NQF) received a great deal of feedback indicating that many of the requirements to calculate those quality measures are above and beyond what was required for meaningful use certification. Hripcsak mentioned some areas that can be answered in unstructured text, but this will create a problem if the content of that field has to be structured to meet a clinical quality measure, especially around care planning and care coordination.
- It was noted that with regard to clinical decision support, there may be some benefit in looking at whether it is capable of managing triggers, and then whether it can manage the recommendation.
- In response to a question by Wes Rishel, Hripcsak explained that transition of care from one EHR to another within a single institution does count towards their meaningful use requirement. CMS will need to work out the details on a metric to count what people do internally and to encourage external communication.
- Dixie Baker asked about meaningful use objectives versus what has been identified as privacy and security priorities. Hripcsak explained that these are parallel processes. Seidman concurred, adding that the Meaningful Use Workgroup is working in parallel with the Privacy and Security Tiger Team, and the Workgroup is deferring to the Tiger Team for the purposes of the privacy and security objectives.

- Doug Fridsma emphasized the tight linkage between the HITSC and HITPC. When the Standards Committee identifies a significant barrier because a standard is not in place, or because a certification criteria is difficult, then it must be able to discuss it with the Policy Committee.
- Stan Huff voiced concern about increasing functional requirements for certification. He suggested that the Committee focus on interoperability standards to enable data sharing and security rather than functional certification. He also noted that the measures should be outcome measures and not process measures.

8. Clinical Quality Workgroup Update

Clinical Quality Workgroup Chair Jim Walker indicated that the Workgroup is preparing a substantial set of questions for discussion at the July meeting. Their charge is to address NQF's quality data model in terms of identifying code sets that would be used for expressing each of the core concepts of that data model in a way that developers can use measures that are quickly implementable in the NQF/ONC/HHS funnel.

Walker reviewed the group's recent meetings and activities, noting that the Workgroup wants to assign codesets to fundamental concepts. They have done preliminary interviews with subject matter experts and held their first joint meeting with the Vocabulary Task Force, working through the first 7 or 8 of 23 concepts. Two meetings are planned between now and the July HITSC meeting. Walker commented that before the July meeting, the group should have proceeded through all of the concepts and have a clear consensus recommendation on a codeset for 75% of them. For those without a clear consensus recommendation on a codeset, the Workgroup will identify a reasonable roadmap and a set of issues that this Committee may need to help resolve.

Discussion

- Judy Murphy noted that there is a lot of transparency around meaningful use metrics for Stage 2, but not for the quality metrics. She referred to a grid that Doug Fridsma alluded to that lines up the metric itself and then the standard, the implementation guide, etc. She asked whether there been a similar discussion about doing this for the quality measures. Others noted that this is a critical need, because there are so many groups involved in these activities. Murphy indicated that she would ask the Chairs at the next meeting for a quality measures update.
- Halamka commented that issues related to data quality, coding, extraction, and quality measures are the most difficult part of meaningful use Stage 1, according to the CIOs he has spoken with.
- Jonathan Perlin explained that rigidity versus looseness of specifications represents a tension in the field. There is also tension between the aspirational and the codesets, vocabularies, and data models that are available.

9. Vocabulary Task Force Update

Vocabulary Task Force Chair Jamie Ferguson reminded the Committee that the Task Force recently held an important joint meeting with the Clinical Quality Workgroup. He raised the issue of whether it is possible to have a certification requirement precede a meaningful use requirement so that there is time to implement it before it must be used for meaningful use. A meeting about this has been scheduled with the National Institute of Standards and Technology (NIST).

The Task Force also is discussing requirements for subsets, continuing the dialogue on using subsets for certification where a broader set of underlying vocabulary standards may be required for actual use.

Task Force Co-Chair Betsey Humphreys said that as of May 31, there is another subset of LOINC. This is a useful tool for focusing people's efforts on getting standardization connected to local systems. Also, on June 6, the National Library of Medicine (NLM) released a draft subset of RxNorm that focuses on currently prescribable drugs. In terms of overall analysis of patient data, a user must have a version of RxNorm that includes drugs that are no longer prescribable. However, in terms of ordering, it is helpful to have a subset of the current drugs.

There has been a hearing on the issue of device nomenclature in the past. As of May 26, the International Health Terminology Standards Development Organization (IHTSDO), which owns SNOMED, and the Global Medical Device Nomenclature (GMDN) Agency are now in negotiation regarding inclusion of GMDN content in SNOMED CT.

Ferguson said that with regard to the RxNorm subset, they are actively seeking input from those who are e-prescribing, and can provide input on over-the-counter (OTC) products that are prescribed using e-prescribing. They would like to see these added to RxNorm so that it represents a more complete set of items that can be ordered. Because of changes to the flow of data from the Food and Drug Administration (FDA) to NLM, she thinks RxNorm is moving towards getting a larger set of these OTC products—but she hopes that some of these products are not actually being prescribed by physicians.

Humphreys explained that the Task Force identified key sets of categories and sets of values for quality measures.

Currently, there are a limited number of measures that require some medical device terminology. This number will increase, and there is a need to progress toward a detailed terminology for medical devices, as well as having unique identifiers for the devices. For the short term, SNOMED can be designated—developments will be monitored and a more comprehensive recommendation for devices may follow in the future. Humphreys noted that the FDA is going to publish a proposed regulation about unique device identification. Within the minimal data set that must be provided to register a device, there is interest in requiring the use of device terminology. The Task Force's choice would be GMDN if intellectual property issues can be resolved. Ferguson recalled a hearing from a few months ago that included a session on this issue. He said that the best long-term path is that GMDN becomes a part of SNOMED CT and is

specified in an FDA rule for the unique device identifier and then can be used without those IP restrictions.

Humphreys reviewed the Vocabulary Task Force's action item list, and the list of issues that need to be discussed jointly between the Vocabulary Task Force and the Clinical Quality Workgroup.

In response to a comment by John Halamka, Doug Fridsma said that vocabulary is one of those areas in which they want to let innovation go forward. They have an opportunity to identify and constrain those things that will be critical, and by building tools around those subsets they help people migrate from where they are to where they need to be. ONC is working on ways to provide a "one-stop shop" at which people can obtain what they need.

Discussion

- Wes Rishel wondered if it was possible to renegotiate the desiderata for coding. What is most troubling, he said, in terms of ease of catching the wave of implementers is the notion that the code that identifies the concept should be deliberately free of any suggestive content. This makes sense in many ways, but it leads to a noise-to-concept ratio that is discouraging to developers.
- David McCallie pointed out that much more than just code sets must be considered in some of the domains they have been jointly discussing.

10. Implementation Workgroup Update

Implementation Workgroup Co-Chair Liz Johnson reported that the only activity that has occurred for the Workgroup since the last HITSC meeting is that their blog opened for comment (the blog closed the week before this meeting). At the next meeting, the Workgroup will present a summary of those contents. She reviewed their timeline, and indicated that the group is now compiling and summarizing survey comments.

Johnson provided a quick summary of the findings. There were a total of 19 comments, and the majority of them were fairly lengthy, with good specifics in terms of what is positive and what should be changed. The Workgroup's summary will include two categories: (1) short-term items that might inform the process right now, and (2) issues they might change in the certification process for meaningful use Stage 2. She emphasized the importance being clear on the mapping between the meaningful use measure, the standard, the implementation guide, and the certification criteria, suggesting that these should be laid out on a grid so that people can easily understand them.

The group received an extensive packet of 32 detailed slides from a consortium of organizations. Titled "Certification Experiences and Observations from the Field," the packet and contains a great deal of information about the struggles and successes of meaningful use implementation.

11. Public Comment

Carol Bickford from the American Nurses Association commented that the Vocabulary Task Force's presentation did not include the concept of outcomes and goals, which is important in terms of evaluation. She encouraged the inclusion of outcomes and goals.

Dr. Richard Siegerman from TrustMed MD noted that it would be helpful if the Certification Experiences and Observations From the Field slide deck referenced during the Implementation Workgroup update could be made available to the public in advance of the next Committee meeting. It would be interesting to look at certification experiences and see how organizations are approaching meaningful use—are they teaching to the exam? Are they changing their workflows to hit that checkbox, or are they able to manage with their current workflow?

Robin Raiford from AllScripts noted that currently, all hospital certifications for quality measures are bundled. She suggested that the Committee give some thought to the concept of bundling. Regarding advanced directives, she said there is currently a single place to enter code, but the field must be bigger to accommodate the variety of choices.

Gary Dickinson from Centri Health spoke regarding provenance and metadata. Work has been done in HL7 and ISO in the area of metadata. He referenced three documents relating to standards: ISO 21089, on trusted end-to-end information flows; the EHR lifecycle model from HL7; and a records model and evidentiary support functional profile. His group examined how to recognize that there are not only requirements, but a way to implement against those requirements. They found that CDA release 2 was a good fit, but there were some gaps. He suggested that the Vocabulary Task Force could review that work to inform its efforts.

Karen Whitting from IBM spoke about patient matching, noting that there was lengthy discussion on this topic when the patient discovery specification was created for the NwHIN. She suggested that the Committee review that specification in light of its current activities.

Mark Siegal from GE Healthcare noted that the clinical decision support item on attributes for certification that was presented during the Meaningful Use Workgroup update are only a shorthand version of what was actually adopted by the Committee. He suggested that the Committee review the full list of items related to the comment summary, because there are nuances in those items that will be important in terms of clinical decision support.

SUMMARY OF ACTION ITEMS:

Action Item #1: The Committee approved by consensus the minutes from the May 18th meeting with the two corrections noted.

Action Item #2: The Committee accepted the Metadata Analysis Power Team's recommendation for HL7 CDS R2 with headers as the standard, and registered its desire to for additional review and testing.

Action Item #3: The Committee agreed by consensus to forward the recommendation of the Privacy & Security Tiger Team to the S&I Framework.

Action Item #4: The Committee approved the memo addressing S&CC Codesets updating.