

**ePrescribing Power Team
Draft Transcript
August 4, 2011**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, operator. Good afternoon, everybody, and welcome to the Standards Committee's e-Prescribing of Discharge Meds Team. This is a Federal Advisory Call so there will be opportunity at the end of the call for the public to make comment. And reminder, members - please identify yourselves when speaking.

Jamie Ferguson?

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

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Kevin Hutchinson? He's on.

Kevin Hutchinson – Prematics, Inc. – CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Liz Johnson? Don Bechtel?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Scott Robertson?

Scott Robertson – Kaiser Permanente

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Yakimischak?

David Yakimischak – SureScripts

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Ken Gebhart? Anyone else that I left off?

Alright, with that I'll turn it over to Jamie Ferguson.

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

Hi. Thank you, Judy. So as I think you all know, in the recent Standards Committee meeting Scott, I think, did a great job of going through, presenting our recommendations which were approved by the Standards Committee with a good deal of discussion. So with two follow-up items: One was to remove, which -

actually this one does not require any action by this group, but it was to remove the specification of the four data elements that had been recommended by NCPDP for the use of RxNorm, and just to say “RxNorm” without specifying the particular data elements. Although I would also note that those four data elements were approved in a previous recommendation to the committee and so our part of the committee’s recommended standards.

Then the second item which is really the focus of this call today is that in our recommendations basically we just repeated what was in the CMS regulations for HIPAA and Part D, but the Part D regs, essentially while they’re very specific in terms of the SCRIPT 10.6, they’re not specific at all in terms of HL7 and they just say that essentially within a hospital environment HL7 Messaging may be used.

And so what the committee asked us to do was to go back and look at implementation guide specifications that could be used in certification, for certification of EHRs, that would be inpatient EHRs that use HL7 for e-Prescribing.

So what I wanted to do on this call was to get some perspectives on sort of the state of the industry and to have a discussion on how we’re going to—not necessarily to come up with that recommendation, but really to discuss the process that we’re going to use to discover the state of hospital implementations, what published implementation guides are out there, and how we’re going to consider responding to that request from the committee.

So with that intro, let me just open it up for discussion by the members.

David Yakimischak – SureScripts

Hey, Jamie, this is David Yak from SureScripts.

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

Hi, David.

David Yakimischak – SureScripts

Hi. I don’t know that this loop ever got closed, but when the original letter was sent out on July 19th for comment I came back with two points. One was around the use of D.0 and the other was around the use of external medication history versus internal, and the active medication list role, that kind of thing. I don’t know that that loop ever got closed and whether we, whether you want to discuss those items or whether they were already considered and discounted, or just what came of those two comments.

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

Yes, those were considered, I think, by the committee and were part of the committee discussion but I think that others felt that the D.0 should be included in the recommendations.

David Yakimischak – SureScripts

And was there any discussion around the justification for that? It’s just that the claim is so disconnected from the discharge med order and my comment was that it didn’t really matter how you do the claim, whether you use D.0 or carrier pigeons; it had really little impact on the discharge med itself. Was there any comment as to why that was—

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

I don’t remember—I have to say I don’t remember the specific—I think it came from John Halamka, and I believe it was just for consistency with the other standards that had been recommended for e-Prescribing.

David Yakimischak – SureScripts

Okay.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes, Jamie, this is Liz and that is—it was from John and that was his comment.

David Yakimischak – SureScripts

Okay. And the second point was around just a distinguishing—I think it was quite instructive what we had talked about, the difference between a NCPDP med history standard and a CCR/CCD in terms of exchange of medication, active medication list.

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

Right, so my question was—my recollection and I'll have to go back and check – I think we clearly recommended both.

David Yakimischak – SureScripts

I think we did, but just the distinguishing traits of when one is appropriate versus the other.

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

Okay, okay.

David Yakimischak – SureScripts

And I don't know whether we would be, or whether standards are being set that would distinguish the use of medication history within a discharge situation as opposed to the use of the CCR/CCD which is typically used for an active med list exchange which is typically not the kind of history that's being used during a discharge med order process.

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

Well I think that can vary, frankly. So I mean—I don't think we were just—I think we were not specific about that.

David Yakimischak – SureScripts

And so any EHR that was applying for certification against these standards would presumably then need to support both even though both use cases might not be relevant to their product? Is that likely what the outcome would be? If two standards are mentioned, and they're not specific as to use case, then they would both need to be supported and tested for certification?

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

I can't think of an EHR where both of those types of med history would not be required.

David Yakimischak – SureScripts

Yes, if it's a full-function EHR, no doubt. But I don't know if there will be specialty applications that just focus on discharge that would be certified as a module. If that's too granulated that's fine. I just wanted to know if they'd been considered, so that's all I was asking.

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

Scott, any comment on that from your—

Scott Robertson – Kaiser Permanente

I'm trying to think if it would be practical for there to be a module that was that specific, if they would only do CCR/CCD or only do NCPDP med history and I can't quite conceive of that right now. I'll try to think about it more but I think they would want to—both they should want to and should be able to get that medication history from those multiple sources. So I think it's practical and I think—I'll check further to see if it's something we should—if there's any reason why we should not endorse it as both so that they would do both.

David Yakimischak – SureScripts

Okay. It really comes down to whether there'll become modularity in these certifications which is what I heard is a big discussion item, right? Never mind your product does the whole suite, but if you're only certifying for discharge then you should meet the standards that are only relevant to discharge, and CCR/CCD, in my view, is not relevant to discharge orders.

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

No. I guess I don't really agree with that view. I mean I think that the CCR/CCD absolutely can inform the view of the med list that's going to be relevant to discharge meds based on information that's received from other EHRs.

David Yakimischak – SureScripts

Or primarily from the inpatient setting, right?

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

No, from other—from ambulatory EHRs because the mechanisms for exchange is the CCD. So the HR/EHR mechanism for exchanging med lists so that the preadmission med list will come in a CCD.

David Yakimischak – SureScripts

Okay. I see your point.

Scott Robertson – Kaiser Permanente

And that's what I was thinking about. They would want to have those sources available. Often that preadmission might be noted in that current EHR as part of the admission process that comes in but at discharge further information may be available. They may have become aware of other providers and getting that extra information is at least useful, if not necessary.

David Yakimischak – SureScripts

Gotcha. So it's almost starting to feel a bit more like a Med Rec in some ways but that's fine.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. Scott, are you talking about that we would re-query at the point of discharge for other providers, that we'd already done at the point of admission, talking from the acute care setting?

Scott Robertson – Kaiser Permanente

If it's known at the point of discharge that this information came in from another—a particular facility or an external provider healthcare professional that has that information available in this forum then there's no reason to re-query unless there's a suspicion that that information may have been modified.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right, okay. Right.

Scott Robertson – Kaiser Permanente

I'm also thinking that when they were admitted, yes, there was this initial shed of information that came in but now we know more. Over the course of the inpatient stay, we've become aware of other things, other previous conditions, other previous providers. And it may be a point in time where, "Oh, I haven't seen—I don't know what came out of this orthopedic consult" – not that that would necessarily be relevant but it's just the first thing that popped into—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right, right. Okay.

Scott Robertson – Kaiser Permanente

But no, repeating something you already have I don't see much value in that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Just kind of looking from the practicality about the "and" versus "or." I mean I—okay.

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

So David, did that deal with your questions in a satisfactory way?

David Yakimischak – SureScripts

Yes it does, thank you.

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

What I wanted to have us focus on in the discussion today, if possible, is to talk about our approach to how to get an appropriate recommendation for HL7 Messaging implementation that's going to be specific enough for certification. And I don't know, frankly, what published implementation guides for HL7 Messaging there are that have been followed by hospitals for their internal e-Prescribing that could be recommended. In other words, I'm just not aware of the range. And so my initial thinking was that we ought to perform some sort of a survey of the AHA and the Federation and basically just ask what are the implementation guides that have been implemented. I do know which versions of HL7 Version 2 Messaging are most frequently implemented by hospitals, but I'm not aware of published implementation guides that provide all the constraints that they've actually followed.

Is anyone on the call familiar with implementation guides that we could, in fact, recommend?

Kevin Hutchinson – Prematics, Inc. – CEO

It's Kevin. I'm not familiar with the implementation guides. I do know that there are a lot, as you can imagine, a lot of variations on the inpatient side particularly of what standards or whether they're actually following the standard to the rule, of whether it's not a customized version, since many cases it's an internal app or even some cases a self-developed application or bridges and links that are creating some of these internal exchanges within the hospital systems. So I think that's what we heard a lot in the committee meeting was the concern about forcing internal organizations to follow a particular standard, because the information exchange standard, we always talked about, had to be when they leave an enterprise and are shared with outside entities. I think we've got to remind ourselves or get clarification as to where is that sense that is created to where the standards will have to be adhered to and certified, and so far at this point it's always been external to the enterprise, however that may be defined.

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

Right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, Jamie, based on—that would also hold true to one, what we're doing in the side of our organization and two, what we said in the committee. So is it relatively easy to have the Federation and AHA do that kind of survey, so we can actually be dealing with data?

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

Well, in my mind it is. It's easy to ask. Since we're talking about HL7 implementation guides we ought to also ask HL7.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right.

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

Scott, I know that you've been active in that HL7 Pharmacy Committee previously; are you aware of implementation guides of this kind, for Version 2 Messaging?

Scott Robertson – Kaiser Permanente

Not to this level of detail. I mean the internal work has typically been—well the work on electronic prescriptions for the most part have been internal to organizations but I can certainly reach out to the HL7 Pharmacy Group and see if I can get some—at first just anecdotal feedback and if anybody knows of hard data.

David Yakimischak – SureScripts

This is Yak. I think the question would be is there anybody who's certifying today anything like that, and the only one that came to mind would be CCHIT but I don't think that they've done anything on the inpatient side.

Scott Robertson – Kaiser Permanente

It was not a—yes, as I recall it was not inpatient.

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

Right. It wasn't and I think the concern that we've had previously is to be—it's how to be consistent basically with the meaningful use and EHR certification with Part D, and of course Part D is not specific on the HL7 side because it's internal. So it's hard to say—I think the objection that was raised in the Standards Committee was that essentially the Part D language is not specific enough for certification, and so if the two programs are going to be in sync then there has to be some implementation guide against which inpatient EHRs are certified.

Scott Robertson – Kaiser Permanente

And again, the inpatient use of HL7 that's just for e-Prescribing has been rather specific in its work and specific to institution. I'm not aware of any broader certification programs or broader implementation. But again, certainly I'll check and confirm that thought of mine to make sure that it does reflect reality. But I don't think we're going to find anything.

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

Okay.

David Yakimischak – SureScripts

And this is Yak again. The situation we were talking about, the use of HL7 for prescription routing in the case of discharge was in a scenario where the discharge prescription was being routed to an in-house, I

think we were using the term in-house pharmacy, that was connected directly as opposed to the ambulatory pharmacies on the outside.

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

Yes, exactly.

David Yakimischak – SureScripts

And so what the issue here is that they've developed an interface between their own internal systems, if you like, that may be based on HL7 but what Kevin was saying is it's not necessarily to the letter of the law or necessarily certifiable for interoperability use of HL7 is the concern that's coming up here?

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

Yes, that's right. And so I think the concern that was expressed by the committee is that if an inpatient system is going to use—is allowed to use HL7 and if that's going to be acceptable for discharge e-Prescribing in the situation where the internal or in-house pharmacy is used then the system should be certified for that. But that it's not—there's no certifiability to just say HL7—

David Yakimischak – SureScripts

Got it.

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

There's no blanket HL7 certifiable test.

David Yakimischak – SureScripts

Got it. And this could open up a real Pandora's box, right? Because if you start to establish a standard now, you're going to have a number of nonconforming systems who are operating just happily and fine—

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

Absolutely. Well I mean, there is the option that's actually been used in many parts of meaningful use program to require systems to be certified against the standard, but not to actually require the use of that particular standard in the meaningful use incentive measure. So in other words, you can say that you can provide—there's a certification for a test for being able to provide patient summaries in a CCD format, but when it comes to the meaningful use program you can provide the patient downloads in PDF or Free Text or CCD or what have you.

David Yakimischak – SureScripts

Right. So presumably we could just specify HL7 V.2.5.1 or something like that, prescription message, and enumerate the message types that would need to be supported and those could be certified and tested against, but then they wouldn't necessarily be the exact versions that are being implemented and used to achieve meaningful use.

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

Exactly, they wouldn't. But actually for implementers of inpatient systems, presumably that would have sort of the general beneficial effect of certification; meaning that it would be easier for their different internal components to interoperate internally to their organization, for them to swap out those internal components, and then going forward at increasing proportion of the new system implementations probably would follow that standard.

David Yakimischak – SureScripts

Yes, but that comes down to them surveying why did they deviate from the documented standard; there's usually some specific reasons, for instance that they want to track or whatever, so getting into why they've deviated or asking—or finding, or wanting them to conform to something that they could have met in the first place is a whole different—a whole different issue.

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

Yes. And you know, so maybe, frankly, the place to sort of push back against this—I'm just thinking out loud here, but maybe the place to push back against this is really with the ONC Policy folks because the Standards Committee made an assumption that—or the folks who made the comment on the Standards Committee made the assumption that to have an HL7 Message standard included in the certification requirement required a specific implementation guide for a test and it may be that the certification could be accomplished not by a test, but by an attestation from the vendor that they use HL7 Messaging that's compliant with Part D, which would ... the whole implementation guide requirement.

Kevin Hutchinson – Prematics, Inc. – CEO

I just want to be clear on something—this is Kevin. We're only—our charter's probably not the right word. Our charter/objective here is really only focused on when a transaction or information leaves the enterprise. I don't believe we're in the position to be putting standards in place or trying to enforce standards for internal systems at Kaiser, as an example.

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

No, no I don't agree with that, Kevin - this is Jamie - because there are a lot of cases in certification where specific standards are, in fact, required for internal use of—whether it's coding, so there are particular vocabulary systems that are required for coding and capturing things. So I think that I don't—I think our charter, as I understand it, was to describe standards for the realm of discharge e-Prescribing which includes both an internal component and an external component. But I agree with you that, frankly, it just doesn't make a whole lot of sense to require a particular standard if it's just really going to be used internally.

Kevin Hutchinson – Prematics, Inc. – CEO

Yes, because I don't have that same belief, Jamie. I think that that's—we need to get clarity to that because that opens up an entirely new can of worms about how we will certify internal systems for internal use and that's not a path that, in my knowledge, that we've pursued in the last few years.

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

Yes. Which is why—so I was saying that instead of testing for a particular implementation guide version and instead of us recommending a particular implementation guide version for internal e-Prescribing, which is what the Standards Committee asked for, maybe we should basically come back and say we don't think that should be required and that a statement of compliance with Part D, which allows any HL7, should be sufficient.

M

And meeting the HL7 requirement for Part D is very broad.

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

It just says HL7 Messaging, period.

M

Just says HL7 Messaging, which is—

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

Which is anything and so—

Kevin Hutchinson – Prematics, Inc. – CEO

Yes, but Part D also specifies enterprise. It limits it to external use.

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

Right. That's right. Yes, for internal use. I think—that's right.

M

So that's the connection right? If it's for internal use behind closed doors, you just have to meet the Part D standard which is some version of HL7.

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

Right, but there could be EHRs that—I mean implementations that really use the internal pharmacy, where that's all that you should need to do.

M

That's what I mean—

Kevin Hutchinson – Prematics, Inc. – CEO

No, I was saying that Part D limits the standard requirements are—exempt—closed enterprises exempt. That brought the crowd down.

M

Closed enterprises, Kevin, are exempt entirely from the rule or it allows them to use HL7 only in a—

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

Yes. I think it allows—

Kevin Hutchinson – Prematics, Inc. – CEO

My understanding is it allows them—so they can use any of the standards, but the actual enforcement of Medicare Part D from a—obviously it didn't cover discharge meds in the case of medication history exchange; it was more focused on, at the time, eligibility and SCRIPT standards with respect to prescription orders and things like that, but it was limited to when it leaves the enterprise. If it was in—they specifically, when they gave clarity to it, they used Kaiser as an example, who would be considered a closed system and if they're ordering or sending discharge information between their hospital system and their pharmacy and it's between—it's in that closed environment, Medicare's not going to step in and say, "You must do the following." But if it leaves that enterprise and goes to, say a retail pharmacy or if it goes to a mail order pharmacy then the standard rules apply.

Scott Robertson – Kaiser Permanente

This is Scott Robertson. The discussion in the work ... and some of the input that went in when the rules were written and considered, if you're talking within your organization you may have some special things you want to add in, more detailed information that isn't relevant broadly. So it was a means by which these more complex messages, which are typically HL7, were permissible. But if you're going to talk outside of your organization, then the vast majority—the pharmacies out there, ambulatory pharmacies, just do not know HL7; they know NCPDP SCRIPT. So it was—if you're talking to the broad world you're going to talk SCRIPT and if you do something internally you can use SCRIPT if it works, but more likely if you have all these enhanced features you're using some kind of HL7 and trying to specify what version of HL7 becomes problematic because the features that you want to use are features you're adding in but you start pre-adopting things and it's, the idea of version gets very murky.

It was more an acknowledgement of internal operation may go beyond requirements that would be seen by the broad ambulatory care, ambulatory pharmacy market.

M

Yes, I agree with that.

Scott Robertson – Kaiser Permanente

So really it somewhat purposefully didn't go into great detail about what HL7 meant. I believe there was—they did put sort of a floor on it because there were some aspects that you couldn't do without reversion 2.5 but it was not laid out to be specific to a version.

David Yakimischak – SureScripts

So the mention of HL7 in the Part D standard must have applied to in-house or enclosed system environments. Or did it apply potentially to external communication as well as we said to—does Part D permit a HL7 prescription to be sent to a retail pharmacy?

Scott Robertson – Kaiser Permanente

To accommodate that, there was a joint HL7/NCPDP team that was put together that created a mapping document that showed how you could take—how somebody could work with HL7 and then translate it into NCPDP SCRIPT so that—

David Yakimischak – SureScripts

Well there was a time when SureScripts supported exactly that. We took HL7 prescriptions and turned them into NCPDP to deliver them to retail pharmacy. The question is whether that's permissible under Part D.

Scott Robertson – Kaiser Permanente

That's—as far as I know it is. I think it was—it wasn't eliminated.

David Yakimischak – SureScripts

Okay. So I think the net of it though is we could say that Part D—if the application meets Part D requirements for prescription routing then it would be acceptable for meaningful use purposes for discharge meds.

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

Exactly. And that's really what we did say and so the—I mean the problem is the Standards Committee wants a testable specification and so maybe there's an important part of this which is actually talking to MyST. Because MyST, and I know previously, said that it was easy for them—it was sort of supremely easy for them to test whether a message was, for example, an HL7 2.5.1 Message or not. And so if that's simple then isn't it also simple to just test is it an HL7 Message or not and so maybe, in fact, we don't need an implementation guide for that to be a testable certification thing. So maybe—

David Yakimischak – SureScripts

It depends how rigorous their test is in terms of compliance with the standard and I don't know—

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

Well no, but we were just saying that the only thing—

Scott Robertson – Kaiser Permanente

Well you—I mean you could—

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

—testing HL7 Message, period.

Scott Robertson – Kaiser Permanente

You could lay down some very basic rules of what an HL7 Message is in both what is termed railroad track format and in the XML Version of—XML form of Version 2. I mean there are structural consistencies that must be in place.

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

So I mean—this is kind of interesting because we could, I think potentially, work with MyST to craft a statement that does not require an implementation guide but that says that they can test for certification of inpatient e-Prescribing that you can use sort of any HL7 Version 2 or whatever it is that MyST says is testable at the sort of grossest level.

M

On one level that doesn't really achieve the goal of is it a meaningful communication. Just because it's an HL7 Message, does it have the necessary fields; does it have the kind of integrity of a message, but—

Scott Robertson – Kaiser Permanente

Well that starts—

David Yakimischak – SureScripts

Then you're into not having an existing implementation guide and we don't want to be writing implementation guides.

Scott Robertson – Kaiser Permanente

Well for—for this case where there is not an established implementation guide, that it is an HL7 Version 2 pharmacy message, yes. You could—there are, I can think of maybe half a dozen rules that you could state that you could apply to a given data stream to determine whether it is an HL7 Version 2 Message dealing with pharmacy order. And that's without getting into vocabulary or levels of granularity or anything else; it's just I can confirm that that is the case. It may not be a good message, but it is an HL7 Version 2 pharmacy message.

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

The intent of our recommendations was to say that you have to comply with Part D, period. And so I think what we're talking about is a way to get a certification test that gets as close to that as possible.

M

Right. I think it's a worthwhile conversation with MyST.

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

So maybe, in fact, that's the place to start rather than going down the path of seeing what hospitals use and what implementation guides are available.

David Yakimischak – SureScripts

Other than just to understand what the floor is.

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

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jamie, Ken Gebhart's usually on this call but I know he's not on it today. So you might want to talk to him at some point.

Scott Robertson – Kaiser Permanente

And I've worked with Ken and I was just thinking that I would drop him a note and get with him and see who and how we should interact with MyST on such a question.

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

Well what I'm going to suggest is that we should just have our next call be a call with MyST to discuss this question of sort of what's testable and is there a way to just test for conformance to Part D when Part D is not specific on HL7.

M

I think that's right.

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

What do folks think of that idea? Is that—?

David Yakimischak – SureScripts

Yes, so long as I think an introductory letter explaining what we're asking for, so that it's not just a call where we're asking the question. Because I don't think, off the top of their head, they're going to be able to respond—maybe if you get the absolute right person, but it may be better to explain what we're looking for and then seek their response.

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

Well Scott, I think you know Ken. Do you want to give him a call and talk about this?

Scott Robertson – Kaiser Permanente

Actually, I'll be seeing Ken next week; so between giving him a call, email, and talking in person, some informal discussion just to make sure that our call will be a—a call with MyST would be a productive call with MyST.

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

Okay. So that seems like it might be productive. Is there any disagreement with that approach?

David Yakimischak – SureScripts

So MyST is able to—and they are providing tools openly in the marketplace that could perform these verifications, or is that only something that's provided to the ... to the testing certification boards?

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

They provide the test specifications that all the certification entities must use.

David Yakimischak – SureScripts

But from a tool standpoint, there is no tool that's being provided by them or by anyone else, openly?

Scott Robertson – Kaiser Permanente

My understanding is they're working on tools to provide open, open tooling, but I don't believe there's a requirement to use that tooling.

David Yakimischak – SureScripts

So at this point it would be a requirement of the testing certification bodies, just to do some form of verification at a minimum level of—

Scott Robertson – Kaiser Permanente

There's a script it would go through.

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

It would follow it—it would be a requirement to follow a test script published by MyST.

David Yakimischak – SureScripts

Okay, so there'll be a script that'll be available.

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

Right, that's what—MyST publishes the test scripts that they all have to use.

Scott Robertson – Kaiser Permanente

And they—for example, they have that test script for NCPDP SCRIPTS Messages to validate that it is—something was put in, something was present, something came out at the end. Now the tools associated with that are some computer application so you can examine that message stream and see it in a manner so you can pick out the pieces that you actually just need to examine. And those tools are typically not something that MyST provides because there are many such tools in the market; some of them are essentially freeware or shareware, open source tools.

David Yakimischak – SureScripts

Right. So we would be also requesting MyST to provide—they will ultimately have to write the test scripts that would be used to perform this validation?

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

Absolutely.

Scott Robertson – Kaiser Permanente

MyST even—to develop test script they came to NCPDP so they wrote their script and then they were very active to make sure that it was an accurate, testable—reflected real processes.

David Yakimischak – SureScripts

Yes. I was part of that NCPDP process.

Scott Robertson – Kaiser Permanente

Yes, it went really well. I was very impressed with how they were very proactive on that.

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

Okay. So that sounds like a next step. So Judy, I think our next step then is we want to schedule a call with MyST sometime after next week.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, actually we have on August 24th another call scheduled for this group; do you want it before then?

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

I think that should be fine.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, and then we'll just do it with you all and MyST, admin. call.

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

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay.

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

It's probably good to let ... know.

Judy Sparrow – Office of the National Coordinator – Executive Director

Right. I'll do that. Okay, are you ready for any public comment?

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

Yes, please.

Judy Sparrow – Office of the National Coordinator – Executive Director

Alright, operator could you—

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

Hang on just a sec, let me just ask—does anybody have another discussion item for this group?

David Yakimischak – SureScripts

Nope.

M

No, I'm good.

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

Alright. Okay, let's go.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Operator, can you check and see if anybody wishes to make a comment?

Operator

We have no comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, operator. Thank you, Jamie and everybody.

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

Thanks. We all get some time back.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes.

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

Thank you.

M

Thanks guys. Take care.