

ePrescribing of Discharge Meds Power Team Draft Transcript August 17, 2011

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, operator good afternoon, everybody and welcome to the ePrescribing of Discharge Medications Power Team call. This is a federal advisory committee workgroup so there will be opportunity at the end of the call for the public to make comments.

Quick roll call-Jamie Ferguson?

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

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Liz Johnson? Scott Robertson?

Scott Robertson – Kaiser Permanente

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Yakimischak?

David Yakimischak – SureScripts

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Ken Gebhart?

Ken Gebhart – National Institute of Standards & Technology

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Anyone else on the line? Okay. With that, I'll turn it over to Jamie Ferguson.

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

Thank you, Judy, and thanks, everybody, for joining this call. You may recall this is a follow up to previous discussions that we had about the use of HL-7 actually in discharge ePrescribing. We previously presented recommendations to the standard committee recommending that the ePrescribing of discharge medication standards for certification purposes should align with the standards required and allowed in Medicare Part D. So in the discharge use case, frequently medications are prescribed using the hospital prescribing order system or the hospital EHR is the ordering system. Those prescriptions routed to an external retail pharmacy but also frequently the electronic prescribing discharge medications is conducted internally within the institution of enterprise where Medicare Part D also allows for the use of HL-7 messaging. So where the prescription goes outside to a retail pharmacy it's very clear exactly which versions of the NCPDP scripts are to be used and that's very straightforward from a certification-testing standpoint. However, if we are to recommend a complete set of standards for the discharge ePrescribing use cases that has to include the HL-7 if we're going to align with the existing regulations and common practice in hospitals around the country.

So the question comes up then because the TMS regulations for Medicare Part D are no more specific than just to say that HL-7 messaging may be used, the question comes up how can those become testable certification criteria? Certainly one alternative would be to selected a particular message and implementation guide that would be required; however, that would represent a major change for the industry and would require re-implementing essentially every hospital prescribing system in the country no matter what standard we ended up with. And so the question really for this call and the one question we wanted to address is whether it's possible to have a certification criterion that is as simple as the Medicare Part D regulation, which is to say that it's HL-7 messaging that's being used to submit the prescription from the ordering system.

Is that a clear summary of our ... call and are there questions or comments on that?

M

Jamie, do you want to start the discussion of that topic?

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

Sure.

M

Okay, when the NIST test script was developed recently for certification purposes it focused on NCPDP and was very clear about NCPDP. At that time, the consideration for any hospital HL-7 based operation was rather minimal so, Ken, as I recall we didn't include anything about HL-7 in that.

Ken Gebhart – National Institute of Standards & Technology

That's correct. It was not written into the ONC Regs so we did not touch it, and that did cause some pain. We did get some feedback from people who were upset that they were—by implication they were required to implement script where they already had HL-7 messages in place.

M

Yes, going along with that when the original Regs came out for Part D and ePrescribing in general there was an effort on—when it was ... that HL-7 was needed or should be permitted for what was at that time internal enterprise communication there was a joint HL-7 NCPDP effort that provided bidirectional mapping. A functional mapping for—

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

Can I just jump in for one sec on this? Sorry to interrupt. So there ... that the previous test scripts only tested for NCPDP script. This was only for ambulatory ePrescribing, is that correct?

M

Yes

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

Whereas an ambulatory office, I think, by definition does not include a pharmacy, so it's not possible to have the use of HL-7 as envisioned by the D regulations. Whereas when we start to talk about in-patient EHR and hospital systems there are all of a sudden the HL-7 requirement becomes a real requirement. I just wanted to point out that there's a real difference between what was done before and what we're talking about here.

M

In the case of large institutions there is the issue of HL-7 but you're correct it is—we are in a different area. Where I was trying to go with this though is I'm not quite sure it's considered a proper testing criteria and test script to have the—from the data entry to a final message that is theoretically able to go to a pharmacy whether or not it's actually in a pharmacy or on its way to a pharmacy. If the order entry system actually generates an intermediate message that is then transformed, would that still be considered testable criteria? If there is a secondary service for the order entry system that converts the

HL-7 to NCPDP would that be a testable thing? Would that be satisfactory? I'm not quite sure if it really comes out the same.

Ken Gebhart – National Institute of Standards & Technology

Technically speaking ONC would have to answer that question but practically speaking we've had this come up—inquiries from the public and from certain organizations you can probably think of and the only answer that NIST has been able to provide is that the testing is—performance against the standard so that transformed message is the one that's evaluated. This intermediate stuff is not evaluated as part of the test procedure. The same issue comes up with quality measurement and reporting all the time where you've got transformational activities going on. At least in terms of how we've been advised to build this stuff. We're looking for performance at the end of the chain not the intermediate stuff.

David Yakimischak – SureScripts

The sort of rule of thumb I had been told to follow was that what we really want to assess is the output of the EMR system and if the transformation steps are considered part of the EMR system then the final output after transformation, which would be what would be evaluated. On the other hand, if those transformation steps are happening downstream outside of the scope of the EMR then they would not be considered part of the evaluation. Is that an inappropriate way to think about this?

Ken Gebhart – National Institute of Standards & Technology

I can't answer that. I stuck my toe into the policy side a minute ago and I'm not going to stick my whole foot in, so I can only tell you that conformance to the standard are what the test procedure evaluates and the ONC has to advise you on various ways to slice this thing up and what they consider acceptable.

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

Let me pull the conversation back to what I thought our focus really was on today, which is the question of whether or how it's possible to align test scripts with the Medicare Part D regulatory allowance for HL-7 messaging. And the question I thought we were really trying to address here today is, is it possible to have a test script that simply tests whether a prescription is any HL-7 message or not.

Ken Gebhart – National Institute of Standards & Technology

With that as a premise, Jamie, let me just talk about it for a second. So any HL-7 message obviously takes this into layers of what do we mean by that and what do we consider minimally conforma? I'm not really ready, off the top of my head, to sort of parcel out every bit of this but we can reasonably say there are certain things in the structure in HL-7 v2 message that have to be present like an MSH segment and the header segment. There are certain fields in that segment that have to be populated, so you could minimally look at that. Whether that tells you that you've met the intent is somebody else's decision but that would allow any valid HL-7 v2 message that has a properly formed header section to quality. That could be an ADT message. It could be—

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

I understand so let me just stop there for just a moment. So I think, again, where we got into trouble was actually quoting the Medicare Part D Reg to the Standards Committee.

Ken Gebhart – National Institute of Standards & Technology

Yes, I think that's dangerous.

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

Right. Well, because we—basically we wanted to align so we said we wanted to use the same standards for certification that are used in Part D because the use case is really in this instance for the hospital ERMs it's the same use case. So what we came back to them was the full list of specific script transactions, and then the "Any HL-7 message" so it sounds as if one alternative that we could consider from this test group would be to recommend to the Standards Committee that we restrict the HL-7 to any HL-7 v2 message. And then it would be, at least, technically possible for there to be a test script that tested for any HL-7 v2 message as sort of the in-house alternative, if you will.

Ken Gebhart – National Institute of Standards & Technology

Go ahead, Scott.

Scott Robertson – Kaiser Permanente

Generally that would work because the structure of the pharmacy messages, at least in the elements that we would be testing for, is fairly consistent between versions but we have to put some kind of limit on it because if somebody has a 3.1 message it just isn't going to work. It would have to be probably 2.5 or better.

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

Well, let me push back against that because don't you think, Scott, from your experience that a large number of hospitals would be using 2.3 or 2.3.1 messaging today?

Scott Robertson – Kaiser Permanente

Yes, which is why I mentioned it, I think that would then pose a problem. Although I guess I could look at that a little closer about, again, there are certain elements that we would specifically be requiring, and if those are consistent—

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

No, let me stop you there because I think we're not looking for specific data elements to be conformant to a particular standard. We're looking for alignment with RT, which says basically any HL-7 message may be used, and so I think what we're looking for is the simplest test that's possible to test for any HL-7 message being used. I mean I understand that it may be desirable for other reasons to make sure that it's a pharmacy message for example or that it's 2.5 or higher or whatever but I think in fact—what I think we're seeking here is actually alignment with the regulation. And if hey, the regulation changes that would be great but that's not where we are.

Ken Gebhart – National Institute of Standards & Technology

Well, we certainly could test that an HL-7 message is created. The test script that I've seen from NIST for current certifications, if evaluated, the message was complete and accurate based upon the inputs.

David Yakimischak – SureScripts

Can I jump back in Ken? Just a segue for—one second, Kamie Roberts from NIST is on the call, just want to make sure where she's listening in on behalf of CDA today because this request for NIST involvement through CDA, so Kamie's on. She probably won't say anything unless we ask for her help.

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

Hi, Kamie.

Kamie Roberts – NIST – IT Lab Grant Program Manager

Hello. Thank you.

David Yakimischak – SureScripts

Secondly, I'll leave it to—NIST is going to stay out of the ... whether you want to dive down into is it a conformant pharmacy message? Is it a conformant OMP O-09 message? Does it have a patient segment? Does it have a ... segment? Does it have an order of communications segment? Does it have an RXR segment? That's the kind of stuff that Scott's talking about and from what I'm hearing here you don't really intend to evaluate any of that you just—

Scott Robertson – Kaiser Permanente

No. I mean I think honestly if we stay in sync with all of our other recommendations to the Standards Committee it really says that we want to align with the applicable regulations from CMS, which in this case are Part D specifications. And so because "HL-7 messaging" is allowed I mean I think it could be perceived as overreaching for us to recommend anything more specific than "HL-7 messaging." In other words, I think that while it also would align with the regulation for us to recommend a particular version of HL-7 messaging, a particular message, a particular implementation guide, and other additional

constraints on that, that also would be HL-7 messaging. But I think that what we heard, I though pretty clearly, was come back and create something that's testable that aligns with the regulation and the regulation is broad and actually industry implementation reflects a broad variety. So I think we're not trying to narrow the scope of the Reg through the EHR certification we're trying to just test whether there is alignment with Part D.

David Yakimischak – SureScripts

Okay, so I think we could work our way through with basically I think you're evaluating the header and the MSA segment for the required elements. You're not doing anything much more than that. Here's what I'm struggling with, I'm not sure that's a useful test. I mean it's not a whole lot different than somebody saying, "Yes, I'm doing HL-7 v2 and attesting to it," but I'll leave that to you guys to decide whether testing is value added in this circumstance.

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

Well, in fact, one of the things that we talked about in this discussion with the Standards Committee, which was in the last meeting, not today's meeting but the last one, was whether this could just be done through attestation and just basically have eligible hospitals say, "Yes, we're using HL-7 in conformance with RT." But there were folks on the Standards Committee who spoke up who wanted there to be a test script that would actually test that as part of the certification program for conformance. So that conformance, I think, would have to—I think and push back if you think otherwise but I think if we're going to align with the Reg it has to be as broad as the regulation allows for, which is any HL-7.

Ken Gebhart – National Institute of Standards & Technology

So, I'm going to say something here, which I will say is not NIST domain, I just want to make sure I haven't left out a piece of the message I gave to Scott the other day. If we're talking about the 2005 ePrescribing Reg—and I'm not sure I know whether we are or not—that's the one that says entities may use either HL-7 messages or the NCPDP script standard to transmit prescriptions internally—

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

Yes.

Ken Gebhart – National Institute of Standards & Technology

Okay. Here's—the way NIST—the way we go about analyzing this stuff is to go read the Reg and see what we find, so I found that in the regulation text, the back of the CFR stuff. What I did not find in there was any reference to the HL-7 standard in the section of the Reg text that's called Standards, Section B. That was a warning flag to me. Nor did I find any mention of HL-7 in the Section C that's called Incorporate My Reference, which actually brings into the CFR the standards stock in this, so I'm sitting there going the Reg doesn't by itself hook us up firmly to HL-7. Now, that's not an informed opinion. That's not a CMS opinion. It's just an analyst trying to say, "Do I have the anchor points in this piece of Reg text to use in the definition of ..."

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

Well, I thought that it actually was there so let me find the reference, so hang on a sec.

Ken Gebhart – National Institute of Standards & Technology

So, I might be working with the wrong thing. I can send you what I sent to Scott the other day if you'd like but all I'm saying is—

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

And maybe—as I recall there was a Section A and I know you're talking about B but hang on a sec.

Ken Gebhart – National Institute of Standards & Technology

Yes, so I'm just—I'll let you look.

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

Yes, it will take me a few minutes here.

Ken Gebhart – National Institute of Standards & Technology

So, I'm not—again, I think this is sort of beyond NIST's role in this process. So I'm just trying to point out to you that as an analyst doing this kind of work these are the things that I do and when I kind of find it quoted in one part but I don't find it anchored in these other parts I start to get nervous about what was the intent. I'm going to forward my note to you.

David Yakimischak – SureScripts

While this is going on just to clarify, we've stated that both NCPDP and HL-7 must be supported for certification purposes for discharge meds, is that correct? You can't just do one or the other, right?

Ken Gebhart – National Institute of Standards & Technology

I don't know the answer to that. I'm not sure I understood what the Power Team was favoring here.

David Yakimischak – SureScripts

Is there anybody else on the call?

Ken Gebhart – National Institute of Standards & Technology

Yes, I think they're all reading the Reg.

David Yakimischak – SureScripts

Oh, okay, sorry. I'll leave my question until later.

Ken Gebhart – National Institute of Standards & Technology

I'm sorry, and I'll send you what I just sent to Jamie if you'd just tell me what your email address is.

David Yakimischak – SureScripts

It'd be best if you'd send it to Judy and she could send it out to those on the call. My email address is awful ugly. It looks more like a private key than it is an email address.

Ken Gebhart – National Institute of Standards & Technology

Okay, I'm doing that right now.

David Yakimischak – SureScripts

Thanks.

Ken Gebhart – National Institute of Standards & Technology

I'll just reiterate I don't pretend to be an expert in this. I'm still learning it. I don't know what CMS' intention was. I just couldn't come up with those anchor points that I'm used to coming up with when we're using a regulation as the basis for a standard so—

David Yakimischak – SureScripts

Right. I don't know what the intent was either. I don't know that anyone would know now but the intent here was that there's a fair amount of ePrescribing that goes on within the confines of a particular institution when they have an in-house pharmacy and they have an in-house EMR system and they're doing ePrescribing. It's still ambulatory ePrescribing but it's done within the confines of a certain institution.

I guess that CMS felt that they wanted to include that type of ePrescribing whereas NCPDP is what's typically used across the wide area networks, if you like, outside of the institutions into retail and mail order types of pharmacies for ambulatory ePrescribing. And I think what we discussed, on our calls at least, was that the variation of the exact levels of standards and the exact implementations of those standards of HL-7 within the confines of a particular institution are unpredictable, right. They're hard to pin down, and so any kind of specification you put on may well exclude a significant number who are doing something, like I said, within the walls of their own institution. That would be the piece that I would

be a little more concerned about. That we make sure that we wall this HL-7 off being so broad that it is within an intra-institution as opposed to being able to use that—

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

And I think that makes sense with the use case that we've talked about, which is really our charge for discharge ePrescribing. So, Ken, I did find the reference in the Reg text and so I'm looking at—this is Federal Register from November 7, 2005. Actually it is in the general rules under Section 423.160(a) and so it's—which is the section before the standards that I think you were talking about. So it's—

Ken Gebhart – National Institute of Standards & Technology

Okay so can you point to a page number for me real quick?

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

The page is 67549.

Ken Gebhart – National Institute of Standards & Technology

Okay. Thank you, I appreciate that.

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

And it's on sort of the top left hand section. It says under exemptions number two, "Entities may use either HL-7 messages or the NCPDP script standard to transmit prescriptions and prescription related information, etcetera." So that's where the reference is.

David Yakimischak – SureScripts

Yes. I think Ken's point though is that ... if it never incorporates the actual—

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

Yes, there is not a specific HL-7 standard that's incorporated in the rule or by reference.

Ken Gebhart – National Institute of Standards & Technology

Right so when you get a chance to look at the email I just forwarded I caught the section you just mentioned. I do see that. I was just trying to point out if you go back further into the Reg text to Section B it describes standards. It doesn't mention HL-7 and then Section C Incorporate by Reference has no mention of HL-7. That's usually a flag to me that there's either an incomplete reference. It's a little tricky to point to the Reg and say the Reg gives you the requirement but, again, I'm only trying to be helpful here. I'm not trying to make it harder so—

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

Yes. Well, yes, so the requirement that the Reg does give us is not a requirement for a specific standard and I think that's—

Ken Gebhart – National Institute of Standards & Technology

That's exactly the case.

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

Yes, so I think we're in agreement. That's the problem that we're trying to solve for us so—

Ken Gebhart – National Institute of Standards & Technology

So could I ask you then to parson this one tiny bit further since you're looking at that item two, on Page 57959—I've got dyslexia man, 57594, it says, "Use HL-7 messages or the NCPDP script standard to transmit prescriptions," so prescriptions ... information. I think that gives you the grounds to specify the type of message. It's got to be a message that's defined by HL-7 to convey prescriptions.

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

Okay. I buy that to. I buy that argument.

Ken Gebhart – National Institute of Standards & Technology

So what that does then is it helps—

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

It gets us back then to, I think, where Scott was going, which was having a test script that would test for conformance to particular sections of an HL-7 prescription message.

Ken Gebhart – National Institute of Standards & Technology

There you go and that makes more sense to me. That becomes more meaningful and value added as a test activity.

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

Yes, and so, Scott, I think when you were saying—that you said we wouldn't like—was that the best way to do that was with HL-7 2.5 and above.

Ken Gebhart – National Institute of Standards & Technology

If Scott doesn't come back I have—

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

He may be on mute.

Scott Robertson – Kaiser Permanente

Yes, I'm on mute. Yes, I just know that things are more consistent actually as you go past 2.4 but 2.5 there were some specific pharmacy things that came into play.

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

But I think that—again, so this is a very broad—HL-7 messages that can be used to transmit prescriptions or prescription related information is a broad—it's a very broad statement and it doesn't say things later than 2.4, and especially if most of the industry actually is using 2.3 something today—

Scott Robertson – Kaiser Permanente

They need to come up to date anyway.

David Yakimischak – SureScripts

They need a little help.

Scott Robertson – Kaiser Permanente

Yes.

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

Again, so I think our intent and what we heard from the Standards Committee was that they were seeking something testable that could be actually tested that would align with the regulations. So I'm not disagreeing that, as I said earlier, a particular implementation guide or a particular message version would meet that but it's not as broad as this reference in the regulation. So is there anything—and I just have to say I only really know HL-7 2.5, 2.5.1 and beyond. I don't really know the earlier version myself so is there anything in terms of header or segments that should be testable that would sort of stand the continuum from 2.1 to 2.7?

Ken Gebhart – National Institute of Standards & Technology

I'd be glad to go do a little bit of research on that and I would lean on Scott because Scott helped write this mapping document between HL-7 and NCPDP scripts and I'm looking at it now seeing some references to the differences between these. It looks to me like it could be tested it's just a little more complicated because you have two different types of messages that are allowable. The structure of them has similarities but some differences so—and it might get complicated.

Scott Robertson – Kaiser Permanente

An OMP message is valid in 2.5 but it's not valid in 2.4.

Ken Gebhart – National Institute of Standards & Technology

Yes but the ... guide says use on ORM message for this so—

David Yakimischak – SureScripts

Yes, actually that's what I'm sort of referring to, an ORM then we've got an OMT and there were some transitions in terms of message types but the fundamental structure is the same its just capabilities and details that we have to look at and be very careful with.

Ken Gebhart – National Institute of Standards & Technology

Yes so one of the little pieces of due diligence that I'd be willing to do here is go pull—I've looked at the 2.5.1 Chapter four of the HL-7 standard. It talks very specifically about the pharmacy treatment order message and although it's not as constrained as you'd like for an implementation guide there is stuff to work on there that you could—from a standards perspective—hang your hat on. I would be glad to pull up older versions, 2.3 for example, and look and see how much detail was written back then in Chapter four at that point to see if it holds together if you're trying to sort of point to the standard and say, "The standard does address specifically how to handle pharmacy messages." I mean that's usually the kind of homework we do anyway so I can feed that back to you in a couple days to just say, "Here's what I found that would sort of give you the basis for that."

David Yakimischak – SureScripts

And I certainly would work with Ken on that and provide backgrounds with the material.

Ken Gebhart – National Institute of Standards & Technology

Yes, you—

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

Okay that sounds really great. So are there varieties of HL-7 prescription messages that would not be covered by what was covered in that translation or mapping guide?

David Yakimischak – SureScripts

For the most part the translation guide will point to the mapping or the acceptable messages and such but if we're going to be going through any HL-7 version two message then that gets a little bit more problematic. We might have to have some conditional things if you're in—

Scott Robertson – Kaiser Permanente

So it's not any HL-7 version two it's an HL-7 version two prescription message so it would have to be a valid prescription message.

Ken Gebhart – National Institute of Standards & Technology

Yes, so let me do a little bit of due diligence here and kind of come back with what I find and Scott and I will do that together. Could I sort of ... this conversation to one more piece here? In meaningful use testing we've been doing around interoperability and exchanging data we generally start it with test data that we give to a vendor or have been ... in the product and then have them push a message out based on it. And then part of the testing involves looking to see if they actually got the right patient, got the right medication the right dosage, all those kinds of things into the message. Do you want to go that far into this evaluation?

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

That's a really good question. I don't see why it should necessarily be any less rigorous. I'm kind of arguing against my previous position on this call, right but I think it would—in a sense it would be unfair to be less rigorous for this acceptable message alternative than for the script message, right?

Scott Robertson – Kaiser Permanente

Yes, I don't think you want to be less rigorous and in some ways I would sort of look at the current test script for the script message to identify the specific parts of an HL-7 pharmacy message that we need to be able to consistently test across versions.

David Yakimischak – SureScripts

You mean be internally consistent? What a concept.

Scott Robertson – Kaiser Permanente

Yes, well it's something we strive for.

Ken Gebhart – National Institute of Standards & Technology

Yes, it's a good point. I mean I think that's something good to do and we would probably—I mean just thinking forward about test procedures you kind of want to run—write one test procedure that has one set of test data. And it kind of goes both branches down both standards and the only difference is the technical difference between the standards when you're evaluating them, so—okay. Well, that's good. I was hoping we would go down that direction because it's sort of back to the if you're evaluating conformance syntactically but you're not evaluating the content for correctness you've kind of only done half the job so—

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

Yes, no, that's right but what I anticipate this conversation will come back to then is okay so because of variation in the different versions of HL-7 there are potentially a large number of ways of representing a content that are equally conformant in different versions of HL-7 and then it sort of multiplies the work for testing, right?

Ken Gebhart – National Institute of Standards & Technology

Well, there are a couple ways to tackle that. One is, as you implied, multiple versions of testing. That's what I got into with script for Meaningful Use Stage I where we had two versions in 8.1 and 10.6 but each of them also have a ... and an XML version. So ended up with four, which drove everybody nuts but for this one I think I'd try to do something a little different, which is to kind of figure out what the lowest common denominator is and see if that's sufficient.

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

Yes. I mean I think lowest common denominator would meet the simplicity test.

Ken Gebhart – National Institute of Standards & Technology

Yes, so I would try and go in that direction rather than the rigor that we put into some of the script stuff even though it's not really that rigorous so—but this is—and just I think everybody probably realizes this. This is work we would normally do as we're trying to build the test plan and the test procedure. Generally that would be like five/six months from now but it's good work to do now so we—

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

And it's a specific request actually from the committee to make sure that it's possible to implement this recommendation before the recommendation's accepted.

Ken Gebhart – National Institute of Standards & Technology

Yes, so I'm certainly okay with NIST going and digging through that and I'll share with you—what, our next call is what the 24th, is that right?

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

That sounds right. I don't have it in front of me but that sounds right.

Ken Gebhart – National Institute of Standards & Technology

So anyway, before then I'll share with the people on this call whatever I can put together and it may be we've got all the bits and pieces. It may be that it's not fully analyzed but at least that will give us direction. So I'm glad to help. It's a good thing to try to sort out.

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

Thank you. All right. So I think—does anyone want to bring up something else for this call? I think otherwise we're at the end and ready for public comment.

David Yakimischak – SureScripts

Just one more thing, I think I sort of brought it up midway. In the Part D Regs there is the discussion about the use of HL-7 only when within the same legal entity, and I just want to make sure that in what we've put together in terms of standards recommendations is that preserved or is it preserved because its referenced in Part D?

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

Yes. That's part of the existing regulation. Essentially what we did was we just referred to the existing Part D Reg and said use that.

David Yakimischak – SureScripts

Okay, good. Thank you.

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

In fact, I think we sighted the particular section of the Federal Register Publication that we just looked at in today's call.

David Yakimischak – SureScripts

Okay, great. Thank you.

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

So it was in fact—it wasn't just a general reference of HL-7 it was a specific reference to that section, paragraph of that regulation.

David Yakimischak – SureScripts

The one you quoted from right?

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

Yes.

David Yakimischak – SureScripts

Works for me.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, Jamie, shall we ask for public comment? Jamie?

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

Yes, please.

Judy Sparrow – Office of the National Coordinator – Executive Director

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

Operator

We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Well, thank you. Thank you, Jamie and everybody.

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

All right, thanks, everybody. I really appreciate it. See you next time.