

# ePrescribing of Discharge Meds Power Team

## Draft Transcript

August 24, 2011

### Presentation

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Good morning everyone and welcome to the ePrescribing of Discharging Meds Team. This is a federal advisory committee call and there will be an opportunity at the end of the call for the public to make comments.

I will do a quick roll call: – Jamie Ferguson?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Present.

**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, Senior Vice President and Chief Quality Officer, Surescripts**

Present.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Liz Johnson? Don Bechtel? Anyone from Doug Frisdma's office on?

Ok, with that I will turn it over to Jamie.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Thank you, Judy. I want to thank those on the call for your perseverance and participation and for your thoughtful comments and input on this topic. At the outset we thought it would be easy, we did find some twists and turns in the discussion and I really appreciate the time and effort that has been put in on this.

Today, we will be reviewing the work that was done jointly by Scott Robertson, representing NCPDP and Ken Gephardt, representing NIST to review the requirements for HL7 ePrescribing in the discharge use case where the particular scenario in question is where basically the internal pharmacy of the institution is used to fill the discharge prescriptions. In order to accommodate that in alignment with the regulatory text, just as a reminder on our previous call, we went through and reviewed the regulatory text with Ken Gephardt from NIST talked about how it might be possible to look at the different message segments that are required for prescription message in HL7 across the different flavors of HL7 version 2 and to map the requirements that are currently used for the NCPD test script. Map those requirements back into the HL7 message segments and contents to see how to have a comparable test script for any valid HL7 prescription message.

Today what we are hoping to do is to review the work that Scott and Ken and others have done since the last call and our objective for this call is to ensure that we can craft a recommendation back to the standards committee that can concisely state the standards that would be used in such a test script for certification of the EHRs. That is my opening statement. Are there any comments, questions or

corrections to that? Hearing none, then I would like to turn it over to Scott Robertson to walk us through the analysis that has been done and Scott, take it away.

**Scott Robertson, Kaiser Permanente**

Good morning. Judy, is it possible to show the spreadsheet?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Kaitlyn, can you put that up on the screen, please?

**Scott Robertson, Kaiser Permanente**

It may be difficult to see clearly but I'm going to describe what it is, because this isn't so much having completed all of the work, this is to show that it is possible to work this through and come up with specific test criteria that would be applicable to the concept of any HL7 pharmacy message.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think it is possible to zoom in on segments of the spreadsheet so those that maybe looking at it online can see it.

**Scott Robertson, Kaiser Permanente**

What a showing here is adequate. Again, I don't think it is necessary to read the words, but this diagram shows – I'll ask the operator to shift back and forth - again, what is important in this particular view is isn't so much the words as it is what the structure is showing. What it is showing is Ken and NIST have previously created a set of test criteria for meaningful use ePrescribing in NCDDP because that was a specific requirement that needed to be in place. What we have done here is taken a particular piece of that, that part that deals with the prescription, there are some other elements in there, but this is the part that deals with the prescription and showing from a simple example, which is not terribly visible, but its lasix 20 mg tablet, dispense 60, one tablet three times a day with two refills. The left hand side shows how it gets parsed out into a message. The middle section shows the EDIFACT and XML representation that would be used in NCPDP script. What we have added on the right hand side shows what segment and component that fits into HL7 and the current listed optionality or presence in the four of the HL7 version 2 versions. There are a couple more versions that we would expand this out upon. What is important to see here is that all of the pieces on the left-hand side are the white boxes, they migrate all the way through and are available and present on the right-hand side. That shows that, yes, everything that we are testing for in the script messages we can test for in HL7. One thing I did not mention on the left-hand side, the colored boxes are various pieces that need to be in place to define HL7 correctly or they are not precisely from the example, but that is getting into more technical detail than I need to point out right now. This shows that it is possible, but the problem that I had with this one is that it does not really show you what is in HL7 and what you need to have in HL7. There are two other sheets in here and if you could go to the sheet – this shows, and again, lots of stuff here. But, the key point is that these are the various versions of various message structures for our pharmacy order in all version 2 messages from 2.2 through 2.8. 2.8 is coming up for ballot shortly. The reason I did this was to find those consistent elements that needed to be there. So, this is what would end up being the test for what is an HL7 pharmacy message. It shows that there is a consistent structure to this. That there is a message type which is one of two message types, unfortunately, that is just part of it because there was a transition in the version 2 progression. But, if it has an MSH segment and it has ORC segment and depending on the version, if it has an RXO and an RXR segment, those are all the red ones, if you have those you have the essence of a pharmacy message. Whether or not you have other things is and you probably do, this does not account for things like the patient or the prescriber at the moment. But for the tested components we can include something that says an HL7 version 2 pharmacy messages looks like X. So we can have that kind of criteria very clear and very distinct.

Focusing in on the RXO segment, operator, if you could go to the next of the sheets. This is an RXO segment, this is the field listing in the RXO segment, and this was just to show how it progressed. This was to examine how the content of this RXO segment progressed through the versions. Operator, please zoom out so we can see the whole thing for a moment. It is a visual thing. Actually, that is good. You've moved on to the second panel and its showing that as you move from version 2.3, 2.3.1 – 2.3.5 things were added. There are a few changes and you have to really know what you're looking at. There are a

few changes that occur within this, but the important thing here is that the required elements, those things that showed up in the first panel or first sheet, as being where elements of the prescription need to fit into the message, those are consistent across all of the versions. So, again, this is not showing you all of the specific criteria, but it is showing that there is consistency through the versions which means that we can come up with a concise set of or a small set of concise statements that define conformance to an HL7 pharmacy message without all of the detailed wording in the regulations that accompanied the script message. It appears, unless some radical thing comes into play, it appears that we can come up with the desired small set of concise statements. That was a bit much and a lot of stuff on screen. Are there any questions?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

It looks on this chart as if some things may have been moved from data elements or fields that were deprecated in earlier versions and they were moved into new data elements in some of the later versions, so, I assume –

**Scott Robertson, Kaiser Permanente**

At this point I have not found any that are on the key elements that showed up in that first page.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Okay, so it is just adding data elements it is not putting things into new parts of the message.

**Scott Robertson, Kaiser Permanente**

Yes, now this same analysis needs to be done for other required segments so we need to do the ORC and I would be surprised if there were any issues.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

So, you are in discussion with Ken and others at NIST. Is this something that is doable? Is it easy to do? Is it routine or exceptional to have a test script that looks for these required elements across different versions here?

**Scott Robertson, Kaiser Permanente**

This is not going to be a large effort, but it will take a little bit of time. Luckily, we can build upon what NIST already did for script. The work is like what is on the screen right now, making sure that there is consistency and making sure that there are not any problems between versions. So, that takes a bit more specific expertise than NIST usually has but NIST knows what to do with that. They come to HL7 and NCPDP and they ask the SDOs to be involved validating the test script. It will take some time and effort, but it is not going to take months to do. It will take two people fully dedicated would be able to have it done well within one week. Several people working various hours, we could probably have everything together in a couple of weeks at most if not within a week. If Ken and I were in a room together and did not take phone calls, we could probably kick it out nice and clean and have everything done in two days. That is impractical, that just does not happen.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

David, what do you think?

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Yes, thanks Scott this is great work. Personally, I am not as familiar with the HL7 pharmacy order message so I'd like to ask a couple of basic questions? Could you explain the legend for the RC\* and O? I'm assuming required, optional and conditional but maybe you could add a bit of color because it would imply in 2.4 and 2.5 that basically everything is optional or conditional and I want to know what that means.

**Scott Robertson, Kaiser Permanente**

Yes, you've got the basics there. R is required, C is conditional and O is optional. You will also at times see a B which means deprecated and means do not use it anymore. A W that is a progression of deprecated where we actually drop it out of – we take all the narrative out of the standard. I think there is

one B in here somewhere and there are no Ws yet. The C\* only was shown on the very first panel and that is because Ken was noting that it says their conditional but we need them to be required so we need to figure out what to do with that.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Okay, so that is how you identify the elements that are going to be actually required for testing. Is that right?

**Scott Robertson, Kaiser Permanente**

Yes, and in script for the existing test script, there were some NCPDP elements that were within the standard were either conditional or optional. I think they were just conditional. We came up with another notation that we added into the test script that said yes, they are conditional, but it was RMU – they are required for meaningful use. So if you expected to send a prescription you would need to have this to make sense. These are conditional because of some complexities that are allowed for within HL7. HL7 is not just outpatient prescription it's also inpatient prescription and is also infusions and other things and in those cases you don't always have the specific drug product identified in the order. Sometimes you just have the drug concept and then another concept that is the strength of the rate. So, it's conditional here because you either have this populated or you have something else populated. So that is where the conditionality shows here. But, in the way that we are going to use it, the conditions would result into requirements anyway. To be right, we need to go through and check and make sure that is the case. But, having worked with this quite a bit and been involved in the pharmacy messages in HL7 that is one of the oddities of the HL7 message because there is a lot of things that you either have this or that so we call it a conditional testing on each other.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Okay, because it would appear then that the way this is currently documented, that there is really nothing mandatory but that the drug prescription text and that the code and the coding system would be the closest things to required fields that virtually everything else being optional, including quantity, quantity qualifier, number of refills authorized, date that the prescription is written, all those fields that are white on the left-hand side, that seem important in terms of communicating a complete order for an outpatient setting. Does it imply then that the test that would be written for the HL7 side of this would permit the optionality to the point that only a drug name and a code and code qualifier would need to be provided for that to be considered a passing test or would we in some way want to imply that NCPDP descriptions of mandatoriness or conditionality or optionality would apply to the HL7 messages or do we know where that is heading in terms of what is going to be required versus optional?

**Scott Robertson, Kaiser Permanente**

From what I'm hearing, and the way I am putting together in my head, first of all, operator, can you go back to the very first page of this set? For both HL7 and NCPDP the optionality in the standard reflects what is possible in terms of constructing a message.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Right.

**Scott Robertson, Kaiser Permanente**

But, if you want to construct a legal prescription, there are elements that must be present to make something a legal prescription. So, whether or not the standards say that something is optional if regulation requires it, then you have to have it.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Let me restate that, perhaps what I'm hearing but I will state it differently, and that is that back on the first tab where it showed the current NIST meaningful use test procedure for script side-by-side with the HL7 pharmacy order message, you had things that on the current script for script, are labeled as RMU, required for meaningful use. So, there are a bunch of things in that column. And then those are the same things that have the C\* on the HL7 one which is basically equivalent so we could represent the C\* as an

RMU, required for meaningful use, and then it would certainly depict things consistently and I think that would get to what David is talking about.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

That would for those items, but the actual drug description, the RXO1-2 is not conditional for meaningful use, it is mandatory in NCPDP and for meaningful use and I would argue that the quantity is probably equally critical to both patient order. Sending a prescription for Lasix without a quantity would be nonsensical. It wouldn't need safe order pharmacy requirements in most jurisdictions, so, I understand that the standards have the floor, but it seems like the floor is almost too low here in what I am seeing in the current –

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Maybe I didn't describe in what I was proposing well enough, so everything that is required in the script for script should be required in the HL7 side.

**Scott Robertson, Kaiser Permanente**

Yes, and I think applying the same notation that when we actually produce these criteria follows the same convention that we are ready have and for those things that are either conditional our optional currently in HL7, put in RMU that is required from meaningful use. If you are not talking about the academic idea of sending some information across, but you are talking about border pharmacy acceptable prescriptions, it would be required. And you are right and it is nonsensical to have some of these things.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

So you are actually saying that we would recommend, I don't know what you call this, the optionality of these HL7 fields will be, not superseded, but will be set by the hire of either HL7 or the NCPDP and meaningful use optionality.

**Scott Robertson, Kaiser Permanente**

Yes, and if there were such a thing as an implementation guide for HL7 pharmacy messages, I would suggest that that implementation guide be upgraded if necessary to note these as being required.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think this goes back to our previous call, because I thought the purpose of the exercise overall was to examine how the script testing is taking place and see what would be equivalent in an HL7 message. I think you actually have got that, but the notation doesn't show that. But, I think that is actually laid out in a spreadsheet. So maybe the thing to do here, what I will propose is that, we recommend a principle that in testing, for certification purposes, that the HL7 message contents match the NCPDP script message contents to the degree possible in terms of required elements and cost.

**Scott Robertson, Kaiser Permanente**

Yes, but, Jamie, it sounded like you got cut off on that last word. Are you still there?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

What I am proposing we adopt as part of our recommendation is that the data elements and contents of those elements including their optionality or conditionality or requiredness should match between the HL7 and the NCPDP testing to the degree possible.

**Scott Robertson, Kaiser Permanente**

And there should not be a problem with that.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Two comments on that, one, to the degree possible, may give a little too much wiggle room if we do not qualify that.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Yes, I'm not completely sure that all of the same message elements that are present in a script message are exactly the same in HL7. I just don't know that some of those things where on the first tab there are a

few things that have been identified as not applicable in an HL7 message, a code list qualifier, a period qualifier, so, when I say to the degree possible, those things that can exist in both should exist in both, right?

**Scott Robertson, Kaiser Permanente**

So there are some things that are not visible on that first page where if you are going to have RXO1 having an ? number, you must have RXO1.3 with an appropriate indication. There are some things that are in HL7 that are not part of NCPDP and there are things in NCPDP that are just not a part of HL7, structural things.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Yes, that makes sense as far as where ever possible and we may want to explain that where ever possible or even comment on some specifics. One of the fields that jumps out as missing here, and I don't know if it is an oversight or if it is one of these not applicable, is brand medically necessary or what we call the dispense is written flag which is required in almost all jurisdictions to permit the prescriber to indicate that the brand is medical necessary and should not be substituted for generic.

**Scott Robertson, Kaiser Permanente**

The field exists in both HL7 and NCPDP. The concept is well supported and this example just does not show it. Offhand, I don't remember if it was specifically included in the NIST test script, but I think it would have been. Either HL7 or NCPDP would not have an issue with that.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Ok and then there's a coded list of values for that it's not just a 1 and a 0. That has actually caused some confusion because of the bidirectional aspect, so not only looking at new RXs but when we start looking at refill requests and responses for further authorization, which I don't think is at all in the scope for discharge meds.

**Scott Robertson, Kaiser Permanente**

That is currently not even in scope for meaningful use testing component. It is just the new RX. The full workflow of the various messages that go in both directions and responses, theoretically, is just an extension of this.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

I'm sorry if I took us down that track. It was just to point out that it is not just a 1 and 0 in that field for example and whether we would carry through the recommendation of NCPDP for things that are not relevant to a new RX in the HL7 world. I should use this as an example of the kind of mapping that needs to be done, not in any way the final mapping in its entirety.

**Scott Robertson, Kaiser Permanente**

This is not a final mapping. This is, when I sent it to Judy, I said this was a work in progress of a proof of concept.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

To bring us back for our purpose here on the power team, NIST has to have a complete mapping in order to write the test script. For our recommendation we do not need to have the actual test script in hand in order to recommend that this arrange of HL7 standards should be recommended for the particular scenario in the use case where the internal pharmacy is used to fill the discharge meds.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

So do we need to do any mapping? Or are we doing this as a matter of example?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think NIST has to do this and the question back from the standards committee essentially was to make sure that we have recommendations that are testable in certification testing. I think we have met that requirement in spades. We are going little further, now, and I think we can fine-tune our recommendation

just the way you had recommended, David, by talking about how the two should be similar in terms of what is applicable in each of the different message types. I think that was really a useful exercise to go through this additional detail, but frankly, NIST would do that anyway. From my view, it was sufficient for us to be able to say that answer to any HL& 2.2 through 2.8 valid prescription message should be used and then let NIST work out the details. It is a good thing that we can recommend some of those additional details, but I don't think it is necessary for our purpose.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Okay.

**Scott Robertson, Kaiser Permanente**

It is really nice for NIST to have been involved and be able to validate that this recommendation is going to come out is something that should be accomplished. Ken said that they can take care of their side of it, and their people such as myself that will continue to pharmacy and standards expertise. It worked well with the script and we will get it to work with HL7 too. Taking the recommendation out of this group and when it gets to the point of having to become a real thing, there are people that can take care of it.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think Scott, based on this, what I am going to suggest is that we craft a recommendation that any of the versions, I think we have to list the versions that were recommending, so, that includes all of the dot releases between 2.2 and 2.7. What I will propose here is that we should not recommend 2.8 since that is not yet a valid standard, but all of the dot release versions in 2.2 and 2.7 should be listed in our recommendation. Our recommendation should include some of the additional description of how to make sure that the HL7 prescription message is equivalent to the script prescription message in terms of its specificity and required elements.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Yes, we should say at least as restrictive or something like that so that it can be more restrictive if it needs to be or if it ever is in any case.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Yes. So, if that is acceptable to the members on the call, then I will draft that and send it out to the power team and circulate it for comments today.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Let me ask and be the devil's advocate, does the potential exist that implementation is out there or many implementations where some particular field that we are talking about here, mandatory in NCPDP and optional in HL7 is important and that it would cause disruption for someone to have to move a field from conditional to mandatory for the purposes of certification for meaningful use? Does that, I mean I know that sometimes if you're talking about the addition, not only of the mandatory or validations that would have to go through with that. For instance, if you're using a code list, as mandatory, which used to be an optional field, then, you have to validate that code list in addition to ensuring that it exists. So, I thought I would ask if this is imposing something that may be considered onerous for the HL7 that exists today.

**Scott Robertson, Kaiser Permanente**

If we extend the current NIST criteria into HL7, the fields that are required for mandatory and meaningful use, I would be surprised if people are not using them in that way. If they do not already have them implemented in that fashion, so, I would be surprised if someone complained about having to move an element somewhere. The coded concepts, the code list, yes, it is well recognized that there are things like routes, HL7 has had various route tables and NCPDP has used other things for route tables and then there is the FDA route tables of administration. That becomes complicated, there is to some degree, mapping between them. Ideally, we are pointing everybody to move toward a particular standard or a specific code system for each of these elements. That is something that is going on with the evolution of the standards. An older implementation using HL7 route of administrations may not be able to represent all of the possible routes of administrations that may be acceptable today in prescriptions.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Yes, I think where we may want to head with that is to say that if a field is mandatory and that standard be it NCPDP or HL7 calls for a coded list of values, it would be acceptable to use the coded list of values as recommended within that standard. The route of administration list for NCPDP would be fully acceptable when testing for that. The route of administration coded values for HL7 would be totally appropriate when testing for that.

**Scott Robertson, Kaiser Permanente**

I believe that is the case in the current NIST criteria. I don't believe it has dictated a specific code system.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Other than our RX norm.

**Scott Robertson, Kaiser Permanente**

It is one of the feeding systems for our RX norm. Those work fine in HL7 as well. You can represent the same code systems in HL7.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

There are cases where the code systems could be different between the two standards so long as the code system is required that that would be the ones used within that environment.

**Scott Robertson, Kaiser Permanente**

That should not cause any grief in the industry, I do not think.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

No, and I was talking about in the context of moving something from currently optional to mandatory. So, I think that is going to be okay.

**Scott Robertson, Kaiser Permanente**

For a practical implementation, the things that we are saying need to be present must be present. If they had a working as a limitation, they had to have this information.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Absolutely, it is always that question that now you're going to impose validation checks on mandatory fields which previously 99.9% of the prescriptions would have a quantity, but seeing as it is an optional field, it means that if they an appropriate situation came up and they did not validate for that field, it could pass without a quantity and then now this would not be permitted and that validation check would have to be in effect, but I think you are right. I think we are going to find that the standards of practice, that these fields are not going to be challenged when we say that they need to be mandatory. I hope.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Okay. Is there any other discussion?

**Scott Robertson, Kaiser Permanente**

Go ahead, I have a question when we are done discussing this.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

I am done discussing this particular issue.

**Scott Robertson, Kaiser Permanente**

My question is do you want Ken and I to do anything more with this spreadsheet?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think it is up to NIST to take this forward in terms of developing a test script. I don't think anything else is required for the purpose of this power team making a recommendation to the standards committee.

**Scott Robertson, Kaiser Permanente**

I will pass that along to Ken.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Do you both agree with that?

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

I may want to frame it to them that we think that we are done on this particular piece. If they are looking for further detail information or input, have them let us know.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Yes. Okay mentioned earlier, I will draft a recommendation along the lines of what we have discussed here today and circulate it to the power team for review before forwarding it on to the standards committee.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Jamie, you can send that to me and I will make sure get that everyone on the list.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Okay.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

We need to see if anyone wants to say anything for the public.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Actually, I have one question. Is there any sense of further assignment or further activities or timing of any actions by this power team?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

None that I know of.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

We will have to hear back from the standards committee?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Right, if there are any further questions or requests for us to do anymore on this, I think you'll be in the next standards committee meeting.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

We do not know anything other than what they would come back with?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think this is expected to be last call for this power team.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Okay.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I guess the other possible exception to that is if comments come back from circulating this recommendation for review, if other members of the power team want to discuss aspects of it, then we can convene another call.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Sure.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Are the formal recommendations and the write ups provided to the standards committee, are those accessible on the standards committee's website or do we have a place where I can get those?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Yes they are on the ONC website and under the federal advisory committee and look for recommendations under the standards committee.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

I have had peoples internally asking for our final recommendation or what we submitted.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

I will make sure everyone on this team gets a copy of it as it goes out to the standards committee, itself, in September.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

That will be comprehensive, Judy, or just an update based on incremental from our last update.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

It will be comprehensive.

**David Yakimischak, Senior Vice President and Chief Quality Officer, Surescripts**

Okay, great.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Jamie, are we ready for public?

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

I think we are ready for any public comments.

**Operator**

We do not have any comment at this time.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Okay, thank you everyone.

**Jamie Ferguson, Chair, Vice President, Kaiser Permanente**

Thank you everybody, good work.