Alan - you are correct, this is a simplified version of the entire situation that focuses on our short-term project goals. However, that is appropriate for the purposes of this memo which is to document the rationale for the decision that was made. Tactical management of standards and how those unfold over time are not intended to be a part of this memo. I'll defer to you and others within the group for a long term strategy.

Thanks,

Dan

-----Original Message-----

From: Alan E Zuckerman [mailto:aez@georgetown.edu]

Sent: Fri 8/1/2008 6:23 AM

To: Weikart, Dan (HHS/ASPE); Sankaran, Vish (HHS/ONC); Downing, Gregory (HHS/OS); 'Womack, Dana'

Subject: RE: HL7 Ped v. CCD decision memo

Dan

I am very concerned that the memo over simplifies the decision and

completely ignores the entire ONC HITSP CCHIT process and long term

perspective

My position also includes my role as co-chair of the CCHIT interoperability

work group and a member of the HITSP-CCHIT joint working group, in addition

to my participation in HITSP

We must separate the short term view from the longer perspective and

identify other options

The current CCD is an option - DW- yes, that is outlined in the memo see section 3, option 1

A revised CCD that includes the full pedigree model is a goal and the

current decision should reflect that intent DW- yes, that is outlined in the memo see section 4, number 5

It is not possible to use a revised CCD for this project because it will

take several months to prepare DW- yes, this is in the memo see section 4, number 4

The anticipated PHC interoperability spec from HITSP should include that

revised CCD and is expected to be accept in Dec 2008 DW- the next few comments refer to the HITSP process for including changes into standards and are not relevant to the purposes of this memo. However, you are absolutely correct in indicating that there needs to be a longer term strategy for addressing future standards. I do acknowledge this point in the last paragraph in section 4.

It will take more than a few months to get the revised CCD balloted and

approved but it can easily be ready in ample time for recognition in Dec

2009

CCHIT is beginning inclusion of CCD in all certified ambulatory EHR in July

2008 and the partners will eventually need to implement CCD DW - this is outside of the immediate context of the project deadline for November.

Migration from pedigree model message to a revised CCD is relatively simple

and planning can be included in the current project as most of the message

will be identical except for the wrapper header and body structure including

designation of HL7 template IDs, movement of some data fields into the

header and addition of a displayable narrative DW - migration may be simple and something that we should consider post-November.

Section 4.2 is simply not true and reflects a misunderstanding the nature of

the CCD where all sections are option and nothing extra is required for a

CCD to carry only the FHx. This is a reason to use the CCD and not and

argument against it because all certified EHR can use this multipurpose

standard to meet many needs but a pure pedigree model would require separate

implementation of a single purpose interface that is not planned either for

certification or for standards recognized by the secretary DW - this is certainly not consistent with my understanding or the group discussion earlier this week.

The decision should reflect the temporary nature of the current strategy

pending revision to the CCD and completion of the HITSP IS and its

recognition and certification. The current project should include

participation in HITSP work on the IS and active planning for a shift to CCD

in the future DW - yes, the first sentence is addressed in the memo see section 4 last paragraph. I'll defer to you and others within the group to define long term strategy.

Alan