**HSPC Roadmap Review – Comments Backlog**

Note: This table reflects the “substantive” feedback received as part of the Alpha document review. For expediency, non-controversial comments (such as editorial and typographic corrections) are not listed here but will be addressed directly in the subsequent revision.

| **Reviewer** | **Reference** | **Comments/Recommendation** | **Suggested Owner / Status** | ***Suggested Remediation in italics*;  Actual Disposition recorded in normal text** |
| --- | --- | --- | --- | --- |
| Noam Arzt |  | I am curious about how HSPC really expects the broader "community" (not it's relatively small HSPC community) to react to this, or, frankly, what they should even make of it. As you are well aware, the Interoperability world is largely dominated by private players, and there are a number of them: Commonwell, Sequoia's eHealth Exchange and Carequality, SHIEC-enabled project, vendor-based hubs, and a few community HIEs. How are they supposed to understand all this? Is this Roadmap an HSPC "manifesto" about ultimately taking over the interoperability space completely? Is the vision that after Phase 4 "resistance is futile"? I think HSPC needs to address this Roadmap from the point of view of these existing initiative that are rolling ahead with their own plans taking no regard of the HSPC architecture or plan. I do see a Strategy for Coordination with External Stakeholders document so maybe this all goes in there. | Ken | *Revise introductory material to address concerns;* |
| Noam Arzt |  | Finally, this document really needs a glossary, or the acronym police will seize it and throw it into jail. | Virginia | *Create Glossary as Appendix* |
| Noam Arzt |  | I am a little fuzzy on where HSPC stands on standards. It would be nice if HSPC took a stand on the ONC ISA - is this useful to HSPC, or not so useful? I think there are statements about standards embedded throughout the Roadmap (let's just call it a "Roadmap on FHIR") but I don't see (or maybe I missed) a clear perspective on standards more broadly speaking. | Ken | *Revise Intro* |
| Noam Arzt |  | Introduce Adoption Curve into the document  I think the Roadmap could also be well served by the notion of the adoption curve we all know and love. Sure, there are phases of *development* here, but what are the realistic phases of *adoption*? Does HSPC think that these artifacts can be adopted phase-by-phase? Should they be? Or only when a swimlane matures enough? | Ken; Robert | *Introduce new section, including preliminary content for draft revision. Plan to mature in next “dot” release of the document.* |
| Virginia Riehl | T-Map | Should there be an audit across the domains to ensure that the phasing takes into accounts inter-domain dependencies | Virginia; Jason | *Following Indianapolis, lead a team to conduct consistency analysis across document;* |
| Virginia Riehl | T-Map | Could phase boxes be added at the top to reflect healthcare capabilities that would be enabled in each phase. The boxes on the right are a mix and it might be good to highlight the healthcare impacts. | Ken; Virginia | *(Time permitting) include in revision of T-Map prior to Indianapolis;* |
| Virginia Riehl | T-Map (Data) | CIMI Modeling patterns should move to data swimlane | Pete | (defer to his recommendation) |
| Virginia Riehl | T-Map (Data) | HSPC FHIR Profile should be between data and knowledge swimlanes | Pete | (defer to his recommendation) |
| Virginia Riehl | T-Map (Data) | I think there are more intermediate points in the data domain. This needs additional input from SMEs. | Pete | (defer to his recommendation) |
| Virginia Riehl | T-Map (Security) | Data provenance is a single point in the distant future. Are there intermediate points since this is an important dependency for many other elements on the roadmap. | Mike D. | (defer to his recommendation) |
| Virginia Riehl | T-Map (Security) | The first two phases are very sparsely populated. Can anything move forward? Is anything missing? | Mike D. | (defer to his recommendation) |
| Virginia Riehl | 1 | “Healthcare” and not “Health” | Ken | *Editorial fix;* |
| Virginia Riehl | (Overall) | Recommend use of present tense throughout document | Ken; Christine | *Editorial Fix, before Indianapolis if time permits.* |
| Virginia Riehl | (Overall) | Editorial Review necessary; Simplify and clarify language as needed. | Ken; Christine; Virginia | *Editorial Fix, before Indianapolis if time permits.* |
| Virginia Riehl | 211 | “Health IT industry” or “Health Industry”. Which is at crossroads? | Ken | *Editorial fix;* |
| Virginia Riehl | Sections 1.5, 3 | Merge sections | Ken | *Editorial Fix; will consolidate.* |
| Virginia Riehl | 362 | Kudos on this table and content. |  | No action required. |
| Virginia Riehl | Section 4 | Consider adding to tables or in text the healthcare capabilities enabled with each phase. | Aneel | *Recommend business focus lead to articulate business value by phase.* |
| Virginia Riehl | 458 | Define what is within a terminology management environment. | Susan, Preston | (defer to their recommendation) |
| Virginia Riehl | Data Modeling Tooling | Is this elsewhere. Not in the data Swimlane | Pete |  |
| Virginia Riehl | 481 | First two rows of table are candidates for Data Domain | Pete | (Defer to his recommendation) |
| Virginia Riehl | 485 | Description is difficult to understand. Too abstract. | Susan (Pete) | (Defer to their recommendation) |
| Virginia Riehl | 509 | Correct milestone name | Susan (Pete) | (Clarification required from Virginia) |
| Virginia Riehl | 564 | Description implies that this is a “bundling” rather than a “definition” of artifacts. | Susan (Pete) | (Defer to their recommendation) |
| Virginia Riehl | 589 | Table is a good summary representation. Color coding is helpful. | Aneel/Ken | Will leave in place for now. Will consider moving to an appendix in future release, and revising table to be consistent with other sections. |
| Virginia Riehl | 622 | Table is less dense than 589. Suggest this format above 589 | Section Leads | *Suggest we go with this format as it seems to be the best balance between improved readability with the least amount of immediate rework. Will re-examine based upon community review in Indianapolis when contrasted with table at 626.* |
| Virginia Riehl | 626 | Table seemed easier to digest than other formts. Formats could be laid out better to improve real estate useage. May need to strengthen consistent use of Rationale to realize its value. | Deferred | See comment for 622 Above |
| Virginia Riehl | 692 | Description of this item is good exemplar model. Replicate throughout document. | ALL SECTION OWNERS | *Review this task description and emulate style for other milestones. Best effort to make revisions prior to Indianapolis.* |
| Virginia Riehl | Appendices | Please elaborate and include in the final document. | Ken; Scott; Viet | *Author preliminary content for appendix for inclusion by Indianapolis, with expectation of maturing that content post-meeting;*  Ken – “How this Roadmap Was Created”  Viet – Relating an HSPC Initiative to the Roadmap  Scott – Relating an HSPC Project to the Roadmap |
| Wilbright | Overall | Need to differentiate which activities are resourced/funded by HSPC | Virginia; Ken | *Determine a visual depiction to differentiate on the T-Map and within the document which activities are resourced. Reflect that throughout the document;* |
| Wilbright | Overall | Recommend a companion document or section for the organizational structure, membership, revenue, leadership and operations of enabling the business, technical and data roadmap | Viet + TBD; | *Discuss intent and structure of this in Indianapolis, and address in remediation after that meeting.* |
| Sachs | 13 | Needs the business introduction before diving into what the roadmap is. Suggest that industry is a primary stakeholder and content should be steered in that direction to gain industry support and involvement.  Consider a business process section for the Roadmap. Many deliverables here will need to be integrated into business processes. Consider high level – clinical encounters, population analysis, revenue cycle, etc. | Ken (Virginia and Ira) | *Add paragraph to set up business introduction and business impetus for the Roadmap and the intended outcome of its impact within HSPC.* |
| Sachs | 458 | Suggest adding an additional element to each subsection for Deliverables. | (Section leads) | *Add Deliverables to Table.* |
| Sachs | 464 | Indicate in the table which dependencies are predecessors and which ones are milestones dependent upon completion of the milestone | Ken | *All dependencies are preconditions, not successor activities. Can add clarifying sentence to front materials.* |
| Sachs | 590 | This is an easier to digest presentation of the milestones than a separate table for each. Suggested this format for all swimlanes | (Section leads) | *To be discussed. Community decision on best-fit aggregate table.* |
| Sachs | 670 | This is a good presentation (for deliverables summary). Suggest using this for all deliverables with delivery phase. | (Section leads) | *To be discussed. This may be part of aggregate restructure of tables within Phase and/or Swimlane breakouts.* |
| Watts | 1 | Provide additional context around HSPC as a non-profit and its goals. | Ken | *Accepted.* |
| Watts | 14 | Is HSPC also fostering open source technologies. Should be mentioned here. | Ken | *Will include.* |
| Watts | 29 | Should we define in addition to the core set of products a core set of blueprints for those that may want to develop the solutions on their own? This is key to adoption I think. If we define the products and then people have to buy them to achieve the defined outcomes they will see us and what we do as just another boutique/niche solution out there. This is one reason why BIAN has been so successful. They offer both the products and the blueprints. | Ken | *Yes. Will relate this work to the SOA Initiative and the emerging Certification activities.* |
| Watts | 59 | This paragraph might be better in introduction section. The case for why HSPC. | Ken | *Accepted.* |
| Watts | 96 | I think we should expand on the idea of organizations or people who may want to get involved from across the industry. I think this view should also help as a communication tool so that people are aware of the work being done so that it is not duplicated. This is a big issue right now. We have too many groups trying to all solve the same problems. I would also think we would use this view to communicate who is involved in the collaborative efforts. | Ken | *Will add a few sentences.* |
| Watts | 110, 114 | Suggest moving these paragraphs into the “What is the Roadmap” Section | Ken | *Comment conflicts with Virginia Riehl comment to combine sections. Plan A will be to try combining sections. Can do this if that fails.* |
| Watts | 134 | This paragraph may be better suited in one of the sections above or in a new section that describe the expectations of those that participate in the execution the roadmap. | Ken | *Promote to the end of Introduction section as part of a “Call to Action”* |
| Watts | 171 | In each of the definitional sections there is a sentence or two about HSPC’s version of the T-Map. I think that this may be better suited for the section below that describes the HSPC T-Map in detail.  Also it might be better suited to put this definition of the T-Map in an appendix as a reference document. | Ken | *Combination of sections will address this issue.* |
| Watts | 236 | These objectives need to be clearly called out. While I can go back and find them within the above paragraphs there are not clearly articulated. Maybe call them out as a set of bullets. | Ken | *Section is wordy and needs simplification. Will explore use of a figure to call out principles in earlier section, and back-reference to that figure will address.* |
| Watts | 242 | I think this paragraph is interesting and needs to be kept but moved to a section that might describe specific progress being made on the roadmap rather that in this section where we are describing the future vision. | Ken | *Will look to relocate.* |
| Watts | 263 | Use of “In our wheelhouse” is too informal. | Ken | *Agree* |
| Watts | 363 | I would think that standards and policy recommendations would be going on throughout the entire roadmap | All | *Discuss to determine if action is required.* |
| Watts | 363 – readiness assessments | Since this swimlane is about readiness assessments and planning could one of the products be an actual assessment tool as well as a “playbook” AHIMA has a similar playbook for Information governance I believe they call it a “toolkit” | Aneel/Viet | *This was the intention. Will look to clarify in document.* |
| Watts | 363 - KM | Are there opportunities to leverage what is already been done in this space. Some of the work being done out of the AHIMA information governance task force and the cross over with IHE and the MIDI work may overlap with this. How can we get it all to come together as one knowledge base rather than creating another | Pete/Susan | *This is being done. Perhaps a clarifying sentence or callout box highlighting HSPC collaboration with other bodies.* |
| Watts | 363-Tooling | May be some reuse opportunities from banking (BIAN), ISO, IFW, NIST | Preston, Christine | *Cite specific opportunities and value proposition to explore.* |
| Watts | 371 | It would be great to include as an deliverable/product during this phase the first draft of an industry wide business capability model. I think this doable based on the work many of us have already started. | To be discussed | *To be discussed. Potential follow-on work to Roadmap if there is broad appetite* |
| Watts | 433 | I am not finding much information on master data management or master reference data management. Interoperability semantic or not will be dependent on our ability to effectively master key information (patient, provide, location, etc.) | Peter | *Relating semantic interoperability to master data management may be a good way to help resonate with a business audience. Recommend adding one paragraph in data section to address.* |
| Watts | 454 | Prefer this visual of milestone relationship to phases |  | *To be discussed / preferred overall format based on community feedback.* |
| Watts | 446 | I think it would also make sense to include a framework related to data classification. This is critical to interoperability as it will align information to the specific use cases (where data is created and where it is consumed). It will help determine what types of technology solutions are needed related to sharing, security, data retention.  The key thing to note here is not all data is created or consumed equally. It may mean that only 20% of the data needs to be classified or identified because it is the information that is critical for those specific business processes. The rest of it, the 80% will likely just come along for the ride. | Peter | *Defer to Info Swimlane* |
| Watts | 464 | Look to AHIMA for potential terminology authoring process governance. | Peter/Susan | *Defer to swimlane owners.* |
| Watts | 477 | We are mentioning the clinical care models which are important but what about the business and clinical operation models. Today that is where so many organizations are truly struggling and it is where we should be operating consistently. It is as they say low hanging fruit.  It’s the area of most organizations where they will understand immediately the benefit of not reinventing the wheel. | Susan | *Defer to swimlane owners. Need to clarify where we are “pointing the needle” for HSPC and defer on details beyond our intended impact scope.* |
| Watts | 514 | We keep talking about specific model patterns. What I wonder is if we should be focusing on the framework that can be used to model and cross reference these patterns or any other new ones that might be established in the future. WE should be pattern agnostic. | Susan/Peter/ Scott/Ken | *Recommend Persuasive with modification. There are elements of a core framework, but HSPC is not taking on entirety of the landscape. Perhaps a visual to depict the scope of coverage of HSPC work as seen across architectural lines would be valuable.* |
| Watts | 599 | Describe how this is different from any other governance;  One critical aspect of being able to truly implement SOA and SOA governance is to have a virtualization strategy/capability. Services should be solution agnostic and contextually agnostic. As well as completely configurable. | Aneel | *Defer to swimlane owner* |
| Watts | 627 | This as well as other capabilities that can be aligned to specific architectural principles should be called out. AHIMA has a set of information governance principles that are very well defined along with specific set of non-functional requirements of what it means to be compliant with that principle. | Mike Davis | *See Watts Ref #514* |
| Watts | 629 | This may be a good place to think about block chain techniques. Its also a place where other industries have figured this out on a large scale. | Mike Davis | *Defer to swimlane owner* |
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