

SOCIAL SECURITY ADMINISTRATION
OCCUPATIONAL INFORMATION DEVELOPMENT ADVISORY PANEL
QUARTERLY MEETING

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HILTON DALLAS LINCOLN CENTER
DALLAS, TEXAS

DR. MARY BARROS-BAILEY
CHAIR

PANEL MEMBERS

Gunnar B.J. Andersson, M.D., Ph.D.

Mary Barros-Bailey, Ph.D. – Chair

Robert T. Fraser, Ph.D.

Shanan Gwaltney Gibson, Ph.D.

Thomas A. Hardy, J.D.

Allan Hunt, Ph.D.

Sylvia E. Karman, Project Director

Deborah E. Lechner, PT, MS

Abigail Panter, Ph.D.

David J. Schretlen, Ph.D.

Nancy G. Shor, J.D.

Mark A. Wilson, Ph.D.

PROCEEDINGS**(8:39 a.m.)**

MS. TIDWELL-PETERS: Good morning. My name is Debra Tidwell-Peters, and I'm the Designated Federal Officer for the Occupational Information Development Advisory Panel. This is the panel's first quarterly meeting of FY 2010. I will now turn the meeting over to Dr. Mary Barros-Bailey, the panel chair. Mary?

DR. BARROS-BAILEY: Thank you, Debra. Good morning, everybody. Welcome back. I want to acknowledge that we have members of the audience besides the panel and SSA staff and that we also have people listening to us on the phone. And if you are listening to us and you'd like to follow the agenda, you can go to www.ssa.gov/oidap and follow along.

I'd like to reiterate, the panel is an independent panel providing advice and recommendations to the Social Security Administration for the development of an occupational information system to replace the Dictionary of Occupational Titles in the disability determination process.

And would like to review the agenda for this morning or for today. We will have public comment. We have one person for public comment. So we will be able to move the presentation by Shirley Roth and Michael Dunn on the User Needs Analysis forward a little bit and have a

little bit more time for that. It will also give us an opportunity to have a little bit longer time in terms of the stakeholder panel of the organizations that presented yesterday.

That will take us to the noon hour, and we will break for lunch from noon to 1:30. From 1:30 to 2:45 we will have the presentation of the Integrated Project and Panel Work Plan. You'll see distributed to you this morning a copy of the roadmap and also the project plan. And there will also be the comments from APTA, the American Physical Therapy Association, should be among your materials.

Following the presentation of the Integrated Project and Panel Work Plan, we'll have quite a bit of time for the panel to deliberate from 3:00 to 4:30. And just an announcement for the work group members, at 4:30 to 5:00 there will be a meeting for the work group, just a reminder for that group.

So this morning I understand that we have Ms. Kitty Warren from CHADD providing public comment. Okay. Welcome. Just to let you know that you will have ten minutes to present, and then we will open it up to the panel if there are any questions.

MS. WARREN: Thank you.

DR. BARROS-BAILEY: Thank you.

MS. WARREN: Hello. My name is Kathryn Warren. I'd first like to begin my comments before this committee with an extension

of gratitude to the Social Security Administration's immediate decision for me to be entitled to disability benefits in June of 2006. As well, I would like to thank my twelve medical practitioners, four hospitals, two close friends of mine, my parents, and especially my sister, a member of the New York State Bar Association, and her friend, also a member, who carefully worked with my medical professionals, friends, and family in performing the necessary paperwork and additional tasks required to submit my request for Social Security disability benefits.

I have been granted Social Security benefits since June of 2006, a time when I could barely read without becoming cognitively overwhelmed and at a time when I suffered great pain, far greater than I dreamed imaginable given my previous experiences. Thankfully, my pain levels have decreased significantly since then and my efforts at cognitive rehabilitation are improving by the day.

Before I became disabled to the point of being unable to work, I was denied receiving Section 504 accommodations in the workplace and at my public high school. Thankfully, however, I was granted 504 accommodations in my private grade school and at Texas A&M University where I succeeded in graduating with a mechanical engineering degree, where I also was accepted into the Pinnacle Honors Society, and I was selected among 20 students at the university's large engineering department to enroll in the Eisenhower Leadership Development Program in the spring

of 2001 at the George Bush College of Government and Public Service. I worked close to five years after graduation as a control systems engineer and was fortunate to be among the three out of seven graduate new-hires to retain my job after the economy's decline following the tragic events in September of 2001.

I was first diagnosed with ADHD as well as with epilepsy at Scottish Rite Hospital in Dallas when I was 8 years of age. Thankfully, it was then determined that I had no coexisting learning disabilities and was in fact determined to be highly gifted. My father, a CPA, and my mother, a medical technologist at the time, were excellent in managing both the medical and financial needs that made my scholastic career possible. But while engineering was what I pursued as an undergraduate, it was only a means to an end as far as my career path was concerned. I carefully planned my career steps to avoid a career that would ultimately be boring to me after repeated use of the same theories and standard procedures. Postgraduate studies were always a part of my educational plans so I could obtain a job that would provide constant challenges for me in the workplace. However, I was unfortunately stuck with my engineering position until I was able to complete a medical procedure on my jaw that I needed to complete in order to have a healthy diet and to reduce the tension in my craniosacral and maxillofacial areas, all of which were causing frequent migraine and tension headaches.

I'm not going to say that there weren't some times in my engineering career when I had some interesting design proposals that were well accepted by my peers, but the efforts put into these proposals were usually above and beyond what my job description entailed, encroached upon simply because I needed some stimuli to keep me going with my boring work. I also had the problem of overanalyzing data that I was often not asked to do, which I also did to keep me stimulated. While it often benefited the project, my analysis led me towards recognizing design flaws by my senior engineers who were not keen about listening to input from the newbie engineer. And being ADHD, I am not known well for my interpersonal skills, so that didn't help.

Since my early childhood, I've continually educated myself about ADHD. While my research began in the 1980s, I became even more fascinated with the studies in the 1990s and ever since.

Dr. Russell A. Barkley, a renowned ADHD specialist, understood that, quote, disorder can also influence immediate and future life decisions. For example, knowledge of one's ADHD can influence job choice, choice of major in school, or decisions about whether to return to school and where, preferably one with an established program for assisting ADHD students. Often poor work performance is related to being, quote, easily bored by tedious material or tasks and being less able to initiate and sustain efforts of uninteresting tasks. Essentially, what is concluded by

Dr. Barkley is that boring and uninteresting tasks are not easily tolerated by ADHD patients, and I could not agree with him more.

CFR 20, Appendix 2 to Subpart P of Part 404, Medical-Vocational Guidelines, Section 204.00, states, "Maximum sustained work capability limited to heavy work or very heavy work as a result of severe medically determinable impairments. The residual functional capacity to perform heavy work or very heavy work includes the functional capacity for work at the lesser functional levels as well, and represents substantial work capability for jobs in the national economy at all skill and physical demand levels."

Now, granted, I am not a legal specialist nor a medical professional, but it seems to me that if an ADHD person was reduced to lesser functional levels in the workplace, it would actually minimize his or her sustained work capacity based on current research and Dr. Barkley's studies.

This next month my braces you now see will be removed after many years of work and a surgical procedure that has finally allowed me to chew food. I'm currently taking a medical terminology course under the advisement of my neuropsychologist, and I am optimistic that along with my continued cognitive rehabilitation and physical therapy, my return to school will be just the beginning of what will be a very successful recovery.

I am bound and determined on returning to school to

complete a graduate degree in neuroscience so I can finally enter an occupation that my complicated brain can handle. That, and I constantly want to contribute all that I can to the betterment of the human person. I consider myself fortunate in this great country of ours that we have colleges that can bring out the best talents in our citizens as well as those from abroad. This country gives us the freedoms that we need to succeed and allows those who are disabled to obtain accommodations that will help them as well to succeed and contribute to our economy.

As a volunteer in CHADD's National Public Policy Committee, I have sought to bring what talents I have in advocating the needs of those with ADHD. I hope you will consider my testimony in the future decisions made to better our Social Security Administration's disability determination process. Thank you.

DR. BARROS-BAILEY: Thank you. Are there any questions by any of the panel members? Thank you for coming to provide public comment this morning. We appreciate it.

MS. WARREN: Thank you.

DR. BARROS-BAILEY: Thank you. Okay. At this time I would like to introduce the User Needs Analysis final report presenters. We have Shirleen Roth. She's a senior analyst with the Office of Program Development and Research, and Michael Dunn, a social insurance specialist with Office of Program Development and Research at

Social Security Administration. Welcome.

MS. ROTH: Good morning. Can you hear me?

DR. BARROS-BAILEY: Yes.

MS. ROTH: Again, I'm Shirleen Roth, a member of the project team, and this is Michael Dunn. We've been working on User Needs Analysis for Social Security, and we'd like to present the results to you as well as the methodology. And we appreciate the opportunity to present the results to you. The UNA was developed by SSA staff in 2008 and 2009. It was conducted in 2009, and it was presented to the panel's User Needs and Relations Subcommittee for inclusion in the September 2009 panel report.

Now, in your binder behind Tab 2, behind the third red divider is the PowerPoint presentation. And behind the fourth red divider is the report itself. And later on as we're presenting the results, I'm actually going to be referring to the report.

In this presentation we'll be discussing the research objectives, questions, and participants. We'll be providing you information about the development process for the investigation and the final methodology that was used. And, lastly, we'll be presenting the results with a discussion.

In particular, we want you to be aware of the methodology that was used for this UNA and the way in which it was developed since we

intend that it will be used as a platform for future UNAs. That is, we anticipate that UNAs will be conducted throughout the development process of the OIS to be sure that users' concerns are fully considered. For future UNAs, as for this one, we will tailor the methodology specifically for the topic at hand.

Now, for this UNA we were not able to vet the methodology with you before conducting the investigation, and that is because we began the development process before your panel was even created. In the future we intend that the methodology to UNAs and the other investigations we conduct will be vetted with the Research Subcommittee and with the panel as a whole before the investigations are actually conducted.

Now, before we begin, I also want you to know the SSA staff is moving forward with development of the content model for the new OIS. We're considering and synthesizing the results of this UNA as well as the panel recommendations. We're also including in consideration all of the comments received, either through testimony or through written comments from individuals and organizations.

We note that the public comment period remains open on your recommendations, and we want to let you know that we intend to consider any comments received through the close of the public comment period.

Now, before we begin describing the report in detail, I would

like to define a few of the terms we're going to be using. When we use the term occupation, we intend to say meaning as the definition provided in the DOT. And that becomes important because, for example, the DOT defines occupation quite differently than the O*NET. The DOT says -- and this is the definition directly from it -- work is organized in a variety of ways. As a result of technological, economic, and sociological influences, nearly every job in the economy is performed slightly differently from every -- any other job. Every job is also similar to a number of other jobs.

In order to look at the millions of jobs in the U.S. economy in an organized way, the DOT groups jobs into occupations based on their similarities and defines the structure and content of all listed occupations.

Occupational definitions are the result of comprehensive studies of how similar jobs are performed in establishments across the nation and are composites of data collected from diverse sources. The term "occupation" as used in the DOT refers to this collective description of a number of individual jobs performed with minor variations in many establishments.

Next, since this is the User Needs Analysis or UNA for the content model, again, I would like to define the term "content model." Content model refers to the data elements or attributes that will be used to describe each occupation in the new OIS. Now, on your -- the screen that we have presented is the two worlds of work, and I want to describe and

explain a little bit what we mean by that because, again, it plays into the information we're going to be presenting you.

Since occupations involve interactions between workers and work, the occupational descriptions in the OIS will consist of data elements or attributes drawn from both what we would call the person side of work and the job side of work. Now, person side elements are the characteristics that individual workers bring to the job. These include, for example, the worker's RFC, his or her age, his or her educational level, his or her work experience.

And there are two primary kinds of linkages that I'd like to describe. One type of linkage between the person side and the job side elements are the interrelationships between the work and the worker, for example, involving a comparison of an individual's functional capacity with the requirements of work. Another type of linkage involves attributes of work that require an interaction between the worker and the work; in other words, involve characteristics of both the worker and the work. For example, the length of time that it may take a worker to learn to do an occupation is partially an attribute of a worker and partially an attribute of the work. That is, the length of time may depend on the workers' education, past work experience, as well as the complexity of the work or the uniqueness of the work.

Now, in our presentation we want to let you know the

objectives of the investigation. The primary objective was to obtain information so we could develop the content model for the OIS. There was also a secondary objective, and that was to plan for future integration of the OIS into SSA's disability processes and policies. We were interested in exploring ideas for improvement to the way that SSA collects vocational information from the claimant. We believe that these improvements could be implemented at the same time that the OIS is integrated into disability claim process adjudications. And specifically we wanted to find out what ideas people might have for obtaining quality information from the claimant about his or her past work history as well as quality information about the functionally limiting effects of his or her impairment while not unduly burdening a claimant with lots of questions. So we're looking for ways to improve the quality while not adding to the burden on the claimant.

Now, while this information's not immediately needed, we think it's important to have the information available to us now so that we can make plans for future integration. The research question then is -- Tom, did you have a question?

MR. HARDY: I think I'll wait, but I just wanted to know if I could or not.

MS. ROTH: Absolutely. If you have questions, please let me know. So the research question then was, what occupational-vocational and medical-vocational information does SSA need

or would SSA like to have in order to adjudicate claims for adult disability benefits?

Now, by posing the research questions in terms of occupation-vocational and medical-vocational information, the research question addresses all of the lines of inquiry we just mentioned.

In addition to that, the intent of the inquiry was to generate ideas or opinions of select expert users. The intent was not to develop consensus. So we were interested in all of the ideas, whether it was one unique idea or an idea commonly represented throughout the population. So, as a result, the research question was intentionally open-ended in order to maximize the number of ideas that the study could collect from its participants.

Now, in terms of research participants, again, the project is intended to develop an occupational information system that is specifically tailored for SSA's disability adjudication process. So while the agency believes that the information it develops will be useful to a wide constituency of users, we believe that SSA must focus on its own adjudicative needs in order to ensure that these needs are met in a cost-effective manner.

So, as a result, SSA considers its own disability adjudicators and reviewers to be the primary users of the new OIS, and we focus this particular UNA by drawing participants from SSA's adjudicators and

reviewers. We also note, as demonstrated by public comment at all of the panel meetings and by written comments received by the panel and through Social Security's own outreach efforts, we believe that there's a wide audience of stakeholders who are interested in or who will be affected by the development and use of the OIS.

Since the OIS will provide information that will be used in the adjudication of disability claims for Social Security programs, clearly the general public and particularly individuals with impairments are an important stakeholder and will be affected by this and we're very aware of that.

In addition to those of you who are represented on the panel and members of the public organizations who have testified before you or provided written comments to you, others who may be interested in the outcomes of this work include, for example, workers' compensation programs, long-term disability insurance carriers to the extent that they do similar work. We believe that trade and professional associations and labor unions may be interested to the extent that the OIS will describe the work that they do. We believe that other government agencies such as Department of Labor and the Department of Education's Rehabilitation Services Administration, for example, are interested. And other groups who currently use the DOT as a reference are important stakeholders as well.

SSA's respectful of the enormous contributions of these external stakeholders and as well as the contributions that they've made to providing -- furthering the understanding of how individuals with impairments interact with the world of work. And to the greatest extent possible, SSA is using a transparent process, communicating with external stakeholders and requesting involvement by external stakeholders so that where possible concerns can be addressed during the development of the OIS.

And now I'd like to turn over the next section of the presentation to Michael Dunn. He's going to provide you with information regarding the development and methodology of the UNA.

MR. DUNN: Thank you, Shirleen. Okay. Well, the final site design that we used for the UNA for the content model evolved out of a series of prior investigations which included the Physical and Mental Demands of Work questionnaire, the UNA pretest in Atlanta, Georgia, and the UNA pretest in Chicago, Illinois.

The first, the Physical and Mental Demands of Work questionnaire was sent out in February of 2009. This was really our first attempt at trying to identify users' perceptions of the demands of work and the measures of human function required to work. Essentially, this survey identified a list of physical and mental or cognitive requirements of work, basically the traditional items that you would see on the RFC and MRFC

with some new added items such as bilateral and unilateral lifting, carrying, pulling, gripping, overhead reaching, side to side, et cetera, and then asked internal users for their opinions as to how helpful or useful these work demands are or could be in disability adjudication.

Unfortunately, the responses that we received back lacked the depth and quality of information we had hoped to gather. As a result, we decided to take a more qualitative approach to this investigation. We decided that we were going to look to investigate using both individual interviews and focus groups for the next round. And this would become the methodological framework for which the UNA for the OIS content model would eventually be based.

The first UNA to follow the interview focus group format was referred to as the UNA pretest in Atlanta. Again, the goal of this UNA was to identify users' perceptions of the essential physical and mental cognitive requirements of work. In this case we tried using a mock claimant fact sheet which included one physical impairment and one mental impairment and other claimant information and then asked participants to review a fictitious claimant's allegations and medical evidence and then answer a series of questions pertaining to limitations that could potentially manifest themselves in the workplace as a result of the claimant's impairments.

These individuals then took place in a focus group which had the intent of getting them to share and develop their ideas further. The

responses we received back were more informative than the Physical and Mental Demands of Work questionnaire. However, our use of a specific fact sheet/case study really appeared to impede the participant's ability to think beyond the current adjudicative process. Limiting the findings, participants became focused more on whether the case was an allowance or a denial rather than on the work-related limitations an individual may experience as a result of the impairments.

We came back and regrouped and tried another approach. This became the UNA pretest in Chicago. We had modified the instrument we used in Atlanta, and instead of using two impairments, this time we decided to incorporate nine impairments. I'll identify how and why we chose these impairments in the methodology section later. We chose not to include the mock claimant allegations or other case evidence. Our intention was to encourage participants to think about the whole spectrum of limitations that could occur from an individual's impairment.

We limited the sampling frame of this UNA to SSA headquarters components and DDS offices in the Philadelphia region. We selected this region for several reasons. First, the team was tasked with presenting the results of the UNA to the OIDAP by the end of August 2009. That gave us approximately four weeks for the data collection phase. The offices located in the Philadelphia region are closest in proximity to SSA headquarters and met both time and personnel constraints.

While we acknowledge that the agency may choose to incorporate a national representative sample frame and methodologies for future UNAs, in our mind this was the first of a series of UNAs which would occur in the development process. And for this UNA for the content model, we felt a national representative sampling frame was not necessary. Again, as Shirleen said earlier, the goal of UNA was to obtain ideas and opinions, not a consensus. We were not seeking to develop any statistical inferences from information we collected during this UNA.

Particular offices were selected within the region on the basis of two main criteria. Limitations imposed by Public Law 10413, which is the Paperwork Reduction Act, in attempting to obtain a professional and geographically diverse sample within the Philadelphia region. At the time of this investigation under the Paperwork Reduction Act, the number of non-federal offices that could be selected for participation in the UNA could not exceed nine. And we would refer to those as -- those would be the DDS offices that we would want to go look at. During the middle of our study, the interpretation of the PRA was actually changed to acknowledge the close relationship that the DDS offices have with SSA and our study. Had we had time to gather data from more offices, we would not have been limited to nine DDS offices.

Obtaining a professionally and geographic diverse sample was also particularly important to us. While we knew that the servicing

area for each DDS office is diverse demographically, the project wanted to capture any potential differences in opinions or ideas from adjudicators who service areas with different industries or occupations. For example, adjudicators who work in West Virginia DDS might process disability claims filed by individuals with a mining or steel background more often than adjudicators who work in the Maryland DDS. We knew we were going to have limited time and staff to carry out the UNA. So, in recognition that we couldn't sample from all over the country, we wanted to obtain a professional and geographically diverse sample, and that was important to us and part of our consideration with the DD office selection.

Factors considered in our office selection. First, again, was the time and resource constraints. Time and personnel constraints were not just an issue we faced in collecting the data, but we also acknowledge the resource constraints on all offices. For instance, the hearing backlog is a big concern for the agency, and we didn't want to do anything that would produce -- that would reduce productivity of an office. So, for example, in the case of ODAR offices, we were able to conduct the UNA with the office of appellate operations but not the hearing offices as their time was very critical and we didn't want to disturb their process.

We mapped out how long we would have to collect the data, and we decided that we could include at least three DDS offices in addition to the agency component offices that we would also include in the UNA.

Basically, we had a four-week period, so three offices seemed like a reasonable expectation.

Some states have one DDS office that covers all the claims filed. This is what we refer to as a centralized office. Whereas, other states have more than one DDS office. We refer to these as decentralized. We wanted to capture any potential variation of opinion or ideas that might reflect an adjudicator's employment in a specific office type. So it became our goal to include both a centralized and decentralized office structure.

Finally, we acknowledge that participation was at the discretion of each individual office that we contacted. Thankfully, the offices that we contacted were happy to participate. However, there was always the chance that they would say no.

We'd like to take a moment to thank the following offices for their participation in the UNA pretest or the UNA for the OIS content model. (List of offices displayed on screen.)

Okay. When it came to the interviews, our interviews lasted approximately one hour and followed a semi-structured interview schedule. So what does that mean? Well, while interviewers were provided with a list of prepared questions, they were allowed to change the phrasing and ordering of the questions. We did this because a series of questions in this UNA asked respondents to consider the way in which various impairments may affect an individual in the workplace. Such questions are open to a

wide range of interpretation by interviewees, as we had discovered in the initial pretest. And, as a result, interviewers had needed to provide additional information in order to acquire the most accurate responses. The semi-structured interview allowed interviewers that opportunity and to develop and introduce new questions in response to any of the questions received from the interviewee. So if there was any misunderstandings, we were allowed to change the questions in order to clarify for the interviewee.

Interviewers recorded the responses of the participants directly on a questionnaire while also recording the interviews with a digital recording device. Later we used the written responses and analyzed those in conjunction with the digital recording devices. As time was a constraint for us, without fully transcribing each hour-long interview, this allowed us to go back and listen to the interviews and compare the audio recording to the actual notes taken by the interviewer. The subjective interpretation of an interviewer could impact the notes they take down, and they could also miss things that were said in the interview. This allowed us to go back to check to make sure the interview notes were consistent with the interview.

As I said earlier, I would discuss the impairments which were selected and why they were selected. The nine impairments on the screen are those which were used in the UNA. The teams selected these impairments based on three main criteria. First, the most common

allegations based on our subjective reports from experienced adjudicators that were in our own work group. We asked various members of the work group to identify those impairments that they saw most often as adjudicators or impairments that they would expect to see most often. Those staff members who had previously been adjudicators had worked in various DDS offices throughout the country before, and we felt like they would be a good group to ask and served as a starting point for investigating the impairments we should use.

The second factor was the diversity of functional limitations. We wanted to include impairments that reflected limitations to all body systems. Finally, the impairments needed to be applicable to working-age claimants. Although the list only represents five of the 14 body systems on the surface, when you look at the nine impairments on the screen, some of the impairments such as cerebrovascular accident or even multiple sclerosis, they affect multiple body systems, so that's why we included them.

Here's a sample from our questionnaire. The full version can be found on pages 9 to 10 of our report. So one of our questions would start off "Picture an individual with," and then we would insert the impairment and ask them what work-related limitations or restrictions might a person have as a result of this impairment. We had additional follow-up questions for each impairment and probes. Probes were used to try and gather information using an alternative question form to try and get the same -- at

the same information. So if we felt like we weren't getting enough information back from the interviewee, there was a list of probes, and that gave us ideas to sort of change up the question and try and really get more information from our interviewee.

An example of a probe could be, if a person had blank, insert impairment, you know, what kind of physical or mental activities would that person need to avoid or have difficulty performing or what kind of things would you want to know about the work environment, knowing that an individual had a specific impairment.

Moving on to our focus groups. While the individual interviews revealed valuable information to us, they were really presented to the participants as a brainstorming activity. We designed the interviews merely as a means to get participants to think critically about the topics presented to them. The focus groups became our primary source of information for the UNA. One of the advantages of using the focus groups is that it allowed participants to listen to others and collectively as a group respond to questions that would help development of a content model. It allowed participants to build off one another and really maximize the information we were able to obtain for the UNA. The focus groups were developed to address both tasks of the UNA, inform development of the OIS content model, as well as our secondary task which was the later integration of the OIS into SSA's disability claims process.

Focus groups normally consisted of seven to ten people, and questions were administered to the group by an experienced focus group facilitator for our initial focus group sessions. Later, new focus group leaders were trained and required to sit in a minimum of two focus groups prior to carrying out one on their own. During these sessions, responses were recorded on a flip chart which served two purposes during the UNA. First, it allowed group members to see what comments had already been said and, second, it served as a source of data used by the team later when compiling our focus group responses. We also digitally recorded the focus groups and, similar to the way we analyzed the data in the interviews by comparing the written responses to the audio recording, we did the same for the focus groups to make sure we captured everything.

Again, like the individual interviews, the focus groups followed a semi-structured format. Facilitators were given a list of specific questions to ask participants but were allowed to and we did often deviate from the sheet in order to focus on topics which the group felt were important, or we would often tailor discussions to topics relevant to the type of office participating in the UNA.

On the next slide I have some examples of questions posed to participants in the focus group. So, based on your interview, what are some of the requirements of work, physical or mental, with regards to various impairments discussed? Do you have any comments or suggestions

regarding how to obtain information about the claimant's function more efficiently? Do you have any comments or suggestions regarding how to obtain information about the claimant's past work more efficiently? These are only three of the questions that we had used. For a complete list, you can see the report. It has all the questions.

And that concludes my section. Going to turn it back over to Shirleen who will cover the results of the UNA.

MS. ROTH: Thank you, Michael. Now, honestly, the -- we found that the methodology used for the UNA was successful. If you notice within your report, pages 12 through 45 represent all of the ideas and opinions received. Quite extensive comments, not only in terms of the content model but also some specific data about each element that the participants would like to see. Because the list is so lengthy, I'm not going to actually go over the entire list, but what I am going to do while we're together is I'd like to walk you through the list and show you what you can find. I'm hoping that each of you will take the opportunity to read through the list so that you can become familiar with what the users are asking for.

DR. SCHRETLEN: Shirleen, I just have one quick question. How many interviews were there all together? How many people in the different centers actually provided data?

MS. ROTH: Thank you for asking. That's a great question. We have actually provided that in the -- one of the appendices.

Give me just a moment.

MS. KARMAN: It's page 87.

MS. ROTH: Thank you, Sylvia. So on page 87 between the pretests and the actual -- the conducting the tests, we went to eight offices. At each office the average number of interviewers was five. The average participants ranged from a low of four at one of the pretests to a high of 15 in one of the pretests. Average again for participants, between seven and eleven. We also have some information there about the average number of years of experience using both the mean and the median and the range of experience of the participants. And again, that's on page 87 of your report.

MS. SHOR: I just have a quick question about the instructions given to your participants about what sort of limitations they would expect from each of these nine. Did you instruct them -- was there any sense of what information you wanted them to draw upon when they gave you an answer? In other words, if claimants with multiple sclerosis frequently report X, Y, Z or the POMS says claimants with MS routinely report or -- I mean, did you instruct people where you wanted them to get their information from or newspaper articles they read? I mean, do you know where -- on what they were basing their answers?

MS. ROTH: They were basing their answers on adjudicative experience. And actually we didn't ask them for what was

most frequently reported. We asked for any limitation that could be reported because we didn't want to restrict -- restrict their responses. We wanted them to think outside the box, to go beyond perhaps what they always see to what they might see because we wanted to make sure we captured any and every kind of functional limitation that might be manifested that the participants could think of. Even if it was an unusual functional limitation, we wanted to make sure that that was captured. Again, the idea was not to create consensus, per se, it was to capture any idea and every idea of how someone might be limited and how that limitation might play out in the world of work because, again, that provides us with the opportunity to at least consider that in the development of the OIS content model.

DR. ANDERSSON: Can I -- and there was no effort to determine anything about the disease entity? I'm just surprised, you know. 40 to 50 percent of people who are 50 years and older have herniated disks, and there's about 46 million people in this country who have arthritis of the upper and lower extremities. Most of them are working. Most of them have absolutely no symptoms. I mean, they have symptoms but not symptoms that prevent them from working. And I can't imagine why anybody would be disabled because of a herniated disk. I can see them being disabled because of chronic back pain but not because of a herniated disk for which we have excellent treatment.

MS. ROTH: That's -- thank you, Dr. Andersson.

When we conducted the UNA, people -- participants frequently discussed the types of symptoms that they would see. Now, in terms of restricting their answers, we -- to the greatest extent that we could, we tried not to do that. Sometimes there was a tendency among participants to start describing symptoms that were so severe that the person would have been allowed at Step 3, that they would have met a medical listing. So, for example, describing the symptoms or the functionally limiting effects of mental retardation where, you know, an individual has an IQ of 59, that person would have already met a listing and we would not be evaluating their case at Steps 4 and 5. So we did -- that was the only way that we ever -- and again, we didn't restrict them, but we did say at the outset we're looking at Steps 4 and 5 and the functional limitations somebody might experience at Steps 4 and 5.

And you mentioned the herniated disk. People have a wide range of experience with herniated disk, depending upon the treatment they've received, and people experience -- our adjudicative experience and Social Security policy states that people have an individual response to medical impairment, so that one person with a herniated disk may not experience it the same as another person with a herniated disk, even if the medical findings are exactly the same. And so we did not limit them in terms of that sort of thing.

So they would describe the symptoms, and then we would say if they had that symptom, if they had that level of pain, what would that look like if they tried to work? What kind of functional limitations would they have for -- you know, somebody might, for example, say they could have a Level 7 pain. Well, what would that Level 7 pain look like if they tried to work? What kinds of functional limitations might they have? And then they would go through and describe limitations perhaps to standing, walking. They may describe, for example, a need for a sit-stand option at work, that sort of thing.

DR. ANDERSSON: I'm just surprised because in other areas, for example, in workers' compensation the American Medical Association's impairment guide would give a person with an unsuccessfully treated herniated disk about 15 percent impairment. Could never issue the impairment that you're talking about in your definition of disability.

So, on the other hand, you could have had a herniation that was treated with unsuccessful fusions and developed into chronic back pain, et cetera, et cetera, which could eventually lead to total disability, but it wouldn't be the herniation as such. And that's why I'm just surprised why the diagnosis came up as herniation because I don't see any people where I would put the diagnosis of herniation who are totally disabled.

MS. ROTH: Again, within our program, the driving force within the adjudication disability claims is not necessarily the

diagnosis, per se, but it's the severity of the medical findings and the severity of the individual symptoms. And so it becomes a driving force, and Step 4 and 5 are the functionally limiting effects of the individual's impairments. We use these impairments as a prompt to get people to think about the kinds of functionally limiting effects that might be present.

DR. ANDERSSON: Well, as long as you get the information you want out of it, it doesn't make that much of a difference. I was just surprised that you picked that as a diagnosis.

MS. ROTH: Thank you.

MS. KARMAN: Maybe I would clarify something that I'm hearing, and I'm wondering if this might help, Gunnar. We were looking at a number of different diagnoses or things that people present with and trying to get the people we were interviewing to think in terms of what the limitations in their functioning might appear like in the world of work. And so that's not the same thing as making the decision. And we would in making the decision take all of their functional limitations into consideration, and they may be -- some of those limitations may be coming from a herniated disk, some of those limitations may be coming from the additional depression that the person may be presenting with as well. So all of these things taken into -- in toto, you know, would present us with information to enable the agency to make a decision. But the assessment of how that person's function plays out in the world of work comes first, and

that's different. So I think that's --

DR. ANDERSSON: I understand that. I was just trying to see. See, if I would have picked these questions, I would probably have been more generic, and I would probably have picked chronic disabling back pain or I would have picked severe disability of the upper or lower extremities and I might have gotten a broader answer relating to the effects of those conditions rather than being very specific on a diagnostic entity.

MS. ROTH: Thank you. One comment about, again, we were looking for descriptions of functionally limiting effects, not necessarily leading to a finding of disability. The point, again, as Sylvia mentioned, the point was not to describe limiting effects at a listing level or at a presumptive disability level but rather to find out what kinds of limitations might present which could be from mild to severe. So we were looking for a broad range of functioning limiting effects and, again, trying to use adjudicators' experience to get them to think outside the box, to get them to think outside of the current adjudicative process to some kinds of additional information that could be helpful in the adjudication of disability claims, information that we don't currently have available to us.

So that was the goal of the investigation. But thank you for your comments, and we'll -- again, in the future, when we conduct these kind of investigations, we plan to discuss them with you before we conduct

them, and that way we'll be able to gather that kind of feedback before, as we're developing the methodology. So thank you for that feedback.

MS. SHOR: One thought I had. If this type of investigation will be continuing, it seems like an excellent source of information about potential limitations that flow from various medical conditions would be the physicians who treat them who would be able to identify. Obviously not every patient experiences everything, but would be in a position to provide a very extensive list of the symptoms that some patients experience. Seems like that would be a pretty concentrated focus.

MS. ROTH: Thank you. Okay. Let me go on to the results section. Again, we're not -- I'm not going to be going over the individual results, but I do want to walk through them so you're aware of where they are and what they contain.

I also do want to point out a few things. Our participants provided information and ideas and opinions about both the person side of work and the job side of work. We did not do any filtering. We did not do any adjustment of those. We simply accepted them and recorded them alongside each other. And so you will see some things that appear to be very closely related side by side because one is on the person side and one is on the work side.

Also there were some comments that we received that were outside of the scope of this investigation. For example, comments about

current policies or current processes. Those we recorded as well, and they are in the booklet. I'm going to point most of those out to you. Those we will be handing off to the components responsible for those. And then lastly, after we've gone through this list, I'm going to be discussing some of the themes that we saw play out consistently across the different components.

If you turn to in the report page 12, that's where the report on physical data begins. Now, many of the items are items that you've seen in the DOT or rather occupational information systems, but our adjudicators and reviewers were very specific about some detailed information they would like to see regarding those elements in terms of measurement and in terms of some specific information they would like to have about each of those elements.

Physical, the physical results go through page 20 and again go beyond what you might see in the DOT. Sensory data begins on page 21. And again, quite a bit of additional information was described as desirable. Environmental data begins on page 23, and we received quite an extensive list of elements that people were interested in for environmental data. And that actually goes through page 33. Excuse me. Mental data. Mental data starts on page 26. Again, one of the areas where we don't have a lot of information from the DOT. The mental data goes through page 33, and on page 33 we start having information regarding task data.

Now, I do want to explain a little bit what we broke out here in terms of task data. This had to do with, for example, the number of steps in each task, sequencing of tasks, number of tasks, complexity of tasks. And in general most of these elements get at issues related to job complexity, which again is then again related to the mental demands of work.

On page 35 starts information regarding workplace tolerances, flexibilities, and standards. Now, there's been some questions about accommodations, workplace accommodations and so on. I do want to explain and again restate something that's already been stated to you, and that is that Social Security at Step 5 does not consider accommodations in making a determination regarding disability. Accommodations are one person and one employer, and that's not something we can necessarily collect in a nationwide sample. That's an employer-based provision of accommodation to an individual.

What the participants in the UNA were interested in providing was or interested in having access to would be much more generalized information across workplaces. So, for example, they were looking for tolerances, flexibilities, and standards that might be available throughout the economy within one occupation or within one industry.

And then the general comments begin on page 37. Now, the general comments didn't fit into these content model areas well, and so we put them separately. And I'm going to go through and describe basically

the different sections for your information. General suggestions, a wish list, comments regarding the OIS in general starts on page 37. Information regarding skills in the OIS starts on page 39. A wish list for the software application and database for the new OIS starts on page 40. Claim development procedures having to do with the OIS starts on page 42. On page 43 we start claim development procedures in general. Those relate to the current process, and those are outside the scope of the OIS, and those will be referred to the responsible component within Social Security for their consideration.

On page 44 we have information about both consultative examinations and Residual Functional Capacity Assessment. The information on consultative examinations is outside the scope of the OIS project and will be referred to the responsible component for their consideration. Claim evaluation procedures is on page 45, and then policy comments are also on page 45. And again, many of the policy comments are outside the scope of this project and will be referred to the responsible component.

Are there any questions before I go on to the next section?

Now, in terms of the things that we've seen, the UNA was successful in generating a substantial number of ideas and opinions from its participants. Given our early experience with the other methodologies, we found this methodology to be successful. Participants provided ideas and

opinions with substantial scope going far beyond the original physical and mental demands of work that we first envisioned.

Now, the objective of the investigation was not to develop consensus. However, we did find the responses provided were very consistent across all of the offices that participated. In fact, many of the responses that we received were similar to the comments received from individuals and the organizations that provided testimony to you.

The UNA also generated some very unique ideas regarding later integration of the OIS into disability -- Social Security's disability claims processes. And for that reason we do recommend that further investigation be done throughout the process, throughout the project to continue developing those unique ideas for integration. But we do believe that based on the wide variety and scope of the comments received and the consistency that we have developed through our own efforts and public comment we have received enough information to go forward with the development of the content model.

Now, we also want to point out that both the project team and the participants understood that what they were providing was a wish list and that there was no expectation that every single item would be provided in the new OIS but rather it was a wish list. As follow-up with each of the offices, we provided each of the offices who participated with a list of their specific responses for that office so that they could follow those responses

through, throughout the development of the new OIS or throughout the project to see which ones of the wish list items that they provided to us were included in the new product.

Now, in terms of the themes, we do discuss these in detail beginning on page 47 of your report. In terms of worker traits and work demands, SSA users consistently reported a need for more detailed information about worker traits, person side information, and work demands, which again is the job side information. They commented on the lack of information in the DOT regarding the mental demands of work and limited information about work activities. They advised us that the aggregation -- and this was consistent across all of the offices we spoke with -- they advised that the aggregation of occupations into categories of sedentary, light, medium, heavy, and very heavy work obscures the actual requirements of work, and they ask these categories be decomposed into separate data about the occupational requirements for sitting, walking, standing, lifting, carrying, pulling, and pushing.

They reported a need for more detailed and consistent measurement of worker traits and work demands, and they provided specific suggestions for the types of measurements that they thought would be appropriate. They consistently reported a need for more occupational -- better occupational information that was more appropriate for individuals with impairments. Again, the DOT, the descriptors are based on people

who have no impairment. For example, they stated that it would be helpful to know if an impairment to one hand or one eye would impede an individual from performing an occupation. They reported it would be helpful to know if an individual could move around on a job at will or what we might call the sit-stand option in order to relieve back pain.

They stated that while information about an occupational requirement for occasional handling is helpful, it's often more important to know whether repetitive handling is required of the worker and occupation. What we mean by that is when you describe something as occasional, you're describing it over the course of the day. So occasional could be, for example, lifting a box once an hour through the course of a day, or it could be lifting a box repetitively for an entire hour. And the physical demands on a body are quite different when something is repetitive, so it would be helpful to have information about that.

So, again, if you look at the information we provided, again, they provided some suggestions for worker trait and worker demands that are more appropriate for individuals with impairments, asked for decomposed ratings and so on.

The next theme that we saw was having to do with updated occupational information versus an updated Dictionary of Occupational Titles. And while SSA users of the DOT consistently ask for updated occupational information, there was no call whatsoever to simply update

the DOT because all of our users found information within the DOT itself lacking in terms of the kind of information they knew to assess how an individual's impairment would be evaluated within the world of work.

Now, again, they all recognized that the DOT's been used for many years and very successful for many years. And if the DOT had been updated by the Department of Labor, I think they would have been satisfied to continue going on as we have been. But since we have an opportunity to take a look and we need to update the information, they all consistently indicated that we needed -- since we had this opportunity at this point in time, that rather than updating the DOT, they would like to see, again, this more detailed impairment-specific information provided.

In terms of data versus the application, again, we did not get into policy issues. At this point in time we are simply looking at what kinds of data should be collected. We're not asking questions about how that data might later be applied. That's a policy decision that Social Security can make, but the data that's provided, the data that's collected might provide an empirical basis for Social Security to take a look at those policies. But we're not entertaining changes to the policy at this time. We're simply looking to find out what kind of data is needed. And, quite frankly, SSA users of occupational information are excited about the prospect of having new data as well as the development of new computer software information that they believe could provide an opportunity for streamlined and

simplified claims intake processes that has to do with how we collect information from the claimant, again, how we obtain quality data from the claimant and complete information from the claimant without burdening them.

They also believe that the opportunities available will benefit both claimants and the agency, and participants provided suggestions regarding software, user interfaces, usability of data, suggestions for enhanced computer-supported claim intake process. Again, ways to make the application process easier for the claimants. They provided suggestions for enhanced computer-supported decision making. Again, there was no indication, there was no hint even that people were thinking that the computer would ever make the decision, because there's always the need for adjudicative judgment. We provide individualized case assessments for claimants because we recognize that impairments affect different people in different ways.

But we believe that there are some computer enhancements that may support the decision-making process and may make opportunities for the decision-making process to be more consistent. And again, they provided comments regarding SSA adjudicative policy at Steps 4 and 5 that will be handed off to the responsible policy components.

Regarding classification, U.S. labor market connection, SSA users of occupational information consistently cited a need for information

about the incidence of jobs in the national economy and other occupational classification systems since this information is needed to establish a finding of significant numbers of jobs in the national economy. And they also expressed a desire for crosswalks to other federal occupational classification systems such as the military classification systems.

In terms of data suggestions for work history and transferability assessments, SSA users of occupational information consistently reported first that the agency's existing process for obtaining work history information from the claimant is unnecessary, complex, and difficult for the claimant. They believe that the development of the OIS provides the agency with an opportunity to simplify this process and provide greater support to the claimant as he or she is filing a claim for benefits.

Second, SSA users consistently reported a need for more detailed information about skills or work -- we would call them work activities. They reported a need for more detailed information about job complexity, and they were wanting more information regarding occupational requirements for education and training.

SSA users advised that the concept within the DOT called SVP, or specific vocational preparation, does not provide adequate information for either the evaluation of skills and their transferability or assessment of the ability to work for individuals with mental impairments.

Third, SSA users reported a need for more specific and comprehensive information about work context; for example, the work setting, work processes, technology, tools, equipment, and machines used.

And lastly, regarding work options, again, in your tables these are reported as workplace tolerances, flexibilities, and standards. SSA users of occupational information consistently reported a need for information about work options that are available to workers in a given occupation. Again, broad-based tolerances, broad-based flexibilities, information about existing work options is important to disability evaluation since these options potentially provide an opportunity for workers with impairments to continue working despite their impairments. Now, this is not intended as a means to deny claims but, again, provide information to people in both vocational rehabilitation and Social Security without requiring the worker to request, again, not involving any kind of reasonable accommodation for an impairment or a disability.

In particular, SSA users cite a need for occupational information about work options for taking a break when needed, a worker's ability to change positions when needed at their own discretion, for example, the sit-stand option, workplace options such as flexible schedules, flexible work locations such as telecommuting and working from home.

So, at this point in time those are the general themes that

we've seen, and I'd like to open it up for any questions or discussion.

DR. SCHRETLEN: Thank you, Shirleen and Michael. This is a wonderful presentation of a great deal of work. I was looking over the instructions to the participants, and it looks like they were quite general in terms of what you were -- you tried to make it as open-ended as possible. But I'm wondering if the categories, did you cue them in any way on these categories? Because there are certain -- in the table there are certain categories where there's an element in the left-hand column but nothing in the right-hand column. And so I'm wondering just sort of what does that mean? What does it mean that there is some category listed but no comments?

MS. ROTH: Thank you. Actually two questions that you asked. I'm going to answer them both in order. In terms of cueing them in terms of category, no, we didn't. Well, when we did the interviews, we did not cue them in terms of category. When we did the focus groups, we began and we went through the different -- the different categories. We had multiple flip charts on the walls. And generally we began with the physical demands because actually we would start by saying what kinds of limitations did you see, and almost universally each location would start with the physical demands.

And so we would start then and we would go through the physical demands. They would list, generally speaking, the ones that they

saw from the DOT. They would start listing walking, standing, stooping, crouching, those kinds of things. And during the focus group part then we would drill down and we would say, okay, what would you like to know about walking. And we would take that then, continue drilling down, continue asking probing questions about each of those elements until there were no more answers.

And during those conversations, if something outside of the scope of that particular element came up, we would write it down somewhere else and then go back to that. That would be the next thing that we would go to. And again, we would take each one of those elements until there were no more responses. And basically we would follow the lead of the offices. Generally that followed a pattern of first talking about physical demands. Then, again, the offices, we would follow their lead, would generally move into environmental considerations. It would then go into mental demands and tasks and workplace flexibility. Workplace flexibilities came about both from physical demands and mental demands but more commonly from the physical side.

DR. SCHRETLEN: Okay. So I just want to clarify then, because, you know, I'm obviously gratified to discover that so many of the characteristics on the person side that users requested map directly onto the characteristics that the Mental/Cognitive Subcommittee suggested may be useful for Social Security to consider that I wondered if they were cued,

because you can actually walk -- there's a one-to-one correspondence between the 15 items that we listed and the specific things that users said they would find useful to know or to assess about the person or the job.

MS. ROTH: They were not cued whatsoever having to do with that. I don't even think we had that list available to us at the time we were conducting.

DR. SCHRETLEN: So beginning on page 26 and proceeding through the end of the mental/cognitive points where they requested additional information, there's literally a one-to-one correspondence among the things that end users said would be useful and things that we recommended from our Mental/Cognitive Subcommittee.

The very first one is general cognitive ability, the ability to understand multistep complicated instructions, simple detailed complex activities that are required. Continues on the next page with references to intelligence, need for information about simple versus complex job tasks. Moving down, there's a reference to mental processing speed. That's number 5 on our list. Concentration is number 4. There are a number of points under concentration, including the need to be able to crosswalk the mental status exam to the OIS and mental residual functional capacity, which you've emphasized in your introductory comments. They talk about pace and persistence, which are number 9; the ability to keep a schedule, which is item 7 and 8; interaction with the general public, which is a general

category in item number 10; the degree of supervision given or required or available and how a person deals with criticism, numbers 10 and 11 from our list.

I won't -- I'll just stop there, but I think that it's striking that virtually everything that we suggested that SSA might find useful that we recommended, that our subcommittee recommended to the panel that SSA might find useful to evaluate on the person side for correspondence with job demands are listed in the -- are listed among the points made by your 70 something users.

MS. ROTH: Your point is well taken. The -- many of these items also crosswalk over to the current MRFC. And I think in general the responses that we saw and why we went the focus group route was that the responses that people generally gave us initially were what they were familiar with. So what they saw in the current RFC, what they saw in the current MRFC. Then once they saw other people, maybe one person at a location would say something that wasn't on the current MRFC or wasn't on the current RFC, that then encouraged others to start thinking outside the box and identifying other elements. And that's actually what generated the majority of the comments that we received.

DR. SCHRETLEN: And it's not surprising that many of these items would crosswalk to the MRFC because we attempted to preserve aspects of the current MRFC that we heard, that our

subcommittee heard were very useful.

DR. BARROS-BAILEY: Gunnar?

DR. ANDERSSON: Well, I just wanted to ask David.

Are you asking to what degree the questions drove the answers?

DR. SCHRETLEN: Yes, correct.

DR. ANDERSSON: Which you'd think, because -- I looked at the physical and I have the same exact thought.

DR. SCHRETLEN: Well, I think what it suggests is that we're sort of on track.

MS. ROTH: Again, the comments that we're receiving from the internal users are very consistent with the comments we received from the public, from the practitioners in private organizations, and in the professional organizations. So I think that there is -- there's a correspondence between the responses that we've received and the responses that they are provided with as well.

DR. FRASER: Just one question. On the telecommute or, you know, work off-site or work from home, was that heavily endorsed as something that should be evaluated or was that just a couple of stray comments?

MS. ROTH: The elements that we presented as themes, those were -- every one of the themes were presented, not necessarily at every site but consistently throughout all the sites. So they

weren't -- the workplace option was actually one that I believe was listed at every site. Now, it may not -- they may not have phrased it that way. They may have said we need to know if somebody can go to the bathroom when they want to go to the bathroom. You know, that's not necessarily something that can be done in every work site, and it becomes a critical issue in many disability cases.

So sometimes the comment came in and you'll see it presented that way, can the person go to the bathroom when they need to go to the bathroom or do they have to wait for permission from their supervisor, can the person take a break to take medication when they need to take the break to take medication. So we've received those kinds of comments virtually at every site.

DR. BARROS-BAILEY: Tom?

DR. HUNT: I want to just take you back for a moment to the U.S. labor market connections.

MS. ROTH: Yes.

DR. HUNT: How much frustration is there currently about the disconnect between the DOT as a tool and the labor market information that's being collected? Comments on that?

MS. ROTH: Frustration. Social Security policy in terms of the Step 5 decisions, framework or directed decisions. And those are technical terms. Let me explain them. At Step 5 of the sequential

evaluation process, the agency has to make a decision about whether or not an individual can adjust to other kinds of work that are not necessarily representing their past work history. And to do that, the agency has developed a set of tables or guidelines based on sedentary, light, medium, and heavy work and so on that provides a decision-making process. If those tables are met exactly, then the decision in the case considers age, education, work experience, and the individual's RFC. If the tables are met exactly, then that provides for a directed decision. In other words, it tells the adjudicator what decision you make. If the tables are not met exactly, which is our norm as opposed to the exception to the rule, then it provides a framework for that decision-making process.

And those guidelines are based on a number of occupations in the DOT, which are then a proxy for the number of occupations represented or the number of jobs in the national economy. So SSA has a process and a policy to deal with some of the lack of information in terms of actual numbers of occupations at the DOT level.

Having said that, our adjudicators would prefer, I think almost universally, to have information about the incidence of occupations at the DOT level on a national basis.

DR. HUNT: Right. Thank you.

DR. BARROS-BAILEY: Tom?

MR. HARDY: Thank you. I really enjoyed reading

this report. It was a unique and creative way of getting information, and I really applaud you trying to think outside the box on this.

MS. ROTH: Thank you.

MR. HARDY: So I thought it was very nicely done.

And this is going to sound kind of left field, but I was reading this pretty closely and one of the lines in here jumped out at me. And this is not something I think that you have to answer right now, but I'm kind of asking for information here because on page 2 you said in this paper, "The term "occupation" is the same general meaning as that used in the DOT. However, the OIS will group or class occupations in a way that's optimal for SSA's disability programs."

And I sort of stood back and thought, the OIS is working, or I mean the work group is working on different things and you're doing a lot of stuff that we don't know about right now. But if there is a decision or an assumption right now for data classification and gathering that is kind of based on an idea of how the information will be classified, could you guys kind of list, you know, where you're going and how that's informing the research that you're doing, if such has happened?

MS. ROTH: There's -- there's no preconceived notion of what the classification system is going to be for the new -- at this point in time, at least, I don't -- I personally don't have a preconceived idea other than to say that the data needs to drive the classification process. Right

now there are over 12,000 occupations in the DOT. At this point in time it's difficult to say how many of those or which ones of those maybe no longer exist in the national economy, which ones have been modified so significantly that they may not look like how they're described in the DOT, and how many new occupations may have emerged. And so, again, the DOT is what we know, and so the data collection may well -- we're going to be looking to you for guidance on much of that. The data collection may be based on what we know. But once the data becomes available, then I'm -- my personal assumption is that the data will drive the classification system.

MR. HARDY: Thanks.

DR. BARROS-BAILEY: I want to follow up Tom's question. I think what you're asking, Tom, and let me make sure, I don't want to put words into your mouth, is if it says a level of -- what does it say again? Read it to me.

MR. HARDY: "In this paper the term "occupation" has the same general meaning as that used in the DOT. However, the OIS will group or classify occupations in a way that is optimal for SSA's disability programs."

DR. BARROS-BAILEY: So I think it's that latter part in terms of classifying data that is appropriate to SSA's programs that is the question.

MS. ROTH: Okay. Thank you. Different

occupational systems classify occupations according to what's most important to them. And so, for example, the O*NET is classified according to job families so that you might, for example, if you're doing career exploration, you might be able to see the transit of somebody through different occupations that lead to a higher level of skill. So within O*NET, for example, you might see a progression of somebody as they gain experience and as they further their education. It's everywhere from street lamp wirer to master electrician for a building, for a high-rise. And that would all be within one occupation. Wide diversity in terms of skill level, what we would consider skill level, and wide diversity in terms of the physical demands of someone who is actually, you know, wiring street lamps versus somebody who is creating blueprints for an electrical system within a high-rise building.

That's not optimized for disability evaluation. For disability evaluation, as your other users have told you over the course of the past year, we need information regarding the physical and mental demands of work and all of the criteria that we've been discussing today. So to answer the question specifically, the new OIS, in my opinion, would need to be classified according to the criteria that we care about, and that criteria is the mental demands of work, the physical demands of work, the environmental conditions that are presented in a workplace.

MR. HARDY: I completely understand that, but if

you are starting to work on some sort of -- if you have anything regarding this that you're working on, I'd like to be briefed to know how you're doing it and what your thoughts are in the work group. That's really what I'm asking.

MS. ROTH: Okay.

MR. HARDY: Okay?

MS. ROTH: That work has not yet begun.

MR. HARDY: Thanks.

MS. KARMAN: I was just going to mention that Social Security had provided the panel with its program, legal, and data requirements early on which the panel then assessed and voted on. And one of the recommendations that the panel made to the agency involved the acknowledgment of those requirements and indicating that those requirements were really very much on target. Among them were requirements that we identified with regard to how work might be grouped.

So, in other words, we talk frequently about aggregational level, and really when we do that we're concerned about both on the panel and within our team has to do with how homogeneous the groupings of work might be along the lines of those elements that are most important to us. And so those kinds of things would require factor analysis, and that's why we're not really in a position at this moment to recommend the exact number or how that might look.

But, you know, as we take that initial step to look at how work might be grouped so that we can map it onto what is currently reflected by your labor statistics and others, you know, under SOC, then that will enable us to begin finding that work in the economy so we can gather more information. So, as we do something along those lines, Tom, we'll be able to share that, but that's what that's about.

MR. HARDY: Okay.

DR. SCHRETLEN: Is an implication of this in terms of long-range thinking that if our research, if it were to demonstrate that occupations as disparate as, say, bank teller, a bookkeeper, and cashier all had extremely homogeneous job demands and made extremely similar demands on worker abilities or skills, they might all be grouped together as a cluster, that someone might be found able to perform a cluster of jobs rather than specific occupations?

MS. KARMAN: I think that that certainly, by that extension of logic, that would certainly be a possibility as long as the adjudicative -- Social Security adjudicator was able to assess the n of 1. Because we really at the bottom line of it need to be able to take the information that we would be wanting to present in that OIS classification and be able to walk it back to the individual case, so -- but yeah, I mean, that's a possibility that that could happen as long as it was possible for the adjudicator to recognize what the requirements of work were vis-a-vis what

the individual's limitations were.

DR. SCHRETLEN: I mean, conceptually, I suppose it's really no different than saying this applicant is able to do occupations A, B, C, and D. It's just putting them together as a cluster and clustering them by virtue of the occupational demands and worker characteristics they require and then saying that, well, one of these jobs may not be necessarily widely available in the national economy, one of this cluster is. See what I'm saying?

MS. ROTH: And again, there's many classification decisions that need to be made and many decisions, design decisions for the new OIS. It's our anticipation that each one of those steps will be informed by the data.

DR. ANDERSSON: David, what would be the benefit of this cluster? I'm trying to figure out why you would want to do that.

DR. SCHRETLEN: The very last point that I made, that it might be that seven specific occupations have such homogeneous demand characteristics that they can be essentially viewed interchangeably, and that while one of them or two of them may not be very widely available, one of that cluster would be.

DR. ANDERSSON: But wouldn't you know that if you look at the seven individually rather than as a cluster?

DR. SCHRETLEN: You might not know it if you

hadn't aggregated them into a cluster.

DR. ANDERSSON: Oh, now you have me lost because I would have thought that all you needed to do was to identify the specifics and then the computer would pop up these seven different. You wouldn't miss them.

DR. SCHRETLEN: That's true. I think that the idea of clustering would just sum their availabilities throughout the economy. That's all. But I think this is really an aside. I don't want to -- I didn't mean to --

DR. ANDERSSON: Because I was looking at this, and I was thinking along clustering for different reasons. You know, if you think about the physical demand side, if you're unable to lift 50 pounds, you don't need to know anything more about the jobs that requires lifting of 50 pounds. You don't need to know whether you lift it frequently or whether you have to lift it for long periods of time. You just don't need any more information.

On the other hand, if you can lift it, you need all that information. So when you collect the information about the job, even though you may not need it in the adjudication process, you still have to have the information.

DR. SCHRETLEN: Yes, and I agree that that would be an advantage of clustering jobs with homogeneous demands. I mean, it

has a number of implications, and I certainly concur with that.

MS. SHOR: I'd just like to offer a final, probably a final comment about clustering. As long as the statute requires the Commissioner to identify jobs that a person can do while they're in the process of being denied, I certainly don't think we want to move in the direction of a cluster that says to the claimant someplace in here is a job you can do and the Commissioner has satisfied his burden by presenting a cluster of jobs.

So I understand conceptually, thinking through, there may be advantages to thinking about clusters, but certainly nothing -- nothing's going to trump the agency's requirement to identify jobs that -- specific jobs that it perceives as the claimant able to perform and therefore the basis for the denial.

DR. GIBSON: The nice thing about data is when you collect it at a level of specificity, you can always aggregate it. So that's the nice thing about this.

MS. KARMAN: The other thing is what I'm hearing David to be asking -- I don't want to put words in your mouth, so if I'm not hearing this correctly, please let me know. But what I'm hearing is that because we're charged with helping the agency, advising the agency about its development of an occupational information system tailored to its needs, we may end up with a view of the world of work that is not necessarily

exactly like the world of work that would be presented or useful to employers, for example.

DR. SCHRETLEN: Not only might it not be similar, it might be radically different because the needs are radically different than -- as the example that Shirleen gave is a perfect example, that structuring the job taxonomy or classification in the way you described makes all kinds of sense if you're advising someone about a career path. Well, you can -- you could enter the job, you know, this occupation at this level and then you work your way up. And that's -- so it's a very rational way of structuring a job taxonomy.

But obviously the needs of the OIS are completely different. And so looking for jobs that have homogeneous characteristics is what is going to be most valuable to the agency, and that could wind up looking like a very different structure.

DR. BARROS-BAILEY: Mark?

DR. WILSON: I think this is a very important discussion, and don't want to lose track of the fact that the point that's being made here about the relationship between different job titles and the extent to which they're similar or different is very much a function of what the variables are that they're compared on. And I think it's a very fair statement that Social Security has a very unique set of needs that the Department of Labor did not take into account when it designed Dictionary

of Occupational Titles. It was from the beginning a compromise. It was better than nothing, but it certainly wasn't designed for their purposes, nor did the O*NET take into account these kinds of very specific end user needs that Social Security has.

So, depending upon the number and the type of metrics, I can show relationships and can cluster work to be similar or different, especially as has been discussed in various places. There is going to be a certain amount of within-title variability in any sort of job analytic system. And if you expand this to the issue of what I would call ergometric analysis of work versus econometric analysis of work, economists, because of what they're trying to do, would tolerate much greater within-title variability for their legitimate purposes of studying the labor market as a whole and looking at trends and things of that sort, but in what you would need to make the kinds of decisions that we're talking about at a very functional level of, you know, what people can and can't do in specific positions inside organizations.

So the reason this is important is that I do think for certain aspects of what we're trying to do here that we're going to have to lead back to some of these econometric systems. And so we're sort of walking a fine line here in the sense that we can't -- to speculate that any classification system we would come up with would be wildly different in terms of how titles might be classified or organized would create real problems in terms

of any kind of crosswalk back to other systems.

But that being said, it is extremely important that we focus like a laser beam on exactly what the user needs are. We don't need to replicate a lot of useless information that's in existing occupational information systems. We need to focus on what Social Security's needs are and do it in a way that is efficient and, from my standpoint, includes econometrics so that some of these issues are much easier to deal with than they are in the current. Sorry for editorializing, but --

DR. BARROS-BAILEY: Any more questions?

DR. SCHRETLEN: Not a question but just sort of one additional comment on this. And I don't want to belabor it, but I want to point out that there really is precedent for this way of thinking in other areas of research. And in the area of genetics epidemiology, for instance, there's a great deal of interest these days in the medical community of looking across disease categories, lumping people in different disease categories together, and then looking for homogeneous subgroups with the thought that more homogeneous subgroups may map on better to genetic, you know, susceptibilities or mutations or abnormalities, genetic abnormalities. And it's a very similar sort of thinking that, you know, we're doing research in which we're looking at people with schizophrenia and bipolar disorder together. We set aside the diagnosis and just see are there groups, subgroups of individuals with significant cognitive

impairment and, you know, flat affect or anhedonia and lack of initiative, or are there subgroups of patients who have, you know, a lot -- who are very susceptible to having hallucinations or delusions regardless of whether they have schizophrenia clinically or bipolar disorder, because it may be that those subgroups of patients may represent more natural categories in terms of genetic architecture.

And in a similar sort of way, by looking across occupational titles for occupations that are very closely related, it may be a very useful perspective for organization of an OIS. It may be a more useful perspective for organizing the OIS for SSA's needs is what I'm trying to say.

MS. KARMAN: Just as a follow-up to this discussion, whatever iterative process that we will go through to establish, for example, the initial classification that we will need just to get out to do our first foray into job analysis, we will be sharing with the panel including the methodology we use. So to get at Tom's initial question and some of the things that I've been hearing, you all will have -- all of us will have an opportunity to respond to that and be in a position to actually see what it is we've come up with before we go to the Bureau of Labor Statistics, for example, and discuss that.

So, in other words, we'll go from this discussion theoretically to something that you can actually look at and say, okay, initially this is what we're thinking our first mapping might look like, you know, what do

you think, the elements that we've chosen so that we can get an initial grouping, does this work, why doesn't it work, you know, are there other elements that we may want to try to group on or to use to group with. So we'll have more opportunity to take a look at this as a panel.

DR. BARROS-BAILEY: David, does what you're describing a little bit harken back to the transferable skills analysis where, you know, the whole process of looking at not -- you know, this group of jobs has similar characteristics and therefore if I'm doing this job in one, you know, if I can do this particular occupation, can I do other related occupations?

DR. SCHRETLEN: Absolutely.

DR. BARROS-BAILEY: Okay. I think we are ready for a break. And we had quite a bit of time allotted this morning for public comment, and during that period we did have a request for a public comment. So we will take a break, we will come back for a public comment, and then we'll use -- do the stakeholder panel. So, 15 minutes. We'll be back at a quarter till. Thank you.

(Recess from 10:34 to 10:52)

DR. BARROS-BAILEY: Okay. We're at quorum, so we're going to go and get started with the public comment. We have on the line Mr. Rick Wickstrom. He is a physical therapist, and he is presenting on behalf of the American Physical Therapy Association, the orthopedic

section. Rick, are you on?

MR. WICKSTROM: Yes, I am.

DR. BARROS-BAILEY: Okay. Welcome, Rick. The way this works is you'll have ten minutes, and then at the end of the ten minutes or whenever you're done before the ten minutes, we'll open it up to the panel for questions. So, welcome, and go ahead.

MR. WICKSTROM: Okay. Thank you very much. And as I mentioned, I'm calling on behalf of the occupational health special interest group of the American Physical Therapy Association, and we've been following this effort with great interest and we appreciate the comments that this is really only a starting point for developing a replacement taxonomy.

One of our concerns about the existing SSA evaluation process is it allows statements of functional ability that are predominantly supported by subjective reports from claimants or more medically oriented evaluations than we cited in the report, the study by Brewer, that found little agreement and correlation between claimant's self-report versus clinical exam by a physician versus actual functional testing. In fact, that report found that the highest limitation came from the self-report followed by the limitations derived from the clinical exam and then from the most -- followed by the functional capacity evaluation testing respectively.

We propose that some of the delays in the current review and

the appeals process could be eliminated if more objective functional capacity testing was required at appropriate times during the SSA process. For example, if the internal reviewers of initial or appeal applications had the latitude to authorize more objective functional testing early on in the process, it might actually redirect some of the claimants that otherwise put their lives on hold for several years pending the outcome of the SSA disability adjudication process.

One of our biggest concerns from reviewing the September report was that a complete and unbiased review of the literature wasn't really done to identify research that supports the physical demand factors and other recommendations by a committee, by the OIDAP committee, and that we feel that a more comprehensive review of the literature would help identify factors that have more established methods for evaluating them as well as more reliable functional job analyses, techniques.

In terms of the person side recommendation -- and our focus was primarily on the physical demand side of the picture -- we agree that the physical demand worker traits would benefit from further refinement and expansion of the traits. We saw where the panel had recommended about 32-plus factors compared to about 20 factors in the existing DOT. And we applaud the need for more detail, but also felt like this should be tempered with sort of a practical need when you evaluate this on the job. If you get too many factors, it becomes an unmanageable situation in

evaluating work demand as well as during the scope of an evaluation and trying to bend toward shorter, more functionally oriented exams. And expanding the number of factors also inspires more testing, and some of those factors are less important.

The biggest -- in looking at the list, some of our questions related to the factors that were proposed is which of those factors could be better combined or delineated or better named to improve their understandability and utility. And we recognize this is a big semantics challenge and everybody's got their own ideas and we could argue about the best name for any particular factor, but in particular we felt like that the criticalness of each factor should be analyzed based on whether reliable and quantifiable methods exist that are currently utilized by professionals that are evaluating the worker's ability or job demands. And some of the factors just don't even have established methods for evaluating the worker ability or job demand on that list.

The type of rating scale that's appropriate for the factor is also important because there's a big difference between a frequency-based rating scale or that's based on percent of day or perhaps even tying in numbers of repetitions that relate to those -- to that factor versus what I would call more of an aptitude or more skill-based rating factor. And some of the problems in the past on the list of prior DOT 20 factors, you got factors on there, for example, like near vision and far vision. Those are real

clear-cut examples that are more appropriately evaluated in a aptitude or a skill-based kind of assessment than with a frequency percent according to the day.

And then, you know, are there some missing factors from the proposed list? Because it was quite obvious that some of the well-established factors that have established tests and method for evaluating, things like finger dexterity and manual dexterity, were missing from the proposed list. And so we had a lot of debate about rating scales. And, in fact, within the time line of trying to be responsive to reviewing the report, we didn't really come to complete consensus on exactly how the rating scale issue should be done or what would be appropriate levels at each level of the rating scale, but we did feel like the factors should be grouped based on the type of rating scale, that most of the physical demand factors in the DOT use the frequency scale, but we felt that some factors would be more appropriately rated using a more aptitude or a more skill-based rating scale that actually specifies examples of the functional levels that are appropriate to that factor.

Again, we didn't come to complete consensus, but we did provide some representative examples how that might go. And so beginning with material handling factors, we approached it in two ways. One, we listed the factors that we felt like would be important to consider under materials handling, and then also are suggesting that a revised

strength scale be designed that has levels ranging from zero to 4 or 5 with zero starting at not present to a number 5 which would represent really an exceptional level of ability requirements.

And some of the important factors that we felt should be included on there would be like low lifting, and we included a operational definition for there; knee-level lifting, which is important for people who have flexibility limitations that prevent them from reaching down to a lower level; midrange versus high. And this is consistent with some of the tools that have emerged, like for the American Conference of Governmental and Industrial Hygiene, so to kind of separate the risk assessment by zones of work, carrying, pushing, and pulling, which we referenced in. And we provided an example of where that strength scale, when the postural demands are kind of stripped out of that, would perhaps look like.

And one thing that we wanted to kind of note is the existing strength scale doesn't really show the percentages of frequency at a high enough percentage of what the person could do on a maximum or occasional basis. I mean, it's really not based on unestablished exercise physiology methodology. It just takes 50 percent, and people can -- our experience has been and materials handling literature such as the NIOSH Revised Lifting Guide indicates it's actually a higher percentage of the occasional and maximums than what is currently being portrayed in the DOT strength scale.

Under work tolerances, we see the benefit of maybe adding a level such as "rare" at the lower end and a level of "exceptional" which represents maybe more than an eight-hour day type of exposure. And we included under that sit-stand work, because that's come up again and again, and it is possible to classify the availability of that work activity by a percentage of time or percentage of the day. I mean, it may be completely available like in a counter job where the person is selling auto parts, you know, an auto parts warehouse type of situation, whereas there might be situations where the person has to literally choose only to sit like such as when they're driving a vehicle over the road.

And we included -- there were a number of factors such as kneeling and crouching and squatting and even sitting that really the individual can choose to operate in any of those postures to do a given task, and we felt that those might be actually combined into a broader term such as postures.

DR. BARROS-BAILEY: Rick, I apologize. The ten minutes has come up, so I'm going to ask you to maybe spend the next 30 seconds or so summarizing, and then I'm going to open it up to the panel for questions.

MR. WICKSTROM: Okay. Well, under physical aptitude, we list ambulation, agility, stamina, and climbing. Keyboarding would be finger and manual dexterity as important factors. And then we

included kind of a chart at the end of the report where we went through each factor and provided some clarifying comments as to what type of scale those could be administered with and why it should be kept or deleted or renamed in some -- in some fashion. And I'm happy to respond to specific questions from the panel. And we listed references at the end that perhaps relate to some of the comments by the -- on the Physical Demands Subcommittee report about frequency recommendations such as the American Conference of Governmental Industrial Hygiene.

DR. BARROS-BAILEY: Thank you, Rick. I'm going to now open it up to the panel for any questions. I don't hear any questions.

I want to thank you. This is a very comprehensive list. I've had a chance to look through it this morning. I see that you are addressing data elements within the recommendations and also addressing some measurement kinds of issues. And as you -- I know you understand, because you were at our IARP presentations, that at this stage we were looking at data elements and not looking at measurement issues besides just some very general recommendations in terms of, you know, how things might cluster in the long run due to not having data collected yet. So I really appreciate the efforts of APT in providing this input into this process. Sylvia does have a question.

MS. KARMAN: Yes. Thank you, Rick, for providing us your comments from APTA. I have two questions, and you may not

have the answers ready at this point, so you could always e-mail them to our e-mail site. But one of them is, you mentioned that the literature search could have been more extensive and unbiased. So I'm wondering if you-all had some things in mind as examples of that. We'd be really interested to know what that might be.

For example, we did look at literature having to do with repetition and how is that defined and found that, frankly, a lot of these things were defined in a way that were conflicting. So we do have a number of issues that we know we need to go back and take a further look at. So, sounded like you had something in mind. If you could provide us with some direction around that, that would be great.

The other question that I had, I thought I heard you say that among the aptitudes some of them are skill-based factors, and I think you mentioned acute, near acute, and said that it wouldn't be appropriate to link frequency with that? I'm -- if you could just clarify that. I wasn't -- I think I misheard that.

MR. WICKSTROM: Sure. I mean, the clarity of vision is what is typically evaluated like using like a Snellen chart in a practical sense in a kind of clinical situation. And the clarity of vision for working on the job, for example, you know, to drive a truck over the road you've got to have 20/40 in both eyes. And so we felt like that type of scale would be more appropriate than rating it too because it describes the level

of ability that's required and it directly ties in with an objective testing method so that that would be a more appropriate type of grouping for that type of scale, whereas something like -- so I hope that kind of clarifies it a little bit.

To me it's more appropriately evaluated with something that's more geared towards the level of ability than the frequency that it actually occurs during that, because like -- and climbing is another example. I mean, a person with a low level of climbing ability may only be able to climb a ramp, whereas a person with a higher level, an exceptional level of climbing may be able to go to Rock Quest and climb across the ceiling. You know, so that type of evaluation captures the essence of the person's ability better than just the frequency because climbing occurs in so many different ways, and vision is along the same lines.

MS. KARMAN: Okay. Thank you very much.

DR. BARROS-BAILEY: Thank you. Thank you, Rick.

MR. WICKSTROM: Thank you for the opportunity to speak to you.

DR. BARROS-BAILEY: Okay. We're now going to have the stakeholder panel. The stakeholder panel is the group of individuals who presented for the user needs yesterday. There is an individual who could not -- that presented yesterday who could not be here.

That was Mr. Tom Sutton with NOSSCR. We have Mr. Mike Glancy. And on -- let's see, it's the last -- second to last tab before the red tab, and page 2 is his bio. I'm going to give him a few minutes to address us, five minutes to address us generally since he didn't present yesterday. And then this will be an opportunity to interact between the OIDAP and the user panel.

I do want to make some comments before we get started. Part of our goal for this January meeting was to hear a lot of voices, as much as we could, in terms of feedback from users from the public, anybody who wanted to provide information to us. When we started off the meeting yesterday, I went through kind of a description of what we've been doing for the last year, what the purpose was with our report, our methodology, so people had kind of an inkling of what we've done and how we've done it.

From some of the comments that we've heard from the users of the public comment, I'm always very aware as a counselor of how I'm communicating individually, and so that kind of spreads out to how we communicate as a panel. And so we're very, very aware of that. And there were a couple of flags that went up for me that gave me some concern about maybe how information is being received and communicated out there about what our recommendations might be. So I just want to reiterate and then show an example of what I'm talking about.

Part of our process in terms of the report, and I don't

remember who the user was, but the individual said they had read the report cover to cover, 750 pages as a whole report. And so the concept there is the report in terms of the recommendations by the panel are the first 60 pages. Those are the recommendations that were voted upon by the panel from the recommendations that came from the subcommittees that went to the Commissioner. All other material, the other 690 pages, are methodology in terms of how we came up with what was said, what was deliberated in September. Some of those subcommittee reports themselves have appendices, so there are layers of information.

Nancy, I'm going to use you again because I love this comment you made in September, and it was right before we started the deliberation process, and Nancy said she had never belonged to a group that by the time she got the report on Friday and we met on Monday had changed again. And that shows the nature of how iterative this process has been. And when you put a process like that on a flat piece of paper, it doesn't always come across. But it's really important to understand the methodology that we employed so people don't take little bits and pieces and go off onto tangents and believe those are our recommendations. I want to give an example of that.

Several of the individuals yesterday talked about a proprietary instrument, that there's an understanding out there somehow that a part of our recommendation is to develop a proprietary instrument

for measuring cognition is what I'm hearing out there. So last night I went, pulled up my 750 pages, did a search to see where do we use the word "proprietary instrument." It's nowhere in the 60 pages. There are two instances of the word "proprietary." It is in the subcommittee report for mental/cog as an appendix to that report, not a recommendation from that subcommittee. So somehow those two instances in 750 pages have been interpreted as the work that we are doing as a panel and somehow also interpreted as our recommendations. And so I would really encourage individuals to read the report, particularly the first 60 pages, to understand what the panel's recommendations were to SSA.

On the other hand, our task with this report was to suggest and recommend data elements, those basic elements that a lot of us who have been using the DOT for many years will recognize as the basic things to look for when we're looking at a job and linking it with the impairments for an individual.

When I go back to that same report and I search for "data elements," it is 46 times used in that first 60 pages with our recommendations and 58 times used in the appendices. So we have 104 instances of the use of "data elements," those basic things that we need to consider on the work side and the person side to match.

And so it's really important that people understand what the mission of the OIDAP is, what we were doing with that first report. As I

indicated yesterday, it is the start of a process and to understand that the 750 pages are an attempt to be as transparent as we can in terms of our methodology and that people should not be interpreting two statements or two comments as being a recommendation by the panel when that is not the case.

So I wanted to set that because that was some -- when I receive feedback, I look at what is being said as a reflection of perhaps my inability to communicate fully. And so I understand that sometimes in terms of a paper product, especially something technical, people might not be understanding it the way it was meant. And so what this -- what we are hoping to do over the next hour is to have that communication back and forth. There were some questions implied by the users yesterday, Lynne had one, for example, kind of a confusion about what we meant by General Recommendation No. 3. This is an opportunity to be able to clarify that. There were some probably thoughts or ideas or questions that the OIDAP had of the users in general. So this gives us an opportunity to clarify those as well.

So at this point I want to turn it over for the next five minutes to Mr. Glancy who is here in terms of the stakeholder organization, or NOSSCR, to be part of this process. Thank you.

MR. GLANCY: Thank you very much, and I'm honored to be here, to be invited to speak.

Just a little bit about my background. I've been representing disability claimants for 34 years. I came up -- to say that I came up the hard way is an understatement since I don't have a law degree and I didn't -- when I was hired by legal aid to represent disabled people, I didn't know there was a disability component of Social Security. I looked at the guy and said, what are you talking about? You get Social Security what you retire, right? He says, you'll be representing disabled people. Fine. But in the books there was nothing, so I learned from the ground up.

Now I edit the Social Security Practice Guide which is a five-volume set. The last two volumes were done by doctors. So most of my work now deals with doctors and in either the research component for the book or talking to them about their patients and the functional limitations. And the doctors are the first to tell you they don't know beans about functional limitations. But I've learned a lot from doctors, from doctors like Dr. Andersson, whose book I have on my desk on disability, and they've guided me to many grounds, so to speak, on pain. So I probably spend most of my time now with pain management specialties. Take me into very strange areas, according to my wife, like reading the Journal of Pain.

And one of the comments of Dr. Andersson earlier caught my attention because it's one that frustrates me a great deal is that people that I represent, you mentioned that there are a lot of good treatments for folks, and there are, no doubt. But the problem, the frustration I have is by the

time I see people they have no money, they have no health insurance, they have no Medicaid, they can't get Medicare until they're found disabled, so the treatment that's vital to their maybe recovery is denied them and they become chronic after time. And what you learn from reading arcane things, like the Journal of Pain is the latest data, is the longer you wait, the longer you're denied treatment, the more chronic the pain, the more likely you are to never work, because chronic pain is a disease entity in and of itself. They're now finding that people who take -- endure pain for six months and longer become chronic, become hypersensitive to pain.

And then you get to the -- where you -- I hear a lot from doctors that symptoms are out of proportion with the findings. And what they find now is that findings have nothing to do with pain at some point because they become a disease entity itself is the chronic pain. So that's a frustration. And they've guided me to many paths, including the work of Dr. Alf Nachemson, his study "Pressures on the Spine Among Healthy People," and shows the various pressures that cause increased pain. And this position I'm in right now is the worst. It's like 150 percent of pressure. And why people -- the sit-stand option, for instance, is not really applicable because these people -- I hear this over and over -- are not comfortable just standing. They have to walk around, lie down, because the pain becomes -- they can sit for 20 minutes maybe. They can stand for 20 minutes, and then they have to lie down or, as my clients often say, walk down the pain.

Because even if you're on -- most of my clients are on morphine or some very potent narcotic, are getting injections from the pain management specialist. They still have pain. They're in -- as Dr. Andersson was pointing to, I don't think disk herniation is the primary cause. What we see most commonly is disk disease, facet arthropathy, disk itself.

And what Dr. Schretlen was talking about earlier, how many people are disabled by virtue of mental disorders? Well, everybody I see is depressed. They're depressed. And I had a wonderful conversation with the famous Dr. Waddell, Gordon Waddell, who says, you know, we talk all the time about secondary gain. We never talk about secondary losses. And the losses for these people create the depression. They lose their dignity. They lose their income. They lose their social status that comes from work. They lose their homes. That's where I find people. They have no health insurance. That's a start. They also don't have a house. They don't have an income. They don't have self-respect. They're totally demoralized people and they're very depressed. They don't -- they don't even know who they are by the time I see them because people -- people's identity is attached to their work.

And when you don't -- you aren't able to do it, you're -- Freud said that too, basic elements that people need, work and love. So you're denying them the work. And 99 percent of the people I see would die to go back to work. And that's what Dr. Gordon Waddell says. He says

these people want to work. But we assume they don't. We call it secondary gain. 99 percent of the people I see want to work. So there are a lot of reasons why they don't work. Depression and pain and the fatigue that's associated with that that won't let people get out of bed or won't let them stay out of bed very long.

These are the elements that I'm sure you folks have looked at because you've got good members, good folks doing good work on this panel and analyzing this stuff. And I'm really happy to -- and having done this forever and ever, I'm aware of lots and I'm very happy you're kind of continuing along the same path as your prior commission, which was paneled by the National Institute of Medicine back in '99. And they said many of the same things you're talking about. Yes, we need to look at cognitive demand to work. The core competencies of work are concentration, communication, ability to get along with others. And, you know, that's -- they made many of the recommendations you're making. O*NET has good things. O*NET doesn't meet Social Security's needs, but perhaps it could be modified to meet those needs.

A lot of good folks, you know, Johns Hopkins, Dr. Berkowitz I think is his name? No, he's from Rutgers. But the biostatistician from Johns Hopkins, Dr. Brookmeyer, was on the panel. A member of UNC was on the panel. And they looked at the same things I'm happy that you're doing now, because what they decided and I think what Dr. Schretlen and

people decide is it's more at the cognitive elements that are determinative of ability to work rather than perhaps just physical, because the ability to get along with other people and interact appropriately when you're chronically in pain, depressed, and ability to concentration and attend to tasks and then be able to sustain that attention and then shift that attention, these are elements that are hard to quantify but they're very, very key. And that's what they found. And that's what I see a lot of, because what I see in my research and what I see on the job, so to speak, from everybody from the schizophrenic to the person with chronic back pain and everything in between. So it's a daunting task.

I might have one last thing. The gentleman that this doctor was talking about, a literature search, the AMA's done that I think in their newest publication on the Guide to the Evaluation of Functional Assessment. And if you were looking for guidance, and I know how important it is for you folks to come up with the scientifically reliable and valid data, they give you a nice little chart for hand function particularly and tell you what's reliable, retest, test-retest reliability, and then they say what's valid. And this is from -- and the coauthor of this is a physical therapist who's on the American Physical Therapy Board. It's a Ms. Gil -- what's her name? Ms. Galper. So it's a new publication. It's not in any way -- it's just published in March of 2009, and that's a very nice handy little chart on hand function right there for you. So that literature -- well,

there's a lot of literature, and they've compiled it for you. So that's -- that's me in a nutshell --

DR. BARROS-BAILEY: Thank you, Michael.

MR. GLANCY: -- and my viewpoint.

DR. BARROS-BAILEY: At this point I'm going to open it up to the OIDAP in terms of general questions if somebody wants to kind of open it up.

DR. ANDERSSON: Well, fortunately, this panel is looking at ways of evaluating jobs, not individuals. So while I perfectly well understand your frustration regarding pain and other disease entities which limit our ability to work, we fortunately don't have to deal with that in this context.

It is important to recognize pain, but at the same time it is also important to recognize that pain is also treatable, like many other disease entities, and that work is probably the most well documented treatment method for chronic pain.

MR. GLANCY: If I could make another comment, carrying over from the prior work, I was fascinated to read about the work of -- in terms of jobs -- of a Dr. Fleishman from George Mason University who was part of this panel and who had developed apparently this Fleishman Job Analysis Survey. I don't know -- and also apparently he was the chief writer of the Handbook of Human Abilities and has done -- I can

tell by the smirk down there people don't agree with Dr. Fleishman maybe.

But that was their focus too, the prior group, and lots of discussion about O*NET and the cognitive and requirements of work. And so -- and the various other factors including strength, flexibility, balance, gross body coordination and stamina, which is -- you know, I don't know how you distinguish between just coming up with a bunch of jobs and not looking at how people might do them, because these are the people that you're going to say, well, you can do this and you can do that, when their function and what they're able to do has a very definite direct impact on whether they might be able to do the -- whatever job it is you say they might do, which is a frustration for me with dealing with people that are being treated by doctors. And the doctors and everybody and the physical therapists are saying this guy wasn't able to finish the functional capacity because, you know, we had to let him go to the bathroom about ten times because he was in agony, and then how do you factor that in? It's hard to analyze that, so to speak, but they did this -- they discussed this as well, and I just refer to that because I hope this research is a continuum that leads us to some usable data that applies to real people.

DR. BARROS-BAILEY: Thank you. Mark?

DR. WILSON: Just wanted to make clear that important point about the previous panel and Ed's taxonomy. Even though it's called job analysis, Ed's taxonomic work I think is some of the most

important significant work, not just in industrial psychology but in psychology in general. I mean, he really did define the major dimensions of how humans vary. I mean, he is a giant in individual differences psychology. But the questionnaire focuses on human attributes. It is meant to be filled out in the context of would you have to exhibit this for a particular job. But I don't even think Ed would imply that the F-JAS would be useful for the issues that we're talking about, certainly not by itself.

So, yes, it's job analysis but it's more job analysis as it relates to what on our panel we've been referring to as person-side attributes.

DR. BARROS-BAILEY: Thank you. I wanted to go ahead and address Lynne's question from yesterday in terms of directly, General Recommendation No. 3. And I'm going to ask Lynne to reiterate the question so we can try to clarify what the confusion may be.

MS. TRACY: Yes. In Recommendation No. 3, it says, "Once a large database representative of all work in the national economy is available, SSA should examine various job classification methods based on a common metric." In Shirleen's presentation today, I heard something similar to that, and I guess our question, I guess, and this idea that things are iterative, it seems in a way that that is backwards, that there should be a common metric, some framework already established to then go off and do your data collection.

So maybe it's a -- maybe there's a, as is in these proposals, there's a basic framework for the elements, do the data collection, come back and revise it. So I just want -- we thought it was a bit backwards. We didn't understand it, and that's what we want to clarify.

DR. BARROS-BAILEY: Okay. I'm going to ask one of the members of the Work Taxonomy and Classification Subcommittee to address that recommendation.

DR. WILSON: Could you tell me a little more about what's backwards? I'm not --

MS. TRACY: In order to collect the database, as we see it, you have to know what to ask and what to look for. So it seems that you need a framework before you collect the database, not the database and then develop the framework. I can see that you would refine the framework, and so that's where my question is coming from. Maybe I'm just not understanding what the intended -- how the process will take place.

DR. WILSON: Sure. And we talked about this a little yesterday. The framework is the initial work taxonomy that was proposed. And the idea is, that would be the source, those dimensions that were sorted there for inspiration, stimulus for item writing within each one of those areas.

One of the problems in work analysis and certainly a problem that you inherited -- because at the time that the DOT was adopted it was

meant for other purposes and in a very different time frame -- there were a few pieces of information that were collected at the holistic level and rated at the holistic level that are essentially a common metric. And I think that's one of the reasons that it's been useful and been around this long is because of that albeit relatively small common metric characteristic that allows across-job comparisons.

One of the advantages that I see in terms of what the panel is proposing is essentially to take that very useful idea and expand it to work as a whole and, hence, looking at previous attempts in generalized work activity analysis, all of which is documented in the report. And previous people who had studied numbers of jobs used a common metric for all those jobs, generated underlying factor structures which were reported in the literature which we then looked at as the inspiration for writing our own items.

I think one of the other advantages of this particular approach is if you have essentially exactly the same metric, the same set of work functions, some of which are relevant for a particular job, others aren't, so there will be lots of "does not applies" in this profile. But we may be able, and I think this is some of what David was getting at, there may be relationships between work when you use a common metric we're not currently aware of because no one's ever looked, no one's ever systematically compared the work for the entire national economy. The

closest we could come to were the papers that were cited in the subcommittee report that we turned in.

So I'm still struggling with what's backwards, and it may be simply that normal people are not that conversant in factor analysis and don't understand, nor should they, a lot of these instrument development issues of starting out with underlying taxonomic structures and looking at factor analysis and using that as the inspiration to write items. I think, if nothing else, it's very clear to me that we need to make what it is we're talking about very concrete as quickly as possible to people.

So, anything I think we can do along those lines to generate prototype instruments that would give people something concrete would do two things. One, I think it would clear up a lot of these miscommunications and, you know, what exactly is going on here and, two, I think it would likely reassure people. I think that while it might be at this point a bit abstract, once you look at some of these generic work analysis instruments and see what kind of information would be available relative to what's available now, most practitioners seem to respond to this very favorably. And ones that I've talked to when I've described this, well, what if you had this, you know, their eyes usually light up, because I think we're all very much sympathetic to the people who are involved in this process and want to do things in such a way that you increase the fairness and the accuracy and speed up the process. And we certainly wouldn't have recommended

and wouldn't be continuing to encourage to move in this direction if we didn't think that's what the proposals that we were making are going to do.

DR. BARROS-BAILEY: I have kind of a follow-up question. It seems to me that maybe the confusion is coming in that maybe the word "common metric" is being held almost synonymous with "methodology" and "framework," and so therefore that's the -- it seems like it should be first instead of what common metric is in terms of the kind of data that gets collected, and so it might be a definitional issue in terms of semantics.

MS. TRACY: I think that's exactly it.

DR. BARROS-BAILEY: Yes.

MS. TRACY: And I think Mark has cleared a lot of it up for at least me and hopefully the rest of my committee. And I think this idea of seeing proto -- I think you're absolutely right, because it's hard for us to get our -- wrap our hands around to comment in this very gen -- and it's a general recommendation, but I think that that's exactly where the confusion was, and just wanted a clarification. So I figure if I have the question, somebody out there hasn't asked it and is thinking it.

DR. BARROS-BAILEY: I can tell you that "holistic rating" and "common metric" were not part of my vocabulary a year ago and they are now frequently. And so, I mean, that was part of the reason that we were very intentional in putting glossaries to the general report and

also to the subcommittee reports so that we could all understand how the terms were being used, because it is technical.

MS. TRACY: Thank you.

DR. BARROS-BAILEY: Okay. Shanan?

DR. GIBSON: Two things. One, I let Mark go first because I knew he'd give a much more comprehensive answer and my guess was that this was truly a semantics issue. Because, you're right, there is an underlying framework from which we are building, and the idea is once we have data we will probably have a new framework that is doing something entirely different.

But to speak to the concept of the technical language of the entire report, the panel is very much cognizant of the fact that that is actually impeding others' efforts to read the report. And so -- heads nod -- so you should know that the User Needs and Relations Subcommittee is working on at least a brief fact sheet which attempts to put it in normal language which might facilitate others reading it or at least having an overarching idea of what we're trying to say in those recommendations, and then maybe that will encourage people to dig in a little deeper if they see that.

MR. SMOLARSKI: If I could just interject something. One of the things, I didn't really have much time to read everything we were supposed to read here. They just laid this on me last

minute. But even the word taxi --

DR. WILSON: Taxonomy.

MS. SMOLARSKI: Taxonomy. Why don't you just use "competency levels"? I mean, that's really what it's all about. I mean, it's like -- I know attorneys are told to use simple language to explain things. I mean, my god, in fact, I don't think when I get a computer now, they don't even -- I don't even look at the textbook because if you read it, it's just like I read it over and over and I have no idea. I would be better off just playing around with it and figuring it out on my own.

It's like -- and I know just working with -- I work with a lot of auto workers, and engineers deal with theory. That's what a lot of you guys are, theory people. And the mechanics, they said, you know, these guys don't know what they're talking about. Look at this problem here. They mean it's you're bumping into the window clamp. Well, I guess that's old-fashioned type of car, but I just -- there's things that the mechanics know from just day-to-day operations that the engineers don't. And so they don't really see eye to eye.

And I know with even doing a job analysis you were talking about, you go to the personnel man, he'll say this is what the job is, and you go to the supervisor and say this is what the job is, and you go to the actual worker, we don't do that, we do this, because we can't keep up with the production if we did all that. So you have this conflict, and it's usually an

argument between those three people. And I know personally as doing a job analysis, I'm refereeing it just so I can get the accurate information.

But you started talking about definitions. That was the thing that hit me. Is it just me? But I'm glad to hear other people mentioning it, because I'm reading this and going, "gah."

DR. BARROS-BAILEY: And about half of us on the panel are practitioners and the other half are researchers and academics, so we're a compilation of both worlds. And we're very aware of those issues and trying to also understand that we've had a lot of learning as a group over the last year in trying to bridge that back to the users as much as we can. So User Needs and Relations is very aware of that and trying to bridge that back. So information like what you're giving us is helpful to the process. Art?

MR. KAUFMAN: I've got a question about the end result ultimately, and obviously that's what I try to focus on. And as a stakeholder I just want you to know, the only stakeholder that I'm not is I've not been a member of NADE. But I am a NOSSCR member. I'm in ABVE and I am in IARP. So I've got it pretty well wrapped up. I kind of understand it.

The issue in the end is Step 5 of the sequential evaluation process, do jobs exist in significant numbers in the local, regional or national economy. And I'm not sure I -- maybe I missed it, but where in the

end will we be accessing that information, or will Step 5 just be changed so that we don't have to worry about that any longer? And I guess I'm looking to the panel to say where do you see those numbers coming from, because ultimately that's what we need to know.

DR. BARROS-BAILEY: If you look I think at General Recommendation No. 1, that looks at -- recommends a new OIS for the replacement of the DOT, and it also talks about the various data elements. I believe one of the data elements is the number of jobs. We talk about it in the overall report. I don't think we are there in that process yet. We are just starting or the project is just starting. We are just being asked to start as a panel, advice and recommendations, further aspects of the project.

MR. KAUFMAN: Thank you. I understood that that was the ultimate goal, but if we don't keep our eyes on the prize, the end result, and we begin getting mired in the middle components, I would hope that there's -- I guess ultimately I would hope that there's a way that we can break out the numbers from SOC or census or current population surveys or something to that effect so that there could be a positive and a negative -- not a positive -- that we can break those specifics down so that whatever the taxonomy ultimately becomes, that it really is usable, it can be validated -- validated, thank you -- and that in the end we can use those things as a representative sitting in a hearing, as a vocational expert sitting in a

hearing. And I understand that the metrics may not be appropriate for all levels of the things that the current DOT and GOE and all of the other things that we use are, but I would also hope that it's kept in mind that probably because Social Security is the elephant in the room that it'll be used in other venues in the future.

So if there's a way that those things can be broken out and clarified for rehab and for all of the other hats that we all wear, that would be very good. As a stakeholder in NADR, we would appreciate that.

MS. SHOR: I would just like to follow up. I think, Art, important point stemming from your comments is that anything that Social Security does for an OIS isn't going to happen in a vacuum. And specifically even just for Social Security determinations, as long as we've got the statutory mandate that the jobs identified as alternate jobs and therefore the basis of denial for that claimant, those jobs have to exist in significant numbers in the national economy. So there's always going to be a need for any occupational information system, even one developed exclusively by Social Security, is going to have to be able to crosswalk, to talk back to data that's collected by other agencies. So I appreciate your comment.

MR. SMOLARSKI: I have a question. Will this be the only time that we'll be -- there will be other times that we'll be involved? Because I was just wondering if there's a way of having us like a red phone

so that we're part of this decision-making stuff so that you do constantly have input so as we're not just out of the picture completely, so that we're part of this inner circle. Because there's a lot of people I know at ABVE. There's a lot of Ph.D. people that would like to be involved in some way, in research, because that's what their forte is, in research, but they also represent people in Social Security.

And I did, just by talking to people, I got the feel that, you know, there are no data, we don't really have that much database. But there are some databases. I'm willing to share some I brought today of information that -- and the thing is, we don't know what your needs are specifically, although I was reading in the stuff that got handed out to me yesterday, I said, well, geez, a lot of that stuff is available right now, it's just a matter of knowing who to contact and who to talk to.

DR. BARROS-BAILEY: I think Mark had a comment.

DR. WILSON: Yeah, excellent point. And I think the panel is very much aware of wanting to find various ways, meetings like this, but also computer-mediated networking systems of various types. And we have a website. I wouldn't be surprised if in the near future there were other sort of scientific and practitioner computer-mediated exchange mechanisms that were put up to allow people to comment on all these things.

I think -- thinking about it, ironically, in an attempt to be very open, share all of our processes, we gave you a 700-plus-page report which, depending upon people's interest, they've looked into various parts of that and, you know, seen the things they like or perhaps their greatest fears looking at it, perhaps out of context, but I think it's a very important point that we provide mechanisms. We want to talk about data that shows these networks of individuals who have interest in particular areas can in very short order generate very interesting and useful solutions to problems. And so it's relatively new for the government, but I think it's an area where it provides a great deal of promise for getting people involved, allowing them to share from a practitioner's standpoint, from a scientific standpoint, having multiple people looking at the same data so that you have more consistent and more systematic examination of various issues. I can't emphasize enough the desire to give people access to what we're doing.

DR. BARROS-BAILEY: And in an effort to be able to engage everybody on the user panel, I do have a question that is specific to Susan Smith from NADE. The question is, in terms of the 3369, the work history report that -- the comment that it should be revised or that you agreed with revisions suggested by the panel. And so the question was, do you have any specific recommendations or concerns regarding the revisions that could improve the vocational medical determinations with the new OIS?

MS. SMITH: Specifics? If we could put every, you know, how much do you bend, twist, rotate to your trunk, to your neck, that would be wonderful, but we know that's not possible. Actual specifics we haven't gotten into yet, but I'm sure our committee could come up with many. I guess it would depend on how that list is limited with the next round of recommendations. We have to keep things in layman's terms definitely for the claimant. I know a lot of times we have the reps that help them out, but a lot of times they don't have the reps, so they have to keep them in simplified terms. It's hard just to get them to fill out what's there now. I know it's going to be difficult to find something universal that is going to work. So, not specific comments.

I did want to make a comment about coming from the person who is the practicing adjudicator, I'm the one -- you guys are all at this higher level coming up with all these occupational functions and things. It's going to play such an important role when it comes down to my level because it's still a person that we're dealing with. It's still a person. It's a claimant. That's what they are to me. It's a person. And so coming down to just getting these jobs described as accurately as possible is going to make such a difference. The accuracy, the fairness that you mentioned, if we can get that done correctly at the first level, it's going to help so much.

And so I'm hoping that I'll still -- I won't be retired before I get to see it, so -- I retire in five years, so y'all better get going. But it really

does mean a lot, especially with the rate of attrition with adjudicators. The disability claims adjudicator I believe has an SVP of seven, so it takes five to seven years to learn. A lot of the adjudicators aren't staying around that long. So it's extremely important whatever is developed is very user friendly and can be followed by examiners with only two or three years experience. And so far we like what we see. And I especially want to thank Shirleen and Michael for getting adjudicators' input on that. I think that is extremely vital because we are the ones on the front lines that have to use these products, and we appreciate anytime we can offer input.

DR. BARROS-BAILEY: Go ahead, Michael.

MR. GLANCY: I was going to congratulate Mr. Dunn and Ms. Roth for their research but also suggest in terms of the user that there are other users like me and the judges with ODAR who might be included in the research and get feedback. We have one distinct advantage as having actually talked to the claimant and interacted with the claimant, you know. I know that the people, the DDS do a fine job, but they don't have that element that does have -- can have quite an impact on you.

So, you know, I would suggest that, that the research pool maybe enlarge to include the wider community, if you will, of users. I will be using this, I suppose, at some point trying to apply it in terms of my clients and as will ODAR judges, and we could, I think, provide some valuable input along those lines.

DR. BARROS-BAILEY: Mark?

DR. WILSON: Excellent point and one that I couldn't agree with more strongly. If you look at the work of the work taxonomy committee, we went, made a special effort to talk with all the users, including claimant representatives, attorneys, and DDSs and things of that sort. Again, our role as being scientific practitioners is to try and bridge that gap. And I know that sometimes the language we use is frustrating for end users, but part of the reason we use some of that language is that our documents aren't just evaluated by end users. There are national panels that are looking at other work analysis issues, and so we're having to, perhaps not efficiently, communicate with lots of different communities. But I think that sessions like this, computer-mediated ways to exchange information with each other, all that is very important.

DR. BARROS-BAILEY: I agree. I have a question for Lynne, kind of a general question in terms of IARP's recommendations. One of the recommendations was to maintain the aptitudes that are presently in the DOT by way of what we know as the GATB. There was also a recommendation of an overemphasis of g. And so currently the DOT has g. That's the GATB, general learning ability. It's a composite of the verbal, numerical, and spatial. So it currently exists there. So do you have any thoughts in terms of that recommendation of the aptitudes and has IARP looked at the aptitudes and looked at the neurocognitive

recommendation and data elements of the Mental/Cognitive Subcommittee and also the Physical Demands Subcommittee in terms of the physical aspects of the aptitudes?

MS. TRACY: We've looked at the recommendations, not in terms of linkage to the aptitudes. We would agree that g as it is in the GATB is valuable. I think the primary comment was that we wanted to see all of the aptitudes still included, that we really needed to have spatial relations, form perception, et cetera. And that was the primary thrust of that comment. We were having a sense, and now you've clarified things, in terms of how we were reading the subcommittee recommendations and the entire appendices, et cetera, that we were just concerned the g was somehow being put forward as a standalone, and we wanted to make sure that the full multidimensional aspects of aptitudes were retained.

And I think also along the lines of the conversation, this last question -- I lost my train of thought. What comes to mind is that there's so much of the DOT in terms of data, themes, materials, products, processes, et cetera, that do provide still a good framework and are still very, very valid. So I think from IARP's perspective, I think even the roundtable that you had that had Gale Gibson and Jeff Truthan and some others, they also encouraged the retention of those parts, that those are still very, very valid to look at and retain. But we have not looked at the physical and the cognitive to link them to those aptitudes in particular, no.

DR. BARROS-BAILEY: So you were just looking at it in terms of conceptually those aspects.

MS. TRACY: Yes.

DR. BARROS-BAILEY: Okay. Thank you.

MR. GLANCY: Can I add one? I've been doing this, as I said, for 34 years and I've maybe seen the GATB twice. It was usually done at the employment security office. I think my thought was still it's the only place it's ever used. And so I went to the American Psychological Association and I said, well, what about this g? And they said, well, what are you talking about? Are you talking about the Wonderlic? I said, well, that's the test that comes up most often. They said it's not on the list of 500 tests most used by psychologists. It's not recognized as a valid measurement of intelligence or it's not a recognized psychometric instrument. I said, oops, what are you talking about? It's a personnel device basically, a 12-minute test that kind of gives you a rough outline of what this person might be able to do. They use it for NFL quarterbacks too. Hasn't been too good for that either.

So that was my concern, that if we're going to be following a science that we have reliable and valid data at the end that whatever we call it, you know, different measurement of intelligence, that it's reliable and valid. And I think what you've heard repeatedly here is that I can give you a schizophrenic one day will get one score on the g and the next day another

score because that day they're borderly psychotic and not thinking so well. It could be the same thing as a bipolar. So you're not shooting at a stationary target here when you try to measure and rely exclusively on intelligence. It's more than intelligence. It's flexibility, concentration, all these elements you talked about. So you might well get a g factor for every job in America, but the g for any given individual, particularly those with mental disorders, is a moving target and could fluctuate any given day. So it's how reliable that is is my concern.

As I said, I have -- there's no question that many of my clients with bipolar and schizophrenia are very intelligent. They could get a decent, very good score on any given day, but it's not day-to-day sustainability we've heard a lot of. Every day, coming in to work and doing it right every day with a certain degree of intelligence. That's our problem. We can't count on that. So you have to be careful when you try to assess a intelligence score to a person like that whose intelligence, usable intelligence should be the term, because it varies from moment to moment even, day to day.

MR. SMOLARSKI: I'd like to also add that I have statistical data that I'd be willing to share with this panel you can keep. But for general intellectual functioning at the one level, there's absolutely zero jobs indicated, under verbal reasoning only 17, numerical functioning 332. Whereas in reasoning you have 823, in math you have 4,919, and language

3,974. What that means is that using reasoning, math, and language is a more robust way of determining transferable skills in terms of what a person can or cannot do.

The general intelligent functioning, verbal functioning, numerical functioning really throw off an actual analysis because they are not as robust because you have to realize that there's a lot of people that are retarded that are working at McDonald's or Taco Bell. What does that mean? They don't exist. They're working. They're doing something. They're filling, I don't know, salt shakers, whatever, cleaning. They're doing something. So that means they are under that general intelligence function which doesn't -- it's not indicated, but under reasoning it would be. So to keep those three in there is really throwing things off. And I have this broken down by count, by percentage, and by standard error of estimate.

DR. BARROS-BAILEY: I have three comments lined up here, so I have David, Sylvia, and then Mark. So go ahead, David.

DR. SCHRETLEN: Thank you. Since the Mental/Cognitive Subcommittee's recommendations to the panel I think came under particular scrutiny and criticism yesterday, I'd like to respond to a couple of these things. I'd just like to make a couple of general comments and then get into things in a little bit more detail.

And, first of all, I just want to underscore something that Dr. Barros-Bailey pointed out early at the beginning of this session, and

that is that the Mental/Cognitive Committee was constituted to make recommendations to the panel as a whole and that our -- and I felt as chair of that committee that it was incumbent upon me to be as independent as possible and to assert, you know, strongly what the committee -- the conclusions that the committee came to, recognizing that the panel as a whole may come to a different conclusion and recognizing that Social Security may again come to a different conclusion than what the panel recommends on a number of areas.

However, I just want to emphasize a couple of things to begin with, and that was that our subcommittee, the Mental/Cognitive Subcommittee, was assembled to advise the panel about what psychological abilities of disability applicants should be included in the content model. At no point did we recommend any test at all. If you look at our recommendations, read them, both our recommendations to the panel and the panel's recommendations to Social Security did not include particular tests. And so I just want to -- because it repeatedly came up yesterday that there was this emphasis on the Wonderlic and other psychological tests. And I'm wondering, Mr. Glancy, if you have had a chance to read the NOSSCR letter. I don't know that you -- I'm not sure who wrote it, but it was the document that Mr. Sutton presented yesterday. Have you had a chance to look at that?

MR. GLANCY: I read it, uh-huh.

DR. SCHRETLEN: Okay. And so I want to point out that on page 3 under Mental Cognitive, Mental and Cognitive Impairments, NOSSCR documents asserts that the panel, but I think they meant the committee, the subcommittee, quote, wants to develop new psychological tests which SSA can use to determine whether claimants meet those demands. That is the demands of work. And I want to point out that in fact we did not recommend developing tests for that. We did not recommend using tests.

I think that it could be very useful, but I also recognize realistically that it's not very feasible for DDS offices to be doing any kind of regular testing, so -- but there are a number of other points, and one is that in this document NOSSCR criticizes the panel. And again I think they are criticizing the subcommittee on page 3 as, quote, elevating neurocognitive testing as the most important of the new categories, parentheses, with 6 out of 15 specific abilities falling under its rubric. Well, of course, that means nine of the 15 do not fall under that rubric, so I would say that other abilities are actually given a bit more emphasis.

But the point is that NOSSCR is criticizing the Mental/Cognitive Subcommittee for including and for an overemphasis on cognitive abilities and says that the problem is that we are -- we're including -- we're recommending that Social Security consider six different aspects of cognitive functioning, which clearly is -- it's implied, but that's

too many. But on the next page in the second paragraph it says, "Second, while the panel discusses other possibilities, the fact that it repeatedly returns to the idea of testing for g suggests that its agenda is to create a, quote, one size fits all, unquote, test instrument that can be used to categorize all mental cognitive demands of jobs."

And my question is, is NOSSCR more concerned that we're assessing too many abilities or only one? And what is the number that NOSSCR thinks is -- if one is too few and six is too many, is it that NOSSCR thinks that there should be three or four or two or five? I'm just not sure I know how to reconcile these two criticisms that appear to be mutually contradictory.

MR. GLANCY: As the person that was addressed to, I suppose I'm supposed to respond to that.

DR. BARROS-BAILEY: Yes.

MR. GLANCY: I think, first of all, I would not -- I'm sorry that you took it as a criticism of your work. I think NOSSCR's position is not one of criticism of your work. We applaud the amount of time you took and the amount of scientific know-how, shall we say, and expertise you applied to that. I think specifically, maybe this got clouded in the comments, is that -- one that stands out in the subcommittee's report is that g predicts performance. And the concern there is not, no, that you have all these categories. We agree that you should have those categories

because work is and the performance of work is a complex task involving multiple factors. And our concern is not that you've included all these, many of these multiple factors, but that there are times like that that seem to suggest a reliance on this g as a -- as the, shall we say, predictor of performance. And that was our concern.

Now, you have all these other factors considered. Well, and as I've been trying to point out, as I hope that NOSSCR has, whether or not you get a good g score, not meaning to pick on g here, poor little g, but to use that as a example, it's more than g. That's our ultimate point, I guess, that a schizophrenic, as I said, may have a good g but a bad performance because they can't do it. And we can't forget that substantial gainful activity, which is the base foundation of whether a person's disabled, whether they can do substantial gainful activity, encompasses in that definition the ability to do it competently and productively every day, eight hours a day, 40 hours a week.

And so to say -- our concern, I think, is to say that g equals performance misses all the other elements you correctly pointed out that play a very vital role in determining whether this person really can perform every day. And that's our concern.

DR. SCHRETLEN: That's why in the background of our report we talked about g and rejected that as the model. That's precisely why. And if you look at the text, what you just said is precisely

why we rejected that as a conceptual model. And so it sounds like we're in agreement that it would be -- at least the subcommittee's final recommendations are in agreement that it would be an oversimplification to try and squeeze all of the variability, both of job demands and of person side characteristics, into a single dimension of general cognitive ability, while we recognize that there is a great deal of research on the value of individual differences in g for predicting many different kinds of vocational outcome, both in diseased populations and in healthy people.

MS. TRACY: If I might just quickly jump in, because we at IARP in reading this also somehow got focused on this g, and I think there's just been a massive misunderstanding. And I think what Mary pointed out this morning clears it up for me. But in answer to this, on page C-20, it says, "For these reasons the subcommittee recommends that SSA adopt a multidimensional model of cognitive functioning for a revised MRFC Assessment." And so for whatever reason somehow we caught -- a lot of us caught that g. And in going back and reading that over, it's like, it's so there in front of my face. And, you know, so I apologize.

DR. BARROS-BAILEY: And, I mean, that's what I meant and that's why I started this session, communication is very important. We've experienced it just here in the last hour, hour and a half in terms of semantics. And we experienced it point-blank in April and it raised among us on the panel. And so we're very, very aware of it among

each other, and so we're trying to be aware of it, you know, with the users and everybody that is bumping up in terms of this process.

We are kind of bumping up against some time limits here. Sylvia had something to say and also Mark, so I'm going to ask them, did you have anything else?

MS. KARMAN: I'll pass.

DR. BARROS-BAILEY: Okay. Mark, did you have anything else?

DR. WILSON: Just something quick, since our psychometrician isn't here. I wanted to clear up a couple issues, since we've been talking about the g. The concept of g, g stands for general ability. So g is actually present in almost any test, any kind of assessment. Any one of the tests that Dr. Fleishman has defined, developed, likely will have a g component, a g loading. And there's clear data that shows that it's moderate, but there's a relationship between a person's g score and job performance.

So it's not outside the realm of possibility to think that measures of general ability, which could be extracted from all kinds of different tests, not just ones that have been discussed here, which are generally referred to as intelligence tests. The problem, I think, with looking at this is twofold. One, as a psychologist who has done a lot of practice in the workplace, there's extensive litigation around the use of

general ability in hiring. There are I think legitimate concerns about adverse impact for certain groups. So that's one issue.

And I think the second one is that you could also think of different functional aspects of work as having g loadings. And so if you know which aspects of work someone's doing, you don't really need to try and directly measure g. What you really need to know is can they or can they not perform these various g-loaded activities on the job itself. And, in fact, I think that's far more reasonable and requires less of an inference and is fairer to the claimant to look directly to g-related activities in the work itself.

So I very much hear the -- and in some cases share the concern for my own reasons. But I just wanted to make clear that g's not just a particular test that might have a high loading such as the ones that we've mentioned, but it's -- whether we like it or not, it's present in almost every test. And anytime you test someone, you're going to recover a g factor if you have enough people and you do factor analysis and things like that.

DR. SCHRETLEN: And I'd like to add that on the second paragraph of page 3 under Mental and Cognitive Impairments, the NOSSCR document indicates that we, quote, defined, unquote, g as a single summary measure of residual cognitive capacity, and that's just factually incorrect. We did not define it that way. In fact, the glossary, I think it's

page I-4, g is defined as general cognitive ability.

And as Mark correctly points out, there's nothing magical about g. It's just if you give tests of all these other abilities, not one of which includes a test of intelligence, and then you do a factor analysis, the first factor is g. It is -- g is the underlying ability that saturates all cognitive measures to some degree. And, I mean, there's -- it's simply, you know, it's just a statistical truism that any cognitive measure, and physical measures to some degree but to a much less degree, have some g component. Just simple measures of finger dexterity have some degree of g.

DR. BARROS-BAILEY: This is going to be the last comment because we're over time.

MR. GLANCY: I want to thank you for this exchange. It's been very helpful, and we understand -- I understand more and I think NOSSCR will understand more as a result. And we're not denying that g or intelligence underlies everything. I mean, you have to have a degree of intelligence to do anything. And our only concern is, one, that there are more elements to it, concentration, attention, and all these other things that may be hard to measure but they all play a role in whether you can use the intelligence. And usable intelligence I guess is the concept we have here, that being able to apply it in the workplace and to comprehend instructions, for instance, carry out instructions on a sustained basis every day in a productive manner.

DR. SCHRETLEN: And I agree with you fully on that.

DR. BARROS-BAILEY: I really want to thank the user panel, all the members who presented yesterday, incredibly valuable information. This exchange I think was very, very valuable as well. I'm going to invite you to continue to provide input along this process always to us. And not just input in terms of the data elements. I mean, that's very critical to the process, but if you have ideas for User Needs and Relations of things we can do to help with the communication process as well, we would appreciate some ideas there. So I'm going to go ahead and adjourn for lunch. It is 12:15. And we will be back at 1:30. Thank you.

(Recess from 12:15 to 1:35)

DR. BARROS-BAILEY: Good afternoon. We're going to go ahead and resume our meeting. Earlier today I had mentioned that before you you had the project plan and the panel roadmap. And we're going to go ahead and have Sylvia present on that, and she will also do her project director's report as part of this presentation. Thank you, Sylvia.

MS. KARMAN: Thank you, Mary. So we have an hour and 15 minutes scheduled for this, but may not take that long. That depends on how many questions you guys have. One of the things -- the three main things we're going to try to accomplish in this presentation is

basically give the panel members as well as those who are in the room and others who are on the phone a sense of what SSA project activity has been since the delivery of the panel's report to the Commissioner in September 2009. So exactly what have we been doing since then and how might that inform where we go from here, and then also how is Social Security incorporating the panel's recommendations.

The Commissioner noted in his letter to the panel chair that Social Security will be -- that our response to the panel's recommendations is really going to be in the form of our plans, actually, and how we plan to incorporate what the panel has recommended rather than responding to each item individually.

And then I'm also going to cover some of the next steps that we see for our project work and how that dovetails with what the panel will be asked to do over the next year. So, and this sort of is the part where I'm going to cover some of what we typically ask me to do in terms of covering the project director's report. I figured that would go well with just giving you guys a sense of where we've been over the last few months.

First off, we have been asked a number of times to provide an update on our short-term project, and we now have an agency decision on that. Just for background, the short-term project was one that we began at the end of fiscal year 2008 where we let two contracts, one to an organization, to a contractor to evaluate, be the evaluator, and another

contract with a company so that we could evaluate their dataset. And their dataset was one that is an update of the DOT. So we conducted an evaluation in effect over the last year, and we had determined that while the information in this dataset were certainly ample and usable for regional purposes, we had determined that this was not something that we could use nationally and we felt that introducing it into SSA's process at this point in time would not be advisable for the agency.

So, also a point that I want to make along this line, because I think it's going to come up from time to time in terms of what we're hearing from stakeholders with regard to updating the DOT versus replacing it and some of what went into our decision making around whether or not to move forward with a short-term project or to set that aside and put our energies into developing the OIS is that, frankly, a lot of the work and resource expenditure that would be necessary to pull off a short-term project, meaning that which is something that SSA could use in the interim while we're developing something in the long run, the resources and energy and the type of work that we would need to do in terms of sampling, in terms of data collection, even if it does look exactly like the DOT, is not simple. And that type of work, frankly, is not a whole lot different when we talk about amount of time needed, you know, expenditure of funds, the type of effort that would be required, certainly the amount of focus that would be in terms of our agency having to take this into its current policy and then

perhaps produce something in terms of administrative notice. Any of this work would be -- would constitute a fair amount of effort on the part of the agency to do something just for an interim.

And so we felt that in light of the results of the evaluation, which, again, as I pointed out, led us to conclude that this may not be suitable for national use, in addition to our concern with regard to how much work this would take, we felt that it would not really be useful in the long run for us, so that our energy will be expended on moving forward in the terms that I'm going to try to express today. They do take into consideration, you know, all the panel's recommendations and, of course, a number of the recommendations we're hearing from our stakeholders. So that's where we are with regard to the short term.

And some of the other things, we've also developed initial plans for the project. We had to do that so that we could, frankly, brief our executives and also a number of other monitoring authorities that Social Security frequently needs to check with and brief when the agency has plans or certainly long-term plans in mind.

So that gets us to our third bullet. We did brief the Commissioner -- Mary Barros-Bailey was with us -- November 30th. We briefed the Commissioner again right before Christmas on some follow-up questions that he had asked during that particular meeting. We've also had meetings with the Office of Management and Budget, both from Social

Security's standpoint of, you know, our larger research -- larger plans, all of the agency plans in terms of research, of which ours is one facet of that, and we offered to provide a second briefing for the Office of Management and Budget, which we did. They are -- you know, had an opportunity then to ask us more focused questions about what we're engaged in.

When we speak about monitoring authorities, I think it's important for people to be aware of the fact that when Social Security, frankly, when any agency, but we'll speak from SSA's point of view since that's what I know about, when an agency has, you know, strategic plans that, you know, are going to be of some major effect to its programs, certainly when they will require funding, the agency makes decisions within the agency about, okay, which things should rise to the top, which need to come first, how are we going to determine what our strategy is, what are the things that are important to the agency. And then from there the agency really needs to brief others in the process, both in the executive branch and in the legislative branch. In the executive branch that frequently constitutes the Office of Management and Budget who takes a look at what we propose and, you know, has an opportunity then to ask us some critical questions about how what we're proposing fits with other things that the agency is proposing. And as we move along they will be interested in finding out how we did in fact spend the money that we have been given and what did we learn from it, what are we planning on doing next. So this is a

way for the executive branch to just be aware of what the agency has in mind.

Also other stakeholders who we have briefed and as much as a year ago and then went back again last week, in fact, involved the Ways and Means Subcommittee staff. We've also briefed the Senate Finance Committee staff. Both of those staffs were briefed before the panel was constituted. Last week we went back and briefed the Ways and Means Subcommittee staff. We have not yet had something scheduled with the Senate Finance Committee, and if they would like us to brief them, we will in fact do that.

So we have had an opportunity then to also let other monitoring authorities know what we're engaged in, what our plans are, what have we accomplished over the last year. So that's kind of where that stands.

We have also completed a study designed for the Occupation Medical Vocational Study. That, some of you might recall, is the study where we intend to examine our own claims, our own disability claims, adult disability claims, both Title 2 and Title 16, and try to gather certain kinds of information about those claims. So, for example, we're going to find out whether or not -- what kinds of jobs most frequently occur among our disability claimant population, what tends to come up most frequently as their past relevant work. Also what kinds of jobs does the agency tend to

cite in the cases where we must cite work, particularly what we call framework denials, and what kind of vocational profile do we tend to see associated with certain kinds of these denials and certain kinds of allowances so that we can determine, for example, you know, what RFC limitations tend to be associated with certain kinds of decision outcomes where we have cited certain kinds of jobs.

So that information may be very helpful to the panel as it deliberates, you know, about our sampling methods, for example, you know, what kinds of things we may want to focus on first. It is our intent to use some of this information to help us determine where should we target our initial data collection efforts, where should we look for, you know, occupations that might garner us some information early on that might be very helpful to us, if for no other reason than because once we begin to get that information, we want to conduct more claims, reviews of obviously claims that have already been decided -- so we call them folder studies -- and open up the folders and just take a look at what would the results be if we were to look at certain kind -- you know, if we gather certain kinds of data.

We also have completed the working paper for the User Needs Analysis for content model, which both Shirleen Roth and Michael Dunn presented on this morning, and we will be posting that paper soon to the website for others who are listening in.

We have completed a synthesis of panel recommendations and all of the user input. So that should be -- that is sort of our initial step at work that we'll need to do to develop our functional requirements, which I'm going to get to momentarily.

Also we were able to identify two individuals to join our panel. And so the Commissioner, as you well know, they were with us, both of them were with us yesterday and they are now still with us today, haven't left, and so we're really happy about that. We've identified some of the key issues and options that we want to consider as we develop the functional requirements for the OIS. And, of course, the panel will be involved in that work as we get underway. As soon as we're back from this meeting, that's going to be one of the first things we're going to attend to.

We've also begun a study design for the OIS, Design Study 1. We've labeled that as number 1 because we're anticipating there's going to be more than one. And these studies are really an opportunity for us to take a look at some preliminary questions that will really help us, I think, gauge some of the concerns we may have just conducting a job analysis, what are going to be some of the concerns in identifying the occupations, using the information that we can get, you know, that's SOC based. Since we're going to want to look at occupations on a more granular level, we're going to have to figure out how we're going to get to those things.

So there are a number of study design questions that we have

in mind for this, and that's why we're calling it a design study so that we can kind of gauge what we're going to be up against as we move forward and tackle the pilot that the panel had recommended.

We've also begun what we're calling an n=1 investigation -- that was certainly what the panel was referring to it as -- of both qualitative and quantitative research methods, how might that inform our work developing the OIS and also how might that inform the agency's use of occupational information. So I think that there's some work there that would be really helpful to us. So we've begun, you know, doing some of the literature searches for those things.

We also have underway the OIS, international OIS study, and basically to determine what kinds of occupational classifications are being used in other countries because we are hearing that, you know, Australia, other places do also rely on the DOT, oddly enough, to do the kind of work that we do, you know. So when people are interested in data at that level, what I heard Mark earlier refer to as ergonomic level data, that is basically the kind of information they're using. But that's what we're hearing, so we're going out to check on what it is the people are using and how might that inform our work as we move forward.

And then also we are in the midst of drafting what we're calling a Lessons Learned Working Paper. This paper is -- expands a bit on the paper that we gave the panel when you-all first convened last February.

I think it was called SSA's Concerns Regarding the Use of O*NET in Disability Determinations or SSA's Disability Determinations and basically laid out a lot of the work that we've done or analysis that we've done on why the concerns we have about the O*NET really prevents us from using it. We have also decided that we're going to take some of the concerns that we have about the DOT from an adjudicator's point of view and apply that as well.

So we will be interested then in producing a paper that lays out what kinds of things would be valuable for the agency to keep. And I think we've talked about that to some degree in our panel report and what kinds of things are not worthwhile for the agency to build on from DOT or from O*NET and why. So that's what that paper is intended to get at.

I've just provided a list here of the general recommendation areas that the panel presented, especially for people who are in the audience. You know, the need for the new OIS, technical and legal data requirements. The panel confirmed that those requirements are in fact ones that we should be focused on. Obviously the panel gave us recommendations on both physical, mental/cognitive data elements and other data elements as well that might be of value to SSA's adjudicative process as well as SSA research, and then gave us recommendations for classification, creation of expertise or the inclusion of expertise, you know, in order to develop and maintain the OIS, some recommendations

regarding basic and applied research, measurement considerations and communication issues.

So on all of these different areas I'm going to just move through the next couple screens, just show you-all where we have already begun to do some work that takes into consideration the type of recommendations that the panel presented.

So with regard to recommendations for a new OIS and the content model, we have identified key issues and we are about to embark on developing the functional requirements for the OIS. We're hoping that the result of this functional -- the functional requirements might actually give us what we're calling a to-be model so that while it's still going to be in written form, we'll get a little bit closer and closer to something that's more real and more tangible so that we're not just having these theoretical discussions or things that people, especially users and stakeholders, may find to be more theoretical.

So we would like to be able to define a little bit better, certainly for our purposes, what it is we need the OIS exactly to do for adjudicators and, based on the recommendations of the panel, how can we articulate that so that we can discuss that within the agency in a way that everybody really does understand what we're all talking about so we have somehow articulated a model that people can get and that they can really see how it is we're embodying what the panel's recommended, what other

things we may have taken into consideration. And that would also help the panel to engage with the agency about what our plans are for that. So I think that'll -- that's the intent of that.

DR. SCHRETLEN: And "to-be" is T-O hyphen B-E.

MS. KARMAN: Yeah.

DR. SCHRETLEN: Not 2B.

MS. KARMAN: No, correct, yeah. Like what it might look like, yes, what we hope for it to be, to become, right. Thanks.

Then the other thing is obviously the next step for us will be creating content model and instruments, so we will -- our staff will take a stab at just developing, you know, an initial content model and then taking that to our SSA stakeholders. We have, as you know, a work group and spending some time with them to determine, you know, if we pull together a content model, a list, in essence that really is a good starting point for us so we can begin to develop person side instruments and of course work side ones.

And then, as I mentioned, we're also developing the OIS design study which will be one way in which we can help move the new OIS along. As regarding the panel recommendations for classification, we are also intending to develop an initial classification. We had some discussion about that this morning or there was some, you know, I mentioned that we were intending to do that. And when we pull together the methodology for

that as well as the result, we'll share that with you.

I'm trying to remember if this was in May or not. It may have been in May. We, I think, produced a staff working paper where we looked at the initial classification methods, and we had identified at the time the notion of basically taking some of the elements that we're familiar with now in the DOT, both, you know, some that may be proxies for the mental cognitive factors that are of interest to Social Security as well as some that are the physical factors that we're very familiar with, and determining how it is that the jobs that are reflected in the DOT might actually group if we were to try to see what the measures were or the ratings were for those particular elements we've determined to be critical, see how homogeneous we can get on those and see how they group. And that might be our first attempt at looking at what an initial classification might constitute for us. But since we have not done that yet, can't tell you what that might look like. So you'll have an opportunity to see that. And then we will, of course, be in a position to talk about the different elements that we've selected so that we can come up with that list and that kind of grouping. So that's kind of where we're headed there.

We're also considering the recommendations in our sampling plan development. I think that's going to be -- from developing that initial classification, I think that's conversation we're going to need to have with contacts in Bureau of Labor Statistics.

The panel recommendation for internal and external expertise, we are working to increase our staff just a bit and also to bring in a number of specialists who might be able to help us with instrument development, just on developing the job analysis, protocols, for example, just obtaining or identifying the job analysts themselves and training them. I know that we're also going to be working with the panel to some extent to get some guidance there. Several of you already have some background in this. So we are in fact doing that. We did post two jobs right before Christmas, so both internally within the agency and externally, so that work is underway.

DR. SCHRETLEN: Sylvia, does SSA know or does anybody know how many job analysts were required for the original DOT?

MS. KARMAN: You know, I don't off the top of my head, no.

DR. FRASER: I think it was three to five.

MS. KARMAN: Oh, you mean per job? Is that what you're saying?

DR. FRASER: Per job, yeah. Talking to the -- there was an occupational analysis center in North Carolina, which was the last remaining one. I think it went under. But in the discussion with the director, I think it was three to five per job.

MS. KARMAN: Now, this is just my memory, so I

don't know -- I don't have it written down, but I thought I talked to somebody at the Department of Labor years ago who told me that they had a hundred across the nation, but is that correct?

DR. FRASER: There were ten centers, but, you know, so I don't have whether they have five analysts or whatever it was. Well, a hundred. Okay. So they would have had ten analysts per center, perhaps. But they'd send three to five out to analyze a job at that time.

DR. SCHRETLEN: Yeah. So my question was just to get a ballpark because I know that I saw in the Commissioner's letter to the panel that one of the bullet point items was to develop the cadre of job analysts.

MS. KARMAN: Right. And, you know, I'm glad that you're bringing this up because that is not one of the things that we're looking to bring into Social Security so much so. So, in other words, we're not going to look at hiring 2- to 400 people and bring them into SSA as SSA staff and then have them on board all the time to do job analyses. So what we're thinking might be more -- more easily operationalized, initially anyway, is to have the internal expertise in terms of study design, in terms of methodology, managing all of this, how is it to get carried out, and then contracting I think with one entity or several entities or individuals to actually conduct the job analyses. So, in other words, the boots on the ground would be individuals who are working for Social Security under

contract and not necessarily part of Social Security staff. So, which I understood, you know, that that was what the recommendation was from the panel, so --

DR. FRASER: Does anybody know whether that was -- that was the last occupational center in North Carolina? I don't know if it still exists. Does it still?

DR. WILSON: I think it's morphed into what's now called O*NET. I think the remnant -- you're right. The last one was North Carolina. But I think what remained of it became what's now O*NET.

MS. KARMAN: Okay. And so panel recommendations for basing and applying research. Again, we have several studies, either being designed or already underway. We're taking up the very things that the panel's recommended, and we certainly have an intention to conduct a number of the studies that were recommended by the panel that just we aren't there yet, one of those being claim studies where we're looking at the effects of the results data that are gathered, claim studies where we look at the effects of using the new person side, for example. So all of those are things that we would be interested in doing, but I've listed things that we're working on right now. So this is activity that SSA's engaged in either right now or plans to begin work on in 2010, so --

Panel recommendations for measurement will need to be

considered as we develop content model, an initial content model, and also to the extent that we need to include them in the instruments. To some extent, some of the measurement issues will need to be scaling and sorts of things may need to be tackled as we're collecting the occupational information because then we'll have a better sense of, you know, what -- how much -- what intervals we might need, for example, for weights lifted and that kind of thing. So, you know, what might -- what information might be worth going after every single time for all occupations. So, you know, I think that's just an acknowledgment that this would be an iterative process. So, again, once you begin -- once we have an instrument to show you-all, you'll get a better sense of what we mean by that.

Panel recommendation for communication. We've also taken steps to work within our agency to establish a web-based platform so we can operationalize the recommendations to, you know, enable online communities to be able to post the information or the comments that we receive from members of the public and in what form, you know, under what circumstances. So we have met already with our chief information officer's staff and him to talk about a number of these issues, so they're investigating this or getting back to us probably within the next two weeks or so.

I think I'm going backwards. All right. So our next steps, as I've said, is to invest the initial content model and functional requirements

and also the person side and job analysis instruments. So we'll have to have some item writing going on, which you are going to hear more about.

And we're also -- I wanted to take some time to talk a little bit about our OIS design study. Our design study, we've just given a very early draft of this to the Research Subcommittee, and we've asked them to just take a look at that so we can discuss that at our next meeting. We intend to meet once every two weeks. In fact, both committees intend to meet every two weeks. And some of the things we want to get at with that particular design study is the within -- what we're calling within-title variability of occupations. That can certainly help us in the long run with our sampling issues. And also we want to just have an opportunity to test some of the data collection problems that may come up, just, you know, how can we operationalize these kinds of things. So we know that that's going to be a factor. And we also have some other technical design issues that we want to be able to get at such as to what extent when we are measuring -- when we ask a job analyst to rate things in a holistic manner versus rating aspects of work in a deconstructed manner, we want to be able to show what the results of that might be, what the implications of that, of those things are so that we know to what extent can we break down some of the components that were recommended by the panel and which ones we really can't.

Since every data element costs money, we want to be in a position to know what's really the most effective way to do these things, but

we also know we need to have data that we can rely on. So there are a number of issues that we were hoping to get at with this design study.

We also are thinking that it may be possible for us to gather information, you know, on the two to three occupations that we may select to do the study with that could possibly inform the agency about, you know, whether or not a particular occupation we've examined in this particular study really has overhead reaching requirements or not, you know, and to what extent is that the case, because we as an agency might be citing a given occupation indicating that, yes, this occupation, we don't have any expectation that it has certain kinds of requirements when in fact maybe it does or maybe it doesn't. And so now we know, because we have data, that it doesn't.

So to the extent that our resulting information are reliable and the things that we feel that we can recommend to our policy component they may want to take forward to examine in terms of policy implications, we will be, hopefully be in a position to do that. But we have not selected the occupations yet. One of the things we talked about in Research Subcommittee yesterday were we have a spot in the study design where we need to select the occupations that we want to look at, and we need to come up with criteria. So we have some criteria, you know, want to select things possibly that are of most interest where claimants have most of the -- claimants tend to do most of the work or are there other criteria we'd want

to use. So we'll be looking for the subcommittee to help us out with that.

Also we have mentioned earlier that we're looking to develop a way of recruiting job analysts, and that also means we'll have to discuss how we -- and develop a way to train them, you know, are there ways we can certify or have associations certify them. And so we'll be looking to work with you-all on that, and that's where we're headed here at fiscal year 2010.

So some of the things that we see ahead for the panel in the next year, and I'm guessing that this is going to be the case throughout the tenure of the panel, is that to some extent the panel will have one foot in the current and one foot in the year to come or at least in the next 18 months.

So to some extent the panel will be out in front of the agency a little bit because we'll be looking to your guidance when we are developing our plans for the year to come. So it would be helpful if the panel has already taken some -- taken on some investigation of some issues that we will need to tackle next year. So, for example, data collection options, sampling plans, this kind of thing I think is something where we can, you know, look to the panel to help us out, even though we may not necessarily be putting that in effect this fiscal year.

On the other hand, there is some information that we're going to need the panel's assistance with this fiscal year, and so that may come in the form of asking the panel to review some of our study designs. And, you

know, we may give this to either an ad hoc group within the panel, depending on what the topic is or the subject matter is, or we may actually go to one of the existing subcommittees and then have the subcommittee report to the panel on its findings, on its suggestions and recommendations, then the panel will report, you know, to the agency about that.

So there's that sort of dual role of you're helping us now and you're helping us into the future. And along those lines we can see value in our planning on doing several roundtables, and on this screen I have a couple that we've identified already. You know, we know we want to do something in the area of labor market information, I think, just to get at some of the sampling issues we've been discussing amongst ourselves. And, you know, also data collection. We may decide that we might want to do, you know, a roundtable with the panel to look at ways of recruiting job analysts or how might we want to get at certification issues or things of those natures. So I've just mentioned a couple.

DR. SCHRETLEN: Sylvia, what would a labor market information roundtable be for? What's the -- what would that tell us?

MS. KARMAN: I think to some extent we have some more to do yet. We might want to identify some of our questions. And again, the Research Subcommittee, you know, that may be something that we may want to take up to help our staff with, you know, what kinds of

questions are we looking at. And they may actually come from this initial OIS design study. You know, just taking -- trying to tackle how would we sample for that might give us a sense of sampling questions that we may need to go ask Bureau of Labor Statistics.

And so might we want to then pull a panel together involving perhaps, you know, experts from Bureau of Labor Statistics, perhaps those who are working in either the private sector or in academia, you know, to meet with us and to address some of these questions about, you know, different sampling methods and things that people have tried already, what have they found to be valuable. Even the individuals who are working on O*NET may be able to, you know, give us a sense of their experience in these areas, so -- I thought -- you looked like you were going to say something, so --

Okay. The next thing -- oh, I did mention providing -- that we will be asking the panel to help us with some of our study designs and as we begin developing writing items, reviewing our instruments. And also we're expecting that as there are relevant reports published that we would want the panel to review them if they are in fact something that might be valuable for Social Security to receive our guidance about.

One that comes to mind is it would be the final report produced by the National Academies of Science on the final -- their final report on the review of O*NET. We've already seen the prepublication

report and have had a chance to meet with the National Academies of Science last week. Myself and Mr. Balkus did meet with them, and we did mention that we will be interested to see their final report because we are taking their report actually as instructional to us as they cover a number of methodological issues that, frankly, we think we'll have to be confronting as well. So we're -- we will be asking the panel to take that on too.

And then, finally, in line with the Commissioner's letter to the panel chair, the panel will be producing a final report at the end of the year outlining or documenting its activities. And, you know, we are not anticipating that it's going to be 750 pages long, so we don't need to scare anybody off, but --

DR. SCHRETLEN: Mary will be writing this one.

MS. KARMAN: Yeah. So just as a recap, we did brief a number of people, and that includes everybody from our Commissioner all the way to, you know, members of other monitoring authorities. We did meet with the National Academies of Science. We've also begun the groundwork for a lot of the OIS development activities.

And the next steps for the project in FY10 are to begin -- to plan the final plans and conducting relevant preparatory studies for us and doing -- developing the content model, functional requirements and the instruments, at least the initial instruments, and really pulling together our communications strategy, you know, so that the agency and the panel can

be communicating as effectively as possible with people in the research field and the stakeholders, internal and external users, and also that we're going to need to begin developing our sampling and data collection methods at a minimum to help us conduct the OIS Design 1 study.

And the next steps for the panel in FY10 will be guidance both for the work that we're doing currently and for the work that we, you know, will be needing to tackle in fiscal year 2011. So that's about all I have, if anybody has any questions.

DR. BARROS-BAILEY: And like I mentioned earlier, you have the project plan and the panel roadmap in front of you. Those are meant to kind of go hand in hand in terms of what SSA is doing for the project plan and what our anticipated activities for the panel as well.

We are running a little early. We can -- and we have the rest of the afternoon to deliberate.

DR. SCHRETLEN: Just a quick question.

DR. BARROS-BAILEY: Go ahead.

DR. SCHRETLEN: With all the discussion of the National Academies of Science report and issues around the whole interface with O*NET, as I look through these slides, you know, sort of conspicuously absent are references to working with folks from the Department of Labor. And I'm just wondering if it would be useful in some way to bring people in more explicitly from labor.

MS. KARMAN: Yes.

DR. SCHRETLEN: And through a lot of these things, almost like I wondered if we could actually like borrow someone who could -- who could be, you know, sort of walk this journey with us and would that be a useful thing.

MS. KARMAN: Actually it would be very useful, and it is -- what you're not seeing are my notes, which I neglected to mention, that we did meet with the Department of Labor. Actually we met with them twice last year, the staff that is responsible for developing the O*NET and maintaining it, and we have it in mind to and planned actually to invite them to the roundtables to present or both and as well to continue to meet and more specifically to get together to exchange information about the types of studies that we're embarking on like the OIS Design 1 study or any of the other things that we're -- we'll be working on and then having to test. May very well be that we may be developing things and testing things that may be of interest to them and vice versa. So we've already exchanged that kind of -- you know, we had that kind of collaborative agreement already. And I think that we will continue to do that.

Now, when we last met with them, I did ask more specific questions about, you know, some of the concerns we may have in terms of getting the employers or the entities, rather, so that we can actually conduct the job analyses. And they provided us with contacts or names of

individuals we should talk with in the Bureau of Labor Statistics indicating that, you know, we may want to speak with their contractor, the O*NET center folks, RTI, or -- and also talk with Bureau of Labor Statistics.

So there was that discussion, and I just unfortunately neglected to mention it in my presentation. I was very focused on panel versus project, and I wasn't thinking outside of that, but thank you for mentioning that.

DR. SCHRETLEN: I'm glad to hear it because it seems like in a perfect world these could be very complementary kinds of systems and each could be useful to the other in a variety of ways.

DR. BARROS-BAILEY: I guess I need to say something as well in terms of full disclosure about the National Academy of Science report. I -- Mark had mentioned yesterday that there was a meeting with him as a professional outside of the OIDAP, and he and I met with them separately.

When I saw the report, as many of you know, I've been involved in this process initially with the Interorganizational O*NET Task Force. About ten years ago there were some references to the IOTF that were inaccurate, and in terms of also just some general aspects of that chapter that were problematic in terms of inclusion of all disability benefit systems that we work in in the private sector.

And so I had contacted them and met with them on the 8th,

provided them with some information of some of the research that we had been involved with with the DOL back when, including a paper that Deb spearheaded in terms of some research with field job analysts and also a concept paper that Joe Cannologo had written and I had coauthored with Marilyn Silver and Gary Carter in terms of a conceptual model. And so I just want to make sure that people know that that happened. Mark made a reference to it, and it was something outside of the OIDAP. It was as a private practitioner that I met with them. Tom?

MR. HARDY: I'm looking at the panel roadmap document, and I've just got a couple quick questions on that one. It looks to me, if I'm reading it right -- I'm confused -- you planned to have initial draft of the OIS design study ready by February?

MS. KARMAN: Yes.

MR. HARDY: Okay.

MS. KARMAN: We've already given actually an initial draft to the Research Subcommittee.

MR. HARDY: Okay. Great. So we'll be seeing that probably next month and then we'll be talking about that in the April meeting, March meeting? I'm not sure when we're meeting again. When are we meeting?

MS. KARMAN: March.

DR. BARROS-BAILEY: March.

MR. HARDY: We'll be talking about that in March?

MS. KARMAN: Right. So I'd like to have some time to work with the Research Subcommittee and they will take a look at this, we'll go back, revise along the lines of what they're looking at, and then present it to the full panel to take a look at it.

MR. HARDY: And then I had a question about the roundtable on research-based approach to individualized case assessment, linkage to the world of work.

MS. KARMAN: Wait a minute. I'm sorry. Which page are you on?

MR. HARDY: Page 306.

MS. KARMAN: Okay. Got it.

MR. HARDY: Can you flesh that one out a little bit for me?

MS. KARMAN: Well, I -- what we have -- I can't really flesh it out, but what I could tell you is what we had in mind. And, again, this is -- as a placeholder on this list, you know, it may very well be that as the Research Subcommittee has an opportunity to talk about this as well as the other individuals who on the panel might have a role in this, what I'd like to see happen would be a roundtable in which we discuss the types of linkages that we need to make.

So, first of all, I know that we on the Research Subcommittee,

we're taking a look at the inferences that exist currently within the disability program, within the adjudicative process. And then to the extent that there is a need to be able to link certain work activities with certain or associate them with certain kinds of human function, are there ways in which we can get at that information. Either is there information that already exists that we might want to look at that might establish some or help us establish those linkages? Are there other ways that we can get at that? I know when we were in the roundtable for the mental cognitive, a number of the individuals who came to that roundtable had mentioned, you know, doing a study in which you are looking at people conducting the actual work -- work simulations.

So, for example, RSA does work simulations and, you know, is there information that they're capturing now, you know, having done those work simulations that might help us associate certain kinds of human function with certain kinds of tasks. Not necessarily the levels at which those things are done but, you know, that we know, for example, certain kinds of tasks require concentration, you know, you know that those things map onto them and you don't have to guess at it.

So it sounds like that would be something we'd want to bring in some individuals to talk about, how we might go about exploring these things in a way that's useful for the agency and, you know, would offer the panel an opportunity to think about that and give us some

recommendations.

DR. BARROS-BAILEY: Go ahead, Tom.

MR. HARDY: Sorry. I've got one more as I'm reading through here. There's also an August date for a final prototype of the JA instrument. Will we be seeing anything prior to August on that document? I didn't see anything in here to look at that earlier. I might have missed it. I don't know.

MS. KARMAN: Yeah, I just wasn't going to give the -- the specific, you know, when you get the first one, when you get the second one, when you get, you know. The idea was to give a sense of where the agency needs to be at a certain point and where we're going to have preparatory work going on. So, for example, when the Research Subcommittee may be taking a look at doing a roundtable on a particular topic, this might be helpful to give them a sense of, okay, we want to do that roundtable before this happens or you may want to wait until you receive something from the agency before you do something else, so -- but, yes, you would be seeing something sooner than that.

DR. BARROS-BAILEY: Would it be helpful to the panel for us to take a break and then come back if you have additional questions? We're going to have quite a bit of time to deliberate this afternoon, and I know some of you are flipping through those, so would it be helpful to take a break for about 15? Let's go 20 minutes and take a

break and come back and then spend the rest of the afternoon deliberating.

Okay. We'll take a break now.

(Recess from 2:29 to 2:52)

DR. BARROS-BAILEY: We are back. The last portion of our meeting today gives us an opportunity to deliberate as a panel. We've been meeting now for almost a whole day and a half. We've had the opportunity to talk about some things as we go through some of the sessions, but this gives us an opportunity to deliberate even further.

I do want to point out that when you look at the roadmap and when you look at the project plan or the roadmap, which is relevant to us, you see that there are no subcommittees associated. See, there's kind of a blank right here in terms of the second to the last column, and that's because this is a draft. Some of these are going to be very obvious. I mean, communications, it's pretty obvious what subcommittee that goes into. But because this is a draft and because we have an opportunity to talk about it now, what we will have coming out of this is going to be this anchored to subcommittees so the subcommittees will have the opportunity to take this and run with it and will have kind of a reverse time line. You guys will recognize that from our first year together in terms of we have some end dates here and we have some start dates here, but there was a question to Sylvia about, you know, this is an end date, are we going to see anything in between. And so we will have some other dates associated with this draft

that I'll initially put together and get out to the subcommittees to flesh out and give me some feedback if it seems realistic.

So let me open it up to the panel roadmap, to, you know, even anything that we've been doing for the last day and a half. If there are any questions anybody has. And I do want to say that although Abigail cannot be with us here in person, she is available to us telephonically. So, Abigail, if you have any questions or you have any comments as we go through, just feel free to pipe in.

DR. PANTER: Okay. Thank you.

DR. BARROS-BAILEY: A voice from above.

Now that people have had a chance to look at it further, are there questions about the roadmap? I'll start there. Look pretty good? It could be a short day. Okay.

How about anything that we've been doing for the last day and a half? I know I heard a lot of comments during the breaks and lunch that people found that the user -- the user panel to be very, very good in terms of the interchange with the users, and I'm seeing people nod that they are finding that to be helpful.

So in terms of what has been happening for the last day and a half, the user input into the process, any thoughts on that? Anything that anybody wants to bring in and talk about? Allan?

DR. HUNT: It's somewhat risky to do this from where

I sit, but I'm somewhat dismayed at the hesitancy to accept the judgment that has started this effort that we have to start all over and we can't use either O*NET or DOT updates. And of course you've spent a lot of time certainly convincing yourselves that this is the way to go. And I didn't hear that much agreement from the users, so that seems like a huge challenge to me. So that's a substantive question.

And of course I also note that -- and I've never seen a -- sorry, this is a criticism. I've never seen a project plan with looks like only start dates to me, so I can't quite figure out where that goes. But that's a different -- maybe takes more time, but -- and to develop a plan to disseminate information to the relevant professional organizations and publications isn't until December 2010. So it seems to me --

MS. KARMAN: I'm sorry. Say that again.

DR. HUNT: Well, the second to the last item on the first page of the project plan says that we will develop -- start to develop a plan to disseminate information on OIDA activities and contact info --

MS. KARMAN: No, that's a typo. That's December 2009.

DR. HUNT: Okay. Okay. Well, I was going to suggest that if it had been started a little earlier maybe things would have gone a little smoother yesterday. But I felt there was a lot of criticism yesterday of the approach.

DR. BARROS-BAILEY: So I heard three things. One of them seems like it was resolved in terms of a date. I heard about the DOT in terms of some of the comments, public comments we got yesterday, and I think you're specifically addressing the users. I don't think we heard that from the public comment.

The second was only start dates. There are a couple of end dates. And then the third was the typo. Sylvia, do you want to address the end dates, start date?

MS. KARMAN: Yeah. We had met with -- when I had briefed our executive folks in the agency, we had just actually discussed the extent to which we were ready to indicate when we might be finished with certain things, because I know that there will be a number of areas that we within the agency need to discuss certain topics. So, for example, as we begin development of the instruments, that's -- we'll have to tackle some of the issues that, for example, that IARP raised with regard to -- and APTA raised with regard to the, you know, at what point do we want to introduce the scales and measures before you even go out and collect the data, that kind of thing. So we know we're going to have to deal with some of those issues within our agency.

So, because we didn't want to just, you know, show some things with start and stop dates, you know, completion dates and not others, we just said, all right, we'll show everything when we're planning to get

started on something so that we have a sense on the panel of what the agency -- when the agency might need to begin to do work in an area, so -- and that's another reason why it's called a draft because I just -- we weren't in a position yet to give final dates to some of these things. So, you raise a good point.

DR. BARROS-BAILEY: Gunnar?

DR. ANDERSSON: Well, I agree with Allan. I think it's necessary for us to explain to the world why we feel it's necessary to reinvent the wheel. Obviously there are stakeholders out there who think that what we have now is good enough, and there are others who think that O*NET is good enough. And so somehow we have to explain why we don't think that either of those are the best solution for the Social Security Administration.

DR. BARROS-BAILEY: And because -- as somebody who wrote that section of our report to the Commissioner, why not the DOT, or one of the reasons we put that section in the report was this very question. Because people, as we were getting feedback from the organizations, this was an ongoing theme in terms of people not truly understanding what it is that we were doing, what we mean by replacing the DOT. It's not throwing the baby out with the bathwater. I think that Sylvia talked about the -- what's it called, the learning -- best lessons learned?

MS. KARMAN: Lessons Learned, yeah.

DR. BARROS-BAILEY: Lessons Learned paper that's being developed that is kind of a compilation of different things that we've seen that what are the best things about the DOT, what are the best things about the O*NET. So when people hear replacing the DOT, they think it's going to look totally different than the DOT. But what we said in that section of the report is some people might look at some of our recommendations and say, hey, this kind of looks like the update of the DOT. And if that's how people want to have it referred to, that's okay. But we know that psychometrically it's different. The variables are specific to the disability process. It's going to be reflective of the labor market. There are going to be things that are materially different about this. If you understand the sampling that was done for the DOT, it's not representative of the labor market if you understand the psychometric underpinnings, if you understand the variables that are confounded and compounded. If people want to say it is a replacement, that's okay. We just know that it isn't, that it is something new.

I equate it to this, okay, because I'm applied. We've been working with a hammer so hard that the handle's broken. We have duct tape around it, and the alloys on the head don't work really well, but we work with it so hard that when we think about replacing it, we could think about putting in an ergonomic handle, getting a better head so that when

we use it we get better power. Or we could go back to the question, say how do I get this nail into this piece of wood and come up with a nail gun or something that does the better job.

And so I think that's the difference conceptually of what we're talking about, just going back to what is the research question and what needs to be done to answer the question of occupational information within a disability context. And so I think it's again something we've been dealing with for about a year. It's semantical. Some people will look at the data elements. We heard a lot about that, these look okay and these look like better than the DOT in terms of some of the physical. Some aspects of it are going to look like an update, and that's okay if people want to think about it that way. We just know that it isn't the DOT. I don't know if anybody else wants to pipe in.

DR. WILSON: Yeah, and I like -- we need to get a written copy of the hammer example. I like that.

I think part of it, especially given that there are now National Academy of Sciences reports on both O*NET and an older one on the DOT, to some extent this is professional courtesy in terms of not beating a dead horse. There are, you know, significant and scientifically troubling problems with these systems that -- of which they are aware and in many cases haven't addressed or in the case of the DOT they abandoned largely as a result of that original study.

That being said though, I think your point is an important one, and in terms of professional development activities, one way that Shanan and I are going to try and address this as a panel is -- at least we're going to recommend to the -- I guess the Research Committee? Is that who we're --

DR. ANDERSSON: Yes.

DR. WILSON: -- working through on this? A sort of day-long workshop where we would show you these different kinds of analytical systems, provide you with some concrete examples. And then I think it will be easier for you to go out and say here's why we can't use O*NET, here's what some of the issues are and how what we're recommending addresses those issues.

DR. HUNT: Let me just respond. I think well said in both cases, but the fact remains, those people out there didn't get it. And I'm not -- I mean, we're not taking notes here and taking names of who did their homework and who didn't, but somehow the message didn't get through the way that you intended it.

DR. BARROS-BAILEY: And I think, yes, and we recognize that. I mean, we were very cognizant of that in terms of that the way the subcommittees got restructured in terms of our ability to communicate out and also receive information in, and I think I mentioned it during the stakeholder panel that I'm very aware as information is coming

in that it's saying to me something about what they are receiving in terms of communication from us. And so if there's a disconnect, how do we bridge that.

And so that section that was put in the report that I wrote up was specifically because of information coming in to us from the July feedback that people were misunderstanding that. So, you know, we continue to try to communicate that out. And I think it was Tom back in April, our April meeting when we were just starting and he said, you know, it's going to be really hard to think outside of DOT constructs. I mean, it's been around my whole career. As practitioners, that's what we know. That's the only thing we've ever known. And then we saw something different, we thought, well, we know we can't use that for disability. And so now that a lot of us around this table can conceptualize maybe something differently, it's how do we take that information from the epicenter where we are and disseminate it further.

DR. GIBSON: I can address what might be the white elephant in the room and perhaps be the cynic in the group. There are also those user groups or stakeholders -- I won't necessarily call them user groups, I think these are coming primarily from some of the other stakeholders -- who just don't want change. And it doesn't matter how strong the arguments are that we offer regarding the unusability for our purposes of the O*NET and DOT. That is not the model they have chosen

to support. On the one hand I find that quite frustrating, but on the other hand I see that is the nature of what we face here.

What strikes me as most important is that we continue our efforts through what we do and what we communicate to document the scientific necessity of what we are doing and what it does give to SSA, and those stakeholders will have to learn to deal with it, quite frankly. This is what SSA needs probably.

DR. BARROS-BAILEY: And I do think it was said earlier today once there's something that is beyond theory and that is more palatable, then I think things will change. I think there was a lot of excitement earlier in terms of when we were talking about different concepts, and so I think things will change. And we've not been at this for a year, so --

DR. SCHRETLEN: You know, I'd just say on a personal note, I really don't have a pony in the race in terms of what system gets adopted coming into this panel because I'm a neuropsychologist. I don't have that vocational background. So I came in totally open to the idea of either modifying O*NET or updating DOT. I came in in some respects almost tabula rasa. And we had a number of presentations during the first few meetings that made it -- that were extremely persuasive to me in terms of the intellectual basis for the decision to pretty radically change things and come up with a new system.

Now, the new system, my hunch, will actually bear strikingly -- striking resemblance to the DOT in many respects as this whole process has gone along, but it will be a brand-new system. It's just that probably, you know, some large percentage of it, maybe 80 percent of it, will look identical to the DOT in terms of aspects of job characteristics, even though the jobs themselves have changed dramatically in the past 50 years.

DR. BARROS-BAILEY: We'll keep trying to communicate that.

DR. FRASER: You gave me a little information before on kind of a review of the occupational analysis systems that are used in rehabilitation that were referenced quite a bit. I'm not sure everybody's privy to what was done there, you know, like the McCroskey system and Field system, et cetera, and I appreciate some feedback on that.

DR. BARROS-BAILEY: Do you want to talk about any of -- I mean, other systems?

DR. FRASER: Kind of the inadequacies of what was --

DR. BARROS-BAILEY: You know, those are proprietary systems. I don't know if I really want to be talking about those.

DR. FRASER: I understand.

DR. BARROS-BAILEY: Yeah.

MS. KARMAN: I mean, not that this is a negative about those systems, but my understanding is, is that they don't actually -- some of them to some extent don't necessarily introduce new data. In other words, to some extent some of them present current data or -- current -- the data that are currently used like in the DOT. More like software systems.

DR. BARROS-BAILEY: They're like mega DOTs.
Not all of them.

MS. KARMAN: Some of them do have other qualities to them, so --

DR. ANDERSSON: But are those really systems for work analysis and job description? Because I don't think so.

MS. KARMAN: I don't use them that way, but --

DR. FRASER: I think they are used that way.

DR. BARROS-BAILEY: It depends on how you are using work analysis, because I think the I/Os would use it differently than we would use it in voc rehab.

You know, I have a couple of the systems that allow me to take DOTs, and as I'm putting together a job analysis that I'm doing on an n=1 level, that's what we do in voc rehab, give me different information that I can then share with a treating physician and then information about function and whether somebody is able to do this occupation as defined by the DOT or defined by a job analysis that I do on the ground. So they are

information systems that are useful to the clinician.

DR. ANDERSSON: No, I understand that, but what they do is they tie the functional abilities of the potential worker to the job. They're not -- they don't analyze the job in isolation.

DR. BARROS-BAILEY: No. I mean, they're DOTs. They're -- it's an automated DOT. I mean, you could do a lot of things with it, but at its base it's an automated DOT.

We dealt with all three of your questions? Okay. Did you have any follow-up on that? Okay.

DR. HUNT: You can see why I was so upset by that December 2010.

DR. BARROS-BAILEY: Are there any other questions? Abigail, did you have any thoughts?

DR. PANTER: I'm just thinking about this from a psychometric perspective, and when there's change, when there's change to an instrument, we usually call it a different instrument. And so I think some of the language of calling this a brand-new approach is consistent with that kind of approach, that there is something brand-new about the fact that that will be less outdated. And that is ethically a better approach, so -- but I think it's still important to keep everyone clear on why we're making changes versus not making changes. I think that has to be very transparent. And I think everyone involved should know why the changes.

DR. BARROS-BAILEY: And you bring up a good point. We've been calling it the OIS, occupational information system. It's generic. I don't know if SSA has a name they were developing for it, but it's not called the new DOT. There's not a confusion there in terms of the paperwork. It's called the OIS, occupational information system, just a very generic description.

MS. KARMAN: I think to some extent that was one of the reasons why when we were writing the final report that we made an effort to describe the fact that even though for some people once they begin -- once we get to a point where we're able to show people what we're developing that it might look very similar to the DOT, especially if you look at the physical domains. I mean, you know, it may not be -- it may not be apparent to others that that's what is underneath all of that, what is the basis or the framework is will be different, that'll be different psychometrically.

But that's why we didn't -- that is why we made the point to say we were replacing it, because it is a new instrument in that respect, a new classification system, although for many people it may function very similarly and they may not ever really perceive that extent of difference. So, I don't know.

DR. BARROS-BAILEY: And just some of the users in the audience, I had asked earlier if there was anything that you could

give us feedback on that might make it more helpful in terms of the communication. And so anybody listening in or in the audience, if you have ideas that help that process, if you could get them to Nancy, User Needs and Relations, that would be helpful, or through our general e-mail address, oidap@ssa.gov. Mark?

DR. WILSON: Sylvia and I talked about this before, and I've often thought that, you know, maybe we ought to call it something like Disability Functional Work Analysis or something to make clear that it's not a competitor with these other kinds of systems and that it's focused on identifying a common metric of work functions that can be directly observed and that are useful for the purpose that we've been asked to provide the information for.

I think that no matter how much we try, there are always going to be these comparisons to other -- everyone's going to try and understand this in terms of whatever they're familiar with or whatever database they happen to like. And while I think it's true that, you know, what a psychometrician would call the stem might look similar to what's in some of these other systems. The scales, which are the real important part, will be very different and will probably have more information about each one of the stems, and it'll be more defensible if we can follow along with some of these.

And then I think the other thing, in some ways it will be less.

To be honest, there's a lot in the DOT that's just simply of no value to what we're doing, and there would be no reason to replicate that, so --

DR. BARROS-BAILEY: I think that one of the biggest comparisons for me and what I was -- part of my meeting with the NAS was because it's in the civilian sector and we've only had the DOT and now the O*NET, you know, some people see it as an eclipse, but it's not an eclipse. And if you're in the military, you don't think that, you know, the Marines and the Army have their own, the Navy has its own, and the Air Force has its own and they all coexist in a population of 2.6 million people, 1.4 of those being active duty.

And so because it's civilian and we've only had one system and we haven't had a system specific to disability, people see it as competitive instead of seeing it as a complement and seeing that they exist for different reasons. It's like that question that I asked about getting that nail into the piece of wood and what's the best tool to do it, and it's back to the research question of why we're here and having the best occupational information system to deal with disability kinds of issues in a forensic setting.

MS. LECHNER: I had a question for Mark. You made the comment a moment ago about the things in the DOT that are of no use and that we wouldn't be incorporating in the new system. Can you provide an example of something that comes to mind?

DR. WILSON: Just about any of the holistic ratings, where you look at a description of a job and then you rate it on some sort of -- directly rate it on some sort of abstract construct, anything like that.

MS. LECHNER: Which would be what, when you say holistic?

DR. WILSON: Help me out, Shanan. What would be an example of that?

DR. GIBSON: The SVP rating.

DR. WILSON: Yeah, like the SVP rating, for example. That's where people sit around a room and we're looking at a job description and say where does this fall in terms of vocational preparation.

MS. LECHNER: So what you're saying is you wouldn't eliminate the construct of vocational preparation, but you would eliminate how --

DR. WILSON: Would measure it better in a more defensible way and -- exactly, exactly. But there are other kinds of information that we might not need, which I think was getting to your question. And to be honest, I'm sort of -- it's been awhile since I've looked at a DOL schedule, but I think if we --

DR. BARROS-BAILEY: Interests, DBT as conceptualized in the DOT. I don't know anybody that uses DBT as conceptualized in the DOT, which is totally different than the way we use it

in this panel. But interests, that's important if I'm a voc rehab counselor. It's not important if I'm doing residual capacity in a forensic setting.

DR. SCHRETLEN: This is -- and just because I think we have enough time, this might be a pretty beside-the-point kind of question, but I'm just curious. And partly it's because I was a person who used the word "proprietary." And maybe it's because I'm not a lawyer and I used the word incorrectly.

But when we develop this system, it will be a system that's unique to SSA, and in that sense I think of it as proprietary in the sense that you're not going to take the taxonomy from an existing system off the shelf and we're not going to use instruments that have, you know, already been developed for other systems because we're developing a system, an OIS. And I guess I wonder, so once that is all done, will it become a publicly available kind of system that would be freely available to anyone who wants to use it?

MS. KARMAN: Yeah, we've already discussed that in Social Security, and it is our intent to -- when we have the data available to make that public use data and to, you know, discuss whatever legal issues that we need to clear in order to make that data available to folks so they can download it, so software developers can download it, so members of the public will know what kind of information we're using to assess claims. So, yeah, we would -- it would -- it seems to us that that would be incumbent

upon Social Security to make it available.

DR. ANDERSSON: David, I think it would have been unethical to use us to develop a system that then would be proprietary for somebody else. I don't think they can do that.

DR. SCHRETLEN: Yes, I just used the word incorrectly, but I just didn't know whether it would be just specific to SSA or whether SSA would make this sort of system available to other, you know, private disability insurance carriers who might want to implement it in their systems.

MS. LECHNER: I had a question I guess more for Mary and Sylvia. On page 3 of the panel roadmap under Instrument Development and Testing, you've got person-side attributes/instrument, job-side attributes/instrument. Are you talking about instruments to actually measure the person or the person-side attributes of the job or occupation?

MS. KARMAN: What we're thinking of under the person-side attributes instrument is the instrument that Social Security's going to need to basically assess what the limitations of the claimant are that are relevant on the work side. So that would be very similar to what the RFC might look like.

So that would -- it's not a test. It's not we're developing an instrument where you test people with regard to their abilities, but it uses a

synthesis of all the medical and vocational and functional evidence.

And then on the job side, the instrument that we're wanting to develop there is the one that we'll need to give to the job analysts. Hopefully it will probably be web based or whatever so they can just log in and begin using it when they've been sent out to the site. You know, all that needs to get worked out. But in essence the job side one is the one that we're looking to develop so you can actually assess the demands of work. Person side one is the one in which we're, you know, making the synthesis of all of the information about the person in one place.

MS. LECHNER: Mental and physical RFC.

MS. KARMAN: Exactly, yeah. So it's that linkage.

But it's not a test.

MS. LECHNER: So the approach is to continue the -- continue mining the medical records for the information for the physical and the mental RFCs.

MS. KARMAN: Well, I mean, I don't know -- to me the word "mining" has a certain meaning, so I don't know if you mean it like in a computer-based way or if --

MS. LECHNER: No, I mean just looking through the person. In other words, your approach to assessment of the claimant is still going to be --

MS. KARMAN: The same.

MS. LECHNER: -- to look through the medical record and try to determine mental and physical capacity based on your peruse of the information you have.

MS. KARMAN: Right. Now, I mean, granted, that's one portion of what the agency needs to do to get, you know, a good assessment of what the individual is capable of doing. There are other -- there are other things that the agency, you know, is looking at now or may look at in the future in terms of how can we get better information, you know, from the claimant or from the claimant's doctors or whatever. But that's not our project. However, we do know that we'll have to be -- our team will need to be working with the folks who are busy with that in Social Security. So there are other efforts afoot within SSA to tackle that.

DR. ANDERSSON: But let's see if I understand. It's not our job. This is not what our panel is supposed to do.

MS. KARMAN: By "this," you mean obtain better information?

DR. ANDERSSON: The person side.

MS. KARMAN: We are only going to be developing the instruments that would enable an adjudicator to have a sense of what that person is capable of doing given their -- their impairment, the effects of their impairment, and then so that they can do a comparison with the information from the world of work.

So, in other words, we're not actually going to advise Social Security about ways to test, you know, getting at these different things. I know people have talked about FCEs, you know, over the years people have talked about different kinds of medical evidence. Some of that might come from this work. In other words, as we're looking at the different elements on physical side or the mental cognitive side, some of these elements might suggest, you know, that they would be very useful to have but they may be difficult for us to get evidence about. So they'll be -- you know, I'm sure that discussion will come up, but that's not really -- that's not our task is not to advise the agency about assessment of the claimant, so to speak. That's not -- we're not developing policy. We're not developing new ways to assess the claimant. But there might be things that come up in context of what we're working on that might inform Social Security, and we would pass that information along.

DR. ANDERSSON: You still have me lost. I don't see how you can do that in isolation. And I just don't see how it fits with our task.

MS. KARMAN: Okay.

DR. ANDERSSON: Maybe I'll understand it later.

MS. KARMAN: We're only interested in developing an occupational information system and making sure that the agency is able to identify the elements on the person side that would be relevant to collect

information about on the work side. But there's a whole lot of process and policy that goes into getting information from the claimant when the claimant applies for disability. For example, NADE gave us comments with regard to the SSA 3369, which is a form that Social Security uses to gather information about the person's work history.

So there are some things that will come up as a function of this project for our team that the panel may or may not end up having any -- any information, but it just so happened that NADE gave the panel some recommendations along those lines which will get passed on to SSA.

But we're not -- we're not really involved in providing SSA with recommendations about what they should do with the 3369 or whether or not they need to change our, you know, some aspect of our process by which we contact medical sources, for example. I mean, like we're just not involved in that, although what we do might lead to some information that SSA might find valuable. I don't know whether I'm helping you with this or not, but --

DR. ANDERSSON: Well, I think it is. I think it's fairly intuitive, though, that if you develop a system to analyze work by certain parameters, psychological, physical, and mental, those are the parameters that you need to look for in the individual. So I don't see how that is a separate project.

DR. FRASER: We're not specifying how you do it.

Does that make sense?

MS. KARMAN: Right.

DR. FRASER: It's a template of the elements for consideration, but we're not telling you how you do that.

DR. ANDERSSON: And you're not even telling and shouldn't tell anybody that they have to do all that.

DR. SCHRETLEN: And --

DR. ANDERSSON: See, in reality what happens is that I have a patient who is evaluated, say, with a functional capacity evaluation which is defining certain parameters that that individual can do. And then what I want to be able to do, of course, is to connect that with jobs that fit those functional parameters. So that's all the information I need. So if I have the job side information, then I don't need to invent some new system or scale to evaluate the individual. I just have to make sure that the evaluation of the individual allows me to use the occupational system.

MS. KARMAN: Well, you know, there's been a question for a while, at least, you know, as long as I've been working in this particular area of medical vocational policy and then, you know, what can the agency do about better occupational information with regard to what comes first, the chicken or the egg. You know, do you go out and determine what the requirements of work are and then back into better RFC process or better RFC, or do you start with what are elements most critical to

disability evaluation and then go out and see if, you know, to what extent can you evaluate work in terms of that.

And so to some extent it's a little of both. There's just some things that, frankly, you need to do. One has -- there are certain job demands that exist, and that's what makes that job that occupation as opposed to some other occupation.

On the other hand, there's some requirements -- I mean, you can evaluate work from a lot of different standpoints, and there are just some things we don't care about. So we have to sort of bridge those two things, which I thought the panel did in recommending the content model. So I feel like we have a pretty good platform from which to begin doing our work.

DR. ANDERSSON: I don't disagree with that. I'm just getting back to this person side, because what I don't think we should do is develop a new impairment determination system.

MS. KARMAN: We're not.

DR. ANDERSSON: But that to me is what person side means.

DR. BARROS-BAILEY: So it's semantics again. We keep on bumping into this among us. So it's okay. We always learn that if there's a disconnect, it's got to be semantical. So for you person side means the impairment.

DR. ANDERSSON: Yes.

DR. BARROS-BAILEY: Okay. Okay. So I think what person side means in the context that we are using it in is the collection instruments, the physical RFC, the MRFC of the information that needs to be collected in terms of residual function that is then matched to the demands of work. And so it's a collection instrument, not an impairment rating, not like a AMA 6th edition impairment rating kind of clinical model.

DR. SCHRETLEN: Now, ultimately, it will be used to assess impairment, or rather whether someone is impaired will be compared against those dimensions. But this is not an instrument to assess impairment.

DR. BARROS-BAILEY: It's a collection of information, yes.

MS. LECHNER: And I think that we've got to kind of get clear on the terms "impairment" versus "function." You know, an impairment is a measure of, just to use a clinical example, how much range of motion someone has in their joints and if you do a muscle test how much strength you measure. Whereas the function, you know, a residual function is more measuring whether someone can, you know, write or do the lifting that's required. And you may have impairments but able to have the function to do the job demands.

So if you look at the World Health Organization's classification of impairment versus function, an impairment is a restriction and limitation, say, in range of motion or strength, but that may or may not translate into a limitation of function. At least that's how I interpret it.

DR. BARROS-BAILEY: I see it as kind of a growing glossary, and we actually have -- no, I'm serious. We had a conversation about this a couple weeks ago that just the word "job analysis" means three different things among this group. And so that as we are going forward, we already have the glossary in terms of the report to the Commissioner. We have some of the subcommittees put together glossaries because of this very issue and the need to have a collective glossary. And I think what we just experienced are things that we need to add to it so that as we say person side, we are all understanding exactly what that means; as we say impairment or function, we're all understanding what that means.

MS. LECHNER: Kind of to go back to where my original question started, Sylvia, it sounds like what you're talking about for the mental and physical RFCs that will emerge from this process is that you're thinking of, okay, we'll develop a format of presenting the information. We're not exactly -- we're not going to develop the testing protocols. We're going to develop a format through which the information is compared side by side? Is that what you're saying?

MS. KARMAN: I'm afraid to say yes because I'm

hearing so much discord or confusion about something that I thought we understood, so I thought we all understood what person side was about. These are the things in which we would be evaluating a person's function. And when we look at that in Social Security, we're not going to be testing all these claimants who come through the door in all these variety of areas. So I thought we all understood that.

What we're looking for there would be making sure that whatever elements we're going to measure in the world of work are reflected in the way in which SSA assesses residual functional capacity. So maybe the confusion is the word "assessment." I'm not really sure. But, you know, I don't mean to imply that we're -- we as a panel have in any way recommended to Social Security something along the lines of, you know, testing in certain areas, because we didn't get into that at all.

And then we also would want to have a way for the adjudicator to be able to pull the information and document -- I think that's probably a good way of putting it -- of documenting what the residual functional capacity is of that person given the information that they're presented with. And so to some extent there's an assessment of the evidence. Maybe that's a better way of putting it.

MS. LECHNER: Yeah, I think --

MS. KARMAN: You probably understood this all along, and so I don't know if now there's all this discussion that it seems

different to some of you, but --

DR. ANDERSSON: I think the difficulty lies in -- and it is, of course, semantics to some degree. But the information that you get, you get from a physician. That's where you get the person information. You get them all from the physician side.

MS. KARMAN: Sometimes.

DR. ANDERSSON: Well, you get it from medical sources. You don't get it from anywhere else.

MS. KARMAN: Sometimes. Sometimes we get third-party sources. Sometimes the claimant themselves completes information --

DR. ANDERSSON: About the individual's capacity and health?

MS. KARMAN: -- about their activities of daily living, yeah. Whatever. Anyway.

DR. ANDERSSON: Right. So I don't see how you can realistically determine levels of function based on the information that you get without having some kind of test protocol in place, which I think you shouldn't have, which I think would be impractical and which would be very expensive and time-consuming for the system. So I just don't see how you can get that, because as a physician I cannot determine that.

MS. KARMAN: Okay.

DR. ANDERSSON: So that's where it becomes very difficult. And when you start talking about person-related instruments, I see, and I think most physicians would see this as coming from them.

DR. SCHRETLEN: You know, Gunnar, I think ultimately Social Security is going to need not only the job side work product that this panel recommends and Social Security undertakes, but it ultimately is going to need tools on the person side to make the assessment of a person's impairments, their impairment-specific functions.

But I think the point is that we're not going to be recommending -- we're not going to be devising those tools for this project, although probably some fashion of those tools will be necessary for doing some research to validate the person side functions that we think are important. So I think sooner or later there will be -- SSA will need to undertake some research to validate whether or not the person side characteristics, physical characteristics, mental cognitive characteristics that we're nominating are in fact the ones that are important to measure and whether the ratings, whatever rating system is used, is valid.

DR. ANDERSSON: Well, I mean, I'm not saying, disagreeing with that. I think that's quite possible. I don't see that as something that is happening. As I've been saying repeatedly, analyzing jobs is fairly simple. Analyzing the patient's residual work capacity is very difficult, very difficult. And that's going to be a struggle that the SSA will

always have. And every other disability system in the world has that difficulty.

MS. LECHNER: The other question I have relates a little bit to process, just overall process in general. As I look through the panel roadmap and the project plan, I guess it's not exactly clear to me, and maybe you-all haven't gone down that path either yet, but of the communications and how we will be educated about each of these steps in terms of the subcommittees and the whole panel and then out to the user, you know, the interest groups or the stakeholders.

And I think that's -- you know, I sort of think that's an important piece. And maybe everybody else understands it and I've just missed it. But, you know, particularly for those of us who are participating in the user needs group and not participating in the research group, you know, how do we become educated about what's going on and at what points will we be educated?

DR. BARROS-BAILEY: Okay. I could address a little bit of that. I think there's been some discussion about getting everybody's information on core.gov so everybody has access to it within the panel, regardless of which of the two functional subcommittees we're in. That's one of the reasons we -- when I looked at the restructuring, I mean, we have research and we have communication and everybody -- and there's kind of the groups in terms of the subject matter experts spread

within those. But also having a better way to have access to what other people are doing. And so the intracommunication is something I'm aware of, and we're working on that.

MS. LECHNER: And I guess my question is not so much how, because I can see how core.gov will be a great way to get information. It's really sort of when. When do we get information and what is the expectation? Is the expectation that the Research Subcommittee will be advising SSA on the research, the decision will be made, and then the rest of the panel is informed as to what the decision is? You know, kind of that's kind of not clear to me.

MS. KARMAN: One of the things we had discussed was since we haven't had an opportunity to do this because when the panel was -- began its work last year, we weren't in the process of the staff having work that was getting reviewed at the same time the panel was doing some of its roundtables and things like that. So we're going to try, because I'm thinking we may need to be doing this, is each of the subcommittees that may be taking up a particular issue or reviewing a study design or if there's an ad hoc committee that gets together to do something else, that they prepare the comments on whatever subject matter it is. And then when they're ready to produce that final -- these are our final comments on it, it comes to the panel, the panel discusses it, and then it comes back to Social Security.

And if it is something that is, you know, highly -- it's technical, for example, the OIS Design Study 1, that to me seems like something we would probably have the Research Subcommittee take a look at to start with and then, when they're finished, submit their comments to the panel, panel gets a chance to deliberate about that and then gives the comments to us directly, Social Security directly, so --

MS. LECHNER: So there will be opportunity for the panel to look at it.

MS. KARMAN: Absolutely, yeah.

DR. BARROS-BAILEY: And as somebody who doesn't serve on any of the subcommittees, the communication becomes really important to me because I have to know what's going on with all of you. So that information flow becomes incredibly important to me because I'm not in your meetings on a regular basis.

DR. GIBSON: I was going to say I'm actually under the impression that the original subcommittees haven't been disbanded and, therefore, there's still that informational flow back and forth and should be. So you should get information because there is someone from the physical side who is now on the research. So I think it's also part of our own responsibility to continue to interact with our peers, get it quickly, and can comment and work within it.

DR. BARROS-BAILEY: And then there's the

Executive Subcommittee that composes all of the standing subcommittees, the person sides, the work sides, the needs and relations, experts, these are all represented on the Executive Subcommittee. So there's a lot of linkages through this process to try to make sure we all know what's going on and that we superimpose on top of it some sort of time line. And so that's hopefully what we'll have for March.

MS. KARMAN: So, I mean, I think Shanan's point is really a good one too, that, you know, to the extent that every member on both -- on both of the Research Subcommittee and the User Needs and Relations Subcommittee are also members on other committees, they probably will need to be talking with the other members of their committees, you know, at some point. And we're going to try this out and see if this is too cumbersome, you know, for the way we're trying to handle these things. But it would seem to me that the whole panel would want to see comments on things before it goes back to the agency because it is the -- it is in fact the panel that makes recommendations to the agency, so -- so that's what we're -- that's what we're anticipating will be happening.

So, for example, you're assisting with some of the work on the job, preparing for job analysts and, you know, identifying them, maybe providing guidance with regard to certification, all that. At some point that information will come to the panel. And then once the panel's had a chance to deliberate on it, discuss it, then it'll come to us formally.

DR. BARROS-BAILEY: And that's an example of when you look through the models that I talked about yesterday. That's not a standing subcommittee. That would be something that needs to be done probably at an ad hoc basis that then comes, you know, back through the panel in terms of recommendations. Is that clear?

MS. LECHNER: Yeah. I just -- I just think it's something that we have to give some thought to because it's really easy, I think, when multiple groups are working on things simultaneously to link all the pieces together in a timely fashion.

DR. BARROS-BAILEY: Absolutely.

MS. LECHNER: I've just seen too many projects go awry when either people are duplicating work or people are thinking that one group is handling something and they're not really and, oh, but I didn't really realize that's what we were recommending. So as long as we have a very clear process for information getting across subcommittees and from information -- for information getting from ad hoc to the panel before it goes to SSA, then I think that we'll be all right.

DR. BARROS-BAILEY: And I appreciate that. And I think Sylvia said we've never done this before, so any feedback as to how the process is working or not working and anything we can do to improve it, I totally appreciate that.

MS. KARMAN: Do you have a suggestion at this

point? Did you have something in mind right now that is of concern that you think we may want to take up since all of us are here, or is it just that you were just wondering if we had a protocol already set up?

MS. LECHNER: Just wondering if you had a protocol, or the protocol wasn't really clear to me, but I think I understand it now.

DR. BARROS-BAILEY: Shanan?

DR. GIBSON: This could be excessively detail oriented and it might not be helpful at all, but I do know that in terms of how I handle communication with an asynchronously distributed class is that I tape every conversation I have with a group and then I just put it out there. And if someone wants to listen to the session they missed, it's available to them.

DR. BARROS-BAILEY: I know we've talked about, you know, the use of technology within this process and, you know, I think our first cut at it is trying to get core.gov functional to the level that we can and, you know, bringing things in as we go through this that will work for us instead of encumber our process. Allan?

DR. HUNT: Can I ask another newbie question? Will core.gov include any of the past documents?

MS. KARMAN: Yes.

DR. HUNT: Then I would be interested in reviewing

for sure. I've got a lot of catching up to do.

DR. BARROS-BAILEY: I've submitted a couple of things over the past 24 hours to Debra to put up there in terms of articles. One I had -- couple of them. What did I send you? I don't remember. We've been talking about common metric and holistic rating, and that was totally new to me. And one of the articles that really helped me understand that quite a bit was something that Mark and R.J. wrote, so I recommended that be something put up there.

So anything coming in from any of you that you think would be helpful to the whole panel, you know, so kind of a document library up there. And Debra could probably talk more to what's already up there than I can, but past documents, library, communication, that kind of thing.

MS. KARMAN: And I don't know to what extent there may be information on our current -- the website that we have now on OIAP, if you've seen those papers. I'm trying to think if there were anything else, but anyway. I was trying to think if there was something else that we just haven't posted to OIAP yet that we may want to get to you, so --

DR. BARROS-BAILEY: Okay. Anything else? Communication we've talked about, all sorts of different things. Okay. Abigail, do you have anything that you wanted to comment on or --

DR. PANTER: This has been very helpful, so thank

you very much.

DR. BARROS-BAILEY: Okay. Thank you. So I don't hear any more coming up. We have a half day tomorrow. And not hearing anything else coming from the panel, I would entertain a motion to adjourn the meeting.

DR. GIBSON: Motion.

DR. BARROS-BAILEY: I have a motion from Shanana. Do I have a second?

DR. FRASER: Second.

DR. BARROS-BAILEY: Bob seconded. All those in favor?

(All say aye.)

DR. BARROS-BAILEY: We are adjourned.

(Proceedings adjourned at 3:55 p.m.)

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CERTIFICATE OF CERTIFIED SHORTHAND REPORTER

I, KAREN L. SHELTON, before whom the foregoing proceedings were taken, do hereby certify that the foregoing proceedings were taken by me in stenotypy and thereafter reduced to typewriting under my direction;

I further certify that this transcript of proceedings is a true and correct transcript of my stenotype notes taken therein to the best of my ability and knowledge.

Certified to by me this the 28th day of January, 2010.

**KAREN L. SHELTON, CSR/RDR/CRR
Texas CSR No. 7050
Expires 12/31/10
Capital Reporting Company
1821 Jefferson Place, NW
Third Floor
Washington, DC 20036
(202) 857-3376**