Meaningful Use Workgroup
Subgroup #4: Population Health
Draft Transcript
February 8, 2012

Operator
All lines are merged Ms. Deering.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Thank you very much, good afternoon; this is Mary Jo Deering in the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup Subgroup #4 on Population Health. I'll begin by taking the roll of the Workgroup members. George Hripcsak?

George Hripcsak – Columbia University NYC
Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Yael Harris? I know you're here. There you are Yael.

Yael Harris – Human Resources and Services Administration
Sorry, I'm here, I apologize.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Charlene Underwood?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Amy Zimmerman?

Amy Zimmerman – Rhode Island Department of Health & Human Services
Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Art Davidson?

Arthur Davidson – Denver Public Health Department
Here.

George Hripcsak – Columbia University NYC
Yay.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Oh, hey, yay Art, okay, very good. Well then I'll turn it over to you Art to open it up and George can also add information about the background as well if you'd like, but take it away George. Thank you.

George Hripcsak – Columbia University NYC
Take it away Art actually. So, Art do you want to go through the principles? I've been trying to get the leader to do the principles and functions so it can be completely incorporated into the leadership of each subgroup, but, I'm happy to go over anything you want me to.

Arthur Davidson – Denver Public Health Department
So, I'm sorry, I'm just getting to my desk.

George Hripcsak – Columbia University NYC
Okay, let me start off by talking and you can get up to speed, how's that?

Arthur Davidson – Denver Public Health Department
That sounds great, thank you.

George Hripcsak – Columbia University NYC
Okay, so remember we're talking about improving population in public health. I'm just now going to review the principles and functions that were discussed by Paul Tang yesterday in the Meaningful Use Workgroup and what we're using is our kind of opening direction for each of these subgroups. The principles, as we review and are developing our safety recommendations are one, we want to align with emerging payment policies the National Quality Strategy. Two, we want to consider harmonizing how we qualify among the CMS programs. For example, cross credit with the Meaningful Use or ACOs, in other words if it's the same measures we should be able to do it once and not have to duplicate efforts. Three, support population health data analysis.

Four, support innovative approaches using health information technology to improve health and health care. The important thing on that statement is innovation. We don't want to thwart innovation. Five, we want to create flexible, adaptive platforms. So we want our infrastructure to be such that you're not locked into what we're doing. In other words, if you're doing quality measures and we come up with five we want you to be able to add a 6th and a 7th of your own. And number six is not penalizing success. In other words, if someone is at the head of the pack we don't want our regulations to slow them down.

And then as you go through those categories we want to focus on these functions. Number one, real-time impact of information at the point of care. In other words, we want to intervene, not just do retrospective analysis of how you did in the past on quality measures, but actually put that information at the point of care so you can either prevent adverse effects or ameliorate it.

Number two, reinforce and empower patient partnership and that goes not just for the second subgroup but for all the subgroups, always got to be thinking in terms of patient partnership. Third is the emerging sources of data including patient reported outcomes. Four is clinical decision support domains. We considered prevention, disease management and safety. And last use of population health assessment analysis and surveillance to drive policymaking an aim that's particularly suited to this subgroup. So, that's the very quick summary of our principles and functions. Art?

Arthur Davidson – Denver Public Health Department
Yeah, thank you George. And thanks for running through that. So, you know as I listened and on the call now we have, Charlene you were on the call yesterday weren't you?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
I was.

Arthur Davidson – Denver Public Health Department
And then Amy, you were on the call yesterday, right?

Amy Zimmerman – Rhode Island Department of Health & Human Services
Yes.

Arthur Davidson – Denver Public Health Department
So, who else is on this call who might not been on the call yesterday?

James Daniel – Medical College of Wisconsin – Associate Director
Jim Daniel, I was not on the call yesterday.

Arthur Davidson – Denver Public Health Department
Okay. So, as we went through it and Jim thanks for joining, as we went through it yesterday it seemed like there were a couple of things that I heard that we were having on our sort of radar for the next several months. The first thing is that ONC and CMS are going to put out this Notice of Proposed Rule Making for which there is some belief that there will be a response from the Policy Committee, which we typically have done, and that the pieces related to population health will probably require our group to make recommendations back to the Policy Committee on what we think might be a stance the Policy Committee might take in response. So, that was one area.

Then the other area is, and these principles, I think could apply to both this opportunity to respond to Stage 2 Meaningful Use Notice of Proposed Rule Making, the NPRM, and it also could apply to the work that we'll be doing for the next, let's say, six months and I'm not sure exactly if that's the right timeframe, but that's what I kind of walked away with yesterday is to say that in six months we should have our recommendation to the Policy Committee regarding Stage 3 Meaningful Use. George, do you think I have these two items properly described or timeframes properly described? The first item, the Notice of Proposed Rule Making will probably be a 60 day turnaround right?

George Hripcsak – Columbia University NYC
Yeah, the NPRM is the quick thing. So, we're having these meetings now to get started feeling that now the NPRM actually comes out then we put that on hold for a little bit, work very hard for, I guess Mary Jo it is two months total time? For the next month us working on the NPRM and then we have the further time, and we we're actually just today on e-mail working on the eventual timeline, and like we'll be the small groups draft recommendations May/June, June/July the small groups that's us, discuss the draft recommendations with the Meaningful Use Workgroup that's the group that met on the phone yesterday. And we present our draft recommendations to the Policy Committee in August. So, that just about fits your six month, maybe slightly short of six months.

Arthur Davidson – Denver Public Health Department
Right. So, is everybody in agreement about that? I mean, understanding that? Jim, this is the first time you might be hearing some of this, although maybe from inside ONC they've already been thinking along these lines.

James Daniel – Medical College of Wisconsin – Associate Director
Yeah, that's all pretty clear, thanks.

Arthur Davidson – Denver Public Health Department
Okay. So, then, you know, today what I was hoping is that maybe we could start sketching out some ideas or even just bringing each other up to date on how we might proceed given these principles and the functions that George outlined and everybody has that document, right? So, we don't need to share that at this point. I think that there is, just with regard to Stage 3 Meaningful Use, we have some items that we have on our prior list, let me pull that up.

There is another document that we might want to pull up is the matrix from Stage 2, everybody has that right? Mary Jo, does everybody have it? I know I received it. I think everybody on this call has received it as well? It starts out this Health Information Technology Policy Committee recommendations for Stage 2 Meaningful Use July 7, 2011. And in that document, if you don't have it, let me know and we can get that circulated, but there is the policy priority of, let me go to the fourth item when we talk about this, typically that's the fourth item is improve population in public health and we had a residual left over item that's in the last column on the right, view cumulative immunization record and recommendations and

then a residual also, not lined up with any of the menu items from Stage 1 was patient generated data submitted to public health agencies.

So, we have these two vague concepts that were sort of parked there as Stage 3 comments in the right-hand column. So, those are two areas that we might want to figure out if we want to carry forward given the principles that George went through just a minute ago. So, we have that as a starting point from the deliberations in Stage 2 and then we have also some sort of knowledge building I think to be sharing regarding the work of the S&I Framework at ONC and all the public health partners that have been working feverishly to get somewhere in time for Stage 3.

So, you know, I do not know how we want to proceed here, and today I think it's more orientation than anything or maybe setting up a sketch of what we think our timeline might be. George, have you been on another call before this for one of the other groups?

George Hripcsak – Columbia University NYC
I was on one other call, although actually I was only there for the first half. However, I guess the ones like the clinical group created a framework for organizing their work and how they're going to move forward, but they're such a kind of multi-factor thing, it's much more complicated than I think ours. I mean, I think your idea of, since this is early, of brainstorming of what directions we might go and where the CDC is, not formally yet, but just kind of ideas of how's it going and how far do we think we can get by Stage 3 might be good to hear what everyone thinks about it. So we know where each other stands on it.

Arthur Davidson – Denver Public Health Department
Right. And I just was, you know, wondering if maybe we could ask someone from that group or from ONC or maybe a couple of perspectives to give where they think we're likely to wind up. I believe there is some excellent momentum and for us to find out where they think they're going to get and for us also to inform about our timeline, back to them. So, you know, I've vaguely been talking about this with this group for about probably, you know, the better part of 6 to 12 months, you know, from the testimony that went on back in July of 2010, I think we got a flavor, a sense of less than fully organized approach by public health and that that group has been trying to become more organized and settle on more standards, and involve the public health data standards consortium, and involve the S&I Framework, and involve the Public Health Informatics Institute, and involve the CDC, all of these players who have been contributing a fair amount of time and effort to what's been focused in and around ONC. Is that right Jim? Would you say that's true?

James Daniel – Medical College of Wisconsin – Associate Director
Yeah, I think that's a great idea and those groups have all done a lot of work and I think it's really important to tie them together and I've seen some Workgroups out there that have just more technical people and it would be great to tie in some business perspective as well so that we can help them set their priorities for the technical standards that they're going after. So, I think that is a really great aid is to try to bring those in.

Amy Zimmerman – Rhode Island Department of Health & Human Services
James, I have a question, in the work that they're doing, because I have not been following it really closely or even, you know, a bit at a distance. I know there's a lot of activity and I know the Health Department here in Rhode Island is, you know, trying to monitor what it can and there are a lot of groups to monitor, in fact I was meeting with our public health Meaningful Use coordinator, but is the work being done more around the areas that Stage 1 address in more detail or is it around brand new areas or a combination of both, because I think one way to organize our thinking, unless this is already covered, you know, we think it will be fully covered in Stage 2, is in the three areas that have already been lined out, what else would be, you know, reserved for Stage 3 like the immunization example here, and then what are the new areas that haven't been touched upon yet where exchange happens with public health authorities and, you know, physician community or healthcare facilities.

Arthur Davidson – Denver Public Health Department
Right. Jim, do you want to speak or do you want me to speak?

James Daniel – Medical College of Wisconsin – Associate Director
Yeah, I mean, I would just say quickly, you know, I think that's a great point, Amy, you know, as far as the public health data standards consortium they're really trying to gather every possible use case for public health data exchange and I think us helping them prioritize the ones that are going to be targeted for later stages of Meaningful Use would be great so that we can make sure that they work on those as opposed to ones that might not need part of Meaningful Use and it would be great to make sure that we've got the ones for Meaningful Use more mature.

Arthur Davidson – Denver Public Health Department
So, I think, as I understand it those three use cases that we have in Stage 1 are some of the examples of how the intent of the group right now is to say there is a green CDA capable of doing all of it and that is where I think that group is likely to be headed, that there would be a mechanism capable of communicating with public health departments that can deal with a fair number of the various use cases and potentially, in Stage 3 you could be doing one of the ones that you did in Stage 1 and you could be doing others. So, I don't think that we're trying to remove the ones that are in Stage 1, but it's very possible that you could be doing several others in Stage 3 if they can work out the standards. Now, that's maybe my optimistic view of this. Included in that standard would be a way for, not only the EMR to generate a report to public health, but also a way for the EMR to consume a report from public health.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Yeah and Art as we go down this road, I just think we have to again remember the public health capacity side of things. So, you may be able to get it all done from the EMR side, but, you know, as we've learned, getting the public health side together and making the changes that need to happen there, you know, has been slow.

Arthur Davidson – Denver Public Health Department
Right. So, Amy, indeed there's another, that's not this group, but inside of the Policy Committee there was a suggestion of what should be the agenda for the Policy Committee over the next year and one of the areas that Jodi Daniels presented at the last meeting, two meetings ago, was how to engage the ineligible providers and public health is one of those ineligible providers.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Right.

Arthur Davidson – Denver Public Health Department
So, that's an issue that the Policy Committee needs to take up, but I don't think that it would be valuable, it seems like it would be valuable for us to focus more on a state that is more ideal than the one that's currently there if we're trying to get as much value as possible out EMR adoption and Meaningful Use.

Amy Zimmerman – Rhode Island Department of Health & Human Services
You're right Art and I'm not suggesting that we shouldn't say what we think ultimately needs to happen. I just think when it actually gets to wordsmithing and the practicality of the actual measure we have to take into consideration, you know, where people will be on the other end of receiving or sending.

Arthur Davidson – Denver Public Health Department
Fair point. Fair point.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Art, this is Charlene. To kind of build on that, one of the things we did in our Workgroup, this is Care Coordination, was again we're going to look at the standards and the coming measures, but we decided we're going to step back a little bit and say okay what should this care coordination kind of vision a little bit, what should it look and feel like? So, that might be something we could do here just to frame the discussion.

The other question though I had was, as you're looking across population health how do we factor in secondary data use in other areas? I know there's a lot of work that for instance pharm is doing to look at how they can use surveillance of, you know, drug usage and the implications of that. So, does that fall under population health and do we include that? I mean, it sounds like we have enough to do under public health I have to say that, but on the other hand do we need to look at some of those other secondary uses of data as we're thinking this through? So, clinical trials and all those kinds of things?

Arthur Davidson – Denver Public Health Department
Right, so I think that we certainly should include that in our discussions, it doesn't mean that necessarily one of the Meaningful Use measures ultimately would be backed, but going back to the strategic plan where we talk about avoiding unintended consequences, at least having that mindset that there is a potential someone would want to use that data, that we haven't created an obstacle for that.

James Daniel – Medical College of Wisconsin – Associate Director
And this is Jim and I would say as far as some of the secondary data uses that the International Society for Disease Surveillance is doing a really good job of thinking of the business cases for that for data out of EHRs, they're thinking beyond the normal syndromic surveillance mindset and coming up with some very interesting potential use cases for secondary data use from ambulatory EHRs. It might be great to get a presentation from them at some point.

Arthur Davidson – Denver Public Health Department
So, I think we're hearing, and I don't really know, I think we are the ones who would define our work schedule and we have some milestones as George pointed out earlier about the commenting back on the NPRM and then having something to provide to the HIT Policy Committee as a first draft of recommendations or maybe better is to the Meaningful Use Workgroup, which would then collate those and put those together for the HIT Policy Committee.

But, I guess at this session we might decide okay how many sessions do we think we need to work? How do we get that organized? And at some of these sessions will there be, as Jim just suggested and I suggested earlier, presentations by people from groups working on stuff like the business use cases Jim described or this sort of melding into a common CDA or green CDA structure that I think the S&I Framework is working toward. So, you know, what do we think? George did the one group that you did meet with did they come up with a timeline of how often they were going to meet?

George Hripcsak – Columbia University NYC
Charlene did you come up with a timeline?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
No, we just really scheduled our next meeting, which would be, you know, after HIMSS, the kind of regroup that broader schedule. So, we just took the next step as opposed to mapping out the whole timeline, because we didn't really know at that meeting exactly what the whole, was it August or was it fourth quarter that we had to have a deliverable.

Amy Zimmerman – Rhode Island Department of Health & Human Services
So, Art it may be helpful to think about, I mean, I'm sort of, to have a little bit of a structure in meetings going forward and, you know, if we want to say every other week, every three weeks, once a month and then it gets more intensive, whatever the case may be, I mean, I do think it's helpful to get things on people's calendars sooner than later. So, to the extent that we think, if we have any idea. I like the idea, you know, I think we do need to get, at least I feel I can do it on my own, but if we're going to do it as a group that's even better, to sort of get more of a lay of the land of the work that's going on in this area and thinking that others that have had to date to help frame us thinking about it. So, I think a landscape view and if there's some areas where we need a little bit more of a presentation, but even just someone identifying who is doing what and a little bit more, you know, what are the different groups and the different areas that are working on public health related standards or interoperability, whatever, and then a little bit about what they're focus has been I think would be very helpful to help us begin to build off of what's already going on and help direct it to where it needs to go and align it.

Arthur Davidson – Denver Public Health Department
Right. Any comments about that?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
This is Charlene. We're going to kind of do the same thing under care coordination to look at the landscape across the current status of the measurement, current status of standards, you know, as a baseline, you know, reviewing some of the past testimony just to make sure that we didn't miss anything.

Arthur Davidson – Denver Public Health Department
Right. So, Mary Jo do you know if the testimony, I think all the testimony from July of 2010 that's all been transcribed right?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Yes and, let's see, Michelle you're on the line, I'm trying to remember among the four documents that were sent out to everybody on the Meaningful Use Workgroup, you know, for yesterday's call, there was, I guess that was not testimony, but that was comments from the RFI that had gone out. So, you know, you have that as background now and we could certainly get, you know, copies of any transcripts of any meetings that you want.

Michelle Nelson
There was a public hearing on population health on July 29th in 2010, is that what you all are referring too?

Arthur Davidson – Denver Public Health Department
Yeah, that was what I was referring to yes. So, you know, we could go back to that and that was what I was referring to, but Mary Jo you're now suggesting this final comment summary for all objectives in question, is that the one you're referring too?

Michelle Nelson
Yes, that is what she is referring to.

Arthur Davidson – Denver Public Health Department
Okay. So, that's probably a distillation and maybe that's good enough. We don't need to go back to the actual transcripts.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Actually, this is Charlene, when I looked back, because I read ours again, that were on the care coordination, I mean there was some pretty good visionary content in there. So, either I think Art you may at one of the meetings may have just jelled the hearings into a report.

Arthur Davidson – Denver Public Health Department
Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
So, I think it would make sense that at least, what I offered to do was to kind of just like come up with the key themes of it for our group, but maybe you've done that already, but I think that would be valuable, because I think it's different than what I saw in the notes, you know, there's a little bit of variation there, it's richer, the testimony is richer.

Arthur Davidson – Denver Public Health Department
Okay. So, that is true, I did do that and, you know, it kept getting distilled and distilled as George and Paul tried to drive us to recommendations. So, I could go back to one of those earlier versions and bring that out again as now we're talking about Stage 3 and not what we're trying to suggest as we did for Stage 2. That's what you're saying right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Yes.

Arthur Davidson – Denver Public Health Department
Bring those forward again?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Yes.

Arthur Davidson – Denver Public Health Department
Does that seem reasonable, George?

George Hripcsak – Columbia University NYC
Yes.

Arthur Davidson – Denver Public Health Department
Okay. So, then I see, I'll bring that forward. So, let's see, we have some ideas. We have ideas about presentations. We have ideas that would be coming forth from presentations. We have some ideas that would be coming forth from those few orphaned items that are off to the right on the July 2011 document. We have some ideas that fell off the list from the earlier testimony July of 2010. We have some other things that we think we want to be targeting as an area for discussion as a group.

James Daniel – Medical College of Wisconsin – Associate Director
This is Jim and I'm not saying this is something we should discuss, I'm just putting it out there as a suggestion for you guys to consider, but the healthcare associated infection piece from CDC has been contacting us frequently in how they could get more involved and some of their needs for getting their data and if it's appropriate to go through Meaningful Use for that.

Arthur Davidson – Denver Public Health Department
Okay, so we could put that as an item to be included. I think, that, you know, if we go back to these principles that may come up, you know, we're going to have to try to deal with these principles, the National Quality Strategy I assume has something about healthcare associated infection, I don't know it right off the top here, but I would assume that there's something in these principles that would.

James Daniel – Medical College of Wisconsin – Associate Director
Oh, yeah, yeah there definitely is and it just gets a little confusing about aggregate data versus non-aggregate data like what exactly is it that we should be setting standards and pushing forward.

Arthur Davidson – Denver Public Health Department
Yes. So, that might be something that, you know, I can say that within Denver the work that we're doing, we're trying to get EHRs to share data at the record level to create population views with the public health department. So, the idea of aggregate versus non-aggregate data is an important one for us to consider if we're trying to really create that learning healthcare system. So, I think that definitely will be discussed.

Yael Harris – Human Resources and Services Administration
It might be good to hear from the PHIN group, the Public Health Information Network, within CDC about what is their long-term plan? So, how can we work with them to accommodate that, because they're thinking beyond biosurveillance to broader public health information sharing across public health vendors?

Arthur Davidson – Denver Public Health Department
So, I'm sorry, who was that speaking?

Yael Harris – Human Resources and Services Administration
That was Yael.

Arthur Davidson – Denver Public Health Department
Oh, hi Yael, I thought it was you. So, they participate in the S&I Framework heavily, a number of people in Seth Foldy's shop are involved in that effort. So, it may come out in the S&I Framework but certainly we could give CDC and the people who work on that a direct access to share their views. Good idea. Any others?

Amy Zimmerman – Rhode Island Department of Health & Human Services
This is Amy. I and Jim Daniel maybe you know this, I know…has done surveys in the past around sort of for departments of health around readiness of existing Meaningful Use readiness. I don't remember in those questionnaires if there was any data about thoughts from departments of health moving forward, if there was it may be worth getting that information.

James Daniel – Medical College of Wisconsin – Associate Director
Yeah, I can certainly work with them on that. The surveys did ask if they weren't currently ready what their timeframes for being ready was, it didn't really go anywhere beyond the current Meaningful Use measures though, so.

Amy Zimmerman – Rhode Island Department of Health & Human Services
All right. I couldn't remember whether there were questions that said, you know, I mean I knew it was all about readiness and timeframes for the existing ones, I didn't know if they asked, you know, future thinking or desires or needs, because that would have been helpful.

James Daniel – Medical College of Wisconsin – Associate Director
No, and I think we could certainly work with them to do that, but for example there was nothing about who can do bi-directional immunization messaging, there was nothing like that in the survey.

Yael Harris – Human Resources and Services Administration
There's a group called the JPHIT, Joint Public Health Informatics Team, they seem to be very all over the place, they include all the groups we've talked about, but we may want to just see if they can just help by pulling all their members, which is all the public health organizations to give us a list of what the top public health needs have been identified in terms of Health IT.

Arthur Davidson – Denver Public Health Department
Yeah, again, that's Yael again right?

Yael Harris – Human Resources and Services Administration
Yes.

Arthur Davidson – Denver Public Health Department
Yeah, so again, they're definitely involved in all of this; all their members are represented in the S&I Framework as well. I think they certainly can provide some leadership in bringing them together, correct.

Yael Harris – Human Resources and Services Administration
When I've met with them they've been all over the place, but I think if we said clearly that we're looking for what are the top, you know, 3-5 barriers that might help the address and guide the future stages of Meaningful Use that would help us hone in, asking their members more anecdotally as opposed to doing a whole other survey.

Arthur Davidson – Denver Public Health Department
That may be a quick way to get some opinions, yes. Other ideas? So, Charlene from an industry point-of-view how do you think that the vendors might contribute to this discussion?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
I think a lot of the data is captured, coming from the work we're getting from CMS in terms of the current status, the biggest issues again, we're hearing from the vendor's is the readiness of the public health

infrastructure and the inconsistency in the use of standards so that every single time we approach a new state, and this is kind of the state rollout, it's a new process, it's a new standard, I mean, again, I'm generalizing if you will. So, that's generally, you know, the kind of feedback we're getting. So, again, as you look at what gets deferred it's, in working with our customers, a lot of the public health objectives. So, probably the question to ask the vendors, which we could bring to the table, is we kind of know it would be one standard, but is there anything else that will help facilitate and move this process along and like are the dependencies that we have, and I think, I know in terms of working in the public health space often patient matching becomes an issue, you know, as you go into public health, so those kinds of things. We could probably bring up what are the barriers in terms of number one, communicating, at least sending the data in, but probably we would want to start to frame two-way communications, what's that look like and what are the barriers there? So we could have that discussion.

Arthur Davidson – Denver Public Health Department
Good point.

Amy Zimmerman – Rhode Island Department of Health & Human Services
This is Amy, when you are talking about standards are you talking about messaging standards, transport standards or both?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Yes. Yes.

Arthur Davidson – Denver Public Health Department
Yeah, both and the S&I Framework is talking about both.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Yes, because in Stage 1 a transport standard really wasn't defined and, you know, so every, you know, so there was just a lot of different approaches that were prescribed.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Well, that's where I'm actually going, because, you know, having, you know, being in a health department, you know, I know that, you know, at least in Rhode Island there are multiple different transport methods even for our immunization registry where directs us into this and when you try to start to strategically look at a more global level, you know, clearly at the individual program levels, you often get, you know, well I can't do it any other way because or whatever, so, you know, we all understand the complexities there, but I'm wondering if there is a way to try to use Meaningful Use to try to help provide more of an enterprise strategy in public health departments.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Because I think sometimes, you know, things grow up or things have grown up in public health data systems and information systems in very silo'd ways for a variety of reasons and trying to break out of that I think is a challenge.

Arthur Davidson – Denver Public Health Department
And, I believe that the S&I Framework people, the people who are gathering and having those discussions are trying to grapple with that problem, figure out how to make, it may not be that there is one solitary transport standard. I just think that's maybe wishful thinking. But it could be that there are a couple or three or four that are supported in a local health or state health department and that the content that is contained within the message is standardized and there is only one of those, and that the method by which it's transported maybe a selection that the health department has to support 2 or 3, or 4, or whatever number that is, I mean, it may be direct, it may be connect, it may be something else, it may be FTP, who knows, but there may be a variety that need to be supported until something is settled on.

But the content, that's what this whole lesson I think is about, can we line up the content for an immunization record in a standard way inside that CDA and can we do the same for an electronic laboratory report or for syndromic surveillance, or whatever else comes along. I mean there's a long list of groups that want to get in this game besides the three that are now targeted to receive or for which data would be transmitted. So, you know, we have to have an extensible model that will work with many different types of public health events, is what I believe that group is working toward. But the transport itself will have to tolerate several methods of that. I don't think that the Standards Committee would want to say there is only one method to talk to public health.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Yeah, and I wasn't suggesting that, but I think there's got to be a balance between one and many that drive vendors crazy.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Absolutely.

Arthur Davidson – Denver Public Health Department
Yes, right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
The other opportunity is when you're talking about the dataset and being extensible with one CDA accomplishing multiple cases, I think the other thing to really understand is there has been a lot of work in terms of the continuity of care or whatever we call it now, the transitions of care document, and that dataset is starting to standardize. So, are there opportunities that fall from that, that the data is being collected that might also created opportunities for public health. So, understanding that too would I think be valuable in this process. So, you kind of work bottom up in this case is what my suggestion was. So, it's not only the public health data but it's also the continuity of care data, because it's got, you know, the medications in it, they're standardized, the problems, you know, those types of things.

Arthur Davidson – Denver Public Health Department
Excellent.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Well, and I don't know if this is the same issue or not, but, I think, you know, to some extent and maybe I'm not using the most up-to-date terminology, but I don't know how to describe it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
And that's where we all are.

Amy Zimmerman – Rhode Island Department of Health & Human Services
There may be a lot of data let's say in currently what I'll refer to as a CCD, height, weight, immunizations that, you know, you could get more data then sort of just immunization or just height and weight and BMI or just whatever. I know currently the standards are such that things have to be generated out of the EHR in HL7. I don't know whether we have any wiggle room to relook at that and if what you're talking about with this new CDA approach is addressing that, but it seems like there might be some value or efficiencies in thinking through some of that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
From the vendor perspective we can capture that data and put it in a container and then use it for multiple purposes, that makes life a lot more efficient, you know, so.

Arthur Davidson – Denver Public Health Department
Yeah, I think those are ways that we definitely would be able to use data differently than maybe the structures that now exist. Again, back to this example that we're trying to do here, you know, it's around this community transformation grant, the Million Hearts Campaign. How does a jurisdiction look at cardiovascular disease risk and how does it monitor whether that risk is changing? Those are, you know,

secondary uses of the data. I think someone was talking about, Jim was I think talking about secondary uses of EHR data and that might be one of the business cases that ISDS is looking at I don't know. I think there are these different business cases that we should at least explore.

George Hripcsak – Columbia University NYC
Art, this is George. You know, as I listen to our various topics there's one group if we get external input, I don't think they were mentioned, but the New York City Department of Health covers many of the things we've been talking about. So, we might want some advice from them or expertise on what we're thinking of, you think about it because they're a health department, an atypical one admittedly, but still a public health department, who was the first implementers of Meaningful Use basically, right, the PCIP project was the model for the REC program who has the CIR, the advanced immunization registry, who was basically helping conceptualize the Million Hearts Program who is working on how do you query a whole population of people's EHRs from the public health point of view without centralizing the data.

So, maybe it's atypical for the nation a little bit, because they may say oh I would never go there and then if they can't do it I'd be wondering whether anyone else could do it, and there may be some things they're doing that others could do. So, I think if we do pull in any external resources the appropriate people from that experiment are particularly relevant I believe.

Arthur Davidson – Denver Public Health Department
Yes, I totally agree. Amanda testified, I think in that July 2010, Amanda Parsons, I think she testified at that hearing and certainly, we would want to hear where they're at, because I'm sure they've made plenty of progress since then.

George Hripcsak – Columbia University NYC
Exactly. It might be Jesse Singer or Michael Buck or there's a couple of people who are in the details but still gets a broad view of it.

Arthur Davidson – Denver Public Health Department
Right. Right. Good idea, George. So, I did join a little late, but we go for is it an hour and a half or for an hour?

George Hripcsak – Columbia University NYC
We have an hour and a half but we're welcome to take an hour.

Arthur Davidson – Denver Public Health Department
Okay. So, I don't know, probably the next thing we need to do is to decide when we're going to meet again. I have down here at least a dozen bullets of ideas of things that you've all suggested and I can work those into some document that we may call a draft of a potential work plan, but I did hear earlier about maybe meeting every other week for a while and then deciding if we have need to make that more frequent or not.

George Hripcsak – Columbia University NYC
Mary Jo, my impression was that we were not going to meet as often while the NPRM was out to get that done and then come back, and first of all it would be very good to get a summary of today's talk, so that would be spectacular. Mary Jo what are other groups doing?

Arthur Davidson – Denver Public Health Department
You may be on mute, Mary Jo.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
You're entirely right, I was. So, there's only one group that has a definite meeting already scheduled and that's the Quality Workgroup. Charlene and the Care Coordination Team had asked for one to be scheduled at the end of this month. The Patient Engagement Group hasn't met yet, they're meeting on Friday and I don't know if they'll want to go ahead and quickly schedule another one. I think that to the

extent that a second meeting is simply to be able to continue to lay some foundation and get your work plan shaped up, it's useful, but again, I think everybody agreed that not only is the NPRM going to, you know, consume an awful lot of your energy, but it may set a whole new baseline, you know, for what you're talking about. So, you certainly don't want to go too far down the actual work path until you've had a time to fully digest the NPRM. So, with all that as background, it is up to you if you would like to go ahead and sometime in the next three or four weeks try and get one more meeting scheduled.

Arthur Davidson – Denver Public Health Department
Yeah, I would say that, you know, if we could solidify a work plan, you know, as I said, I would take these and then circulate them electronically and then we can come back together and just sketch out a work plan and then say okay we're waiting for the NPRM, because we believe that's to come out by the end of this month, is that right?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Well people aren't saying, but that's.

Arthur Davidson – Denver Public Health Department
Okay, that's a guess.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
It's a guess certainly the target has always been February.

Arthur Davidson – Denver Public Health Department
Right. So, you know, if we could have one session where we're not focused on the NPRM, but maybe still focused on this work that we need to do somewhat in parallel and somewhat in series to the NPRM work, maybe we would be wise to take advantage of this time. So, I'm proposing and maybe you can all shoot me down, but proposing that sometime in this month that we try to convene once again and have, you know, a one hour call, not a one and a half hour where we try to sketch out a little bit more in a little more detail what we mean by some of the things we've described here and figure out how many sessions we actually need to have and then kind of sketch out a plan for bringing people to come speak with us like, you know, the recommendations that you all had, the various groups, the health department as George mentioned. So, would that be reasonable for us to try to have another session? Today is the 8th, by the 29th to have another session by phone?

Amy Zimmerman – Rhode Island Department of Health & Human Services
Art, its Amy I think that's fine. I think, you know, again, I mean I think in order to make our time as useful as possible, reviewing the notes from today is one thing, but I'm trying to think about are there other things that we can do, whether it's sort of a whoever has the best view or collectively we know of different efforts going on and compile it and then look at it to help us guide about who we may want to speak to. I feel like if we just sort have a call like this again, I feel like there ought to be some to do's between now and then in addition to your writing up the notes, which we greatly appreciate, to help provide and focus that conversation. I'm not quite sure what those are, but whether it's, you know, a quick whoever can put together or again, we all send to one person, you know, these are the activities I know that are going on and even an inventory of the landscape, but I don't mean to be stuck on this, but I think it will help frame us, or even going through some of these documents in the old testimony, here were the ideas that never made it to Stage 2 related to population health and public health and Stage 3 that, you know, we combed through notes and found, and at least start to inventory things to guide us in developing a work plan, so we're not coming at is sort of blank.

Arthur Davidson – Denver Public Health Department
Right. So, Mary Jo is there anybody in ONC assigned to help us with some of these ideas that are coming up or is this purely our group.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Well, I don't want to necessarily assigned responsibility but Josh certainly has teams on our staff who are supporting these groups and so one suggestion could be that by e-mail you circulate, you know, to all your suggestions for what could constitute this inventory on some of things that you've mentioned, you know, pointing to sources where they can be found if you know of that, if you actually have a copy of the document you can do that. And then I can certainly, you know, work with Josh to see who on his team might be able to compile that. There might not be time to do a really in depth analysis and a definitive, you know, synthesis of it all, but at least to, you know, aggregate it and maybe make some meaningful overview could be possible and I'm certainly willing to see what Josh is able to produce by then.

James Daniel – Medical College of Wisconsin – Associate Director
Yes and this is Jim, I can certainly help with that as well with Josh.

Michelle Nelson
Yeah, so Mary Jo I was going to say that between Jim and I we could probably facilitate that.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Now, don't you think I was kind not to name you?

Michelle Nelson
Thank you.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Too late to unvolunteer. Good. Okay. So, that's I think definitely woodwork and now I'm pointing out that, you know, HIMSS is the week of the 20th and next week, the 13th is actually fairly wide open in terms of not competing with other FACA calls that I'm aware of. Charlene you had asked for either the 27th or 28th for your Care Coordination Group and we just hadn't gotten back to you to check some preferences on your part, so again the week of the 13th or the 27th or 28th are relatively open now.

Arthur Davidson – Denver Public Health Department
Right.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
I can schedule it now but I'm just pointing out that that's what you'd have to work with.

Arthur Davidson – Denver Public Health Department
Right. So, if it's the week of the 13th it would probably have to be late because I just don't have time to work on this that much the early part of next week, but, you know, for me if there's any chance that we could meet again in 3 weeks on the 29th that would be a good day for me and I would.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
There is a committee meeting and so we really can't compete even though it's a different FACA, we really can't compete with it, it'll go till 3:30.

Arthur Davidson – Denver Public Health Department
Which meeting is that?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Pardon me?

Arthur Davidson – Denver Public Health Department
I'm sorry, which meeting was that?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
The Standards Committee is meeting.

Arthur Davidson – Denver Public Health Department
Oh, I see, I'm sorry. Okay. Okay, so we'll have to work on the schedule and how to get this schedule.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Bernette Roberts is the one who is going to be following up and I'll have her work with you on maybe the 27th and 28th as well as for Charlene's group, since Charlene has to participate in both meetings, you know, we'll get it sorted out.

Arthur Davidson – Denver Public Health Department
Right. It might be better for us to wait that period of time so that if we do come up with, as you suggest Mary Jo, a list of items or what would constitute the inventory, that someone within Josh's shop or, Jim or Yael could, you know, figure out how we might make progress to bring that back to the group, as Amy said, to have something of substance to discuss rather than speaking in a more general sense.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
So, would it be reasonable that people could get their suggested items, if you just give them to me that's fine, if you just want to go ahead and share them with everybody so that they see them, it's however you like, but if you could do that should we say by close of business Tuesday, is that too long, is that long enough? And then if we were waiting until the 27th or 28th that would give the ONC staff some time to really, you know, see what they could do to pull it altogether.

Arthur Davidson – Denver Public Health Department
Okay, so you're suggesting by the end of the 14th right?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
The subgroup members would just by e-mail have forwarded whatever their suggestions are.

Arthur Davidson – Denver Public Health Department
Sounds good. Any comment from the group?

Amy Zimmerman – Rhode Island Department of Health & Human Services
It makes sense to me.

Arthur Davidson – Denver Public Health Department
Good.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
And then Michelle Nelson and Jim will between themselves, you know, work out some way to pull it altogether.

James Daniel – Medical College of Wisconsin – Associate Director
And Michelle I'll be back in the office on Monday.

Michelle Nelson
Thanks, Jim.

Arthur Davidson – Denver Public Health Department
So, I think this has been a pretty productive meeting. I've got plenty of notes here and I think we have the sketch of something that we can carry out. We do not have to go for the full hour and a half. I'm sure anybody on this call could use another half hour of time.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Art, we do need to open for public comment just the same.

Arthur Davidson – Denver Public Health Department
Okay.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Okay.

Arthur Davidson – Denver Public Health Department
Are there any other comments from the group? Okay. Great, then thank you for reminding me Mary Jo we would be open for public comment.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Okay, operator, would you open the lines please?

Caitlin Collins – Altarum Institute
Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comments at this time.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Thank you.

Arthur Davidson – Denver Public Health Department
Very good you, well thank you. So, I think we are at a moment where can now adjourn and our first task is to send e-mail of interest to Mary Jo and then we'll work on the next meeting. Hello?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology
Yes.

Arthur Davidson – Denver Public Health Department
So, we'll work on scheduling the next meeting. I thought maybe someone was trying to speak there.

George Hripcsak – Columbia University NYC
That sounds good.

Arthur Davidson – Denver Public Health Department
Okay, well thank you for joining, as I said I think this has been pretty productive and I anticipate we'll have a busy six months coming up here, but we're up to the task. Thank you.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Art, thank you for being willing to lead the group.

Arthur Davidson – Denver Public Health Department

My pleasure, thank you all. Have a good rest of the day. Goodbye.

W
Bye.