

Meaningful Use Workgroup
Subgroup #2: Engaging Patients & Families
Draft Transcript
February 10, 2012

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

Good morning. This is Mary Jo Deering in the Office of the National Coordinator for Health IT and this is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup and their Subgroup #2. I'll begin by taking the roll. Paul Tang?

Paul Tang – Palo Alto Medical Foundation

Here.

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

Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families

Here.

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

Neil Calman? Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Here.

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

Are there any other Meaningful Use Workgroup members who joined the call who just wanted to join and who are on the line? Okay, back to you Christine.

Christine Bechtel – National Partnership for Women & Families

Great. Well, welcome everybody. So this is, as Mary Jo said, the Subgroup 2 on patient and family engagement trying to think through Stage 3 measures and objectives. And what we have for the agenda today is a review of the goals and the approach that we're going to take and primarily a discussion about how we will organize the work. So, what I thought that we would do is go through also the kind of inputs that we have and identify any additional inputs that we might need and then think about how to proceed. Our timeline here, Paul or Mary Jo can correct me if I'm wrong, is that the small groups need to be done, so we need to be done by about mid May, is that correct?

Paul Tang – Palo Alto Medical Foundation

Yes, let me, I'm going to look up some notes we had, actually Josh is on the line so he might have that as well.

Josh Seidman – Office of the National Coordinator

Yeah, let me...

Christine Bechtel – National Partnership for Women & Families

Okay, well that's in fact what we said on the last Workgroup call, so why don't you all chime back in if that's incorrect for some reason and my hope is that if it's incorrect it's incorrect in the sense that we have even more time.

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

Yeah, so do I.

Paul Tang – Palo Alto Medical Foundation

You have even more time.

Christine Bechtel – National Partnership for Women & Families

Thank you.

Paul Tang – Palo Alto Medical Foundation

We were just trying to give us, just looking at the realities of how long it takes to do this and that, but you have more time, I'll just get that back to you and...

Christine Bechtel – National Partnership for Women & Families

Okay. So, I think that, you know, our goal is fairly simply stated.

Josh Seidman – Office of the National Coordinator

Christine, this is Josh, let me just say I think part of it has to do with a slightly different process in Stage 2 we talked about moving up the things that require input from the Standards Committee much earlier by the 4th quarter, but we probably don't need to do a request for comment from the public before that, we might do it more or less concurrently or after we get some very preliminary feedback, but that, you know, kind of fits in the schedule a little different place than what we had been thinking earlier.

Christine Bechtel – National Partnership for Women & Families

So, mid May is in order for us to get input from the Standards Committee.

Josh Seidman – Office of the National Coordinator

Correct.

Christine Bechtel – National Partnership for Women & Families

And there might be an RFC sometime in June/July/August?

Josh Seidman – Office of the National Coordinator

No, no, no, no, no so we.

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

Josh would you like me to forward this e-mail with the timetable on it while people are on the line?

Josh Seidman – Office of the National Coordinator

Sure. Yeah, it is complicated. I'm actually saying, this information to the Standards Committee doesn't need to be to the Standards Committee until the 4th quarter but we don't need to do a request for comment necessarily before that, which I think was going to create some real challenges, and this would give us a little bit more time. So, the upshot is that I think that there is more time which is probably important given that, you know, the NPRM comes out, there is going to be focus on that for a while and then, you know, sort of building off of that. It would also be difficult to make, you know, any recommendations final until the final rule is out for Stage 2.

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

Right.

Christine Bechtel – National Partnership for Women & Families

Well, I completely agree with that. So, I guess we need to sort of give our subgroup some general timeline for when is it that we want to feedback our thoughts at least to the Meaningful Use Workgroup so that the whole Workgroup could consider it before it goes to the Policy Committee, is that like the 3rd quarter?

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

You should have it in your in box right now, it's showing up as the small groups that's their drafts in June and July, right, so that is the 3rd, that's the beginning of the 3rd quarter.

Christine Bechtel – National Partnership for Women & Families

Thank you. Okay. So, for those of you who aren't looking at your e-mail May/June is when, well actually, you know, between now and June we'll develop some draft recommendations as a subgroup and then we will discuss the draft recommendations with the full Workgroup in June/July. In August presumably the Meaningful Use Workgroup would present draft recommendations to the Policy Committee for the first round of feedback in September/October reconcile Stage 3 draft with Stage 2 final rule. And then October/November present preliminary recommendations to the Policy Committee around Stage 3 for the second round of feedback before there is a request for comment and sometime in December present the recommendations to the Standards Committee for their feedback, do an RFC then in January. Okay, this is much helpful, much better.

All right, does anybody have any questions about the timeline? I hope not. Okay. Good because any more detailed than that I don't think we know. All right, great, so thank you guys for that, that was very helpful. So, I think our goal, you know, very simply stated is to develop some draft recommendations in the category of patient and family engagement that we then feedback into the Meaningful Use Workgroup. Any amendments to that goal? Paul, Josh, members?

Josh Seidman – Office of the National Coordinator

No that's the goal.

Christine Bechtel – National Partnership for Women & Families

Okay. So, let's talk about how we get organized. So, I've done a couple of things. So, one is I want to make sure that everybody is operating off the same set of inputs, we're obviously going to bring our own thinking and experience and feedback from the various groups that we work with to this process, but there are some basic things and streams of work that we have already completed that I think are very useful and so to that end I know that Mary Jo sent around, first we have a Policy Committee Workgroup Principles and Priorities for Developing Stage 3 recommendations, so it's got a set of principles and then it's got this, sort of as you go through each category focus on the following 5 functions, okay.

The second piece is the policy recommendations for Stage 2 Meaningful Use and this was a table developed in July of this past year that had some Stage 3 signaling, right? So, our Stage 2 recommendation letter did contain a fair amount of Stage 3 signaling almost all of which is included on that table. Then of course we have the final comment summary for the objectives and questions from Stage 2, which was the RFC and I think those are the three main inputs that Mary Jo sent out. I'd like to add one more, but before I do that did I miss any documents?

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

There was a set of slides that Paul had presented.

Christine Bechtel – National Partnership for Women & Families

Yeah.

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

And the new components in there are the summaries from the October hearings.

Christine Bechtel – National Partnership for Women & Families

Okay, thank you. I do have those as well and that makes more sense.

Josh Seidman – Office of the National Coordinator

I'm sorry, Christine I may have missed it, did you talk about the April 2010 hearing or not?

Christine Bechtel – National Partnership for Women & Families

I did not.

Josh Seidman – Office of the National Coordinator

Okay.

Christine Bechtel – National Partnership for Women & Families

So, let's make a good list of the additional inputs we want.

Josh Seidman – Office of the National Coordinator

Yeah, so there was a full day hearing held by you all in April 2010 which was basically all about patient and family engagement and was not just limited to Stage 2 it was kind of where should things go and there was not only the testimony and the discussion there was also about 60 comments that were in the Federal Advisory Committee blog that were actually a quite robust discussion from the public on that. So, I think all of that would be worth considering.

Christine Bechtel – National Partnership for Women & Families

And do we have a summary of any of that?

Josh Seidman – Office of the National Coordinator

We did have some summaries of that we can pull together, yes.

Christine Bechtel – National Partnership for Women & Families

All right, that would be terrific. Any other input? So one that I'd like to add into the mix is a blast from the past and that is the very first matrix that we did, that I think we put forth in July of 2009, although it's dated 9009, but whatever, I hope we're not still here.

Josh Seidman – Office of the National Coordinator

Very forward looking.

Christine Bechtel – National Partnership for Women & Families

Right. And so this was the matrix that had essentially the care goals in the 2011 objectives and the 2011 measures and it had our thinking on 2013 objectives and 2013 measures, and it had some thinking around 2015 objectives and measures as well and I went through it this morning and there were things from 2013 that I'm not sure, I don't think quite made it into the Stage 2 recommendations. There are certainly obviously things from 2015. The 2015 columns on this matrix that I think are helpful like home monitoring devices that really actually don't show up in the other input. So, that's another piece that I think would be helpful. Are there any other kind of document inputs or previous thinking that folks want to offer?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Christine are you requesting in that question two things that were done as part of previous processes in Meaningful Use or including public comment or your first suggestion which was we'll all bring our own thinking to this, is it both or one or the other?

Christine Bechtel – National Partnership for Women & Families

Well, it's a great question, and I was actually starting with the previous sort of Policy Committee related and public input documents, but I was actually about to say, you know, if anybody wants to offer any resources that would be helpful to facilitate our thinking as we go forward, I think, you know, this is, as Paul said last time, I mean, this is one of our sort of momentous kind of, not totally final cuts at the apple by any stretch, but it is kind of the last big one. And so, you know, we really want to make sure that we get it right and that we're innovating and so I had two worries and one was in fact I think what you're raising, which is if we only go off our path thinking, you know, I'm not sure we're going to hit the mark in terms of innovating. So, I'd be very open, unless anybody objects, to sharing other inputs and resources to facilitate our thinking.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Great. I've got some things that I will forward, some working documents, but then I also think that the partnership case that was done, ... platform is always a good refresher, because it really lists in a very concise way some of the far reaching goals for consumer and patient engagement, but I think that's a great background if folks have not read that in a while.

Christine Bechtel – National Partnership for Women & Families

Thank you, that's very flattering. I'd be happy to send that out.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

And then I've been working on some things as a result of that that I can send which is an interview of about 70 people and included those comments in a grid on patient engagement that I would be happy to send those things, it's still very, very preliminary thinking, but I think we should, as you mentioned build on things that we know have been done and so that we are being both innovative and recognizing past work.

Christine Bechtel – National Partnership for Women & Families

Great. Any other input? I'm going to actually offer one, which is I think that we have an issue that's been raised around the visit summary and it was first raised to me by Peter Basch of MedStar and we've got quite a long e-mail train on it. I'm not sure if I should include this as an input, but I think certainly there probably needs to be, you know, one or two of us who can do some thinking about the best way to look with fresh eyes at the visit summary criteria if it remains included to give folks some flexibility and still meet the intent that we originally suggested. So, I'll give some thought to the best way to do that and Josh you've seen that e-mail, so I don't know if you have any thoughts either?

Josh Seidman – Office of the National Coordinator

Yeah. I think absolutely that's something that we should think about. I think there's a broader sort of construct that might be worth some discussion at some point as well, which is trying to be a little bit more granular in future stages around what's meant by certain things in terms of the ability to customize and be more specific with respect to things like patient specific education resources, the ability to create tools that, you know, better meet individuals needs and those are things that I think, you know, in early stages of Meaningful Use weren't necessarily realistic, but are things that this Workgroup might want to consider for Stage 3.

Christine Bechtel – National Partnership for Women & Families

Yes.

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

The other thing, you know, Christine, the other thing we might think through, this is Charlene, a little bit, because from the care coordination group, and I agree, I think getting that other chart out and kind of relooking at that is a good step for all the Workgroups, because we were a little bit outward thinking, but also there's been a lot of use cases that have been developed over the years and that would really help the standards. So, if we can even put the support for, we thought in care coordination we might think through use cases because clinical referrals and all those tend to fall in like use case thought processes, but I don't know if that would apply at all to engaging the patient either and we might just sort through, there's been a ton of work on that done, but that does feed in pretty well to the standards process.

Christine Bechtel – National Partnership for Women & Families

So, you're saying the care coordination group meaning the subgroup?

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

Yes.

Christine Bechtel – National Partnership for Women & Families

Okay, so you're asking should this subgroup create use cases?

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

And/or consider them, because, you know, there's a myriad of them that were, you know, developed over time.

Christine Bechtel – National Partnership for Women & Families

I think it would be great to consider some, particularly.

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

Maybe what I could do is kind of own trying to collect those.

Christine Bechtel – National Partnership for Women & Families

Yeah, that would be great.

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

I'll try and see what I can, you know, dig out of the archives there.

Christine Bechtel – National Partnership for Women & Families

Okay, I think that would be great.

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

All right, because I need to do it for my group anyway.

Christine Bechtel – National Partnership for Women & Families

Right. Okay, terrific. Anything else?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

The other correlated work that is going on right now is the patient federated data discussion that ONC has started making sure that we coordinate with that effort as well.

Christine Bechtel – National Partnership for Women & Families

That's a great point and I think we don't know a lot, but I don't know that you have anything in writing Josh that you can share about what you all are doing on that front?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Josh, there were some slides presented this week.

Josh Seidman – Office of the National Coordinator

Which slides are you talking about?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

I think they were RTI potentially.

Josh Seidman – Office of the National Coordinator

Okay, yes, okay I think I know what you're talking about.

Christine Bechtel – National Partnership for Women & Families

Okay. Great. Anything, last call? Okay, great, this is quite a robust start. So, I feel great about that. The other thing that I want to raise is and then I think we need to, you know, I want to sort of have an open call for ideas about how we ought to organize ourselves going forward and how we begin to tackle the work. So, one of the concerns that I have is, as I was thinking this through this morning, there is a lot that is related to patient and family engagement that actually falls into other buckets, right, other of the five policy priorities that we have improve quality, safety, efficiency, reduce health disparities, etcetera and I want to make sure that we're sort of forward thinking as possible and we feed things to the right groups, but that we not limit ourselves in our current construct which is largely focusing on things like view and download and you know, patient education resources, etcetera.

So, I wanted to suggest an approach. I went through this morning and did a dive into all the documents that had been sent out previously as well as the mountain of tree-like paper that I have from when we very first started this process of developing Meaningful Use in Stage 1, and I began to kind of catalog the thinking that showed up in those documents in terms of functional criteria etcetera, and I think what occurred to me as I looked at them and tried to back up was that there are in fact kind of a set of categories or principles that I think fit nicely as an overlay based on an operational definition of patient centered care that we use.

So, what I did was to look at the definition of patient centered care that we use, which has four domains and that is whole person orientation, care coordination and communication, patient empowerment and support, and access. And there are a couple of pieces underneath those domains that I think are worth kind of pulling out as a way to emphasize and those were trust and respect or transparency, the notion of equity and the notion of partnership. And when I started to think about information technology and how it enables patient centered care and started to organize thinking around those kind of concepts then this idea of having some kind of buckets that we might use to make sure we're covering our bases, whether or not it falls into this group or not, that it might be a valuable way for us to make sure we're not kind of limiting our thinking to a Stage 1 construct, which is what Stage 2 was really based off of and it might help us move outside that construct so that we can kind of get everything on the table and then go back through and be parsimonious about what do we really need here, what can come out, what's the additional information that we need to explore, etcetera.

So, what I'll do is I'll give you the kind of conceptual categories that I came up with based on, again our definition of patient centered care and some examples of functions that might fall under each and I just want to put it out there as one way that we might start to approach this work, again drawing from everything that we've done previously, but also freeing us to think a little more broadly. So, in no particular order they were transparency, which would be things like on-line access, so view and download, information reconciliation or the ability to correct information in the record, convenience and access, and that actually goes back to, so things like secure messaging, the role of mobile technology, eligibility checking was something that we had in the very first version of Stage 1 documents, partnership, which would be around, you know, patients being able to contribute to the record through things like home monitoring devices or shared decision making might fall under partnership as well of course, patient experience things like that, of course coordination and care planning, equity being one category, primary language, stratifying quality measures things like that. So, the others ones were coordination and privacy and security.

So, that was how I approached it, but I wanted to put that out there and gets people's reactions see if you had alternatives as a way that we might start to have an organized framework for thinking this through.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

I think that sounds great, it's very consistent with the platform document and then also I think there are some other things we need to make sure as we look at the future we need do they fit into those categories or do we have categories we left out just as we look at all the documentation that we have.

Christine Bechtel – National Partnership for Women & Families

Right. Agreed. Other thoughts on this? I mean, I'm happy, if people generally think this might be a worthy approach, I'm happy to construct something that we can use as a basis to iterate on but I don't want to do that if folks have another approach in mind. So, reactions?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Christine, I'll send you the grid I started too because it's very similar so that maybe we can work together on that.

Christine Bechtel – National Partnership for Women & Families

Okay.

Paul Tang – Palo Alto Medical Foundation

Christine, you also had a list of 4 things that I think came out of the National Partnership and I forgot how labeled that, but I thought those were pretty easy to follow.

Christine Bechtel – National Partnership for Women & Families

Yeah, right, so whole person care, care coordination, communication, patient support and empowerment and access. I just listed out from under there equity, transparency as concepts that are actually under these different four domains, but it's not sort of intuitively obvious. So, I can do some work to skinny that down, so yeah we can do it off the four domains that's easy.

Josh Seidman – Office of the National Coordinator

Christine, this is Josh, one thing that may need to be added in, you know, the health outcome priority is around engaging patients and families, there are some things that are related to that that might not actually be kind of a domain of patient centered care, just as an example engaging patients and families for public health purposes or a learning healthcare system. So, in the public population health hearing in 2010 one of the things was thinking about, as the environment evolves and we think about new ways to collect public health data and the potential for social networks for information to come from consumers themselves about disease surveillance and so forth, that is a way of engaging patients and families in the broader population health, public health and learning health system that might be something we might want to consider as well.

Christine Bechtel – National Partnership for Women & Families

Yeah, I think that's a great point. By that do you mean, what would be an example?

Josh Seidman – Office of the National Coordinator

So, this is something that probably, again fits into another domain discussion.

Christine Bechtel – National Partnership for Women & Families

That's okay.

Josh Seidman – Office of the National Coordinator

Around public population health, which I think is where you started on this, you know, but for example that, you know, there be ways to have input into a public health system from the public to submit data around, you know, so for instance if they're trying to understand the outbreak of a flu epidemic or some other epidemic, they might be able to collect data directly from patients and families through various electronic tools.

Christine Bechtel – National Partnership for Women & Families

Okay, got you. Other thoughts and reactions? Does this sound like a reasonable approach? I'll draft something up, get input from Leslie, condense it and give some descriptive qualities to what the domains might be and then I'm happy to put in some example functionalities, nothing set in stone, but you know, things that I pulled from all the previous work that we've done and then we can also use the additional resources that people have raised on the call from Leslie and the use cases from Charlene for example to feed and refine, and begin to drill down into some depth on that. Does that make sense as an approach?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yes.

Paul Tang – Palo Alto Medical Foundation

As long as we also honor what you said, which is we have to get back to parsimony at the end of this.

Christine Bechtel – National Partnership for Women & Families

Yeah, I absolutely agree and I'll, you know, put something in here that says we've got to get back to parsimony. And, I think what we do need to do at some point, to that end, is to actually stack up, you know, what we know from the rule, at least first the NPRM and then later the final rule, was in Stage 2, so that we can understand where is it that we might replace or remove existing criteria and also then figure out how do the criteria that we're thinking about, how can we link them together so that by requiring one thing gets you three things. I think that's a...

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Christine Bechtel – National Partnership for Women & Families

Yeah, that we've agreed on for a long time. Okay. So, I think there are probably some outstanding issues that we're going to need more information about that were elements of the previous work that we have done in the Meaningful Use Workgroup, that we will want to figure out how to, you know, what the best way to include them is here, and I'm wondering if we want to use the next few minutes to sort of identify some of them and figure out okay who do we need to talk to or what inputs do we need to deal with those specifically or which of us might be able to go off and do some thinking around a couple of those elements.

So, for example, we've talked for a long time about, you know, home monitoring devices or telehealth or telemedicine, but what does that mean in terms of how do we get from that as a concept to what does the electronic health record need to do to receive that data in Stage 3. Other areas might be the role of mobile devices, smart phones, you know, that is particularly important for underserved populations who have higher rates of adoption of global technology than internet access or home based anyway, internet access and how do we want that to fit here? That's an open question.

Of course, I think it was Leslie already mentioned sort of patient reported data, this notion of information reconciliation or correcting the record, there's a piece there that I'm not sure we have enough information to understand. And the last one that I might add would be one of the pieces that was in an earlier document was sort of self management tools and what might an electronic record need to do to support either self-management or shared decision making. So, those were the categories that I sort of looked at and I wanted to first make sure that, you know, those are categories we want to get further information about and if so figure out a game plan for how we start to do that over the next couple of months.

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

Christine, this is Charlene, could you run through those categories again?

Christine Bechtel – National Partnership for Women & Families

Sure. So, the role of mobile phones.

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

Or just mobile?

Christine Bechtel – National Partnership for Women & Families

Yeah.

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

Just mobile.

Christine Bechtel – National Partnership for Women & Families

Yeah, right and do we need to do something on that, you know, for example, I mean, again I don't know the answer, but do we need to do something with respect for example the view and download capability so that you can access it on the mobile phone if you want to, now that's going to bring privacy issues in etcetera, but we need to figure out what do we want to do there if anything? Home monitoring devices or telemedicine.

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

Home medicine, yes.

Christine Bechtel – National Partnership for Women & Families

Patient contributed data which is kind of a very broad category, so I'm not sure what to do there, because obviously a home monitoring device or telemedicine would be one way to do that. Self-management support.

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

Okay.

Christine Bechtel – National Partnership for Women & Families

Shared decision making and then what we called previously information reconciliation, that was one of our signals for Stage 3, the ability to, you know, suggest corrections to a record, the ability to actually correct the record, things like that. Those were categories that kind of or not categories, but areas that struck me as I'm not sure we have enough information to know about what is it that would make sense for Stage 3.

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

I definitely support this whole mobile field, mobile, social network, you know, that whole space in terms.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I do think you're list is right.

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

You know, that Clay Shirky talked about was the most popular site out there, its patients like me, right? Maybe we even want to have Clay come chat with us.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I do think that that gets to, there's sort of two use cases for social network and for media. One, is the non-PHR that people are just simply using to promote the hospitals and they are very good at that. And then there's the if I have patients PHI and I as a patient want to participate what can I do, for instance I'm getting my labs now but I want them automatically sent to my group called glucose management. So, I think it's worth a discussion on how standard and privacy measures need to be incorporated into support systems.

Christine Bechtel – National Partnership for Women & Families

Okay. Any other areas that are sort of on the top of your minds that you think we've got to think about this as part of Stage 3?

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

You know, Christine, just a little, you know, I ran into someone this morning and she was talking about like how her son works for this company and they come in and they do all this testing and like if you're BMI isn't lined up, blah, blah, blah, blah, blah you have two months to get it right and they bring in all these, you know, nutritionist and trainers if you want, you know, that kind of thing, so do we need to get a perspective from, you know, the payer community at all or, you know, any of that perspective, because that's certainly going to encourage patient engagement, you know. I was surprised it's that aggressive already.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

It's pretty aggressive. I used to run one of those programs.

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

Okay well maybe you can bring that to the table.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Yeah.

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

Yeah, that would be great, Leslie.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Pardon me?

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

That would be great.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Okay.

Christine Bechtel – National Partnership for Women & Families

Okay. All right. So, here's what I have for a game plan so give me feedback if this is not right. So, the first thing that we need to do is make sure everybody has the remaining inputs that we identified and ONC folks hopefully you guys are cataloging this as well, but that was the first version of the matrix from Stage 1 July of 2009. Leslie, she is going to forward a grid that you produced based on interviews. I'm going to send in the consumer platform and some version of Dr. Basch's e-mail. Charlene is going to look for some use cases and Josh is going to look for the slides around patient generated data.

So, the first thing we need to do is get those out in one e-mail to everybody so we've got everything or unless you guys are creating sort of a little sub website for us as you have done in the past I think. The second thing is that I will work with, I think Leslie volunteered to review some kind of a grid or table, or whatever that lays out the domains of patient centered care and gives some descriptive qualities to them and then give some examples of the kind of potential functionality that we could consider in those and we'll float that for feedback and additions and comments.

So, we've then have identified and perhaps we can to this in the document that I send, some areas that we think we're going to need some external input or thinking around. So, Charlene identified like the role of social networks, the mobile technology, telemedicine, shared decision making, self-management, etcetera, information reconciliation and let's see here, earlier Josh I heard you as well when you added the public health kind of patient engagement and public health piece, which I'll add to my grid. So, that's what I have so far and I think if everybody maybe can take the next several weeks and review the materials, review the grid, give some feedback, and maybe suggest some resources that we might need to pull in and ONC, obviously you guys would be very helpful in this as well, around either people or thought pieces that could help us in the areas where we think we've got some questions.

I'll also include in the grid, in addition to some giant capitalized note about parsimony, I will also include in the grid a column that allows us to move things into, you know, like a check box for it, does this need to probably go to another subgroup, because we know that we're not going to tackle all of this and allow folks to kind of make some notes, so that by the time that we come back together we'll have a synthesized kind of broad approach, a set of resources and then can make a plan from there for how we're going to go about doing the more developmental work. So, that's the approach that I have based on our conversation synthesized. Does that sound right to people?

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

It sounds great.

Christine Bechtel – National Partnership for Women & Families

What am I missing?

Josh Seidman – Office of the National Coordinator

So, Christine, the one thing that, I don't think we talked specifically about.

Christine Bechtel – National Partnership for Women & Families

Oh, the April 20th hearing also is another input, Josh.

Josh Seidman – Office of the National Coordinator

Right, but actually that was the one that I, you said something about the patient incorporated, I thought you were talking about the April 20th.

Christine Bechtel – National Partnership for Women & Families

Oh, no, Leslie asked you about some slides maybe from RTI.

Josh Seidman – Office of the National Coordinator

Oh, oh, oh, okay got it.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Josh Seidman – Office of the National Coordinator

Yes, I got it. I will say that the RTI stuff they're actually going to be coming out with a paper in the next couple of weeks, so I'll probably wait until it's kind of final.

Christine Bechtel – National Partnership for Women & Families

Oh, great, okay.

Josh Seidman – Office of the National Coordinator

And then, the other thing I'll just mention is that the Meaningful Use Workgroup and the Quality Measures Workgroup had talked about a joint hearing in the spring around incorporation of patient generated data both for purposes of quality measurement and for many of the purposes you've talked about home monitoring, information reconciliation and other things.

Christine Bechtel – National Partnership for Women & Families

Oh, that would be great.

Josh Seidman – Office of the National Coordinator

So, that's probably, you know, in the Mayish timeframe, but it would be good if people have ideas for, you know, people to invite to that, you know, we can start making a list.

Christine Bechtel – National Partnership for Women & Families

That is great. So, May hearing is on patient generated data that's what we think?

Josh Seidman – Office of the National Coordinator

Yes.

Christine Bechtel – National Partnership for Women & Families

Okay, great, that's terrific. Okay, great and then I think, you know, by then we'll have some more organized thinking and perhaps we can share with participants and have them react to it as well. Okay. All right, great. So, when do we need to reconvene for our next call? It's currently February 10th, sometime I'm guessing in March.

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

That would be much better for me.

Christine Bechtel – National Partnership for Women & Families

Yeah.

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

Well, just timetable-wise, if the rule comes out Christine.

Christine Bechtel – National Partnership for Women & Families

Yeah.

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

Then let's just say it comes out around the week of HIMSS then we have that face-to-face meeting on the 12th I think.

Christine Bechtel – National Partnership for Women & Families

Thirteenth.

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

Thirteenth.

Christine Bechtel – National Partnership for Women & Families

Right for the full Workgroup.

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

Yeah, so.

Christine Bechtel – National Partnership for Women & Families

We actually have a Meaningful Use Workgroup dial in phone call on the 6th of March as well as the full day meeting on the 13th.

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

Right.

Paul Tang – Palo Alto Medical Foundation

And on the 6th we were going to get a briefing by CMS and ONC on the NPRM.

Christine Bechtel – National Partnership for Women & Families

Okay, got it.

Paul Tang – Palo Alto Medical Foundation

So, we'll be much better informed as we go into, wait did I get that right, the 6th?

Josh Seidman – Office of the National Coordinator

Yes.

Paul Tang – Palo Alto Medical Foundation

Yes, much better informed as we go into our face-to-face.

Christine Bechtel – National Partnership for Women & Families

Okay, great. So, I mean my thinking is it's going to be kind of a stretch for folks to convene because of the rule coming out and what not, but certainly before the 6th and then we've got the in person meeting, I mean I would suggest either we think about reconvening maybe in the afternoon of the 12th so that if anybody is here in person we could do it in person. Paul, that might be bad for you if you might be on an airplane.

Paul Tang – Palo Alto Medical Foundation

Yeah, I'd be on a plane.

Christine Bechtel – National Partnership for Women & Families

Okay you'd be on a plane. Otherwise, I think there is a lot happening that week, a number of us will be at a two day meeting of the MAPP etcetera, so we would be really looking at, oh gosh and I'm out the next week, oh boy, okay, so we're looking at either the first week of March or closer to the last week of March, any preferences? I'm going to suggest the last week of March because I think I just looked at the first two weeks and it's like Policy Committee central, because we have a full meeting, we've got two Meaningful Use meetings, we've got the rule, so I mean, unless folks, I think, you know, as long as we do our homework as we have talked about I think that is still a fine timeline.

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

I think so too. So, Christine, I just may be away a little bit in that timeframe, I'd be back like the last two days, but that's not confirmed yet. So, once we put the calendar out I'll provide that input, I should know in a day or two.

Christine Bechtel – National Partnership for Women & Families

Okay.

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

I just want to remind folks that the Standards Committee is meeting on March 27th, which is a Tuesday, so for any of you, since two of you are on the Standards and might be attending that, that might be an opportunity to then have a dial in or a face-to-face meeting after that.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

I can do it up until about 4 o'clock and then I get on a plane, but I could definitely do it until 4:00.

Paul Tang – Palo Alto Medical Foundation

So, the only time and maybe this is poor planning on our part, on the face-to-face we're obviously going to be going through these, oh wait a minute, the face-to-face is for the NRPM response, right, not for Stage 3?

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

Yes, all of your 3 March meetings were all around the NPRM.

Paul Tang – Palo Alto Medical Foundation

Okay, thank you.

Christine Bechtel – National Partnership for Women & Families

Good, I'm really glad you took that back, Paul.

Paul Tang – Palo Alto Medical Foundation

I was going, wait a minute, I messed up, sorry.

Christine Bechtel – National Partnership for Women & Families

All right. So, Mary Jo what's the process for scheduling the call?

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

Well, we'll take that on and Bernette Roberts is working with your various support staff, what we usually do is start with you Christine since you're the chair in this case and find, you know, any blackout dates that you have and we're going to increasingly use doodle now.

Christine Bechtel – National Partnership for Women & Families

Okay.

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

We'll just take that as an action item.

Christine Bechtel – National Partnership for Women & Families

Okay, great. Thank you.

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

But, I do want to confirm that you would like us to look for the last week in March?

Christine Bechtel – National Partnership for Women & Families

Yes, please.

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

Okay.

Christine Bechtel – National Partnership for Women & Families

All right, any other thoughts before we open the line up to the public? Any hesitations, anything you want to make sure we're covering at some point? Any great plans for the weekend?

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

Hey, Christine?

Christine Bechtel – National Partnership for Women & Families

Yes?

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

I hate to throw this one on there, but you know, like the other piece and I don't if you touched on it, because I know you've been engaged in it, like all the measures, are there any patient engagement measures out there that we need to be cognizant of?

Christine Bechtel – National Partnership for Women & Families

Yeah, you know.

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

I hate to bring that up late and I don't even know.

Christine Bechtel – National Partnership for Women & Families

Oh, no.

Paul Tang – Palo Alto Medical Foundation

Maybe I can chime in a little bit.

Christine Bechtel – National Partnership for Women & Families

Yes.

Paul Tang – Palo Alto Medical Foundation

So, clearly we do have a Quality Measure Workgroup and they came out with some very fine quality measure concept and Christine lead that group as well, some of that is under work with contractors and others I think we're still interesting in pushing and pursuing, so we won't have that specifically in our charge for this Workgroup, but...

Josh Seidman – Office of the National Coordinator

I mentioned that the hearing in May would be a joint hearing of the Quality Measures Workgroup and the Meaningful Use Workgroup specifically to talk about that or in part to talk about that intersection, because the incorporation of patient generated data is important for both those purposes.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

And, Josh in the effort of perhaps parsimony, it's also when we think of what function needs to be there we should be mindful then of how we measure that success so that even though we're not part of the Quality Measure Workgroup if we could say what the implications are for measurement I think that could be useful.

Christine Bechtel – National Partnership for Women & Families

Yeah, on the last Workgroup, the full Workgroup call, one of the things that we talked about that I brought up was, hey one of the ways to get to parsimony, and I think this is what you're saying Leslie, is if we know what the quality measure is and there are certain ones you can't do without certain functionalities then we maybe don't need to require the functionality or maybe there is a certain functionality or capability that the EHR has to have from a technical perspective in order to do that measure.

Leslie Kelly Hall – Senior Vice President for Policy for Healthwise

Right.

Christine Bechtel – National Partnership for Women & Families

So, we had talked about, I think on the last Workgroup call, at least getting some, if Josh if it's possible, to get basic information about what the contracts that you have, like just sort of generally, we have contracts developing or working on the following measure concepts, even that at this point would be helpful, but I think later what we're going to have to do, just as we will have to do when we get the NPRM, I'm sorry the final rule, as well as the quality measure suggestions is go back through and begin to take out and remove, you know, things that aren't needed anymore or if there's something that we actually have to add because it's a capability that's needed we'll have to do that too. But, Josh is it possible to get a sense of the measure concepts you guys have contracted to develop?

Josh Seidman – Office of the National Coordinator

So, all the things that the Quality Measures Workgroup recommended are certainly on the table. The focus of the contractors work has been very intensely on things that are possible for Stage 2 and that, I think, you know is around the functional status measures that have been discussed and there's a lot of work going on and I know that there was some input from David and others around that. The other areas that were recommended from the Quality Measures Workgroup on patient reported measures, there hasn't really been a lot of substantive work on them yet, because those were deemed to be not possible to do for Stage 3 and so therefore were put into the Stage 3 bucket.

Christine Bechtel – National Partnership for Women & Families

Not possible to be for Stage 2 you mean?

Josh Seidman – Office of the National Coordinator

Right, sorry, not possible to do for Stage 2 and therefore put in the Stage 3 bucket, which means that they're not the high priority swim lane right now.

Christine Bechtel – National Partnership for Women & Families

Okay. So, maybe one of the inputs then that would be helpful to have would be to recirculate the quality measure concepts that the Patient and Family Engagement Tiger Team agreed on.

Josh Seidman – Office of the National Coordinator

Yes.

Christine Bechtel – National Partnership for Women & Families

Because, I could maybe put those in the grid that I'm developing just for our own thinking purposes and that way we can see, well gee if we do that then we can eliminate this or that feature or functionality if that's possible.

Josh Seidman – Office of the National Coordinator

Yes.

Christine Bechtel – National Partnership for Women & Families

Okay. Great. So, I'm glad you brought it up Charlene, thank you.

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

You're welcome.

Christine Bechtel – National Partnership for Women & Families

Any other thoughts? Okay, great, well why don't we go ahead and open the lines to the public?

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

Thank you. Operator would you go ahead and 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 *0 to be placed in the comment queue. We do have a comment from Carol Bickford.

Christine Bechtel – National Partnership for Women & Families

Hi, Carol, go ahead.

Carol Bickford – American Nurses Association

Good morning, could I engage in a process issue, those of us who are dialing in did not have access to the documents that you were referencing so we don't have a sense of how you're putting all the piece together. So, if there's a way that those items could be actually posted on the calendar rather than actually just emerging when the call opens that would be very helpful. As, I was listening to the conversation you were referencing lots of resources and I had no clue what you were talking about. So, just a process issue.

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

Carol, let me take one point of that, this is Mary Jo, there were four documents that were shared with the full Meaningful Use Workgroup and that would show up on the website for the Meaningful Use Workgroup's call earlier this week, but I think you raise a point that not only documents that were sent in advance but to the extent that people are bringing these forward for the next meeting we would want to have them available to post on the website.

Christine Bechtel – National Partnership for Women & Families

Yeah, so the good news is Carol, they are all public documents that we were provided, but I think it's a great idea that you have too. The other documents we were referring to were just our sort of brainstorm of, you know, what all should feed our thinking.

Carol Bickford – American Nurses Association

Right, I understand that, but some of the other things that actually displayed on the screen when the meeting opened, it was like, okay well what's the content of that, that we might have appreciated better the conversation you were having. Thank you.

Christine Bechtel – National Partnership for Women & Families

Oh, thanks, Carol, I didn't actually realize there was a screen, okay. My bad. All right, great. Any other public comments? Okay. All right, thanks everybody. We'll talk to you in the last week of March and we'll do some homework in the meantime.

Paul Tang – Palo Alto Medical Foundation

Great, thank you, Christine.

W

Bye guys.

W

Bye.