

**HIT Policy Committee  
Information Exchange Workgroup  
Final Transcript  
March 15, 2012**

**Presentation**

**Operator**

Ms. Deering all lines are bridged.

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

Thank you very much. Good afternoon everyone, I'm Mary Jo Deering in the Office of the National Coordinator for Health IT and this the Health Information Technology Policy Committee Information Exchange Workgroup. I'll begin by taking the roll. Micky Tripathi?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Here.

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

Hunt Blair?

**M**

...

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

I'm sorry, Hunt Blair, was that a yes? No. Tim Cromwell?

**Tim Cromwell – Veterans Health Administration – Director Standards & Interoperability**

I'm here.

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

Jeff Donnell?

**Jeff Donnell – No More Clipboards**

Here.

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

Judy Faulkner?

**Judy Faulkner – EPIC Systems Corporation**

Here.

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

Seth Foldy?

**Seth Foldy – Centers for Disease Control and Prevention**

Here.

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

Jonah Frohlich? Larry Garber?

**Lawrence Garber – Reliant Medical Group**

Here.

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

Dave Goetz?

**Dave Goetz – OptumInsight**

Here.

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

Jim Golden? Jessica Kahn?

**Jessica Kahn – Centers for Medicare & Medicaid**

Here.

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

Charles Kennedy? Ted Kremer? Deven McGraw? Stephanie Reel?

**Stephanie Reel – John Hopkins University**

Here.

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

Cris Ross?

**Cris Ross – Executive Vice President & General Manager, Clinical Interoperability SureScripts**

Here.

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

Steve Stack?

**Steven Stack – American Medical Association**

Here.

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

Chris Tashjian?

**Christopher Tashjian – River Falls Medical Clinics**

Here.

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

Jon Teichrow? 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**

Okay, back to you, Micky.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great, thank you and welcome everyone to IE Workgroup Stage 2. We're delighted to kick it off again. We've got some new members and some members from the past Workgroup and we're delighted to come forward with a really important agenda as we start to consider the next phase of work here for interoperability and the Information Exchange Workgroup part of that. First, let me turn to Claudia Williams from the National Coordinator's Office, who will kick us off.

**Claudia Williams – Director – Office of the National Coordinator**

Great, thanks, Micky, and thanks everybody. I have to say I'm just incredibly excited to be welcoming many of you back and have new folks. I wanted to just say a couple of words about the opportunities that I think lie ahead for us this year. I think I've often been told by people like Wes Rishel and others who've served amazing time on our various committees that you all are able to do your best work when we can bring you a clear charge, an important charge that is very linked to our work and the progress we need to make as a nation.

And, I think, I would hope all of you would agree that the things that we have laid out for this year are indisputably incredibly important, very focused and extremely important for the progress we have to make. So, I hope you join me in both being excited and maybe a little humbled by what we have to do together. In reconstituting this group, we're really thinking about bringing the expertise to our collective table, the sort of battle scars from working on exchange as well as the visionary perspectives about where we're going.

So, we want to both be, I think, Sam Carp uses the term boldly incremental in describing a future oriented visionary perspective that's really grounded in real-world experience knowing what it takes to get things and literally to get information moving. So, we really deeply appreciate those perspectives that all of you bring and are enormously humbled that all of you have agreed to do this work.

One of the things that I think we've also noticed about where work is really successful is where you as individuals can bring your implementation experience, bring the experience that you've gained, the expertise that you have, but to take off your organizational hat in a sense that you're representing a sector of people, you're representing a group of folks who can't all be here to try to help us make national progress. So, we would ask that can bring, in an aggressive way, forward all of the experience and the insights, and the perceptions, and the vision you have, but try to take off the particular hat that you bring from your particular organization to help us reach consensus.

So, I think you'll hear in a little bit that in the first phase of our work we're going to be fairly quiet. We are in a listening mode. We're in a mode of hearing from you, but we really can't discuss or comment on, or interpret the rules. So, that, at least in this first phase of our work will be our role is to listen and maybe to ask clarifying questions. So, Micky, thanks for the chance to say a couple of words here at the beginning and I just look forward to our work.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great. Thanks a lot Claudia. So, as you can see I've got, on our first slide here, the full membership of the Workgroup and I know we have a subset today and really appreciate those who were able to join today. But, I think as you can see and as Claudia said the reconstitution of the group is really to, you know, focus us on the work ahead and, you know, with an eye toward what we want to accomplish both with respect to Meaningful Use Stage 2 agenda, but looking forward to Meaningful Use Stage 3, which we'll get to towards the latter part of the year.

So, if there are no questions or comments about this, I have a couple of corrections we would make that I haven't translated to the slides, but we just want to note Jonah Frohlich is with Manatt not with California

Health & Human Services. And also, let's see, Tim Cromwell is not listed here, he's here on the phone and we're delighted he's here but he is not listed. And finally, Charles Kennedy is with Aetna not with WellPoint. So, we apologize for not having made those changes, but we'll get them next time. I don't know are there any other changes to this that anyone noticed? No great.

**M**

I think Ted Kremer is with Cal eConnect now, actually.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes, you're right, yep, absolutely he is. Good catch, thank you.

**Hunt Blair – Deputy Commissioner Division Health Reform Department of Vermont Health Access – Medicaid**

And, Micky, as long as we're stopped I'm think I'm not sure it came through to the operator to switch me over, this is Hunt, I am on, although I apologize I'm at the state house and I'm going to get called away about half way through the call.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great, well thanks, Hunt, glad you could join us. So, why don't we jump ahead. I want to go through just a couple of, you know, sort of slides on just rules of the road and a little bit of logistics and then I want to turn it over to, we have Steve Posnack from ONC who is able to join us for just 20-25 minutes here, it might even be shorter than that now that we're into hour, but wanted to be able to take advantage of having him on the call to give us some overview comments on the NPRM and then we can, you know, sort of dive into the rest of the agenda.

But just covering a little bit of rules of the road, particularly for those who haven't participated in one of the FACA Workgroups. First, of, you know, as we're in the middle of the rulemaking process, ONC staff, a number of whom are on the call right now, cannot really comment on the proposed rule making results and I think that probably applies to CMS staff as well, although they can provide clarification. So, if there is something we need clarification or factual information they are able to weigh in on that and I think they will, you know, sort of edit accordingly, or I'm not sure...accordingly if we start to ask them to stray into areas where they're not able to comment.

Given our tight deadline here and we have a slide that talks a little bit about the timelines and the deliverables, we want to focus on the previous Policy Committee recommendations and the current rulemaking proposals and try to, you know, sort of keep the focus on that at least for the immediate and near term deliverables that we have. For Meaningful Use we'd like to focus on the information exchange objectives and the measures.

So, there is, as always, you know, a whole bunch of stuff in the NPRM, but what we want to be able to do is just focus on our piece of that with the understanding and acknowledgment that there are a number of other Workgroups participating under the HIT Policy Committee who will then take their pieces and then there will be a coordination process to make sure that all of those various Workgroup points are integrated and threaded together for a consolidated set of comments back to the Policy Committee, which is, you know, the next bullet.

We're going to be coordinating our work with the chairs of the other Workgroups and examining the rulemaking in other Workgroups. One thing that is important, particularly because we're going to be diving in at a fairly intense level of detail here with some pretty tight timelines, continuity is really critical for Workgroup discussions and, you know, certainly understand that everyone can't make every call and particularly would, you know, recognize that all of you have day jobs and so, you know, we greatly appreciate the time that you're able to give to the Workgroup.

So, to the greatest extent possible, if you can try to maintain continuity, particularly in this, you know, sort of early phase of this as we're starting to build our discussions and our assessments of the NPRM leading to the consolidated comments that are going to come out of the Workgroup. It would be, you know, great

if you could make every effort to just participate on those calls with some continuity so that we're not having to pick up from, you know, previous discussions or from discussions that we've already had.

So, I don't think Claudia or Adam if there are any other Workgroup rules of the road, let me know, otherwise why don't we skip ahead. Let me ask first if there are any questions on this? No? Okay, well let's just dive in now to what our actual charge is. The first is about focusing on the draft recommendations in Stage 2 information exchange related to objectives and measures. What we want to be able to do, you know, as our near-term target here is draft an early set of comments for the April 4<sup>th</sup> Health IT Policy Committee meeting and you know, here we are on March 15<sup>th</sup> with a pretty aggressive agenda ahead of us. So, you know, that's a fair amount of work for us to get through and Adam from the ONC staff has done a nice job of starting to provide some of that information so that it could be available to us in a way that would allow us to march through it at the level of detail that we are going to need. But, what we want to be able to do is finalize a set of recommendations for the Policy Committee to consider during their May 2<sup>nd</sup> meeting.

A second charge that is going to be upcoming is for us to dive into the proposed rulemaking on the NwHIN governance mechanism, that's going to be published in the next couple of weeks, so we don't have it in our hands yet, but once it's published ONC will formally direct us to consider the specific proposals in the ANPRM. So, there's nothing to do on that yet, but just want everyone to know that that's just ahead of us in the next couple of weeks. So, let me first now turn it over to Steve and ask him to offer some perspective on the Stage 2 objectives in the NPRM while we have him on the phone.

**Steve Posnack – Office of the National Coordinator for Health Information Technology – Policy Analyst**

Sure, thanks a lot and your business today is way more important than listening to me talk, so I'll try to keep my comments brief and I have, you know, a commitment from my partner in crime, Jessica Kahn, to chime in as well with anything from the CMS perspective.

The table that you've got as part of your materials really I think captures the information exchange related objectives that are of most relevance to this Workgroup's, you know, charge and focus, and the things that I would highlight for you, and you can probably, you know, touch base with Adam as well in terms of additional staff work that we can do for you, is to get you some of the preamble related to some of these that provides the department full rationale associated with some of the proposals that are, you know, pushing the envelope with respect to interoperability and exchange and where we have sought public comment to help us, you know, make the imperfect part of it going through a Notice of Proposed Rulemaking, that much more perfect when we seek to finalize everything.

And, you know, it ranges from the changes from just performing tests to doing actual submission and ongoing submission on the public health measures and objectives, the transitions of care, which has, you know, already generated a lot of discussion related to the measure requirements being outside the organizational affiliation and with a different EHR technology vendor or developer and there's a lot of discussion in the preamble about that, and that's I think an area where the collective wisdom of this group could help inform both the Policy Committee's, you know, higher-level discussions and what eventually gets recommended back to the department.

You will see, as I mentioned, both an increased focus on the public health related exchange objectives and, you know, certain specialty oriented ones whether it be for cancer reporting, and then electronic prescribing both now on the ambulatory side and on the inpatient side lab result reporting, that's an area where I think this Workgroup had commented on previously and the adoption of, I know you guys probably want to stay away from the transport standards area as well, although it's probably part of the overall discussion that you'll be having on the ONC standards and certification criteria side, we've obviously proposed for certification the use of transport standards in addition to some single standards for certain exchange transactions.

So, overall, there is probably a lot more to chew on than there was the first time around with Stage 1, which is a good thing from an exchange perspective. And I will see if Jess has anything to add.

**Jessica Kahn – Centers for Medicare & Medicaid**

No. No, I don't have anything to add, that's what I would have hit on as well, thanks.

**Steve Posnack – Office of the National Coordinator for Health Information Technology – Policy Analyst**

Okay. I'm here for the next like 5 minutes before my cameo appearance ends.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, well thanks, Steve and Jess for confirming that Steve said the right things. Does anyone have any, you know, sort of quick high-level questions for Steve while we have them on? Jess is a member of the Workgroup so I think she'll be staying with us hopefully longer, but Steve has got to go as he said in about 5 minutes.

**Seth Foldy – Centers for Disease Control and Prevention**

Seth Foldy from CDC. Yeah, a quick question. He mentioned that we might want to stay away from some of the transport related items in the NPRM, it wasn't clear to me if that's because another group will be addressing those or just because we find them harder to deal with?

**Steve Posnack – Office of the National Coordinator for Health Information Technology – Policy Analyst**

I mean, you know, the relationship between the Policy Committee and Standards Committee and so I think the Implementation Workgroup for the Standards Committee will be focused on the more detailed technical requirements that ONC has proposed in its rule. And, Claudia may chime in with other kind of, you know, general guiding principles in terms of the policy exchange, right direction, wrong direction, right focus, you know, different focus that this Workgroup might have more squarely in its purview.

**Claudia Williams – Director – Office of the National Coordinator**

So, let me just jump in, yeah, I mean, we are not providing comments on the standards and certification rule that ONC put out, but there are certain measures that obviously tie very literally back to that rule. So, I think as we start going through the specific objectives, we'll be looking at how, let's see you'll be looking at how like certified electronic health record technology might be implicated in an objective. So, I think, I can help sort of guide maybe those guide posts as we go along, so we're not looking at that rule but to the extent if things are implicated directly in the objective itself I think we'll certainly discuss.

**Jessica Kahn – Centers for Medicare & Medicaid**

Yeah, this is Jess, I think, Seth, to your point I would be interested in discussing, given that this is the Policy Committee, the policy implications of how that measure gets implemented as opposed to the technical side. I think I agree with everybody that stays with the Standards Committee, but there are policy implications involved with how things are transported and what the impact is in terms of people's ability to achieve it or scale it up in a large way. So, if that's what you were asking, I would second that motion.

**Seth Foldy – Centers for Disease Control and Prevention**

That's very helpful. Thank you.

**Micky Tripathi – Massachusetts eHealth Collaborative**

And, I think, this is Micky, I think we are going to, you know, sort of have to be sort of drawing the contours of this on an ongoing basis. Because, I think policy versus standards is one area that we've, you know, bumped up against in the past and also, what's an interoperability objective or requirement versus what's not and, again, just making some distinctions there, a whole bunch of them are absolutely clear, some of them start to enter that gray area and we'll just have to deal with those as they come. Any other high-level questions or I guess any questions for Steve before he has to take off? No, okay, great. Steve, thank you very much.

**Steve Posnack – Office of the National Coordinator for Health Information Technology – Policy Analyst**

All right, class dismissed.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, yeah, you're welcome to stay on as long as you can.

**W**

Steve, we'll invite you back, don't worry.

**Steve Posnack – Office of the National Coordinator for Health Information Technology – Policy Analyst**

Yeah, I know it's a constant invitation, thanks.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, thanks a lot. So, just continuing where we left off, which is to talk a little bit more about our charge, I wanted to just take the opportunity to get Steve's perspective while he was on the phone. But, we do have more to the charge than what was on that first slide. So, to the extent that what we want to be able to do is provide some recommendations on the Stage 2 NPRM and the ANPRM related to governance, related to NwHIN governance, those are, you know, two pieces that are front and center.

We also want to be able to do a little bit of looking at what happened from Stage 1 and looking ahead to Stage 3. So, specifically, in the June timeframe, what we want to be able to do is have a hearing that does a little bit of a deep dive and a little bit of a pulse check of, you know, what were some of the most prominent technical business and policy challenges in implementing information exchange objectives under Stage 1?

And, you know, I think that's a very, very important piece of this and I know, you know, Farzad Mostashari has talked a lot about the importance of having this Workgroup be in a position to start to talk about just some of those nitty-gritty issues and be able to translate an understanding of what those are into things that are policy relevant and we can help, you know, sort of elevate those two things that can be acted upon from a policy perspective to try to remove as many barriers as possible and also as we think ahead to our comments of Stage 2 and Stage 3, being able to inform that as much as possible with the lessons learned from Stage 1, recognizing that Stage 1 is still underway, it's not like it's done and it's not going to be done for a little while yet.

So, that's one part of what we're going to be doing as well sort of in parallel building up to a hearing in June and for those of you who have participated in other of the Workgroups, you know that a hearing actually takes a substantial amount of work in terms of, you know, figuring out what the agenda is, who should be represented, what should be represented. So, that will be a fairly substantial amount of work for us to do.

The second thing is really building toward, you know, a few months ahead and toward the end of the summer is a set of recommendations to inform the development of Stage 3 information exchange objectives and measures, August tentatively, depending on, you know, sort of all of the other interrelated things that are going to be happening and there's a lot of interdependencies in all of the Workgroups and the different committees timeline. So, we've put it down as tentatively in August, but we'll will see what happens as the month unfolds, but that will be sort of our forward-looking piece once we're done with Stage 2 and done with Stage 1.

So, let me pause here, I think those are the slides that we had just on our high-level charge. And, so maybe just get one more slide and then I'll pause, to talk about the schedule, the meeting schedule that we have to start to get our arms around some of this stuff. So, we've got a pretty aggressive schedule I think as all of you saw and probably the minute you saw all the invites come, started to regret you're sending a yes to participating in the Workgroup. We've got weekly calls building up from, you know, now

until April 2<sup>nd</sup>, because as you may recall we've got our first deliverable, which is our draft comments or our first half comments that we want to be able to deliver to the Policy Committee on April 4<sup>th</sup>.

So, we've got our calls today and then three more calls to get our way through the line items of the Stage 2 NPRM and then provide and consolidate and synthesize a set of comments that will be our first half comments that will be delivered to the Policy Committee on April 4<sup>th</sup>. So, pretty intense level of activity there between now and early April. And then on April 17<sup>th</sup> we'll start with biweekly calls that will then take us into the next phase of our work which is building up, taking those high-level comments, whatever comments back we get from the Policy Committee and refining that to our final deliverable, which are our final comments in May and also beginning the parallel work of thinking about that hearing that we want to have in June.

So, now let me absolutely pause here and see if Claudia or Adam...I should also introduce Adam Aten who is ONC staff, who is going to be helping us out and we really appreciate all the help Adam has given already and look forward to his help going forward.

**Adam Aten – Office of the National Coordinator**

Thanks, Micky, looking forward to working with everybody.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Anyone have thoughts, comments, concerns? I hesitate to ask for concerns, because the timeline and the aggressive agenda may be a concern in and of itself. No? Okay. Well, I'm going to take that as confirmation that while we have a lot on our plate that we all feel comfortable that we will be able to get through it. So, why don't we jump ahead, then, and talk about what we just want to accomplish today.

So, the proposed scope for our discussion today is, first off to just do an overview of the proposed objectives that the Policy Committee recommended to the National Coordinator compared with the proposals in the NPRM and I think we've got that in the grid, is that right, Adam?

**Adam Aten – Office of the National Coordinator**

That's right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, okay and then also, you know, just sort of at a high level now just to, you know, focus on the objectives related to information exchange and the non-information exchange related objectives that we commented on to the Policy Committee as well from last time. So, we sent you a spreadsheet that Adam put together. Hopefully, all of you have access to it. We won't put it up on the screen here, but maybe now's the time for us to open that up and start to just walk through some of the elements and Adam, maybe I can turn it over to you to help sort of orient us to it and so we all understand what's in there.

**Adam Aten – Office of the National Coordinator**

Yeah, sure. So, while everyone is opening up the document it's segmented into information exchange related objectives and other types of objectives that the information exchange committee from last year had commented on. The way that it's structured, we have Stage 1 final rule objectives and measures, and then the next columns over we have Stage 2 as proposed by the health policy committee and then the columns after that are what's actually in the NPRM. Moving to the right still there are areas where we're being asked already by other Workgroups to discuss and assess certain issues relevant to these objectives. And then the last columns provide the references to standards and certification criteria. So, that's the way it's set up.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, yeah and I should've mentioned earlier and I forgot to mention that a part of our charge is going to be, you know, not only sort of the perspective that we offer as we walk through this but we will be getting, you know, sort of specific requests, specific questions from other Workgroups and perhaps most notably, the Meaningful Use Workgroup who are, you know, sort of looking at the entire NPRM and themselves

commenting on it. We are already starting to see here in the column specific questions that they're tossing over to us...

**Claudia Williams – Director – Office of the National Coordinator**

This is Claudia, I'm just, there are a few people who have never served on a committee, a Workgroup. So, maybe I'll just spend 30 seconds talking about the process. So, ONC Federal Advisory Committees, there are a set of regulations around on how they operate. They have to operate in an open and transparent way; all of these calls are open. The only people that can talk are folks on the Workgroup, but anyone can dial in and ask to participate and listen. We at ONC officially receive recommendations from the Policy Committee itself and the Standards Committee itself. So, this group would tee up its comments, it's suggestions to the Policy Committee and then the way those comments and suggestions are taken forward is by kind of acceptance by the Policy Committee, ratification by them and then they send us forward their recommendations in the form of a letter.

In terms of our agenda this year, we would be wanting official recommendations on our policy direction and comments for Stage 2, for the ANPRM, and for Stage 3. In terms of the hearings, we're not necessarily looking for a specific set of recommendations from this group, but really wanting to in a very open way have this group discuss the challenges and opportunities that are in the marketplace right now and make comments around where there might be opportunities for policy intervention or for a technology solution or for something like that. So, just wanted to give a little bit of a sense for folks who may not be as familiar with the process about how this operates and kind of the role that we're playing in that bigger picture.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great. Thanks Claudia, that's helpful. So, and Adam as you said, just turning back to the spreadsheet here we have the information exchange related objectives on the top of this spreadsheet and I know everyone already is sort of minds and eye are numb to all of these spreadsheet grids that we're looking through, and then starting on line 16 we have the non-information exchange related objectives that the Workgroup commented on, right? So, if I recall, these were objectives that were sort of named as being non-information exchange related during the first round of our comments on Stage 1, but that we did decide to provide some comments on anyway. Is that right?

**Claudia Williams – Director – Office of the National Coordinator**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, okay.

**M**

I apologize; the spreadsheet would be seen on-screen or elsewhere?

**Micky Tripathi – Massachusetts eHealth Collaborative**

I'm sorry, it was not, it was sent to you in the same e-mail that you received the agenda and the presentation.

**M**

Thanks.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Sure, it's an excel spreadsheet.

**Adam Aten – Office of the National Coordinator**

And this is Adam, for additional context as Steve had mentioned, I'll go back through the preamble of the rules to pull out relevant sections to provide more rationale for the respective objectives.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

**Stephanie Reel – John Hopkins University**

Hi Stephanie Reel, just a quick question, in the instructions for the worksheet it says that this workbook includes four tabs in addition to the instructions tab, but at least I feel that I only have access to tab 2, to the Stage 2 comparison tab is that accurate or should there be four tabs?

**Micky Tripathi – Massachusetts eHealth Collaborative**

That's a good question. I have two. I have one called instructions and one called IE Workgroup.

**Stephanie Reel – John Hopkins University**

And that's all I have, but it does say in the instructions that this workbook will include four tabs in addition to the instructions tab.

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

This is Mary Jo and I think I can answer that. This was prepared originally for the full Meaningful Use Workgroup.

**Stephanie Reel – John Hopkins University**

Oh, okay.

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

So, they had a much more complex spreadsheet.

**Stephanie Reel – John Hopkins University**

Got it.

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

So, as Adam did his yeoman's work to extract the ones that were pertinent for the IE Workgroup, I think he just dropped those.

**Stephanie Reel – John Hopkins University**

Super, thank you Mary Jo.

**Micky Tripathi – Massachusetts eHealth Collaborative**

All right, thank you, that helps. So, first off are there any other just basic questions about, you know, access to the spreadsheet or are there any questions with the overall structure of it? I think what we're going to want to do over the next set of meetings is the painful, yet meaningful, very meaningful task of going through this line by line.

I think, you know, there are only, on my count, something like 16 content lines here, you know, some of them more meaty than others. So, we might get through some of them much more quickly. But, you know, really with an eye toward, first off understanding and sort of the history of some of these, what was recommended last time, how it ended up and then, you know, what the NPRM says. What, if any Meaningful Use Workgroup comments or charges we have and then having a discussion about what our thoughts are on each of those. Let me first ask if, you know, anyone has any other questions on the structure of it and then we can just sort of dive in here.

So, let me take a pulse of the group. Is there, you know, a sense that we want to be able to sit back and perhaps think about it a little more, really with an eye toward gearing up for the next meeting knowing that we only have three meetings between now and then? Or should we just, you know, sort of dive into the first one here and then just start working our way through it?

**M**

I'm all for diving in.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, one diver. Okay, why don't we just do that then, at least go through one. So, I guess just taking them in order, because I don't think any of us have had a chance to really sort of parse our way through and see if there is any other structure to it. You know, the first one is related to ePrescribing with the health outcome policy priority, hopefully, everyone is sort of familiar with the structure of the Meaningful Use objectives and how they roll up into the policy priorities, but the Stage 1 final rule ended up being to eligible professionals, it was not applicable for hospitals as you may recall. But the Stage 1 final rule for eligible professionals was to generate and transmit more than 40% of all permissible prescriptions electronically and in this case there is no, for eligible professionals, there is no change to the requirement except for an increase in the threshold, meaning that instead of 40% it now has to be...

**Jessica Kahn – Centers for Medicare & Medicaid**

Micky, can I note that there are some additional exclusion criteria though.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

**Jessica Kahn – Centers for Medicare & Medicaid**

For this one. We had heard from a few different states of instances where providers didn't have a pharmacy within a certain number of miles to ePrescribe with and so we introduced that as a new potential exclusion for ePrescribing.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. Great, so Adam, if it would be possible for us to probably note these along the way, but I don't if it's possible to do a quick scan through and just see if there are any other, you know, changes like that that are, you know, kind of second-order kind of changes, but are still, you know, nonetheless significant?

**Adam Aten – Office of the National Coordinator**

Sure, absolutely.

**Micky Tripathi – Massachusetts eHealth Collaborative**

And perhaps capture that in a separate column or something. Okay, so thanks for that, Jess. So, that's the first thing, so there is an increase to 50% and as Jess said a little bit more refinement around the exclusion criteria for things that you have observed in the market as being obstacles to people being able to even get it to 40%. And then there are new requirements for eligible hospitals to generate and transmit more than 10% of all hospital discharge orders for permissible prescriptions electronically.

So, first off, that's what was proposed by the Policy Committee, way back when, and now in the NPRM, as you can see there is nothing for hospitals and for eligible professionals, we've got the measure going up to 65% of all permissible prescriptions by the EPs and compared to at least one drug formulary, all of that transmitted electronically. So, let me back up, 65% of all prescribed permissible prescriptions and at least one drug formulary check on prescriptions is what is in the NPRM as of now. Are there any other refinements on that, Jess, that we need to talk about?

**Jessica Kahn – Centers for Medicare & Medicaid**

No, not that I can think of.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

**Christopher Tashjian – River Falls Medical Clinics**

You know, this is Chris Tashjian, as one of the prescribing physicians and using this, and I note this thing under cell H4, the controlled substances are a real problem still and the question becomes, and I know

we'll get if from the provider community, is, I mean that right now is something that is beyond our control. So, are those thrown out automatically or are they not thrown out of the denominator, or do we know what we're doing with that?

**Micky Tripathi – Massachusetts eHealth Collaborative**

I believe they are not in the denominator.

**Lawrence Garber – Reliant Medical Group**

Micky this is Larry Garber, I think that this needs to be clarified, because, you know, with two factor authentication we can ePrescribe controlled substances, but I think the reality is that the vendor marketplace is barely ready for that and the receiving pharmacy marketplace is even worse in terms of their readiness for that. So, it's hard to know, you know, that this will be available and everyone will get the hardware in place to be two factor authentication. So, I think it should clearly be, you know, explicitly excluded.

**M**

Right and in Wisconsin, we're still working on the Legislature to make it even legal to do it.

**M**

Right.

**M**

...term permissible.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Go ahead. Could you repeat that? I think, just so every knows if you could just state your name, even your first name before you talk, because this is a public call.

**Seth Foldy – Centers for Disease Control and Prevention**

Seth Foldy, is that the meaning of the word permissible prescription?

**W**

Yes, that's what that was intended to mean.

**Lawrence Garber – Reliant Medical Group**

This is Larry Garber. I mean, that works for Wisconsin, but for the rest of the country where it actually is legal, I think it's unlikely that the vendor community both from the prescribing and the pharmacy end would be ready for this, but technically it would be permissible, but not practical.

**Amy Zimmerman – Rhode Island Department of Health & Human Services**

This is Amy from Rhode Island and I would agree with that based on what we've heard from our pharmacies and providers on controlled substances.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. Other thoughts on that?

**Lawrence Garber – Reliant Medical Group**

Larry Garber one more time, the other aspect is the formulary piece, you know, we're currently getting our formularies through Surescripts and we've been shocked at how few formularies from our payers are actually loaded in there. So, there is technological issues as to whether those will actually be available for comparison. I'm sure there are a lot of places in the country, I mean for instance, where I am in Central Massachusetts, 60% of my patients use one health plan and that one health plan does not put the formulary on Surescripts and refuse to. We told them to, but they refuse to do it. So, there are going to be these issues where there is really no reasonable way for me to get those formularies in there.

**Dave Goetz – OptumInsight**

This is Dave Goetz; would not the policy issue then be to have a way to require that it be put in there?

**Claudia Williams – Director – Office of the National Coordinator**

This is Claudia, I would just suggest, I think we should certainly be flagging things maybe for our later discussion about barriers, but in terms of this discussion, I think it's helpful to stick to the regs which have requirements obviously, you know, for providers and hospitals, and then again for certification.

**Jessica Kahn – Centers for Medicare & Medicaid**

Right, and this is Jess from CMS, I'm hearing a lot of really great comments about what's happening in particular states and particular areas, and that's specifically why we wrote the preamble for this NPRM the way we did, which is to not to include controlled substances still in the denominator, however, you know, we noted that...we know there are some states that have more restrictive laws, we noted that there might not be, even by 2014, widespread availability of the products that would include the functionality's the two factor authentication, so we would just encourage everyone to speak to the current and expected availability and legal environment when they submit their comments on that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

All right. So, Jess, just to clarify, you just said controlled substances are not in the denominator is that correct?

**Jessica Kahn – Centers for Medicare & Medicaid**

Right, it says we propose to define a permissible prescription of all drugs meeting the definition of prescription not listed in controlled substances in schedule 2 through 5.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, I think, Larry, that addresses your concern.

**Lawrence Garber – Reliant Medical Group**

Yes, thank you.

**Jessica Kahn – Centers for Medicare & Medicaid**

Again, we've said this before, but we need to hear both what you like and what you don't like. So, if that's something that you like that you think is appropriate, make sure to make that comment as well.

**Christopher Tashjian – River Falls Medical Clinics**

Yeah I think that's appropriate, this is Chris, from the provider, yeah it is something we'd like if we could cut out the controlled substances, I think we get a lot better buy-in.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, yeah, I guess I'm a little bit concerned, not concerned, confused by, I'm looking at column H from the Meaningful Use Workgroup where it just has that little note, we have some sources reporting the controlled substances should not be included in the denominator, suggesting that they are. I'm not sure...

**Claudia Williams – Director – Office of the National Coordinator**

I'm sure if that's prior or not, I'm not sure, you know, from what timeframe that comment comes, but if there is anybody who has the federal register published version, not the display version, this is on page 13710 and it's the central column. So, people could reference that.

**Lawrence Garber – Reliant Medical Group**

Okay, this is Larry Garber one more time, sorry to do this, one of the other things that we're seeing with ePrescribing is that there a lot of the mail order pharmacies that are not up on ePrescribing and I'm wondering if...hospitals are eligible but for professionals I don't know if there is any way to twist their arm to make sure that they are set to receive this, because that can impact, you know, a lot of people go to mail-order pharmacies and that certainly can impact the percentages.

**Claudia Williams – Director – Office of the National Coordinator**

And, you know what, one thing, I think we'll be doing at the staff level is flagging issues that are good things to bring up when we get to the sort of business, technical policy issues. So, we'll certainly be flagging some of these items that have to do with stakeholders that aren't subject to the rule, but it would be really good to make sure that they're doing their part.

**M**

Thank you.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, so thank you for that, Larry. And I think, just in general as I'm thinking through this one of the things that we can do, just looking ahead is as, you know, we see where we get, we'll go through the first one today, I know that I certainly would benefit from actually reading over the preamble and the specific language around ePrescribing again just to remind myself, you know, of the details that are there and looking ahead to what we'll cover at the next meeting, just being able to, you know, refresh my memory. I read all, you know, 450 pages once, but that was only once. So, I'm sure that others are feeling that way as well.

So, the other thing that we got from the Meaningful Use Workgroup and perhaps one thing, Adam if you wouldn't mind clarifying for us, after this is, the timing of these inputs from the Meaningful Use Workgroup, you know, when did they actually come in? What documents are they referring to, just so we don't get tied up around, you know, they're looking at an earlier version and something not being applicable now?

**Michelle Nelson**

Micky this is Michelle Nelson.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes.

**Michelle Nelson**

So, this was actually talked about last Tuesday I believe and it was following, they had the rule in front of them but it was following a presentation from Rob Anthony where they asked a question and they felt like they got a different answer than what they actually read in the rule. So, it was something we wanted to come back and clarify. So, at this point, just to kind of give an update, the Meaningful Use Workgroup has gone through all of the objectives, it is now going to go back and answer any questions that they have. So, this will be one that we go back to.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. So, we're going to get a new set of questions now, this is sort of their first draft questions, is that fair?

**Michelle Nelson**

Yes. I mean, there are ones that...this wasn't one where they specifically noted that they wanted to be brought to the IE Workgroup where you'll see the comment for the next one, for example, they specifically asked for your...

**Claudia Williams – Director – Office of the National Coordinator**

I think, Micky, given everything is so midstream with all the groups, that I think we should have a robust discussion of all of them and then we'll be sure to...to make sure we know...but some of these are just comments that they had for themselves as they were going through. I think there were others where there were specific discussion points that they wanted to make sure we paid attention to.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

**Claudia Williams – Director – Office of the National Coordinator**

So, and we'll help, we can help track some of that. Michelle will be joining our calls and she is staff for that group as well and we also luckily have some overlap between the two groups, Deven and Amy, Tim, I think there's one other person, so, we'll be able to be sure we stay tracked.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great.

**Amy Zimmerman – Rhode Island Department of Health & Human Services**

Yeah, this is Amy, I just want to clarify, unfortunately, this week I missed the full day meeting due to a family emergency so I'm a bit behind. I've got to catch myself up. So, if I'm quiet on that, it's only because I do not have the latest information.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, thanks, Amy. So, I guess, again, some of the questions here, or one, we got clarification on Larry's concern about the controlled substances. There is, you know, certainly a question of 65 versus any other number. And, then it looks like, you know, the question on the checking formulary in terms of the substantive pieces that are in there. Then, there is of course any other things that we might want to consider, having a conversation about whether anything else should be in there. But, are there thoughts on number itself, that being reasonable, I know it's always hard for us to have an appropriate context of whether 65 or 70, or 80, or 90 is the right number.

**Christopher Tashjian – River Falls Medical Clinics**

This is Chris again. Again as a provider, I think 65 should be a minimum, you know, I really don't have a problem getting, you know, 80%. So, for people...I think what we want to move towards is getting rid of the paper prescriptions altogether.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Lawrence Garber – Reliant Medical Group**

I would agree, this is Larry, I would agree provided that you have the right exclusions, don't forget about mail-order pharmacy.

**Christopher Tashjian – River Falls Medical Clinics**

Correct.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, on the mail-order question, how is that treated in the denominator?

**Jessica Kahn – Centers for Medicare & Medicaid**

So, it's something that we solicit questions on where we talk about, for one thing that is part of the reason that we kept the percentage...we don't necessarily expect the percentage to ever go to 100% either because there are currently those barriers or there are once that we haven't foreseen or there are people who are just always going to want to shop for their price and not pick their pharmacy in advance or so forth, but that is one of the things that we mentioned in the NPRM that we would like comment on in terms of barriers.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

**Jessica Kahn – Centers for Medicare & Medicaid**

What was the question about whether it was 65 or 50?

**Michelle Nelson**

I believe that we had...this is Michelle Nelson, there were slides that...there was somewhere else it said 50, but most places it says 65.

**Jessica Kahn – Centers for Medicare & Medicaid**

Yeah, the slides had an error, but, when in doubt look at the rule, it's 65.

**Michelle Nelson**

Yes.

**Jessica Kahn – Centers for Medicare & Medicaid**

And we had mentioned that some of the slides had an error and so we needed to...we're posting the updated slides back if we haven't already on the website, but, clearly the rule says 65.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, and the Bible here is the federal register?

**Jessica Kahn – Centers for Medicare & Medicaid**

Yes, so even they're being human we have found a few errors not luckily in any of the regulation text only in some preamble text and not on this topic and we'll be publishing that here pretty soon.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, so I heard, you know, one vote for or two votes for at least 65. Are people comfortable with that? Any other comments on that? Okay. Any argument for raising it or suggesting raising it?

**Steven Stack – American Medical Association**

Hey, Micky this is Steve Stack, no absolutely no argument for raising it further in Stage 2, but I guess as I'm listening here I'm going to say that some of this when we come, you know, when we come back as we go through the coming weeks, I may have some additional comments. Right now it's a little challenging because we're still going through some of our initial analysis and I'll have more feedback from the provider community. So, anyway I think this is useful as an initial attempt, but I'll have more to offer later and I don't think we need to raise that any further right now.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. Well, and Steve, thank you for that, and actually as I look at the clock and sort of think about this, I think that it was useful to go through one just to give us a flavor and a modeling for, you know, how we're going to go through this and what kind of information each of us is going to need to bring to the table, A-reading the federal register portion, but that applies to the particular objectives we're going to have on the agenda for that meeting so that all of us are as informed as possible about that and you know, we'll hopefully be able to tap into our on-line Google or our live Google Meaningful Use Google who is Jess here, but we don't want to overburden her with these clarification questions either and I know we do need to turn to the public comment portion, correct, Mary Jo, to see if there are any questions from the public?

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

That is correct.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, so why don't we just wrap up here and what I would suggest is if people can, you know, if you just look down, you know, you can see here what the lines are and I would just propose that we take these in order for lack of any other better way to go through it and, you know, we can at least say that, you know, we'll cover, try to go through the first 4, the next 4 at a minimum, you know, by next time, for the next meeting.

It looks like that is just so we're very clear, we've got incorporate labs and structured data, it's got the HIE test, we've got summary of care and then there are one, two, three, it looks like there are a few public health ones. So, perhaps we can, you know, sort of say, well for sure we'll tackle the incorporate lab and structured data, the HIE task, and the summary of care, and with an eye towards starting to have the conversation, if we can get that far, to the public health ones, which are immunization, syndromic

surveillance, it looks like there are two syndromic surveillance and then the report to cancer registry, and then there is a report to non-cancer registry.

But, beginning to, you know, sort of get our arms around the public health ones, I don't know how far we'll get, we'll see in the next meeting.

**Amy Zimmerman – Rhode Island Department of Health & Human Services**

Micky, this is Amy; the public health ones might be helpful to sort of take all of one time in one call, because they're some similarities even in terms of comments and thoughts between some of them. So, plus they're sort of getting into your train of thought and then having to end the call and pick it back up, I would recommend at least keeping the public health grouping together from the conversations I've had, and this is more from, you know, talking to folks at the Department of Health as opposed to even, I don't know happened at the Meaningful Use meeting this week when they got to meet, but I think that they chunk together well and it would be helpful to have the train of thought stay for the conversation of those four, that's just my take.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. Any other thoughts on that? I think that makes sense given, you know, my experience as well with diving into the public health questions. So, we take those four. I'm sorry, was there a question?

**Seth Foldy – Centers for Disease Control and Prevention**

Seth Foldy concurs.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. All right, so why don't we at least, you know, plan to cover through summary of care and then we could, I mean what we certainly would all do, myself, and maybe we could, you know, sort of say if you can just try to jump ahead to the engaged patients and families and their care, there are 2 of those and they have a little bit of similarity. So, you know, we could start the conversation on that if we needed to and then perhaps, you know, figure out where we are there and then we'll devote a whole session just to the public health. It may be that to engage patients and families in their care end up being a whole session as well, because I know there are a lot of comments on that already and it's all bubbling up. So, let me pause here now and first off thank everyone and then turn it back to Mary Jo for the public comment.

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

Thank you, Micky and I did want remind folks of the following meetings that you should hopefully have on your calendars, next Thursday, the 22<sup>nd</sup> from 4:00 to 5:30. The following Thursday the 29<sup>th</sup> from 10:00 to 11:30. On Monday, April 2<sup>nd</sup> from 1:00 to 2:30 and then again on the 17<sup>th</sup> of April from 10:00 to 11:30. So, you should have four more meetings on your calendars and be sure and let me know if you don't find those. So, now operator, could we open up the lines for public comment.

**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**

Okay, Micky, back to you.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, very good, well I want to thank everyone first off for joining us today and look forward to our next call and we'll be sending out a reminder on the agenda for the next call just so everyone knows what we are going to try to cover and can read ahead and dive into the rule, and as always, please feel free to contact any us if you have questions or concerns in the interim. Thank you very much. Bye-bye.

**M**  
Bye now.