

Certification Adoption Workgroup

Draft Transcript

March 29, 2012

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

Good afternoon, this is Mary Jo Deering in The Office of the National Coordinator for Health IT. This is a meeting of the HIT Policy Committee's Certification and Adoption Workgroup. It is a public meeting and there will be an opportunity for public comment at the end and I'd ask members to identify themselves when they are speaking as a transcript is going to be made. I'll begin by taking the roll. Marc Probst?

Marc Probst – Intermountain Healthcare

Here.

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

Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

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

Joan Ash?

Joan Ash – Oregon Health & Science University

Here.

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

Carl Dvorak? Steve Downs? Paul Egerman? Joe Heyman? George Hripcsak?

George Hripcsak – Columbia University NYC

Here.

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

Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Here.

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

Charles Kennedy? Donald Rucker?

Donald Rucker – Siemens Corporation

Here.

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

Latanya Sweeney? Paul Tang? 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

Scott White? Okay and would other staff including from other agencies please identify themselves?

William B. Munier – Agency for Healthcare Research and Quality (ARHQ)

Bill Munier from ARHQ.

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

I'm sorry, who was that?

William B. Munier – Agency for Healthcare Research and Quality (ARHQ)

Bill Munier, M-U-N-I-E-R, from AHRQ.

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

Thank you.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Mike Lipinski, ONC.

MacKenzie Robertson – Office of the National Coordinator

MacKenzie Robertson, ONC.

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

I believe we have Marty Rice from HRSA?

Martin Rice - Human Resources and Services Administration

Correct.

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

Okay, anyone else? Okay, thank you, back to you Marc and Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, let me give a quick context and let's see if I can juggle multiple screens so I can see where we are. So, if we go to the next slide, let's see what we've got, okay so let's, how do I want to do this? How about, can we flip to the other documents?

Caitlin Collins – Altarum Institute

Did you want the Federal Register up or the...?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

No, I'm sorry the C&A Workgroup document.

Caitlin Collins – Altarum Institute

Not a problem, I'll put that up in just a second.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Great. So, we've been asked to do something that's interesting and I think will be helpful to the world, which is to look at the ONC NPRM, the one that addresses standards. Okay, that will work. I sent out some slides last night, I guess they didn't actually get anywhere. This will work. So, the focus areas of

this, can you blow up that view? So, we've been asked to look at primarily the standards issues but not from a standards point of view from a policy point of view. So, we should be asking questions like, is this an area that we should be addressing, how does this align with national goals, is this the best way to approach this, are we trading barriers for future adoptions, are we removing barriers to adoption, so really asking context questions if you will around the standards and, you know, to comment about sort of the quality of the standard if you will, but that's not really the primary focus that we're being asked to take on. So, hopefully, I've got that right from the ONC folks.

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

Larry, excuse me, this is Mary Jo, I don't see any slides from you. If you have something you would like me to send out to everybody, I'd be happy to, but I checked my inbox and I do not see anything.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so I thought I sent them last night, but maybe, you know, computers have a wonderful way of having a mind of their own. So, I'll talk to them and we'll get them out to folks, revised based on this call. So, the primary areas that we're being asked to look at are the definition of certified EHR technology that has changed somewhat with the new proposed rules, particularly this notion that there is a base EHR that would be common in all settings and that gets surrounded by what you need to do Meaningful Use, sort of core Meaningful Use for a setting and then menu or optional meeting Meaningful Use in that setting. So, it's just sort of a ring notion if you will of how the EHRs are put together.

And, I think that that is worth some comments on our part but it shouldn't be the bulk of our focus. I think the bulk of our focus needs to be around safety, enhanced design or user standard design, these are ideas that are brought forward in the NPRM, they come out of the advice we've gotten from IOM in terms of what it takes to have safe and safer EHRs. So a bunch of questions around safety.

There are some areas of NPRM that talk about clinical decision support and this new notion of an info button to link you in context to information about something that you might need as a clinician or might want to pass on to a patient or a family member, someone else providing care. And, then there are sections in the NRPM that specifically ask for comment and so we're being asked to comment on those and so there are 5 of those. So, one of them is other healthcare settings that are not covered by the Meaningful Use incentives, accounting of disclosures and the certification criteria around accounting of disclosures, disability status is something new that is being asked for, for documentation of where that should occur, if that's demographics or somewhere else, data portability with the notion that you could change EMR vendors, EHR vendors because you could move your data whereas today it's really almost impossible to move your data. And then, finally EHR price transparency.

So, the work before us really is to understand something about what's in the proposed Regs around those topics and then over the course of April to frame up our comments and we have three more calls scheduled after this one, they are each for an hour and a half, so we'll have a little more time for us to do some work on the phone with a report of our recommendations for comment back to the Policy Committee on May 2nd. So, that sort of framing up is what we're trying to accomplish. So, are there questions about what we're being asked to do or how we might proceed? Thoughts on how we might proceed? Let's start on the question side. Are folks pretty clear about what it is that we're being asked to take on?

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Based on what you said, Larry, I think I understand.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, this is Micky, it seems generally clear. Obviously, once we get into the murk of it, it starts to become less clear.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, so maybe Micky that's the right place to ask the next question, is given that we essentially have 3 weeks, 4 weeks and maybe 8 topic areas, folk's thoughts on how we might approach this?

Micky Tripathi – Massachusetts eHealth Collaborative

Do we already have meetings scheduled?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, there should have been invites sent out, so that's a good question. There should have been invites sent out for April 9th at 11:30, April 13th at 3:30 and April 17th at 1:30. Those would have gone out about a week ago.

M

Yeah, I've gotten them.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Yeah, me too.

M

Yeah.

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

Micky, every once in a while we get strange bounce backs from your e-mail. I got one this morning which is why you might have gotten something from Caitlin, you might have even gotten 2 from me even though we double check and it seems to be exactly the correct e-mail.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

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

So, we'll have to maybe work with you separately afterward to be sure that those invites are getting through to you.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Yeah, I think they are but I can't explain the strange bounce backs. I guess it would be a real strange bounce back if I'm getting them and you're getting the bounce backs.

Caitlin Collins – Altarum Institute

Well, it looks like every e-mail is going out properly, it's just the one this morning was sent with an apostrophe in your e-mail, which obviously is not supposed to be included, but it looks like everything else should be working properly.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, we can work off-line on that.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

So, Larry, one thing we could talk about or you could lead us on is do we want to take assignments in a small groups on the 8 or 10 or whatever you've identified pieces or do we want to work as a committee as a whole?

Joan Ash – Oregon Health & Science University

I was thinking the same thing and, this is Joan, my preference would be that we all get to discuss all of them, because, I mean at least to me they're all really interesting and important.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. This is Micky, it seems like that could work. I agree, some of them are pretty big policy topic areas, but there are not so many that we necessarily would have to divide up into small groups, like in the Implementation Workgroup where there were just so many that there's no way the committee as a whole could really go through them.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Right, only 31 pages worth.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, exactly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, if we are going to deal with them as a whole, does it make sense to spend most of the next call actually going through, so, I guess it's a question of style. Should we make a pass through everything and try to understand what's in the NPRM and then do a second pass looking for comments or are we better off sort of trying to do the review and the comments together?

Donald Rucker – Siemens Corporation

It's Don Rucker. I think it would be helpful if we could have, you know, a little bit of just sort of review or maybe that's on the slides that you had sent out last night or that were going to get resent, just so we sort of understand, you know, the context of each of these 8 or 10 items. I mean, some I think the context is pretty clear, but some of the others I am not 100% sure that, you know, it's clear what, you know, where we could provide the most help in terms of providing some thoughts. So, I think, you know, flushing out that list with maybe a little bit of a paragraph on each of the things or, you know, 2 or 3 sentences I think would be really sort of helpful in having us be time efficient on this.

Micky Tripathi – Massachusetts eHealth Collaborative

This is Micky, I mean, one thing we've done at the Information Exchange Workgroup, we haven't gotten as far along as I'd like to get in terms of providing the Workgroup with sort of a structure that can, you know, make the progress move more quickly, but is to assign a couple at each meeting have, you know, just divide up this list by meeting and they give that out on the schedule and try to roughly adhere to that, because one challenge I think that I've found is that, you know, there is a lot of background and there is a lot of verbiage in the different NPRMs, you know, and very few people have read through the whole thing and can recall what was said about a particular topic. So, if they know in advance that we're going to cover these 2 or 3 they can, you know, ahead of time, you know, read that appropriate portion of the NPRM and come better prepared.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

That's a good idea.

Joan Ash – Oregon Health & Science University

That's a great idea and then we discuss them, I wonder if we could more or less list the pros and cons and alternatives because that would help me understand some of them that I am less familiar with.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'm hearing a little bit of thought homework on our parts as well as we go into sort of the pros and cons pieces? Is that right?

Joan Ash – Oregon Health & Science University

Well, this is Joan and I would really appreciate that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, let me jump in on that thought and see if we can make a first pass here. So, my sense is that the definition piece is pretty straightforward and we could talk that through, even though it has a lot of

implications we could talk it through pretty quickly and then maybe dive into the safety enhanced design user centered design piece on our next call. So, I think that in some ways those seem to be, particularly the user centered design has the most ripple and covers the most, particularly because there's a list of another 8 specific areas where the design has been brought to question where the vendors are being asked to provide documentation on how they've done CPOE or drug-drug, drug-allergy interactions or med lists, you know, there are 8 areas that ONC picked out to say these are of particular concern and so we want to have enhanced focus in these areas.

And then I'm just going to arbitrarily sort of group the next 3 together. I think it's arbitrary, the clinical decision support, other healthcare settings and accounting of disclosures as all things to look to do on the April 13th call. And then on the April 17th call to pick up the other 3 areas which would be disability status, date of portability and EHR price transparency. So, that would eat up the planned calls that we have. And my expectation is we'll probably need at least one wrap up call in advance of the Policy Committee meeting to look back on what we've said on the earlier calls and have one more round of discussion before we looked at the comments, all of which feels both rushed and not sufficient time, but, thoughts from any of the rest of you?

Marc Probst – Intermountain Healthcare

I think you've broken them out well, Larry, this is Marc and our ability to focus on those categories is going to be helpful. I also think we need to have a pretty good structure on how we're going to address them when we get on the phone, you know, I like the concept of a paragraph and pros and cons or however we're going to structure it we need to develop that structure so we're not trying to rebuild it each time we get on the phone.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

So, Larry or Marc, how do you get that paragraph and pros and cons created?

Marc Probst – Intermountain Healthcare

It's probably on Larry and I to work with ONC to develop the materials for the next call.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

All right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Maybe, I'll invite folks, so if someone has a topic that they feel they have a particular invested interest in or expertise they want to share, why don't we run through the list and ask for volunteers and maybe you can join Marc and I with ONC to have a more limited e-mail group to bounce things around in. So, how about definition of EHR technology?

Micky Tripathi – Massachusetts eHealth Collaborative

This is Micky, I can help with that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. How about user centered design and safety?

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Larry, you can put me down for that, this is Liz.

Joan Ash – Oregon Health & Science University

And, I'd be happy to help too, this is Joan.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Clinical decision support?

Donald Rucker – Siemens Corporation

This is Don Rucker; I can help on that one.

Marc Probst – Intermountain Healthcare

And, I'd be happy to help too, this is Marc.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Other healthcare settings? Well, I'd better put my own hat in the ring on this one, but if anyone would like to join me, I think the interesting dialogue on this one is going to be what can the incentivized providers do that would not be a burden to them but would minimize the burden on the non-incentivized providers. Okay, let's move on, accounting of disclosures, do we have any HIPAA experts in our group?

Marc Probst – Intermountain Healthcare

I'm not a HIPAA expert, this is Marc again, but I have a pretty strong opinion on accounting of disclosures.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I understand and you have an interesting prop that you can bring to meetings that never made it to the Policy Committee meeting.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Oh Marc, we have something to look forward to, huh?

Marc Probst – Intermountain Healthcare

Yes, I'll bring in the prop.

Micky Tripathi – Massachusetts eHealth Collaborative

This is Micky, I can help Marc with that, not with the prop with the...

Marc Probst – Intermountain Healthcare

I may need some help carrying it in, Micky.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, for those to whom it's a mystery, should we clue them in or should we leave it a mystery.

Joan Ash – Oregon Health & Science University

Clue us in please.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Marc, do you want to talk about it?

Marc Probst – Intermountain Healthcare

Oh, it's just thousands and thousands of pages of taking the law for accounting to disclosures and actually printing out what was being asked for in that particular law. I mean, it's...

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Oh, just to prove the point, huh?

Marc Probst – Intermountain Healthcare

It's one patient for like 3 days and it's just saying...

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Yeah.

M

There's a whole section of Utah that doesn't have any trees anymore.

Marc Probst – Intermountain Healthcare

Yeah, exactly.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Yeah, but there is nothing as powerful as real evidence.

Marc Probst – Intermountain Healthcare

Exactly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so that's a great lead in for the next one, disability status. So, you know, we put this out to the rest of the group as well, especially because they'll have a couple of weeks to work on that one. How about data portability?

Marc Probst – Intermountain Healthcare

Well, I'm not going to sign up for all of these, one I have a huge passion for, but...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, you know, what I'm thinking since that's way out on April 17th why don't we look for volunteers for those 3 at the next call.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Larry, this is Liz, I was going to say I will help with CDS, we did a lot of work on that with implementation so we can go to the policy side and then when you get there I'll be glad to help with the MR price transparency.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Donald Rucker – Siemens Corporation

Don Rucker, I can help with the price transparency stuff too.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Great. I know we have a lot to juggle in terms of an additional call, but since one of the constraining factors is all of the other meetings that are going on, maybe Mary Jo could you and the ONC folks work on some potential space and time for us?

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

We most certainly can. Now, can I be clear, how many extra meetings are you talking about?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I was going to just ask for one.

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

One after the 17th and before the May meeting.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

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

Okay, yes we can do that for you.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

It will force us to come to closure.

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

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Also a friend was pointing out that he feels that we're losing an era of time ponzi, we keep saying yes to things and there is no time to do them.

Marc Probst – Intermountain Healthcare

There is truth to that.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

It's never been a problem before, has it Larry?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I don't know. It seems to be worse these days.

Marc Probst – Intermountain Healthcare

In one of the e-mails that have come out, do I have everybody's, well particularly Don and Micky if I'm working with you on particular items, do we have e-mail addresses or is that something we can get Mary Jo?

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

We certainly have that list and I will be happy to send it to you.

Marc Probst – Intermountain Healthcare

That's a how a time ponzi really works with e-mail; you can just a juggle everything.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That's right, at midnight your time, Marc, which is, you know, you have a couple hours jump on some of us.

M

Right, well we've created a frictionless universe with e-mail.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, exactly.

Marc Probst – Intermountain Healthcare

Frictionless universe, I like that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'm looking to put together a summary for the Policy Committee meeting which meets next Wednesday, which is ahead of our next meeting. So, the primary thing I'm going to need from folks is to verify that I've got the right list of Workgroup members. So, Mary Jo, maybe we can circulate the list that you have to everybody who is on call.

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

I would be happy to circulate the list and the e-mail addresses.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That would be great and also, I've got various levels of titles for people. So, it would be great if you gave us what you would like to be, what should show up next to your name.

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

Usually, what we do on slides and things like that, it's just the organization as opposed to a full title.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Marc Probst – Intermountain Healthcare

But, his Royal Excellency would be fine.

M

What I'd like to be or what I am?

Marc Probst – Intermountain Healthcare

Yeah, right, no what I'd like to be, yes.

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

Well, I'll send you out the list that I have. I'm going to then send you 2 lists, one is the list that actually has people's organizational affiliation and you certainly should be correcting me on anything that you seen there, and then I'll send you the list with all the e-mail addresses.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, that would be great. And so, I'll be walking through the 8 items we were asked to look at and then our plan to cover them in chunks and so maybe we can use a little bit of the rest of the time we've got today to get thoughts on what our policy framework should be. So, people have said things like, you know, we're going to start with summarizing what's the Reg, but beyond that do we have suggestions for how we should be thinking about them?

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

So, Larry, not to be dense, are you looking for like guiding principles or help me please.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'll give you an example. So, this might count as a guiding principle, so it could be as broad as, so how does this align with national priority? So, we have an ONC strategic plan for Health IT and it talks about, you know, everything from patient engagement to a learning health system and I think that there's something like 6 priorities in there if I remember right. So, we could do an assessment against those priorities and go, well this is interesting that this is in the Regs, but it doesn't seem to align very well as a priority or this aligns really well with the priorities and it's interesting that these 3 things are missing, maybe they should be included because that would actually make it more valuable, or it is a great goal but even though we're not commenting on the standard we don't know if anyone has implemented this so, building this into regulations is problematic because there is no distance proof.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I don't know, Liz, does that?

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Yeah, that helps I was jotting down some ideas sort of, thank you.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, read them back to me so I could put them in the notes.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Well, I just put down national priorities related to HIT, I was just starting to type, usability or availability and general market.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Are you still there?

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Yes, can you hear me? Yeah, that's all I got, I'm sorry, I was trying to listen to you and just jot down single words, so I didn't get all of it, sorry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Sure.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Because, I was trying to determine whether we were going sort of towards...I think, you know, we're at least 10,000, so we're saying how does it fit in with the strategy, but we're not going back to the does it fit with the 6 domains that were identified for example?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, you know, I don't want this to become an exercise in can we...

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Can we match?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, but on the other hand, it might be useful to have those out there as a framework so someone could go, you know, I don't get it, we have national priorities that aren't being addressed and are not anywhere.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, Joan, you've been unusually quiet, so not to pick on you, but, do you have any thoughts?

Joan Ash – Oregon Health & Science University

What's your question?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, between now and the next call when we start to do our homework in reviewing the Regs, is there any kind of framework we can bring to this or thoughts you think, questions you think we should have in our mind, or ones you already have in mind?

Joan Ash – Oregon Health & Science University

Well, I'm specifically focusing on the safety issues and again, looking at pros and cons, and priorities, in other words, is this a big safety issue or little one?

Micky Tripathi – Massachusetts eHealth Collaborative

I wonder if there is, this is Micky, a way of, you know, sort of thinking about is there external consistency and internal consistency or alignment and what I was thinking of is, you know, we have these broader frames or foundational sort of set pieces like the broader strategy and we have the quality strategy and we're going to have an NPRM on governance and a couple of things like that that are overarching and are not specific to, you know, Meaningful Use or the standards of certification NPRM. And, so there's one set of questions which is are all of these things or any one of these things sort of aligned, at least generally with those? And then there's a second set of things about alignment with, you know, within Meaningful Use and the standards of certification, other areas of each of those.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, Micky, you're making me think about sort of a hot topic that I brought to the last time we did recommendations, which was this notion of parsimony or alignment or consistency across settings, or consistency across regulations, or are we just creating endless pages of specifications, or are we creating some useful framework in which people have a lot of room to innovate?

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think that alignment and consistency one is a really good one.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Yes.

Marc Probst – Intermountain Healthcare

To what degree are we testing the practicality of the certification criteria?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That's a great question, Marc.

Marc Probst – Intermountain Healthcare

I mean, it just seems I'm looking at the clinical decision support that I signed up for and I don't have a comment whether it is or not, but it seems to be some level of that type of focus needs to be provided to these certification requirements and it's not unlike what we went through the first time when we developed the certification criteria.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

So, Marc, this is Liz, one thing I can provide your group is just the comments that we made and Micky was part of that as well, around for example CDS and where we saw...we were really looking at testing procedures against the certification criteria. So maybe at an operational level rather than a policy level, but I'll share that with you. At least it will maybe spur some thought.

Marc Probst – Intermountain Healthcare

Yeah, I think you will give some good thought and that's good, Liz.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, why don't we take a quick pass through some of the things that we've got since specifics seem to help people with framing this better? So, anything particular based on people's current understanding of each of these clearly? So, on the definition of EHR technology are there some principles or guidelines that we think should be teased out around that?

Micky Tripathi – Massachusetts eHealth Collaborative

Well, this is Micky, on the Privacy and Security Tiger Team call yesterday or the day before, I forget when it was, I guess if it's Wednesday it must be the Tiger Team or something, we did have a, you know, fairly lengthy conversation but I forget how we got into it, about what was included in the base EHR and how certification of a module, how you would distinguish a standalone module from the base EHR and I know the context of it was whether privacy and security, particularly security requirements that are, you know, sort of a part of the certification of certified technology, how that gets applied with sort of a base EHR concept that itself may or may not include modules.

And so the example that kept coming up was an ED module for example and would that have to have a separate, you know, sort of certification related to its security capabilities if it was being represented as being part of the base EHR? And, I mean, it sounds like sort of a crazy question that it's either a part of the base EHR or it's a module, but we got wrapped up in these definitional questions of well, what is the definition of base EHR, what's the definition of module and is there a clear distinguishable line. None of us were familiar enough with the language I think to be able to state even clearly what the language itself said, let alone whether the language was clear on the point.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, in terms of the principle for us, I'm hearing one of clarity in the material, in the proposed rules. I'm also hearing with respect to base EHR in particular, how does that relate to complete and modular EHRs.

Micky Tripathi – Massachusetts eHealth Collaborative

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, conceptually I really like the notion of a base EHR and that you can then plug sort of surrounding modules into, but you're right, when it comes to sort of testing, how does that all work? It may fall apart.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

This is Mike from ONC. I was wondering if I could weigh in on this point to possibly help and this may not actually be the question so I may have misunderstood it. So, the base EHR is just essentially you must have, it's a concept. So, you must have EHR technology that has been certified to that certification criteria that we identify and associate with a base EHR; it's not necessarily a technology itself that would require certification. So, for instance, you know, you could have one EHR module that would have everything necessary to meet a base EHR's definition as well as your customer basis needs to meet Meaningful Use.

A base EHR could also be 5 EHR modules that were certified separately but together they have all the capabilities that are required of a base EHR. Now that may not necessarily be what you were asking, but I thought I'd just try to give you some clarification related to, you know, the certification part of EHR technology as it relates to a base EHR.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Well, I guess the question there...and I don't know if it's going to help us sharpen the task that we have at hand here, which is defining some principles for this first category was, is there, you know, sort of a fixed foundational set of capabilities that one would need in the base EHR that is also required of each of the modules? So, security was a great example, that if you say that each of the modules as it's defined right now has to pass a certain set of security certification requirements, but as you just said, I've got 5 modules that I'm putting together as the base EHR, does each of those modules now have to pass? Are we saying that 5 times we have to have, you know, basically 5 technologies who are all being represented as part of a single base EHR have to pass the test 5 times? Each of them has to pass the same test 5 times?

Mike Lipinski – Office of the National Coordinator for Health Information Technology

No.

Micky Tripathi – Massachusetts eHealth Collaborative

...concept there.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

If I can maybe explain further. So somebody could have 1 module that provides all the capabilities of the privacy and security and that's it. We have a proposal now that EHR modules will not have to be certified separately to privacy and security. So, what we're saying is your base EHR has to have these capabilities, but it's up to you essentially under HIPAA to apply those capabilities in the right instances. For instance when, you know, you're authenticating somebody, when you're transmitting personal health

information, typically you'll have those capabilities because it's part of your requirement of the base EHR, but when you apply them, it's going to be up to the provider. Does that make any more sense?

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, so let's say I have a standalone module that is available in the market and it's available just as a standalone module, it has to have those security capabilities, but when it's represented as part of a base EHR that perhaps is bringing that technology through another module then it doesn't have to have those capabilities?

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Well it wouldn't even to have to have them if there was a standalone EHR module unless you actually...so the vendor has more discretion now. So, a vendor could get certified to, you know, any certification criteria and not necessarily have to be certified to the privacy and security criteria. I mean, some of them have those within them, because of the transport standards and that, that you will need to get certified to, like for instance a transition of care one or, you know, I trying to think of another, like secure messaging, you know, has some privacy and security capabilities that have to be met for certification, but outside of that, there is no requirement that a module will have to be certified to any of the privacy and security capabilities.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

So Michael are you saying, for example, if we...and this is not real world, but let's just put it out there so we're sure, you buy a module to do EMR and your facility uses it, it's only done within your 4 walls and it meets the rest of the criteria but privacy the security does not apply because it is inside your own 4 walls?

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Well, it wouldn't apply for certification.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Right.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

But, you know, you have your HIPAA compliance requirements and you're going to have to have certified EHR technology, you're going to have all capabilities that you'll need because you're going to have to have something certified to the privacy and security certification, you know, criteria that we have. I don't know, you know, how you'll get that certified, that's more the flexibility we provide. And then you'll apply it where you need to. I don't think there is anything really...with EMR all it requires like, you know, time recording, but I can't think of any like...you know, privacy and security would have to be applied to that, but in terms of certification, no just go, you go get your EMR and you get, you know, it's certified to the capabilities required in the EMR certification criteria and then it's a certified module.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, so not to get, this is Micky, again, not to dig down into this particular issue, A, because I know the Tiger Team is dealing with this one, so we don't want to get too redundant I guess, but it seems like if that's all clear and again I haven't read it in full detail then fair enough, but it seems like this is one of the questions for this group is, is there clarity in the NPRM on just what Mike was just describing aside from the second question of, you know, does it make sense from a variety of different dimensions? Certainly, flexibility, the balance between, you know, flexibility provided to the vendors, the flip side of that coin is an increasing burden on the providers to figure out all of those pieces and is the right balance being struck.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

And, then I think what you've just identified there is something that, you know, we note, but that would be, yeah a policy type thing, you know, has our new approach, you know, struck the right balance or something, I think that's where you guys would weigh in.

Donald Rucker – Siemens Corporation

You know, it's Don Rucker, it strikes me some of the boundaries that there is almost like an implicit assumption of sort of desktop EMR and I think we want to be sensitive to that with all of these, you know, new sort of smart phone devices and unified communications, there are so many technology options increasingly on, you know, how messages, how decision-support, how data is entered that are more distributed than I think is really fully accounted for in the document? So, I think that's one area where we want to maybe pay some particular attention is, you know, in that brave new world of fully distributed computing, have we locked ourselves into some more narrow approaches through this policy?

Mike Lipinski – Office of the National Coordinator for Health Information Technology

So, on that point, I do want to draw your attention to something in a rule. I want to get the right page number since we're going by the Federal Register. Bear with me for a second. So, it would be F, so you're looking at 77FR13867 as a page number and it will be number 5, which is called adaptations of certified completed EHRs or certified EHR modules. So that maybe something you want to look at related to the point you just raised.

Donald Rucker – Siemens Corporation

Okay. Hopefully, we'll get that somewhere in writing.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

I was thinking the same thing.

Donald Rucker – Siemens Corporation

So, since I printed out the human readable text as opposed to the Federal Register and am working off of that.

M

My apologies, I like the three column form, but you are right if you're going to be copying and pasting the Word version is a lot simpler.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

If you were to do a search, you know, in Word, you, which is a search for adaptations of certified complete and that should probably get you.

Joan Ash – Oregon Health & Science University

Could we have a copy of the human readable format one?

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Do you mean the Word version of the rule?

Joan Ash – Oregon Health & Science University

Right, because the one that was sent was the Federal Register 3 column one.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Right, I think we can, Mary Jo we can get that to them, right?

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

Yes, we can, it's on the website.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

It's right on our website as well HealthIT.gov we have a Word version that we've made available for public comments. So, you have the ability then when you're commenting to do a cut-and-paste and things of that nature.

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

And, you know, I've already promised to send the member list in the e-mail list so why don't I just embed a link to that document.

Joan Ash – Oregon Health & Science University

Thank you.

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

There you go, I'll do that.

M

And to the Federal Register version.

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

Well, I'm going to link you to where we have it on our page and if you scroll down you'll see several access points.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Yeah, there will be additional guidance documents as well, which I think will help your discussion related to the definition of certified EHR technology and base EHR. We've created bull's-eyes we call them, which essentially show how our definition relates to Meaningful Use. So, I think that would probably be important for you from a policy perspective to see that.

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

And, Mike, just to be clear I was going to link to the Health IT.gov not the site.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Right and I believe those documents are on that site. I'm not at it right now.

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

Yeah, okay.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

But I'll verify that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Well I'm not going to walk us through any inspired discussion of the other 7, because we will be on for another hour and a half. So, our charge is between Marc, Mary Jo and I we'll confirm who we've got, at least as our first pass that signed up for what and get that out to the group. Actually, why don't I just run through what I have and then we can be done with confirming this into that. So, I'm assuming that Marc and I will have at least an ear listening to the conversation if not fully jump in on all of these. So, the definition of EHR technology Micky said you would take a shot at that. The safety user design issues, Liz and Joan said they would take a shot at that. Clinical decision support was a big winner, Don, Marc and Liz. Other healthcare settings, I'll take a crack at that. Accounting of disclosures, Marc and Micky. And then we left our other three areas disability status, two of the three areas and data portability unclaimed but EHR technology price transparency got a hello from Liz and Don. So, those sound right.

I think we have some assignments for folks and for our April 9th call we'll be looking at the definition of EHR technology and the safety user design pieces. Does that sound like plenty to keep us occupied for the next whatever it is 10 or 11 days?

Marc Probst – Intermountain Healthcare

I think so.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

I think so.

M

Yes, adequate.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Marc Probst – Intermountain Healthcare

We'll let you know if we run out of things to do.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thanks. Any thoughts before we open up the line for some public comments?

Mike Lipinski – Office of the National Coordinator for Health Information Technology

This is Mike again, I just wanted to confirm that the website link that Mary Jo will send out does have not only the Word version and the PDF version but those guidance documents that I mentioned as well. So, if you've got time for more reading there is plenty on that website for you to take a look at, hoping to provide additional clarity to the rule and our proposals. And in the last question I had, we talked earlier about what type of document would be good for you in terms of capturing your comments. Based on your discussion so far, I heard some, you know, points about doing pros and cons and so forth, has that enlightened you at all as to how you see a format or should we still just go with essentially topic, link to the FR site, and then just a field for dumping in comments so to speak? Or do want to ruminate on it a little more before April 9th?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, well I'm also game for let's see how April 9th goes to see what want.

Mike Lipinski – Office of the National Coordinator for Health Information Technology

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, well let's open up for some public comment.

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

Operator, would you please open 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

All right, thank you.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Let's wrap it up then.

Marc Probst – Intermountain Healthcare

All right, I guess we get better back to paid jobs.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

All right, well thanks everybody for your time today.

M

Thank you.

M

All right, thanks.

W

Bye.