

**Meaningful Use Workgroup  
Subgroup #4 on Population Health  
Draft Transcript  
April 6, 2012**

**Presentation**

**Operator**

All lines are now bridged.

**Mary Jo Deering – Office of the National Coordinator**

Thank you very much. Good afternoon. This is Mary Jo Deering in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup and its Subgroup #4 working on population health. I'm going to start by taking the roll. Art Davidson?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Here.

**Mary Jo Deering – Office of the National Coordinator**

George Hripcsak?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Here, sorry, on mute.

**Mary Jo Deering – Office of the National Coordinator**

I know you were. Marty Fattig?

**Marty Fattig – Nemaha County Hospital – CEO**

Here.

**Mary Jo Deering – Office of the National Coordinator**

Charlene Underwood?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Here.

**Mary Jo Deering – Office of the National Coordinator**

Amy Zimmerman? Not here. And I'm going to ask staff also on the call to identify themselves.

**Michelle Nelson – Office of the National Coordinator**

Michelle Nelson, ONC.

**Jim Daniel – Office of the National Coordinator**

Jim Daniel, ONC.

**Mary Jo Deering – Office of the National Coordinator**

Okay, back to you, Art.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, well thank you all for meeting so late in the day. In my part of the woods it's not so late, but we're going to try to get through this quickly and hopefully set out a task plan for us over the next month or two.

In your slide deck and in the agenda we're going to try today to review a little bit of the past discussion and talk about some potential meeting topics and the invitees. If we can move to the, I think it's the fourth slide, and maybe I should stop before we get into this and just say is this the right agenda for our group right now, or are there any other things that you think we should be considering? So that's good, we are on the right agenda. If we were to start meeting with the groups or the identified individuals after my return, which I'm going to be gone for a little while, so if we could set up some dates I think that would be a productive use of the time when I'm gone. Of course you all could meet without me, but it probably won't be as productive since I'll have all these questions when I come back. We were hoping to, during today's session, to maybe frame up with whom some potential dates, which ONC would be working on during this next month, and then we would convene again with testimony. I think that's where we want to be. Given the timeline that we had set out it's time for us to be gathering information about what is possible in Stage 3, and from the HIT Policy Committee meeting earlier this week we are recognizing one of the limitations for Stage 2 for population health, and hoping to get, I'm not saying in general but just more for population health, hoping to get much more progress made for Stage 3.

George, do you have any other comments after the HIT Policy Committee meeting and the broader Meaningful Use Workgroup meeting?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

That's a good point, Art. Let me just stay right there. Here we are, I'm actually just looking at my recorded comments. Let's see, so we presented on Wednesday to the Policy Committee. Art, you were on the telephone, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, I was. I heard all the presentations, yes.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

I may be parroting back your very comments, but let me go through. Under the improve population public health: need one standard to communicate with registries, maybe we can get there by Stage 3. There's one general comment across the five objectives, that is our original three plus the two new registries one, and then specifically about that general objective about submitting to general registries. The original was the first one about cancer and the second one is more general, so the comments were may not be paying enough attention to government registries. Two, there's no standard to describe data elements of registries. This turn to certification would have to require EHRs to work with all registries. The third comment: advanced directive registry, and Maryland was provided as an example. Four, need to take a step back to figure out what makes sense in the long term, and that comment raised a question about picking the cancer registry as opposed to all other possibilities. Next, other countries looking at the U.S. for standards, and it's ... examples for other countries to follow. Actually, did they say that or the opposite, that the other countries are the examples for the U.S.?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I think I did hear that someone said they're looking for us to be leaders, but I don't know whether maybe there are countries out there that have done much better in this.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

I'm not sure, but that was the comment. We have the comment is accurate of what was said at the HITPC. And the last comment was more feedback is needed. We went through pretty quickly, remember, this was not the presentation for them to vote on, this was just giving them a warning of what we're looking at.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. So that's helpful to get those comments. Thank you for taking such good notes. Jim, have you heard anything that you could add to this discussion from ONC's side?

**Jim Daniel – Office of the National Coordinator**

No, not just on the discussion of that past meeting, no.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. I just want to be sure that what we're looking at are things that are consistent with where ONC believes we might be able to get.

**Jim Daniel – Office of the National Coordinator**

I think it's on the right track.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. I wrote down the standards for registries, whether the EHR should work with all registries, and I think I missed one after that. What was the third one, George?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Sorry.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Sorry.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

I closed the spreadsheet, although I've got it right here.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Thank you.

**Michelle Nelson – Office of the National Coordinator**

George, this is Michelle Nelson. I think we're looking at the same notes, so I think the next one is an example of an advanced directive that was given for Maryland, a registry that they had set up.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

That's what I couldn't remember. From Maryland, yes, okay, thank you.

**Jim Daniel – Office of the National Coordinator**

There were some other comments from the I&E Workgroup that –

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

And by the way, Art, you can thank Michelle for the notes.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Thank you, Michelle.

**Michelle Nelson – Office of the National Coordinator**

You're welcome.

**Jim Daniel – Office of the National Coordinator**

There were some other comments from the I&E Workgroup that pertained to public health too.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes. Gosh, we have to go through those notes. I'll just make a note about that, that we have to go back and review – do you have anything in particular?

**Jim Daniel – Office of the National Coordinator**

I think one of their biggest concerns is what is meant by ongoing submission.

**Michelle Nelson – Office of the National Coordinator**

Yes, that's right, Jim.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. Yes, that's a good point. I think these are things that we could include as maybe prompts in the discussions, or actually expand our list of potential people to testify.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Art, this is Charlene. One of the things in the Care Coordination Workgroup we're going to try and do is to inventory some of the use cases out there. So again, there are use cases around clinical trial, and there's, again, some two-way use cases in some of the public health area. So we actually were going to talk with Jamie Ferguson and see, again, it was in the care coordination space, but I don't know if that's another trigger that you'd like to use just to inventory the landscape a little bit to think a little broader. Then we might say, well, this would be an important one.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, I think that is a good point. One of the things that, I don't know, maybe I'm just being delusional here, but I have this idea that a consolidated CDA can solve some of these problems and that if the care coordination is heavily dependent on consolidated CDA, it's not going to solve every public health problem and it may not even solve one problem completely, but at least it would be an incremental step and hopefully every EHR is capable of either producing or consuming a CDA. I think that maybe many of my public health colleagues are looking for a very complete solution and maybe we should not be trying to do that. But I like the idea of looking to care coordination as where there may be overlap. So do you think that Jamie would be a person to speak to that, Charlene?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

We were going to ask him to come to one of our listening sessions and discuss care coordination from the use case, so you've got the referral loop and you've got some of the different loops that have been mapped out, so we were just going to try and make sure that we didn't miss anything. But again, on public health it would be more around if you've got a surveillance issue then how are you going to feed that back into the system once it's identified and that type of thing. Or, the clinical trial stuff could fall in this space.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I think this is a really good point since the care coordination has its own S&I framework activity, right, Jim?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes.

**Jim Daniel – Office of the National Coordinator**

Yes.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So is there any talk between the S&I framework teams at ONC?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

That's a good question.

**Jim Daniel – Office of the National Coordinator**

Yes, probably not as much as there needs to be.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

And how can we help make that happen? I don't know if we need to have a testimony to point out that it's not happening, but if we need to we could. I don't really want to make that a purpose of a meeting, so is there some way that we can promote that?

**Jim Daniel – Office of the National Coordinator**

Michelle and I can explore that.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Art, we'll report out. We're going to invite Jamie to one of our upcoming listening sessions, and we'll keep it a little broader too in terms of a question relative to the use cases and see its relationship to public health and whether it should be a separate topic or we can integrate them.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. Okay, good. We had proposed over the various sessions, and I'm speaking from slide four that Michelle put together, so thank you, Michelle, for keeping us organized.

**Michelle Nelson – Office of the National Coordinator**

No problem.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

We had, starting on slide four, a set of questions and some topic areas. And then on the subsequent slides, mostly on the sixth slide we talk about who are potential people, and we just added, I'm hearing potentially another one, which would be, I don't think Jamie was on the list before, it may not be him, but someone like Jamie who could be maybe speaking from that care coordination perspective, or someone maybe at ONC, like Doug, maybe, who would maybe want to speak about how they work together or don't. Does that seem reasonable for us to include? I don't want to speak for anybody at ONC.

**Jim Daniel – Office of the National Coordinator**

Yes.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. If you go back to slide four the extensible CDA for the data set, how the transitions of care document may be serving, as Charlene said, the clinical trials or maybe serving other surveillance activities using the same sort of architecture. So if we were to set up a session, and let's say we were working toward sometime around the middle of May, what would we be asking these people to respond to, what questions might we pose to the people who are testifying?

**Jim Daniel – Office of the National Coordinator**

Beyond what's mentioned on the slide?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Do we want to convert everything that's on this slide, slide four, well, there's not everything, because there are some things that don't really fit, at least for some people it may not fit. Is patient generated data and the public health button something we want people to comment on?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I think so.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, and how might we do that? Do we have some ideas about that? And thank you, I hear that ... has joined as well, so welcome. Do we have some ideas how we'd want to frame those questions? Have you any experience with patient generated data? How has it been used in public health?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I don't know if anyone has, really.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Population health, sorry.

**W**

The ASPIRE program from NIH has done some patient generated data, but I don't know if it's been used in terms of population health, only individual clinician health.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Are there any places around the country that might be able to inform us about this?

**W**

I think if we reach out to NIH and ask if there are any communities that are using this beyond just individual clinicians they might be able to give us something.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. This public health button idea, I'm not sure, it came from the testimony back in, I think 2010, in July, that idea came up and it was just after the Blue button was announced by Markle and others, the patient info button. Do we have any examples of what that would be?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Art, I think Neil Calman, working with the City Health Department in New York, had done a prototype, actually put into practice a thing, actually the City Health Department would send an alert to the EHR and the EHR then would pop up when it was a relevant case and get you to gather the information and send it back. Then there was the idea of the public health button, where you should also have the doctor be able to just push a button and say, well, send this thing that you didn't query me about. But basically they were working on this workflow, so Jesse Singer might be someone who could give more information about that, who's on our list, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Jim Daniel – Office of the National Coordinator**

There was also some work done at Harvard with Rich Platt's group for some automated reporting that we might be interested in hearing about, their ESP project.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. So we've now added potentially another person. It would be good if we could get Jesse maybe to speak about this. We know he's likely to be one of the testimonies. I don't know how many testimonies we'll expect to have. If we just talk about a framework here, I had asked that Altarum begin to work on one and a half hour sessions, I believe, for us to receive some testimony and maybe we could receive four and then have a half hour for discussion. Does that seem reasonable?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Art, what we did in our group is we have three listening sessions, and again, I don't know, we were not going to probably go to the – we have to decide if you want them to write it up, so we had one that was just the current state of standards, because everyone wanted a different place in understanding them, and then we had one that it's going to be on thought leaders, so people were out there at the edge of stuff, care coordination, so there's some, ... in a couple of those that are out there thinking care coordination is a – you should try to do away with care coordination because that's the problem. And then the last one was a session just with actually, in your case it would be someone from public health that's doing it, the real operational people, so we had patients and care managers and that group, so we were doing this, so we had three that we were setting up with three or four speakers in each one, is kind of how we were framing it, three listening sessions. Again, I don't know if there's some guidance from ONC. I was soft on the point of do we want them to write up the testimony other than just give them some questions and let them respond, do the five minute narrative or something and then we can just ask questions.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

That's how we grouped ours, just to organize it.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, and have you generated the questions already for that group?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, so we could make them similar. Leslie Hall owns the standards one, but we started there, we wanted to get grounded a little bit.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

That was how we approached it. We didn't mix them up as much. We chunked them into those groups. But clearly that visionary one, the industry, the thought leader piece, we wanted to have one, and that's great.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

If there's no objection let's run with what Charlene's just suggested. Since we have these names on slides 6 and 7, might we chunk up who's in which section, and I'm going to just go ahead and say given the current state of standards that would be someone from ONC and CDC, the effort that S&I framework –

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I'd love to hear from them.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, and then maybe Becky Kush would be good to have in that session as a standard, or is that someone who's in the thought leader area?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, well she's into standards in CDISC. I would think you could probably put her in either one.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. Yes, okay. Does anybody have any other ideas about standards?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Is there anyone in HL7 that does public health? I know Becky, I just don't know who else.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes –

**Jim Daniel – Office of the National Coordinator**

It depends on if you're talking ELR, syndromic, or immunization, they're really different people in each of those.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Jim Daniel – Office of the National Coordinator**

We could hear an overview of each. I can certainly help identify an expert for each one.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

That would be great. I think we should.

**Jim Daniel – Office of the National Coordinator**

Okay.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

But is that limiting us to what has happened so far and then maybe –

**Jim Daniel – Office of the National Coordinator**

I think it would be both what's happened so far and they've all given a lot of thought to the challenges that have been based in Stage 1 and what needs to change for Stages 2 and 3.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Jim Daniel – Office of the National Coordinator**

Immunization especially I think they've done a great job of hearing the implementation problems associated mainly with people working on 2.3.1 and knowing that Stage 2 is heading towards 2.5.1 have really tightened up their 2.5.1 message already.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. So I think this is probably an important thing for us to figure out. Do we believe that it's a likely outcome that we would be using CDA and not 2.5.1 in Stage 3?

**Jim Daniel – Office of the National Coordinator**

Say that again, Art.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Do we believe that for us to move the ball along we should be focusing on CDA, this ... approach rather than the version 2.5 whatever?

**Jim Daniel – Office of the National Coordinator**

I don't know if the individual groups in the public health world would agree with that statement.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, I hear that. But how many different types of interfaces should we ask of the EHR vendors to support?

**Jim Daniel – Office of the National Coordinator**

I agree.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, I think, Art, you're on the right topic. It's just we can't solve it until we hear the requirements is the issue, I think.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Jim Daniel – Office of the National Coordinator**

Yes, but maybe starting with what you suggested of the current state and what they're looking at would be a good way to start that conversation.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, okay. That's good, we're getting somewhere with your framework. I like what you have suggested, Charlene. Also, let's move on to the next one, which would be the thought leaders from our list, so that would be Jesse Singer. Is that David Birnbaum?

**Jim Daniel – Office of the National Coordinator**

David's a little different. They're thinking about, I guess it is a thought leader approach, though. There is a lot of healthcare associated infection electronic reporting going on and they're thinking about how to incorporate that into our standards, so yes, I guess it would.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay.

**Jim Daniel – Office of the National Coordinator**

They have a lot of thoughts about how that may or may not work.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I think that's great.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

We have just two names so far. You said three to four speakers, can we think of any others?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

... get someone from pharma, Steve Lavcock or one of those guys, because I know they've done a lot of work in thinking through use cases relative to drug surveillance and that type of thing.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, I wrote that one down. Any others?

**Jim Daniel – Office of the National Coordinator**

I think if that's a direction we're going into then Rich Platt's group that I mentioned before would be great, because they've done some work not only in more traditional public health surveillance, but also working closely with FDA on drug surveillance.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. I agree with you there. That would be a good group. Someone from Rich's group would be helpful there. Any other thoughts?

**Jim Daniel – Office of the National Coordinator**

When we were talking about, sorry, going back to current and talking about current states and who might be good for HL7, maybe the ISDS representative would fit into that current state there as well.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, and they're ... up with what we had before because we had ISDS, we also had ... for IVIZ, so they may recommend one of their members.

**Jim Daniel – Office of the National Coordinator**

Yes, they have perfect people for this.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, and then the ELR piece, I don't know who would be –

**Jim Daniel – Office of the National Coordinator**

It will be one of the CSTE ... working group leaders.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, that's what I thought. Okay, so I think we do have people with HL7 experience in each of those three areas as a current state. Is there someone who's somehow using the future state, the CDA approach, inside of an EHR now?

**Jim Daniel – Office of the National Coordinator**

I believe that the current HAI reporting is CDA based.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, that would be a good example. We've already got that with David Birnbaum, right?

**Jim Daniel – Office of the National Coordinator**

Yes, so they'll be talking about how currently data flows from a hospital EHR to an HSN via a CDA, and it's something that they would like to keep.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. I think we've fleshed out that second area. The third area was the one about the public health community, or the provider community, and here's where I think someone like Seth, I think that maybe it would be someone different than that, maybe Seth would be in that first session.

**Jim Daniel – Office of the National Coordinator**

I think we need people more at a state and local level for that.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, the operational people.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, okay.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Because ... grounded at the end, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, okay. So we'll put ... .

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I don't know if you want to bring a patient on then in terms of public health. I don't know who you would bring, a person.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, I don't know.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Is there someone, because the VA and DoD have done so much surveillance and monitoring and population management is there someone from the VA or DoD that would make sense? I don't know that space very well, so I don't know who it would be.

**Jim Daniel – Office of the National Coordinator**

This is Jim. My mind is racing with state and local health officials that would be really good at this. That's the area that I would be able to help with.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Well, go ahead, if your mind's racing let's capture it before we lose it.

**Jim Daniel – Office of the National Coordinator**

Oh sure, sure. I'm thinking both New York City and the city of Boston for syndromic surveillance. They've both done amazing things there, and have taken very different approaches that are beyond what we traditionally think of for syndromic. It would be interesting to consider. Immunization, San Diego County has done some really amazing stuff with their Beacon community, and ELR there are a lot of crazy examples, including Massachusetts, I think, are some really interesting ways to think about electronic wire reporting, and making it part of a bigger exchange of information where it's just part of an exchange that's already happening.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So we have some suggestions for something in each of the three areas, but I'm just worried that if we just hear about three areas –

**Jim Daniel – Office of the National Coordinator**

Yes, I know what you're saying.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

We're not going to get anything more than three areas, and I know the public health community is looking for more than three areas.

**Jim Daniel – Office of the National Coordinator**

Right. So, I would say especially New York City and ..., even though I sided with examples of syndromic surveillance it's really how they repurpose that technology for chronic disease evaluation, injury surveillance, and really reuse that same technology that's already in place for multiple purposes. But still I think it would be good to think of other people who are thinking broader about other areas, especially the chronic environmental and things like that that have not historically been part of meaningful use.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Jim Daniel – Office of the National Coordinator**

And Rich Platt, some of his work actually goes into that as well, so we would have that –

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I'll just give you an example. I was not at this discussion, but I heard that Farzad was saying well, what would happen if since the CMS reg says that if a patient dies in the hospital you would be including the presumed cause of death as a reportable item in meaningful use. And Farzad was just, I think in this discussion, suggesting, well, what happens if we just had people report that in addition to the other things that they're reporting, would that be valuable, would that show that we were expanding, making good use of meaningful use data elements, so I wonder if we should be describing the novel use of the three, which I think is a good idea, Jim, or trying to find novel data types that have been ... .

**Jim Daniel – Office of the National Coordinator**

That's an excellent idea, and I can take that as an action item to try to find someone who's doing that.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I think that's a great idea, because the tension that we're feeling in terms of the extra cost of every data capture that we get, if we can help to prioritize those data elements, because there's tremendous pushback now relative to the measurement process, the amount of data that has to be captured, so that's really a great strategy for people to say, I think that should be a question, what are the number one or two types of data they would need to see captured to make a difference. I think that's a great approach.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Again, back to the meaningful use currently collected data, and I can say from our experience here in Denver is that we're trying to use the vital signs data as part of the community transformation grant, which is trying to capture data from EHRs that people are getting paid to collect. I wonder if we want to ask people to think about that. And there are lots of issues around this ..., it's a slam-dunk, it's easy, but –

**Jim Daniel – Office of the National Coordinator**

I did just think of someone who might be really good, and that's Peggy Honore in Howard Coe's office. She has done an amazing amount of work around public health quality and she's starting now to think about how those data could actually be generated from meaningful use data.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Good.

**Michelle Nelson – Office of the National Coordinator**

I second that recommendation. I've been working with Peggy for many years and she's really starting to look at how health IT is going to enable population health.

**Jim Daniel – Office of the National Coordinator**

Yes, thanks for introducing us. We've had several conversations since you introduced us.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Do you think that she would be good in the second session, like thought leaders, or in the provider community?

**Jim Daniel – Office of the National Coordinator**

I think either one.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay.

**Jim Daniel – Office of the National Coordinator**

In a way I think the kinds of things that she's talking about fit more into the third group.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, but we could, if need be – we're going to have to juggle to figure out who might be in which section.

**Jim Daniel – Office of the National Coordinator**

She's actually written a few papers about this, and I can share those as background.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, that would be great, Jim. Let me just go over this slide again and make sure, we have the ISDS, Era, so the EHR perspective is one on the last slide that we haven't yet included.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, like a vendor, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I think so, yes, like a vendor.

**Jim Daniel – Office of the National Coordinator**

I think that's critical. I think if we ask the EHRA they have a couple of people like Cory Spears and a couple of others who really focus on public health issues.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I think that's great, Jim. I think we can have someone that's in the weeds here.

**Jim Daniel – Office of the National Coordinator**

Yes. Cory would be my first thought. I know he's going out of town a lot, but he has someone that he works closely with.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

He might do me a favor. We can certainly indicate to EHRA that our preference would be Cory Spears and they can suggest others, but they'd be pretty responsive to that, I think.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes. Where would you put that one, in the first or the –

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

We'd want to put that in the first group, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

That's what I was asking, right. Okay. I think we have enough thought leaders and standards people and providers listed now. The players may change, but maybe we can focus in our last 20 minutes on some of the questions that –

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

This is great, Art. ... follow your model.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. It's your model.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

You fleshed it out, though.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So we had some questions already. One general question is just how far can we go given our timeline, and I think that was maybe more directed to our committee, at least I thought that's what we were talking about, but how far can the U.S. public health community go given the timeline for when we need to go to the HIV Policy Committee to make a recommendation? That's one question we could ask. But it's not very specific, it's very broad. There was another question that we had here about how comprehensive we've been in our public health business perspectives and how it's been integrated into the framework. I'm not sure that's something we need to ask everybody. That seems like something that might be asked more of the first group, or do you think that's something we could ask all of them? And what differentiates the groups, the questions we ask or the context we set?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Well, what I really want to hear from them is, again, is a timeline but the barriers and then at the end even with, I was thinking more the thought leaders, but I think you can probably make this across the ..., I think your question's relevant. If we had to prioritize, kind of like we ask for all of our hearings, where should we focus and what should be our strategy? I don't know, similar questions across them might be valuable because what we're trying to, if you will, do is synthesize from them a vision as well as what the potential is.

**W**

Also what infrastructure needs to be put into place to make this successful.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, I think that's right.

**W**

... meaningful use, what do we need to do outside in the world so that this can be a reality?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. So we're leaning toward a common set, or at least maybe a shared set of questions and maybe there would be a specific one if necessary, but I think one of the things, in the past I think we've set up these sessions with individual panel questions and I'm hearing a suggestion that maybe we can do this with more commonality even though the panels are set up in a different context, like what infrastructure needs to be put in place to make this successful and what should we focus on and what might be some strategies to get there.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes.

**W**

If you ask the same question of everyone they're going to bring their different perspectives to give you –

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, I think that would be helpful.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

And if we don't have them write testimony, I'm happy with them doing slides or something. I could live with that too. We have time to decide that. But I believe it will be really helpful, where do we focus first, second, and third, that kind of thing. I think the common questions will help us sort it out. I think that's a good strategy.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Were you going to say something there, ...?

**W**

I was going to say if we give them the questions up front they may be able to better prepare a presentation around that rather than –

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, I think we want to give them time to prepare something. We don't want them just to have a conversation with us without having the questions up front. I agree with you. So we now have, where should we focus, how far do you think we can get in our timeline, and we need to state what that is, which I think is around the fall we are due to give something back to the Meaningful Use Workgroup for presentation to the Policy Committee, if I remember correctly. Is that right, George, or Michelle?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

I'm looking right now.

**Mary Jo Deering – Office of the National Coordinator**

I believe actually it's sooner than that. I think you present some of your early drafts in June and July.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay.

**Michelle Nelson – Office of the National Coordinator**

Yes, the first draft is around June, and I think once we hear their comments and feedback we weigh it and then by July we should have closer to a final recommendation.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

But the Meaningful Use Workgroup could tell us, well, that was a good try but go back and do it again, even though we are them.

**Michelle Nelson – Office of the National Coordinator**

Right.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So we would have another go at it the following month or something, right?

**Michelle Nelson – Office of the National Coordinator**

Yes. The final final looks to be around November that it's due.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So we have a few months to work it through, right? Then we had where do we focus, how far did we get, and what infrastructure needs to be in place to make this successful?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Art, I think that going back by June or July, in that period when we face small groups to discuss with the Meaningful Use Workgroup you want to have the concrete, here's what we're going to suggest, these two we're not sure if it's feasible yet and we need another month to figure that out, but I don't think you want to be adding a lot of brand new ones after that.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

No, right. So getting back to what I felt was a typically smart idea from Farzad about working with some of the data that will be collected, should we pose a question about that?

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

I think so. I think to your point earlier, Art, relative to what are the most important data elements that gets captured so that we can data drive this is really an excellent approach to trying to understand it. So it's not only, okay, of what's collected today, what's missing, or you can ask it what's the most important data that gets captured to make a difference in your domain area.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Right. I think there's also got to be a concept of cost benefit.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

That's good. I like that.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

There's a long list of what you could capture, but what's the benefit and is it worth having 100,000 people collecting it.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, I think that's good. That could be part of setting up the context.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Yes.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Good point, George. Any other suggestions here? Let me go back to the slide. So in some ways I think we're running sort of a parallel, but almost the same idea about this leveraging care coordination that Charlene brought us back to that's in here, in the slide set, in slide 5, how could the data that are collected that we've already decided are beneficial but also costly, how are we trying to leverage those data in public health activities? It is not a person, although it could be Jamie, it could be more setting it up conceptually that we're trying to find ways to leverage.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. Any other ideas? This other one down here, I'm sorry, there's one about the readiness of public health departments. Jim, do you think that would be something in the third group's area?

**Jim Daniel – Office of the National Coordinator**

I would say that's maybe more the first, because that's current status, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, because that is a specific question for the first group.

**Jim Daniel – Office of the National Coordinator**

And Jim Kirkwood I think is probably the best to answer that for that presentation. Seth can do it or Jim Kirkwood, either one.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So that's a separate question for them, but I think basically today we're now suggesting, and this is a draft, but we can refine it by e-mail, we're suggesting that each of the three listening sessions would have similar questions, maybe one that would be specific to one or the other groups.

**Jim Daniel – Office of the National Coordinator**

Yes.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, good. So we have about eight minutes and I know we need to do public comment. I have been taking notes, I assume Michelle is quite good at this, she's been taking notes, and maybe between the two of us we can come up with a draft document that I could circulate, or ONC or Altarum could circulate to the rest of the members, including Amy, who's not here today, and then we can maybe finalize that maybe sometime during the next week and –

**Michelle Nelson – Office of the National Coordinator**

Sorry, Art. This is Michelle. When are you leaving for vacation? I just want to make sure that we have the right date.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I am leaving on the 16<sup>th</sup>.

**Michelle Nelson – Office of the National Coordinator**

Okay.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

So I'm going to be on line for the next week and I'll sit down this weekend and turn it around and send it to you.

**Michelle Nelson – Office of the National Coordinator**

Okay. I've taken quite a few notes and I think there are a few things that I need Jim's expertise to fill in the blanks for me. So between the three of us we'll put this together and hopefully have something well put together for the group. Then while you're on vacation we can start reaching out to the appropriate people to make sure that ... .

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, and then scheduling them, because it sounds like we need to complete the listening sessions no later than the end of June, based on the schedule that George gave us we need to be ready to present this probably, I don't think we're going to be able to do it by the beginning of June. When is our June meeting? We don't have a scheduled workgroup meeting for June, do we, the Meaningful Use Workgroup?

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

I don't remember.

**Mary Jo Deering – Office of the National Coordinator**

Hold on, I can tell you momentarily. You have a June 5<sup>th</sup> meeting. You have a May 1<sup>st</sup> meeting and there's a June 5<sup>th</sup> meeting of the Meaningful Use Workgroup.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

That's not an in person one, that's a phone call, right?

**Mary Jo Deering – Office of the National Coordinator**

That's a two hour phone call.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay. So we would want to at least –

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

We have to be done at least with the listening sessions by then, right?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I hope that we can finish all three. Hopefully we would have done at least two.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

This is great progress, because I don't even have my people defined yet, so you've got the questions and people, so you're ahead of me now. I have to work on mine.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

I'm sure you're going to leapfrog us. You'll have it done by the time I get back.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Art?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, George.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

While you're making the notes you may want to look carefully at the Information Exchange Workgroup comments to see if that spurs further questions.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Okay.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Because we mentioned one thing, but I'm just looking at their last slide, which is the future things, and since we're doing Stage 3, so they ask questions like question, is too much discretion left to state and local public health agencies? So if they're asking that, you may want to think about what does that mean for you.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, and the people right on the ground, we'd like their input into that.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Too much optionality standards ongoing, what is the definition of ongoing successful submission, should align transport standards with EHR certification, that makes sense, on immunizations we need more specificity on what we're talking about, but that first one triggered me to say you should just take a look at those slides again.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, I will. I will, George. Thank you for reminding me. Yes, I think we may want to incorporate some of those things that you just brought up. Those are good ideas. Our goal is not to make each jurisdiction say is going to set an entirely different standard that the vendor didn't have to build to. We have to find a more common way for vendors to address what may be unique things about each jurisdiction but not necessarily have to build entirely different methods.

**George Hripcsak – Dept. of Biomedical Informatics Columbia University – Chair**

Right.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes. Okay, any final comments from the rest of the group here? Any suggestions? I'm going to work on turning this around, sending it off to Michelle. Michelle may work on it. We can work on it together. Hopefully by the end of next week we've sketched out who and what will be asking and then during my absence we'll work on when we can be asking those questions and scheduling the listening sessions. Unless, well no one can start setting up these until we know the names. I think we now have names for just about everything.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

You did well.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, there's a couple of fill in things that Jim's going to be able to provide specific people, but I think we're pretty close.

**Jim Daniel – Office of the National Coordinator**

Yes, and I can reach out to all the people that I named and just warn them that an invitation is coming.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right, okay. This is public, right, and we do need to have a public comment period, is that right or not, Mary Jo?

**Mary Jo Deering – Office of the National Coordinator**

That is correct, and if you're ready that's what we would do.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Art, this is Charlene. One other thing, I find like a person to be a moderator for each of the sessions, so I don't know if you want to delegate?

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, let me put that down as an item for me to deal with here. Okay, very good. Any other comments from the sub-committee, or sub-group, whatever we are, sub-workgroup?

**Mary Jo Deering – Office of the National Coordinator**

I think it's interesting the different nomenclatures we have, we have sub-groups, we have Power Teams, we have –

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

We're trying to ..., Mary Jo.

**Mary Jo Deering – Office of the National Coordinator**

Of course. I think we have a semantics issue here.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Right. Okay, I think we're ready to open the lines.

**Mary Jo Deering – Office of the National Coordinator**

Okay, operator, would you please open the lines?

**Operator**

(Instructions given.) You do not have any comments at this time.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Okay, well thank you all. Enjoy your various holiday weekends, and we'll be in touch by e-mail. I look forward to meeting by phone sometime in the middle of May and hopefully completing those listening sessions prior to the beginning of June. Thanks for all your great ideas today.

**Charlene Underwood – Siemens Medical – Director, Gov. & Industry Affairs**

Yes, and enjoy that vacation, Art.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Yes, thank you, I most certainly will.

**Mary Jo Deering – Office of the National Coordinator**

Thanks, Art.

**Art Davidson – Public Health Informatics at Denver Public Health – Director**

Bye, everybody.

## **Public Comment Received During the Meeting**

1. There is a Face-to-Face Meeting of all of the S&I Initiatives next week in Alexandria, Virginia on April 11-13, 2012. The Face-to-Face meeting is likely to be a time for interaction among the groups.
2. Consider a presentation by Michael Buck, from the NYC Health Department on their use of the methods being developed in the S&I Framework's Query Health Initiative.