

**Meaningful Use Workgroup
Draft Transcript
July 28, 2011**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning, everybody and welcome to the Meaningful Use Workgroup. This is a Federal Advisory Call so there will be opportunity at the end of the call for the public to make comment. And a reminder, workgroup members, to please identify yourselves when speaking. We'll do a quick roll call. Paul Tang?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

George Hripcsak? He's on. David Bates? Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families – VP

Here, sorry.

Judy Sparrow – Office of the National Coordinator – Executive Director

Neil Calman? Art Davidson? David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Deven McGraw? Charlene Underwood?

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

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Latanya Sweeney? Michael Barr? Jim Figge? Marty Fattig?

Marty Fattig – Nemaha County Hospital – CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy Murphy?

Judy Murphy – Aurora Health Care – Vice President of Applications

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Joe Francis? I know Josh Seidman's on.

Josh Seidman – ONC

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Allen Traylor?

Allen Traylor – ONC – Meaningful Use Policy Analyst

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Did I leave anyone off? Okay, with that I'll turn it over to Dr. Tang.

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

I'm back unmuted.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Thanks, George.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Good morning, everyone, and welcome to the start of our post Stage 2 call, set of calls. I have a couple of items, one is a short one and one is a longer one, for the agenda. The first one has to do with a little bit of unfinished work on Stage 1 and 2. And the second was to start looking at a strategy for an approach to Stage 3 of Meaningful Use. The first point is, as you know, even as part of Stage 1 we had something we called a clinical summary and a summary of care document, and just to refresh your memory, a clinical summary is intended for the patient to understand what's been going on with them. A summary of care is a transition document that is intended for professionals so that we can try to bridge that care coordination gap, especially during transitions. We primarily left that as an exercise to the reader in terms of defining it. We gave some e.g.'s, like problems, med allergies, and labs, but I think it was our intent to be able to flesh that out a little bit more fully. We left that up to the HIT Standards Committee, so when ONC approached them they had some more reaction of well, if we gave them some of the clinical priorities they'd be happy to help us either identify or promote some standards that needed to be developed.

I think the ball's back a little bit in our court, and clearly we're not the broader clinical community to define the end-all either clinical summary or summary of care document, but for purposes of the EHR incentive program and certification criteria we need to provide some kind of start, and clearly to leverage whatever work has already been done, and I'm not sure that there's a widespread standard of practices, standard of the community for these documents. As we all know, care coordination is one of those important things and is not exactly precisely defined either in the paper world, and certainly not in an electronic world, so in a sense we're being asked to make that start, at least in the certification in the standards purpose of the EHR incentive program.

Was someone going to say something?

Christine Bechtel – National Partnership for Women & Families – VP

Paul, it's Christine; a quick question. You're talking about the definition not for the visit summary, I mean, not for the – I forget now the language – not for the thing for patients but the thing for care coordination and providers.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

It was actually both. Our term was clinical summary and we had some e.g.'s, you know, problems, med allergies, and lab results, and there may be more, but to take a better stab, and we actually, with you and Eva's help, have already had some talk about that. We just didn't come to a conclusion and we left that for HIT standards.

Christine Bechtel – National Partnership for Women & Families – VP

Let me clarify, because the patient clinical summary we did do a lot of work to define. That's why I'm asking. It was defined in Stage 1 and then we added some things to it which was in the spreadsheet that we had way back from our in-person meeting that was in the HHS building, and we released that for public comment about what should be included. So we actually did, for both the hospital visit summary and the ET summary had a lot of the information we wanted in there defined. The work that Eva and I did was on care plans, which is different from care summary. I think, looking back at the spreadsheet that George had, and I'm trying to dig it up, we might be farther along than we think.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

That's fine that we're further along, but I don't know that we're complete in ... of us.

Christine Bechtel – National Partnership for Women & Families – VP

Okay, thanks for clarifying.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Is there any other clarification you want to offer, Allen or Josh?

M

No, no, I think that's good.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. One of the approaches that we've used in the past is to create a Tiger Team, that's a smaller team that spends a limited time working in details on something and then brings that to the workgroup and the full committee. I think that's what ONC is asking us to help in this case. So what I'm doing is running it by this group to see, one, does that seem like a good idea; and two, are there people who would be volunteering to serve on that Tiger Team. I'll start with one, is that a good idea to flesh out a little bit more both the clinical summary, which is for the patient, and the summary of care, which is for the providers?

Christine Bechtel – National Partnership for Women & Families – VP

It's Christine. Obviously I think yes, and I'm trying to dig through the subject to see how much work we've already done, but we'll dig those up, and I'm happy to help.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Great. Thank you.

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

This is Charlene Underwood. I'm happy to help, too.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. I guess implicitly we're saying, yes, that is something I think the industry would like more clarity on. It's just a starting point. We'll also look outside the group as well and potentially involve the professional societies on the summary of care side and perhaps more consumer input for the medical summary side.

Judy Murphy – Aurora Health Care – Vice President of Applications

Paul, this is Judy Murphy. I also think it's a good idea, and particularly in the case of the clinical summary. Because of the CCD format that was required from a standards standpoint, there was a pretty clear specification of what data went into that CCD. I don't think that same level of clarity was at the summary of care, but for the clinical summary, I mean, there's a starting point, is my point.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes.

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

This is George. I can find the 531 care coordination discussion document –

W

Yes, we –

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

... then there's this Excel spreadsheet from January or something.

W

Actually, George, it's from November. I've got one of the Word documents where we started, it was actually in relation to access.

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

Yes, it started then. The last change occurred, version 10 was –

W

As long as you know and it lists the data elements. I'll send you what I'm looking at –

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

Yes, yes.

W

... help you and then you can send whatever

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

Yes, I'll just send it around. Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

That's good. Allen, is there anything else, first of all, do you want to respond at all about the clinical summary side, the one for the patient? Is that in better shape? Is that in good enough shape? Or is there more work to be done there?

Allen Traylor – ONC – Meaningful Use Policy Analyst

I think a little bit of both. I think it's in good shape, and I agree that it's probably a really good starting point. We also want to make sure that it's in alignment with any standards that are available today so that we can push it forward, knowing that the standards are there, and then just make sure it's backed pretty solidly.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, so we'll leave that work to the Tiger Team. ONC will help put together a group, and it's probably just a summer activity in the sense of a few calls ... and some background work and then we'll bring forward something a little crisper.

Allen Traylor – ONC – Meaningful Use Policy Analyst

Right now I have, just to understand, Christine and Charlene as being the leads on that from this group?

Christine Bechtel – National Partnership for Women & Families – VP

I think, George, you should join us since you've got all the documents, George.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And there may be people not on the call that are interested as well.

Eva Powell – National Partnership for Women & Families – Director IT

This is Eva. Include me on that group as well.

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

Great. Thanks, Eva.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, good. Let's move on then. The major topic for this call is to start thinking about Stage 3. This is an idea that was advanced a couple of HIT Policy Committee meetings ago, and I think David Lansky was the first to raise it in suggesting that, look, we've done Stage 1 under a real time constraint and we have Stage 2 as something we've positioned in between Stage 1 and Stage 3, but it is of the same genre as Stage 1. As we approach Stage 3, which is four years out from now, do we imagine the world would be at a different place and should we step back at least and perhaps consider, reassess the goal for Stage 3 and essentially develop a strategy for how to advance the entire environment to accomplishing what we imagine to be in Stage 3. We all know that the legislative intent for meaningful use was headed towards health outcomes for individual populations and we want to make sure that when we come up with Stage 3 recommendations that it satisfies that legislative intent.

We also, on the other side, want to make sure we incorporate, as we've always intended to do, the experience from the field. We've been limited because it's only in the first half of the reporting period for Stage 1 and we've already had to put out a recommendation for Stage 2, but how do we approach Stage 3 gathering more and more evidence from the field? We have been gratified that a lot of the feedback we have been getting certainly formally and in hearing anecdotally that the framework that we set up has really been widely endorsed, I think. But is it playing out according to plan? Are the objectives we have correct? Is the timing we have appropriate? If not timing say well, what's comfortable to get to a certain place but really what is the market and what does health reform need, where does it need us to be? Are there unintended consequences? We had HR safety hearings a while back and we had charged the Institute of Medicine to come up with additional recommendations in that area, and that should be coming out, I think, later this year.

What about vendor performance? We actually heard some new information about that from our panel that we had with some of the folks in the field, and there were certainly some concerns raised about vendors' ability to meet some of these ... and some of the performance issues. Another question is, what do we imagine to be in place from an infrastructure point of view in 2015. We've been somewhat tethered or some of our aspirations for care coordination and Health Information Exchange have certainly been impeded by the pace of putting in this electronic infrastructure and what do we think will be possible in 2015. But more importantly, probably, what other policy levers can we apply to make it more likely that that infrastructure that we need will be in place by 2015. We've heard from David Lansky's Quality Measures Workgroup about the evolution in thinking and recognize that that also has a lead time, there's a lead time for the specifications, the development of the measures, the endorsement process and getting out into the community, and that group certainly has done a great job in putting out some of the aspirational quality measures and some of the things that, gosh, if you even want to meet 2015 you'd better start now. So they're trying to stretch things for 2013, but also trying to point us in the right direction for 2015. But what are those measures? And we think we will be at a point where we can rely less on process measures and less on functionality measures and reward outcomes.

So that's where we are now in the sense of it's an opportune moment to take a pause in our sprint and take a strategic view of the ... we have for Stage 3 and develop a strategy for how to get there. We also know that the ACA legislation came out and it points in the direction that we were anticipating, even back in 2009, and how can Stage 3 support the goals, and I'll put ACO in quotes, but it's that kind of thing where we're going to be taking more accountability for the outcomes than just the transactions that occur. I think we're all imagining or hoping or expecting that in 2015 things will be quite different. From an ACA point of view, of course, 2015's going to be after the 2014 health insurance exchange.

Clearly to get from here to putting together strategy, or at least to reassess our goals, we should gather some more information. And one of the thoughts is that we should have a hearing that is designed to provide input to this whole reassessment process. And I think I included on the agenda just some initial thoughts, not that it's comprehensive or not even that it's right, but the kinds of things, what information do we have from the field. We had that one panel at our last hearing and what additional information do we need. The RECs are, and check me if I'm right, Josh, are in the process of gathering information by surveys, and I think we will actually hear, at least in the September HIT Policy Committee, some initial

data from that, some far more regular updates in terms of assessing how the field's doing. We hopefully will know more about what's coming in, and that's the ... here, as we all know the timing glitch actually has disincented people from applying in 2011. Hopefully the strong message that Farzad gave at the last Policy Committee meeting will encourage people to apply in 2011 thinking that there's certainly a strong sentiment in favor of the recommendations we had for the timing glitch.

Judy Murphy – Aurora Health Care – Vice President of Applications

Excuse me, Paul. This is Judy. Do we know how many hospitals and/or providers have attested thus far?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

We did get an update. I don't have that. Josh might have that, or Allen.

M

I don't. We're working right now with CMS on ... data flows, so I don't have good updated numbers right now, but over the next couple of months we're going to be providing that to you.

Judy Murphy – Aurora Health Care – Vice President of Applications

Is it over 50 hospitals? Do you have an order of magnitude idea?

M

Yes.

Marty Fattig – Nemaha County Hospital – CEO

Judy, this is Marty. The latest information I have is from the end of June there were 49 hospitals and 512 physicians.

Judy Murphy – Aurora Health Care – Vice President of Applications

Great. Okay, so not bad.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes, and I think we're all aware in the field that people, in fact organizations I know quite well are holding up. So I think there's really a latent group that would apply and could have qualified had they not deliberately held back just because of that timing glitch. We have to –

Marty Fattig – Nemaha County Hospital – CEO

I know that was the case with us.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And with us, so I think we have to clear that uncertainty first and then people have to start to even getting engaged to report. We really only have, at least for the provider group, we only have less than two months to start the reporting process. I think we're going to have to interpret that with that in mind and I know that they were expecting a higher rate by this time, but I really do think it's been affected by this timing glitch.

Clearly we want to understand who's coming in, what are the characteristics of the submitters, what are the menu options that they've been selecting, what are the quality measures they've been selecting, what's the threshold. We set our floor threshold, but what thresholds are they achieving already, how are the vendor contracts coming, from their perspective how are the implementations going? I think we definitely want to hear directly from CMS now that they have all these programs in place and new ones coming on, what are the HIT, and particularly what are the outcomes, what are the measures they're going to need in support of things like ACO and Partnership for Patients and PCMH, etc. So it would be good to hear from them but I think really honestly just have a dialogue, it's not a one-way kind of thing, and updates on where we are with the Quality Measure development timelines and expectations, because those will drive Stage 3 as well.

I'm trying to set up the background for an approach, and I'd love to hear everybody's reaction to, one, the need for this strategy; and two, this kind of approach in terms of information gathering. And the thought was if we had a one day hearing we would plan that out and piggyback at least half a day of face-to-face working time for this workgroup to take that information in and try to synthesize it into a strategy. Reaction?

Marty Fattig – Nemaha County Hospital – CEO

This is Marty. I think that's an excellent idea. I think we're going to have to get a good understanding of how the process is going thus far before we embark on anything for Stage 3, and getting together and hearing from CMS would be a great way to do that.

Judy Murphy – Aurora Health Care – Vice President of Applications

This is Judy Murphy. I agree. I think getting the statistics specifically on the attestation and, as you mentioned, which menu set items they're picking, even a sense of what are some of the numerators and the denominators might be kind of interesting, but then hear the actual experiences from folks, I think would be real helpful.

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

This is Charlene. I agree. The other piece, I think, Paul, you mentioned having seen this updated, I think it would be great, there's a lot of concern relative to the quality measures and the status of reporting, to get some update transparency around that space. Because, again, they're not going to be ready in 2012, but what does that need and what's the process and the testing, I think that's really important.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay.

David Lansky – Pacific Business Group on Health – President & CEO

Paul, it's David. I think the idea, it all sounds very valuable, and I think getting a view of current progress is really important. I'm also wondering if, I know in the strategic plan that was approved, whenever it was, a year ago, there was a number of baseline indicators proposed that are toward the national goals of getting everybody to have an electronic health record by 2014 and so on, and I wonder if there's a parallel path besides the qualitative input from the field and some of the quantitative data from CMS, of finding out where we are on establishing baseline data on the national goals that we are broadly charged with and at least reflected in the strategic plan, and testing ourselves against whether the strategies we have in place are pushing us in the right directions, or whether there's anything else environmentally that otherwise we want to recalibrate. So a part of it, I think, is staying the course on making the EHR incentive program successful by looking at current progress and looking at Stage 2 and Stage 3, and then another part of it is the contextual view of what our larger charge is and whether we're making progress there and where the strengths or weaknesses are.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Excellent points. And since the ONC strategy came out of course we've had the National Quality Strategy, and that might trump us ... some of the initial goals from ONC before the NQS came out.

David Lansky – Pacific Business Group on Health – President & CEO

The other thing I just wanted to list is the original statute that put us into existence had a number of other areas that Congress thought we should look at. So as we get to this strategic review discussion, things like home health and remote access and patient access to information, it would be good at some point to check in against the larger charter and see if we should turn our attention to some of those things that are outside the scope of the EHR program per se.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

That's a fair point too that might be more at the Policy Committee level. I remember there were the eight charges we had, eight objectives.

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

Paul, this is George. I think we need two things. We need what are the three things we have to get done in Stage 3 from a high level that motivates the group and keeps us focused every time we sit together. And then you have the list of what do we need to cover, which is a different kind of list, which is to make sure we don't miss. So one's a motivational factor and the other is a let's not mince anything factor. I agree with David that that's important in addition to what we're going to do, which is the where are we now, but I think we have to step back and say, where do we expect to get to on patients having their data or on quality measures – well, we're not doing quality measurement, it's separate. But you see what I'm getting at, that's the list of things from a very high level that when we're making these individual decisions and prioritizing it helps us decide, because the list of 12 objectives that we need to achieve won't help us prioritize.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

I think that's right. In fact, even if you look at the highest level setting at ... the National Quality Strategy, better care, better health and affordability or efficiency, I'm not sure we cover those, certainly not equally well, do a good enough job of setting a trajectory to be able to answer those questions, both to answer the question how are we doing, but then to have the ... the ... of saying how does ... support us in reaching those goals, so good point. Maybe that's a perspective we need to have as we construct the hearings.

M

I don't know what it would be. Is a lot of what we're doing a hearing or a report? Do you know what I'm saying? What's the format for this kind of information that comes to the workgroup?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Well, to listen to other folks. I'm thinking there's a diversity of stakeholders we'd like to hear from and often that's more of a dialogue with questions, which has been very effective in the past, so I'm thinking that format may be suitable, and of course people do submit more lengthy written testimony.

M

Okay.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, I like the idea. This is Judy Murphy, again. Certainly the written helps, but then also the ability to ask the questions. I think even though it's a report, the hearing format works and it's certainly a way to get some of this information that we're talking about into the public record very officially.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Any other comments? I think what we would be doing then is start working on some of the topic areas for the hearing. We have another call, I believe next month to keep working on this, and one of the first things we're going to kick off is what's the timing. Let me start with that timing-wise I think we're all chomping at the bit to get as much information as we can, but realistically how much information is out there at this point. As we heard, there's 50 hospitals and several hundred providers, but when is it appropriate to take a sample to start using that data to work on the strategy. I don't think it's the summer, and is it in the fall, the earlier or later part in the fall.

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

Paul, this is Charlene. Certainly from some of the customers we've talked to as well as others who are not customers, there's some pretty good experience with what's working and not working out there. So I think our first panel that we had was a really good one in terms of just learning, so I think it's really important our workgroup gets that information publicly to the table as soon as we can, because I think it will inform where the, because it's pretty clear where some of the challenges are now and if we can understand those maybe we can take corrective action sooner rather than later. I'd go for the, certainly not the summer but ... I think there's a lot of experience already.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

That's a good point. Other things that would drive that is CMS is in its rule making process, of course ONC is in its rule making process, so the earlier we get information, even that information that becomes more in public record, can input even to the NPRM and final rule process, so that's part of the point that you're making, I think.

Let me just put a stake in the ground and see if that fits. We have a couple of dates identified in early October, I think it's October 5th and 6th, as one possibility. Does it seem too late? I don't think it's too late. Is it too early?

Christine Bechtel – National Partnership for Women & Families – VP

I'm not sure anything is too early.

W

Yes.

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

Paul, this is Charlene. I just have a conflict with those dates. I know that we can't meet everyone's conflicts, but if it could be a week after that, that would work. I'm gone the last week of September.

Judy Sparrow – Office of the National Coordinator – Executive Director

Paul, we have the Policy Committee meeting on October 12th, and October 10th, just FYI, is a federal holiday.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So the Policy is October 12th?

Judy Sparrow – Office of the National Coordinator – Executive Director

Correct.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

What do people think of – oh, you said the 10th is a federal holiday. Well, we can work on dates later. So does October feel like a decent point?

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

Yes.

Judy Murphy – Aurora Health Care – Vice President of Applications

This is Judy. I'm like with Charlene, it can't be too early, I don't think.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes, okay.

Judy Murphy – Aurora Health Care – Vice President of Applications

I like pulling in the REC stuff. I think there hasn't been enough harmonization of the different programs, and that's one of the ones, when you had that on the agenda and I thought yes, that's really something we have to start pulling in, their experience.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, so let's transition over to topics then. One is experience and that can be from this formal group, the RECs, and the other is from provider or provider groups, and we're maybe thinking of that more broadly, suggestions on experience from the field directly from providers.

Judy Murphy – Aurora Health Care – Vice President of Applications

This is Judy again. Definitely directly from providers. I also like hearing from the RECs and what they're seeing, which might be a little bit more global because they're working with multiple providers. But then I

also am thinking about another stakeholder group in the state designated entities, because I think we really are going to have to think long and hard about what is appropriate at Stage 3 for the health exchange.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay.

Judy Murphy – Aurora Health Care – Vice President of Applications

And taking their counsel on that I think is going to be helpful.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay.

Eva Powell – National Partnership for Women & Families – Director IT

This is Eva. I think it may be helpful to hear from Beacon communities as well. What I'm concerned about is that we have often run into barriers because meaningful use only covers two stakeholder groups and Health Information Exchange is subject to a host of other issues. So if we're going to talk about other levers to pull in addition to the meaningful use incentives to get information actually exchanged, we need to learn from those who are actually doing it and presumably Beacon communities are figuring that out.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. For providers do you suggest we have individual providers like we did at our last hearing or provider groups like AHA?

Eva Powell – National Partnership for Women & Families – Director IT

Yes, it could be a combination, a couple of individuals as well as some more global organizational groups, if you will, that are speaking for multiple people.

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

Yes, right. This is Charlene. And with some lead time we can certainly survey their membership and kind of bring a broader perspective.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Right. I think some of the groups who have been active have been good about getting out and getting information from the members and then digesting it and putting it in a summary for us. Okay, other kinds of information? We talked about CMS, and they certainly need their time.

Marty Fattig – Nemaha County Hospital – CEO

This is Marty. I think it would be good to hear from the vendor community as well.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So the reflection is mostly what they're hearing from their customers, and I think like Charlene was saying, one of the challenges is actually the quality measures. I think we typically provide them with questions, provide ... with questions. And I think one of the questions, and let's pick on quality measures, is it's challenging partly because of the way things just evolved in an ad hoc manner. If we had more of a quality measure strategy or measurement strategy nationally my guess is that would help both the vendors and the customers. So for example if they came and brought forward some of their thoughts on how could we fix all of these ad hoc, everybody's in the same thing but they're looking for and finding data in different places, how can we make that better. So there could be a policy or a national approach to making things better for everybody. Does that make sense to you at all, Charlene?

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

Yes, like a road map or some kind of transparency. I think the challenge is to show up and respond to them and we're concerned in Stage 2 they're going to show up and we don't have time and all those things.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

David Lansky, you might want to weigh in on this in terms of where do you think, almost from a strategy point of view dealing with quality measures, how do we improve upon that situation?

David Lansky – Pacific Business Group on Health – President & CEO

We're going to have to get into a discussion that's pretty tough on the role of intermediaries and aggregators, registries, HIEs, etc., because I don't think anyone thinks there's a lot of future in the idea that quality measures are all going to be generated from the local practice EHR, just given the nature of the measures that are now on the table with Stages 2 and certainly 3. So I don't know, this probably isn't the right forum to get too deep into that except maybe to open up the question. So far most of the measures have been looking in the rear view mirror and taking well established definitions that are easily constructed and have only moderate value. When you get to the next generation measures it's tacked to the current architecture really.

So it's a very important discussion and I think we really should have it, but I don't know that we can go too far down that road at this stage. It would be good to learn from people's experience. One of the frustrations has been the idea that the vendors do have an awful lot of coding time for each new measure that's proposed and that's not an acceptable framework to go forward. The idea is how do we have a universal API or export function so the data can be reported out to some third party computational function. So that's a really different model than the one that's in place now. So have you thought how far we can get down that in this first go round except maybe just to surface the problem?

Allen Traylor – ONC – Meaningful Use Policy Analyst

This is Allen. I think one other possibility is to bring in Puerto Rico. They've started a program ... across the entire island with multiple vendors, multiple providers so they could share, through the REC perspective their experience with implementing the quality reporting tool.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

We certainly want to report on what's coming in. I think we've gotten probably more than a day's worth, so we've talked about getting provider experience. It can come through the RECs. It can come from individual providers. It can come from professional groups. We need information about HIE, either from the state designated entities or Beacon communities. We talked about getting information from CMS and its program requirements. We talked about the vendor, again, another viewpoint reflecting customer challenges and particularly what could make that situation better and talked about the quality measurement strategy. It's a combination of road map for the quality measures themselves and the strategy for how to get the country there. That's quite a bit. Other additions to that?

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

Paul, just to add in to that, also the strategy, I'm not sure there's a clear understanding when those measures come out, and I know that you understand this, we've got to take them, we need to map the data element instruments into the workflow because this is really about improving process, so there's a lot of work in that space. I don't know if that needs to be, even the provider can talk about how they have to actually, once they get a measure, operationalize it and the process be changed, and I think that's important to understand as we come up with that strategy because I think they'll have a lot of insight.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

I think that's fitting in the bucket of the vendor reporting how they're working with their customers and in the process we'll uncover that it's not just data fields, as you mentioned, it's the workflow. What can we do at a policy level to both recognize that problem, acknowledge it, and design a better, more consistent way of defining the quality measures and the associated workflow. We don't standardize the workflow, but we may need to find a better way to standardize the definition so that it's clear where is an appropriate place to capture that information. There's a lot of learning there.

Okay, so we have about 15 minutes of this time. Should we start working on one of the topics and then continue that work in our next call, building towards an October hearing date? Let's talk about getting information about where providers are at. We talk about the RECs, and I think that's relatively

straightforward and I think ONC can help us get some exemplars of them and to have them help summarize what their experience has been. We talked about providers, do people want to offer provider groups that come to mind in terms of being able to give us a summary of what's going on?

Judy Murphy – Aurora Health Care – Vice President of Applications

I wonder if ONC wants to add some of the RECs to be in a pretty good position to judge providers that might be a good fit on the panel. Does that make sense?

M

Yes, we can certainly do that. There also are other providers that are coming to us and talking to us, so we have a whole range of providers. Obviously the RECs are focused on primary care and safety net populations and small practices, but we're also hearing from hospitals in rural communities, and we're hearing from specialists and so forth, so we can certainly bring a number of names to the table.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. We have to be careful that we don't find anyone as an anchor point and not be representative. That's always a struggle to find. We'd like to have an articulate place that has a fair amount of representatives in there. How about the HIE community, so that was those brought up both in the context of SCEs and Beacon.

M

We can certainly work with our colleagues here on that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. And, David, you're involved in California. Any insight into either who might be an articulate voice for the broader SCE community?

David Lansky – Pacific Business Group on Health – President & CEO

I'll have to think about that. Given the state of evolution of those organizations and given our particular goals for this meeting I'm not yet sure. Probably not California, ... would be most helpful for this discussion.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. Another possibility is maybe there's a group that's already done some of this assimilation that ONC might know. I'm sure since ONC contracts with them there might be some ... information that somebody can bring that's already pre-digested. And CMS will clearly be able to find somebody to represent them, their perspective and requirements for the program.

David Lansky – Pacific Business Group on Health – President & CEO

Yes, it will probably be Rob

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Vendors, how do you think we ought to approach that, Charlene?

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

We certainly have the vendor association I think which could present, and again I think there's the broader HIMSS audience that could also be a source, like maybe the CHIME group I think would be – well that's not vendors as much, but again I think another pretty organized voice.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

And can we drill down perhaps on this whole quality measure/workflow topic?

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

Absolutely, we've spent a lot of time on that topic, so we'd be pleased to try and clarify

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Right.

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

Yes, it would be broad experience hospitals as well as ambulatory.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay.

M

I think when we have vendor representatives it would be important to get a cross-section of perspective from installed base versus cloud base

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay.

Eva Powell – National Partnership for Women & Families – Director IT

This is Eva. In addition to that, also include the mobile technology type and telehealth types of things that will enable a lot of the patient engagement and care coordination criteria.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay. So I think we seem to be narrowing in on these, I think there's like four topical areas. I wonder if the approach for the next meeting is if people could think about some of these topics and see if they can come up with suggestions. Again, we're looking for an articulation of the issues and potential approaches to addressing those issues, but in a very representative way so that we can have a broader sample of the stakeholders in the communities out there. If you submit those to George and me and ONC, then we'll try to put that together and distribute that ahead of time for additional comment before our next call, where we try to get down to picking some individuals to approach to participate in the hearings. We'll also put out some dates then in October. October 5th and 6th, though Charlene can't make it, is that a possibility for others?

W

October 5th and 6th?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Yes. This is talking about the hearing date. It's a combination of hearings plus face-to-face time for us to assimilate that information and start working on the strategy.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, that works for me. It's Judy.

Marty Fattig – Nemaha County Hospital – CEO

It works for me, too. This is Marty.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Okay, so it's hopeful, and we'll have to hear from others as well. Okay, anything else for this call? I want to thank David Lansky again for suggesting this approach of basically stepping back and looking at a strategy for Stage 3. It's a good opportunity and a good time to pause. Okay, if not do you want to open the lines up for public comment, please?

Judy Sparrow – Office of the National Coordinator – Executive Director

Sure. Operator, can you see if anybody wishes to make a public comment, please.

Operator

You don't have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Thank you, Paul, and everybody.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Let me make one more comment. Josh, would you mind for our next call also extracting some of the information on this from the strategic plan vis-à-vis what David Lansky was saying so we can check our work in terms of are we addressing the things that were in the plan as well as the things that are in the original statute.

Josh Seidman – ONC

Sure.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

Great. Thank you, everyone for participating in this morning's call, and we'll talk to you next month. We'll see you very soon, actually.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you.

M

Thanks, Paul.

W

Thank you.

W

Bye.