

**Meaningful Use Workgroup
Draft Transcript
August 22, 2011**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning everybody and welcome to the Policy Committee Meaningful Use Workgroup. As a federal advisory committee there will be an opportunity at the end of this call for the public to make comment and a reminder to workgroup members to please identify yourselves when speaking.

I will do a quick roll call: – Paul Tang?

Dr. Paul Tang, Chair, Palo Alto Medical Center

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

George Hripcsak?

George Hripcsak, Co-Chair, Columbia University

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Eva Powell?

Eva Powell

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Neil Calman? Art Davidson?

Art Davidson

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Lansky?

David Lansky, Pacific Business Group on Health

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Devin McGraw? Charlene Underwood?

Charlene Underwood, Siemens

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Tanya Sweeney? Michael Barr? Jim Figge? Judy Murphy?

Judy Murphy, Aurora Health Care

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Marty Fattig? Joe Francis? Josh Seidman?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

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

Dr. Paul Tang, Chair, Palo Alto Medical Center

Thanks very much Judy and thanks to the workgroup members joining us on this call. This is a planning call – we had a call before developing a strategy for approaching stage 3 giving ourselves a bit more time and a pause for reassessing where we are. We have gone through the stage 1 process and we had an increment of stage 2 and before we look at stage 3 we wanted to see whether we continue to increment from stage 2 or is there a different approach. Now that it's going to be about 4 years from now and maybe other quality measures as an example of the kinds of things we can emphasize in stage 3 compared to 1 and 2. One of the things we wanted to do was to have a hearing and that's been scheduled for October 5 and in order to get some more information of what's happening out in the field from the perspective of providers, vendors and from CMS. We had put together an outline of some of the objectives we want to accomplish that day and today's goal is to go over some of those topics and some draft questions we have put together for those panelists and also propose some suggestions for panelists. We are going to have a face to face meeting immediately following that hearing so we can discuss the results of that hearing and move on towards a development of an approach to stage 3 and that would happen on October 6. Those are the goals we have for today's call. Any other additions to the agenda?

Unidentified Man

Unless we want to mention the fact that we are gathered to mention the clinical summary definitions.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Sure. Are you proposing that we talk about that on this call?

Unidentified Man

Not to discuss it just to –

Dr. Paul Tang, Chair, Palo Alto Medical Center

Ok, we will do that at the end. Last week Judy had distributed our draft agenda for that hearing and some of the questions that we have to discuss. People can feel free to edit or add to that. That's the purpose of today's call.

Why don't we get started with the first panel which was going to be featuring folks from CMS to get an update where the program is in stage 1 and some of their thoughts and their objectives of future stages of the program? You see before you some of the questions we have lined up and I'd like to open it up to people's comments on those questions. Does everyone have the questions before them?

David Lansky, Pacific Business Group on Health

I had a few thoughts pertaining to the questions on the quality measurement strategy. The general theme to me is not only do we want to look back, so to speak, at the approach taken for stage 1 and what CMS's capabilities are but also get them on the record to talk about what they are looking for from us towards stage 3. Obviously we've done a lot of work to put on the table the measure concepts that we think are going to be relevant for stage 3 and stage 2. We have been putting them forward as our recommendations and haven't really had CMS's responses to them yet. So this might be an opportunity –

well implicitly since they put them out there for contract, they are interested in the measure concepts that we've advocated. I think having them speak to their policy direction and what they are looking forward to in terms of the kinds of measures they need to support their overall agenda in terms of supporting the ACA and so on would be helpful. I did a quick draft of a question – it's a little wordy but essentially 2 questions: 1. In light of a national quality strategy and the new payment programs they will be implementing, what do they need from stage 2 and stage 3 quality measurements? 2. How does CMS see our meaningful use quality measures aligning with the other quality measurement programs they have in place? That may come later in the panel sequence but to invite the CMS people to be prepared to talk about that when they come to us.

Dr. Paul Tang, Chair

Great suggestions David. Any comments about David's suggestions?

Charlene Underwood

We would support that. Again, as operational as they could get, I think that would be great.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think this would be a wonderful opportunity for them to make some public comments about the direction that David's quality measure workgroup has been proposing and line it up with where they would like us to go to be consistent with their initiative.

David Lansky, Pacific Business Group on Health

With Charlene's comment and the question we have in our draft about the challenges of administering the program, it's a past tense question and may be worth asking them because I think there has been some concern about their ability to absorb new measures with the receptor site and maybe having them explicitly talk about how they anticipate being able to improve their capabilities or what they anticipate being the model going forward for quality measurement reporting would be helpful to.

Charlene Underwood, Siemens

I don't know if you want to break that out into a separate topic Paul, because I think it's meaty enough to be spent time on that. I think the status of stage 1 is one but breaking out the quality measures as a separate area is definitely worthwhile.

Dr. Paul Tang, Chair, Palo Alto Medical Center

This is something we proposed last time and David had a chance to look at it from his perspective, and maybe ask him to comment. David, you're talking about integrating it within the other workgroup, but I wonder if there is an alternative approach to have something specifically dealing with quality measures but have some representatives from folks reassembled for a different panel. What are your thoughts on that?

David Lansky, Pacific Business Group on Health

I am open to it. I had two reservations about having a separate panel. One is the continuity of the idea of looking at stage 1 and looking at the future stages by having the assembled people on these panels do both, rather than trying to reconstruct another panel of people, because I think the expertise we have will be well reflected by the composition of these panels that we are now proposing to speak to the stage 3 questions. That is one hesitation I had. The other was a little more subtle, I would like to not separate the quality measurement philosophy requirements or validity and so on from the rest of the meaningful use program as if it is an add-on. It could be perceived as an intrinsic part of the overall strategy. That is more of a philosophical tilt. The practical question is whether the same people we have on these panels are really the ones we're going to want to ask those questions about quality measurement anyway.

George Hripcsak, Co-Chair, Columbia University

Let me ask a basic question about the day. We have organized it into the sources, CMS, provider, vendor. I think that is good but I am not sure. So, do the people agree that is a good way to do it? Or do you think that's counterproductive to separate those sources into separate panels?

Art Davidson

I was looking at this first panel and wondering whether it's just CMS or should we be including some Medicaid agency and seeing where they are in this process?

George Hripcsak, Co-Chair, Columbia University

That's a great idea – that is a very good comment.

Dr. Paul Tang, Chair

And then why stop at Medicare and Medicaid. As you know, even “ACO's” are going beyond just the federal government program.

George Hripcsak, Co-Chair, Columbia University

I think that gets back to some of the ideas about the interplay between the various components as David was alluding to earlier. The federal initiatives and state initiatives as well.

Art Davidson

If we are agreed to this organization by source that I think it doesn't make a lot of sense to have a separate quality measure panel unless it is going to have three parts and three sources also. It is really odd to have MU to have three panels from three sources and quality measures have one panel, which is like an amalgam of the first three.

Dr. Paul Tang, Chair, Palo Alto Medical Center

One of those compromises is to at least dedicate a part of the discussion of each panel to quality measure objectives and how it furthers the overall health reform agenda in terms of accountability for example, in performance. To do that, we could even extend each of these panels time. But indicate in the question when we pose to them we want to also make sure we explicitly discuss quality measures and how it relates to the program from their perspective.

Judy Murphy, Aurora Health Care

I do like integrating the quality measures into all three panels and adding a question or two related to those because I think the experiences are more integrated than you would expect as well.

Marty Fattig

I wanted to let you know I am on the call and second of all I agree with what Judy just said. It is very important I think to indicate that the quality measures are an integral part of this, not something separate from.

Dr. Paul Tang, Chair, Palo Alto Medical Center

It sounds like we have a lot of consensus about that topic. One, integration and two, we will indicate that we are going to expect to discuss that as an explicit part of the panel discussion. We will see what we can do about time to make sure we do have enough time for everybody to cover that. And that would extend the first panel to not just be CMS Medicare but include Medicaid and the private sector pairs.

Judy Murphy, Aurora Health Care

I don't want to make it even more complicated but I think some of the issues around achieving meaningful use are also related to the standards and implementation guidance from ONC. I am tending to want to add ONC to that first panel as well.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I wonder if the title of the first panel – certainly it won't be just CMS anymore. And it's really looking at the meaningful use support of – I want to say it with a small – but the health reform agenda in the sense of new ways of organizing and paying for services in the accountable care paradigm. And that allows us to bring in all the folks that are working in that area.

George Hripcsak, Co-Chair, Columbia University

I don't want to lose the past completely. As David pointed out, you could just call it government. Is there any nongovernment source that we are proposing to put on the panel? We are not going to payors at this point, so Medicaid, Medicare, ONC?

Dr. Paul Tang, Chair, Palo Alto Medical Center

One thought was to include the private consumers, the private sector consumers.

George Hripcsak, Co-Chair, Columbia University

It makes sense. Alright well, that is a different panel. Once you do that, it really becomes the panel you called it. Talking about the direction of healthcare.

Charlene Underwood, Siemens

One of the things that was pretty powerful I think and what was said was how to influence stage 3, and I did a little bit of interviewing to find out some perspective on that and again, I think asking that question and maybe how that aligns with health reform could work together, but that was pretty powerful in people thinking through how to respond to the questions that you are asking.

Dr. Paul Tang, Chair, Palo Alto Medical Center

So this is a set up for us to, as we re-explore the strategies for stage 3. While we certainly want to know the experience and the challenges in our stage I approach, we don't want to be tethered to that. The direction that David's workgroup has headed towards in future quality measures is an opportunity, and the goal was to use some of those measures, some of the things that the measures implicitly state are important to be part of this new accountable care framework.

Charlene Underwood, Siemens

Some of the interviewing I did confirmed that it needed to be explicit like that.

Dr. Paul Tang, Chair, Palo Alto Medical Center

In some sense, if we are going to be responsive or to be on the pushing side of the tool that support the new firmware, then we want to hear peoples goals about those.

Eva Powell

I would support that as well because certainly it is necessary to get people's input on how this is transpired so far. I think ultimately, as we continue these divisions that are very rooted in our system of today, then we are going to perpetuate routing the whole meaningful use program in today's system which by necessity, it has been that way from the beginning because we had to start somewhere and we have to start where we are. But we are headed to a very different place, and I think if we don't take that step of focusing on that very different place, rather than where we are today in stage 3, then a lot of the potential benefits for meaningful use may not ultimately come to pass. I almost am falling on the side of if we are really going to maximize the potential of meaningful use, we really have to take that long-range view and really make that the overall framework.

George Hripcsak, Co-Chair, Columbia University

In a sense that's what today is about. We're talking about stage 3 and we want to know how we fit in. I would not want to do the direction of healthcare from the point of view of government and payers and exclude providers and the people, the patients, the consumers, and even potentially the vendors, what they think is what they can handle and as we had in this direction.

So if we are going to have a panel on that you would want provider groups, hospital groups, you want a broad audience, because that is going to influence how successful the thing is. Even if the government wants to head there, we want to be where we are going to end up.

Eva Powell

Exactly and what I am suggesting is framing the entire day with that very future view, and we will have to have obviously different panels, but you can have a pair panel include government payers as well as private payers and then have the provider panel as already outlined here, but that very future view is going to require a much more strategic emphasis of the questions. Certainly some of the ones we got here will be the same – we will need to ask those, but I think framing the whole day with the long-range view will flavor all of these panels. It will cause us to think little bit differently about the questions we ask.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think that was the idea for this whole day. I don't think we were as explicit as we just have been, and in particular, I think with panel one, we were in the past thinking about this as the federal MU program, rather than looking at it how does the federal MU program support a new accountable care framework. Reframing the day and the goals I think will make a big difference.

Unidentified Man

There are 2 CMS's. The CMS who runs the meaningful use program, administers it and we have some questions for them, and then there is CMS the payer who is in part setting the direction for health care. So they could be on two different panels. There are two different sets of questions.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I'm not sure they have to be in two different panels –

Unidentified Man

I'm not saying they would have to be but there may be two different people from CMS.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Maybe we even help people frame their comments. One is we do want to get some experience from the current program, but only to use it as a leaping off point to going towards stage 3.

Unidentified Man

Even for the future there are 2 CMS's. The one that is administering the program and sees all the challenges and what our limitations will be and don't do this because we will never be able to implement it in the future and then there is the other CMS in the future that says here's what we need from the nation's point of view to further healthcare.

Dr. Paul Tang, Chair, Palo Alto Medical Center

That is fair. How do people feel about this evolving direction? It is really framing it in the how can meaningful use support the health reform agenda in terms of accountable care networks? I'm trying to avoid any single program talking about both the current program, stage 1, and looking at the needs and opportunities for stage 3.

George Hripcsak, Co-Chair, Columbia University

The only hesitation I have about it, I think the substance of it takes us in the right direction, is not to go too quickly down the accountable care organization path as a paradigm. I think we talked earlier about CMS's many programs, at least from the point of view of the quality measurement part of this, there things like physician compare and the episode payment program and medical home program that they have going on, that will also invoke quality measures. And then they have the overarching national quality... and some new work on registries and so on and so forth. I would not want to only focus on, at least for CMS's part, what they foresee as particular models of payment reform but asked them to talk about their overall responsibilities and the infrastructure they want to see in place to support it.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I totally agree. I've been struggling with what to call it having made up this accountable care framework and accountable care network to avoid any single program. That is what I meant.

Charlene Underwood, Siemens

You could use accountable care and drop the o...

Dr. Paul Tang, Chair, Palo Alto Medical Center

Is that in keeping with your comments David?

David Lansky

Definitely. I am only hesitating at that one word right now.

Unidentified Man

I think I like our general trend. I am worried that there may be some operational steps before actually serving that accountable care need and want to be sure that we hear of what may be some barriers to actually using the data. We may not be as far down this path as we would like to be and we want to be sure we give them an opportunity not to just – I totally agree with Eva about talking about the future but there may be some practicalities in present that may not make it easy to get there.

Dr. Paul Tang, Chair, Palo Alto Medical Center

That's along the line that George is talking about. Maybe we help them by giving them the opportunity or permission to talk about two sides of it. It's really the barrier side and the opportunity side so they can be talking about what are the hard challenges but also be able to say but here's where we've from our perspectives would see some of the opportunities and would love to go in the following direction. There are both – various opportunities. Let's try to understand both of them and try to forge a path going towards the opportunities without ignoring the barriers and challenges.

Are we ready to move on? I think this has been very helpful. Let's move onto the next panel. We can reframe the whole day and reframe the objectives for panel one and the membership. The second panel is on provider, it's labeled provider experience and I think what we will do is again keeping with our previous comments, framing it as what it has been like working towards stage 1 and stage 2 meaningful use, but what would help you both measure and improve your performance in terms of maximizing the health outcomes for individuals and communities? And how can meaningful use support that? Going with our earlier thoughts, a lot of these questions we have before us have to do with what has been going on. We still need to know that because it is still early on in the experience, but I think we would add a lot more about opportunities.

Charlene Underwood, Siemens

One of the issues, and I don't know if this will come out of the provider experience, there is a lot of "hidden requirements" and so there is a lot of effort to – there are people out there auditing to make sure you don't miss the hidden requirements like, you have to have the problem list on line so it shows up on the continuity of care document. Well, people miss that kind of stuff. I think that is going to be important to hear, and those might be some of the barriers that come out. But it comes from the standards perspective, it comes from a lot of different perspectives, quality perspective, and I think that is important to get visible sooner.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Other comments?

David Lansky, Pacific Business Group on Health

Like the first one, I had drafted a few questions at the quality measures aspects. I will send those along to Judy in my draft. The gist of those questions for the providers, one was how

much value they have received from the quality measures used in stage 1, and as Neil has often done in our committee work, having some providers talk to us about how the availability of national uniform quality measures based on the EHR provide value to the organization for its own learning and quality improvement. As well as how easy or hard it's been to collect and report those data would be a good level set from stage 1. I'm hoping we've got some of the providers who will point out problems and some who will point out the value on that. A second path I wanted to go down is a little more operational about the future requirements from a provider point of view. One of them would be to ask them – I'm not sure how much we want to be specific and prescriptive about these questions but I'll put it on the table. One was to say some of the future quality measures will require data across settings and across time. And how do you feel about that? How hard will that be? Does it provide value to you? How do you foresee tackling those new measures? That may raise questions about HIE and registries and other platforms that we haven't done a lot of public discussion about. The second path about the future stage 2 objectives rather than the quality measures, where we know we are moving toward calling out some functionality around the care team and care summary distribution of functionality, the idea is we are starting to ask people to assemble a care team in their record and begin to manage information for that care team knowing that the care team may go outside of the organizational structure of any one eligible professional or hospital. Have them comment on what they think about that functionality and what it seems to require of them. Maybe there are some new functions that we anticipate that are worth calling out in a similar way.

Dr. Paul Tang, Chair, Palo Alto Medical Center

That's good. In keeping with our barriers and opportunities, one example is when you're talking about the quality measurement challenges, one of the prompting questions could be what would it take to make that situation better? As an example, one of the challenges has been a lack of a clear definition of the data element, the context of data elements, which means it's hard for everybody, even with the same vendor product, and vendor struggle with the same thing so what would make it better is if we did in fact have really good definition, not only the measures but the data element and who captures that data and what kind of a workflow. So that things could be more uniform in the capture of this data in the future. So they can understand barriers and opportunities on what to make it better and we can see if we can help create that better world.

David Lansky, Pacific Business Group on Health

I think that would work and as long as we don't have them confine their attention to improvements on the stage 1 approach but also fold into their thinking imaging the requirements at least for contemplating for 2 and 3.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Other comments on the provider panel?

Marty Fattig

I would like to make sure we don't lose track of the small ... opinion here.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Some of how we are planning to do that is to invite input from the RECs would target that group because that is their charge.

Marty Fattig

That would be helpful, thank you.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Should we move on to vendor panel? Again, we can be asking them on some of the challenges they have had in one, developing the system to meet meaningful use certification requirements, and their implementation in the provider community. Also, the flipside is how can we make that process or those requirements easier to obtain and the process more uniform. Are there policy

ways that we can help support that? Probably going to be commenting on quality measures as well. David, do you have some additional thoughts related to quality measures from the vendor perspective?

Charlene Underwood, Siemens

Again, the issues around the measurement are a lot of the things that David identified but some of the key measures are the lack of transparency and understanding where and when we are going to get the specs. The fact that in many of the measures, it requires data that either is not defined in meaningful use and is kind of implicit – there is an expectation that it will be. For instance, in some cases we've got problems in the measure and in other cases there is data that you depend on physician documentation or nursing documentation to capture. That's the gap and that means we've got to implement more workflow, and that is not accounted for until we see the measures. I think David alluded to this before. The earlier we can understand what those measures are, and there is some guide path to what those measures are, the better. The other piece that is a challenge is that we've got to meet our customer's requirements for both programs, for those at CMS expect ... report today as well as the meaningful use measures. And they don't convert, they are two separate tracks and it is unclear when those tracks are going to be convergent. We would say make it sooner rather than later. Let's just automate the core measures, rather than have two separate tracks with one only a reporting mechanism and the other a pay for performance measurement. David, those points you were making earlier around the convergence of those programs and alignment is really crucial for those that have to develop it to make sure that we can be prepared to support our customers. This is nontrivial because it goes back to the workflow. If you asked the providers to add even one more data element in some cases, you stop the show. It's a real balance between workflow impact and data capture, and it raises the question is the program about reporting or is it about EHR implementation? Those two things have to be balanced with respect to each other. I think that is an important topic.

Marty Fattig

Charlene's point about workflow is interesting. I wonder if an outcome of this meeting might be to the measure developer is about how they specify measures in a way that separates or makes clear where a measure specification may impose a requirement for some workflow change or data collection change or **ema** and specification change, versus where it's a matter of manipulating commonly captured elements. We haven't really done in the past. We've always assumed the vendors or providers would infer the data requirements from the specifications of the measurement. There may be some value in that. Related but somewhat different thought which is implied in Charlene's comment about the policymakers – have the vendors tell us what the policymakers could do differently to improve the process of implementation of new quality measures over time. That may be about the time frame of releasing different levels of specification or maybe there is something else in a policy development program like alignment that would be helpful to vendors and providers. In time I hope we can ask the vendors to talk about their architectures and what they can do now they have begun to see what the stage 3 measures may look like. What are the implications for their database design and architecture in terms of allowing for more flexibility in the future? The bottom line for me would be are they moving toward an engineering model that will make it easy for future HIT policy committees or CMS administrators to introduce new measures without a lot of rework or engineering delay. Because now they begun to see what the pathway forward looks like. They may want to do things differently or not. Just to give an understanding of whether there is a technology capability they could improve upon would be helpful.

Charlene Underwood

I don't know where this fits in, but I know there is all this work with the QDS (quality data set). I know you've done a lot of work on the expert committee to hone into what's that set of data around ambulatory. It's critical, but again, that's the kind of work that will make a difference as we start to know what the data set is to move to what David is talking about. One of the references was in England when they have to add one new data element to that data set.

They've got to get approval because it goes back and impacts the workflow. I don't know if that is on the table to have that perspective added to the panel? I noticed education on that, but that's really an important piece of infrastructure to get to what David is talking about, infrastructure and process.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I totally agree and you are right, that was the idea or the vision for the quality data set, now renamed the quality data model. The HIT standards committee made news by coming up with one set of vocabulary standards. Because of something that has Charlene has mentioned, if you have two to choose from, the vendors have to implement two and you have the world with 2. So it really, even though it seems like a small number, it is a huge barrier to exchange and commonality of these quality measures. I think what people say- once people know they have to do something and in this case measure and report, people would much rather have a single one thing that they measure and report. That is Charlene comment about the sooner we align these programs where quality measurements are involved the better, for everybody. Better for the vendors and the providers, and in the end, it is better for the receivers of this information including CMS. And so part of the dream was to have a central repository where the definition of quality measures were described there, but also a common definition of the data elements which include the workflow to which they are captured. I guess we could have that perspective thrown in at least an update, in potentially the panel number one, where we are talking about what are the requirements, and what are the data requirements and someone mentioned in CMS what are the data systems requirement in order to receive these kinds of reports. But in the end – that would be the elegance solution that makes everybody happier both from an implementation point of view and a comparable measure point of view.

Charlene Underwood, Siemens

If we could get aligned on that vision, even though it's going to be incremental, that's really important.

Dr. Paul Tang, Chair, Palo Alto Medical Center

What to think people think about adding a – as part of that program, the quality data model, they're putting together an offering tool. It's one thing to have this quality data model, it's another thing to make it easy to use. That is, easy to enter things in and to get information back out. Design a new quality measures for example, if it's really easy to understand what data elements are already there, your tendency to create yet another specification point, yet another piece of data, hopefully would be more limited.

Unidentified Man

I think that is a good plan.

Dr. Paul Tang, Chair, Palo Alto Medical Center

What you think about having it in panel number one? It could be one or could be any of them, I guess. Three might make sense in terms of how it interacts with the vendors, but one talks about an infrastructure for realizing the ... that consumers like CMS would have.

Charlene Underwood, Siemens

I know you don't want to divide quality out but this topic is so meaty it almost feels like you need to have part one and part two. You only have five minutes to talk, and so it's really challenging to cover all the content that we would want. Quality measures you can talk the whole time on that particular piece. I would be fine even having the first panel start to talk about quality measures and then we talk about the rest. It is so important.

George Hripcsak, Co-Chair, Columbia University

If we are talk about defining data elements then I don't want to separate any of them I guess, but I don't want to separate the vendors like if the EHR's have one system of defining data elements, they are going on there track. Quality measure developers have a separate not only

data model but a toolset to define the quality measures. That is not helpful. I would want those two things together. CMS would have to use in their definitions whatever is decided on. The separate panel is not so much quality measures as data element definition, if that is the interest.

Dr. Paul Tang, Chair, Palo Alto Medical Center

David, I see the wisdom in integrating the discussion in each of the panels, it might increase the chance would come up with some aligned strategy around quality measures if we were to concentrate discussion in one panel that had multiple perspectives. I know you have thought about that as well, and either way has its pros and cons.

David Lansky, Pacific Business Group on Health

I guess it's a matter of testing that idea. We can imagine who we would put on a blended panel. As George said earlier, if we had the right people and perspectives that would really make that work well. I am certainly open to it. I hadn't thought it through because I like the idea of having multiple perspectives from CMS, from vendors, and so on that we could tap in the discussion both on meaningful use and on the quality measures direction.

Charlene Underwood, Siemens

Maybe that is the way want to go is to mix the panel. I know that under the quality, you would shine a lot of light on the challenges and I think we could bring forward by having that combined panel, I think it is important to understand the challenges and issues and then we could move the ball forward with this better.

George Hripcsak, Co-Chair, Columbia University

You can argue that that we should leave ... in there and quality measurements, ... exchange and patient engagement. Basically, what are the goals of the program and have those be the three panels. I'm not sure we need to switch gears right this second but I am thinking of what are we trying to achieve. Quality measurement is becoming more clear, what also are we trying to achieve besides that other than just duplicating our previous panel on experience from the field?

Charlene Underwood, Siemens

I want to push back a bit because in doing a little interviewing there's certainly some providers in the field that think there should be an outcome. There is others that don't and we could get that testimony and they really feel that it's important that as we move forward we get more explicit in asking for outcomes rather than the objective and could give some examples of that? I wouldn't presume necessarily – being explicit is going to be important and that is why I am trying to keep focus in this area.

George Hripcsak, Co-Chair, Columbia University

From the providers, I don't think we have a question that asks them – if we're talking about what to do in stage 3, do we ever ask them what they want from their EHR's on this panel? Not really, I don't see it in any questions.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think our current questions have been biased towards past experience. I think today's discussion has been the various opportunities. Let's understand what the experience has been, but let's also have a deliberate track on what would you like it to be, and what is in your way. What barriers have we removed that would make life better and that is where we have headed with the quality measures. If we had consistency and standard definition then it would be much easier for everybody to implement them.

George Hripcsak, Co-Chair, Columbia University

I agree. I want this one to be open-ended. It's not just what quality measurement do they need but in general what do they need.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think that we have certainly had a day of hearings that are focused on the four groups, the four categories. That's why this perspective is looking at all of these user consumers of EHR's or the roles, their respective roles in implementing meaningful use. It does give a different perspective. The remaining question still is do we have a separate panel on quality measures that involves all of the different stakeholders trying to arrive at common barriers, but leading to potential common opportunity? That could be a breakthrough. If there is a breakthrough there, then it could – there may be policy levers that would move the country in the direction of the breakthrough. A bit like the standards committee coming up with one terminology standard.

George Hripcsak, Co-Chair, Columbia University

I'm convinced it might be fun to have a panel. It is up to David.

David Lansky, Pacific Business Group on Health

In principle, I like the idea. Just constructing who is on it that would make it work is the challenge.

Unidentified Man

We could include some quality measurement questions in the other panels to keep it engaged, instead of having one panel. Maybe it's one aspect of quality measures that is in this panel but we keep the quality measure theme throughout the other three panels.

Dr. Paul Tang, Chair, Palo Alto Medical Center

It will absolutely come up in all the panels, but this one can be much more problem solving. And I think what's enticing about this approach is you can see where you could come up with a breakthrough strategy.

Eva Powell

I think that combined approach might be good, where you've got, as David was saying, addressing the quality measures in all of the panels, and capture the barriers there. My hesitation in having the panel at the end, not hesitation, but I think the value from doing that will require us to focus on solutions at the end, and not rehash the barriers, but to take the barriers we heard about in the other session and really use that last session as almost a problem solving or really even more than that, the barriers will be focusing in hindsight. This session we will need to take those as well as the future state that we are trying to achieve and focus the discussion on how we get there.

Dr. Paul Tang, Chair, Palo Alto Medical Center

That's a good idea. To focus this last one on solutions. I think it does what you suggested, which it helps avoid the rehashing of the barrier side, because it will slip into the other panels. But now having heard that, what can we do – what policy levers can we apply to coming up with the uniform solution?

David Lansky, Pacific Business Group on Health

I like that Paul. A couple things come to mind. For example, this will invoke some **HIE** questions and maybe somebody who is thought that through would be good. ONC has hired someone to work on federated query, and they are doing a fair amount of scanning the field to see what the state-of-the-art are for federated queries and it would raise the question of do have the right professional model in place for measuring and reporting on quality across what we imagine to be EHR. There are some issues around where does the computation live, you're going to have... capable of all of computing quality measures or does that live somewhere else? There's a controversy of whether essentially on patient level is in CMS's hands on a national scale or that should be regionally aggregated and reported. So there is probably a bunch of HIPAA privacy policy issues around that. Probably some themes that are in the solutions that, if we deconstructed the potential solutions that we are aware of, and then maybe having Floyd ...data model and where it is going all the pieces of that.

Unidentified Woman

Connecting with what David just said, we don't really have any input from consumers and patients yet on any of these panels, I think the solution focus is a good place to include that. Particularly because we are starting to see some of these really difficult questions related to privacy and security and research and when do you need consent. Difficult questions related to quality. And other things as well, but how do we separate those things out, and what is the consumer understanding of what is happening and what is the consumer role both in terms of any sort of privacy and security issues but also, what do consumers and patients need from this quality reporting? Not just for payment purposes, also for transparency in decision-making. We will need to figure how to weave that throughout this as well. Does that require a separate panel? I don't know if that – we have treated each panel by stakeholder group and left out one big one. Do we add another one? How are we going to fix that?

Dr. Paul Tang, Chair, Palo Alto Medical Center

I don't know that we can. Right now we are struggling with four. We had three and we would struggle to add a fourth. I don't know it's even possible to add a fifth. What we could do is potentially spill over to the next day and make the next day a full day instead of a half-day. That is one possibility.

Art Davidson

I think that we could include some of the consumer perspective on that solutions panel. I think we were just talking about was having the first three panels we have described talk more about how this has worked up to now, what has been good, what has been a challenge, what are barriers, but maybe include the consumer in the solutions piece? Have the consumers really got a perspective right now on challenges and barriers the same way that the governmental panel, the first one, the Medicaid/Medicare, the providers and vendors have? Maybe, you could include them in that solutions panel?

Dr. Paul Tang, Chair, Palo Alto Medical Center

That's an interesting thought. We have had our hearing on each of those four categories and obviously consumer's patient family engagement was category two. We have had that, and so what we are doing now is taking a different slice, certainly not that we have ignored consumers.

Eva Powell

I like having them part of the solution. I think that makes a lot of sense. I'm still thinking about this, if we are going to focus the last panel on solutions and everyone else has had an opportunity to provide the barriers perspective, it's correct to say that certainly consumers are not actively implementing meaningful use, so there would be a different perspective there but consumers definitely have a perspective on what information do they need and what are they not getting now and that to me is more aligned with the barrier theme as opposed to the solution. So my concern would be that we get at what the consumers need but they are not yet getting peace, so it can be discussed as part of the solution. I'm not sure exactly how to do that.

George Hripcsak, Co-Chair, Columbia University

The first three panels are not challenges. A little piece of each of the first three panels is challenges but we want them to be forward thinking also. The difference is that the fourth panel is a cross stakeholder combined panel to look at solutions related to outcomes. That is a specific panel where everyone gets together and consumers should be on that. And in the first three we shouldn't talk about it as if it is the past. They should all be in the future. A little bit of the past and future on each of the first three anyway. Furthermore, I think that we should probably start talking about who we would invite. I think you'll find as we go through that process we may refine the questions and refine the panels. It's often hard to find the person you are dreaming of so consumers make it on the provider panel when we go through it in addition to the solutions panel for example.

Dr. Paul Tang, Chair, Palo Alto Medical Center

That's a good segue to going to the next topic, which is to circle back and talk about suggestions for people on these panels. And that's a bit where the rubber meets the road as David Lansky has been saying. Panel one is really focused on both the public and private sector in terms of future delivery systems – accountable care. Clearly, Rob ... is the CMS person who is responsible for the meaningful use program, so we want to hear from him. Patrick Conway is in charge of the quality measures side for CMS, so maybe he is a good person on the fourth panel. Thoughts on people to present on panel one? Rob is for sure.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

Obviously Patrick. I think it depends on whether you want to talk about the quality measurement aspects of meaningful use in the context of the report from CMS. I would certainly include him on the first panel.

Dr. Paul Tang, Chair, Palo Alto Medical Center

You think he would want to speak on the first panel or the solutions panel?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

I am just saying that if you want to have a report that includes the experience with a clinical quality measures, I would include Patrick.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I see, okay. Would Rob represent the Medicaid side as well? Should we turn to someone else for that side?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

He certainly does represent both, but I do think that it would be worthwhile to invite Penny Thompson from the Medicaid side to talk about specific issues that are arising in the state because then she would be more familiar with that.

Art Davidson

I also think it would be helpful to have someone from one of the states where the Medicaid agency is actually a little further down this path. Many states are not there yet, and it would be good to hear about a state that at least has begun this process and what they think they might do with any of the data that is going to be reported.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Any suggestions?

Art Davidson

Josh, I can't remember which states are in the lead in the Medicaid process, do you know?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

About half the states now have launched their programs. I think inviting Penny and asking her to identify a state would make the most sense.

Art Davidson

Right, that is good.

Dr. Paul Tang, Chair, Palo Alto Medical Center

On the private sector side, anybody that could represent that perspective more broadly? I think I've seen Blue Cross partnering with folks on creating; this is an ACO like thing.

David Lansky, Pacific Business Group on Health

I think American Hospital Association could represent that broadly.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Okay.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

There a couple of the Blue Cross – HiMark Blue Cross/Blue Shield in Pennsylvania has gone forward with aligning their existing pay for performance program with the meaningful use program.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Specifically?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

Yes. Don Fisher is the chief medical officer of HiMark.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Okay, anybody else have another example?

Unidentified Man

Charles Kennedy now has the responsibility for the ACO's for Aetna. He certainly is a member of the community to be able to speak to – each of the major plans has someone working on it. If HiMark is doing the strongest linkage between the meaningful use program and their other ... programs, that would be a good choice.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Okay, we have a couple good suggestions there. I think I've heard about five or six names that can give us enough to go on to start. How about on the provider side?

Charlene Underwood, Siemens

I've got two recommendations. I mentioned a little bit of interviewing. It would make sense, there was one consultant from the advisory board who has done a lot of work working across vendors and providers that I thought had some real valuable insight. We don't necessarily want to bring a consultant to the table, but certainly, you can bring each vendor's experience but to bring that cross ... is pretty important. I can recommend that name. The other thing that I did was ask the vendor community to come up with some recommendations on their customer's want to participate in testify, and I can submit those names for your consideration.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Thinking about as broad a perspective as possible of course.

Charlene Underwood, Siemens

So you want ambulatory, acute care, and any other dimensions on that?

Judy Murphy, Aurora Health Care

Maybe an integrated delivery network that has both?

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think it was Marty who mentioned AHA. We had put in here before REC to try to hit more of the smaller provider and more of the rural community.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

There two types of people we could invite, one would be someone who is working on the ground with practices, someone from a The other is to have a practice, a doctor from a practice –.

Dr. Paul Tang, Chair, Palo Alto Medical Center

To some extent we don't want to repeat the hearing we did have before, at least that panel.

Charlene Underwood, Siemens

I think we are at a different point in time. That was really early on.

Dr. Paul Tang, Chair, Palo Alto Medical Center

It's still pretty early.

Charlene Underwood, Siemens

I know, I don't disagree.

Judy Murphy, Aurora Health Care

It feels that it should be some REC that we know has put through five or six different – well it wouldn't be just the physicians, I'm thinking little physician groups but even though the physicians go individually. I just don't know who has put forth the most thus far.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think Josh would know.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

What I think is interesting is now I'm starting to talk to practices, in fact, I was just at a practice in Vermont a week and a half ago. They did not even implement their EHR until 2011, and they qualified for meaningful use and that experience of providers who said literally, we would not have done this or we would not have been able to do this if we didn't have the ... dollars, and to hear what that experience is going surge from 0 to 60 is very different than a practice that has been using EHR and then has to upgrade and intensify to ...

Dr. Paul Tang, Chair, Palo Alto Medical Center

We also want to make sure though that we are talking about not just implementing software but getting the value out of it. That's certainly what we heard from the last panel.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

Right. I think it's an experience that where there is not something going on in that practice before this program began.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Okay, good. We have some leads there. What about the vendor community?

Charlene Underwood, Siemens

Last time you wanted – and again we are gathering recommendations on this one. You wanted a variety, small and large people – if you put some boundaries around what you would like to include in there, we can make some recommendations.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think folks that can represent a customer is always helpful.

Charlene Underwood, Siemens

Maybe specialist too, because we've got the specialist piece? We've got OBGYN too and that perspective?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

It would be important to have both vendors and cloud based.

Charlene Underwood, Siemens

Enterprise, ambulatory specialists? A lot of vendors provide the cloud computing. That kind of cross-cutting and is a bit challenging.

Dr. Paul Tang, Chair, Palo Alto Medical Center

When you say that is a bit challenging –

Charlene Underwood, Siemens

There are small vendors that do it, and large ones that do it. I don't think it is one dimension of an offering that a vendor provides. It's one of the mechanisms that they provide their service.

Dr. Paul Tang, Chair, Palo Alto Medical Center

To the extent that you can pick somebody that can represent the different approaches, so it doesn't have to be one that is limited to one or the other, but what can we learn about the cloud-based approach? That works better for the smaller practices. I guess that is how that one vendor got it up and running so quickly. It is better for a vendor not only to provide one solution or the other, but to speak probably about the different folks where one or the other was more appropriate.

George Hripcsak, Co-Chair, Columbia University

If we're looking at variety and vendors, I am thinking variety in terms of what kind of questions we would ask. One is, mechanics and how is it going, the past use questions. Then David mentioned architecture, which might be the same person, or it might not be the exact same person that talks about architecture. Third would be the vendor's perspective on accountable care, which is a little forward thinking from the vendor's point of view. I can think of a couple people - I'm sure John ... has been thinking about it pretty hard in his new role, but they're other people to, so looking at the vendors from a variety of vendors from that perspective also.

Dr. Paul Tang, Chair, Palo Alto Medical Center

There will be a lot to choose from. I wonder if part of the objective is to get a cross-section, but I think an important one is to the extent that vendors can provide a broad lessons learned. Either the cross-cutting lessons learned or the common barrier. So just to pick on something you have already talked about is the whole quality measurement. That sort of cross-cutting, large, small, doesn't matter what your architecture is. That may be very helpful to hear about. People can speak to the challenges, let's say, of smaller practices. Or larger, I am not sure smaller is at a total disadvantage when it comes to challenges of implementation. The large ones would certainly have the complexity.

Charlene Underwood, Siemens

One of the things I hear from the practices in rural areas is they can't even get broadband, so they can't get their system up and if you want to offer cloud computing it doesn't work because it slows them down. I don't know how you bring some of those topics to the table. Maybe that comes from the small providers. Those are some of the challenges that we are hearing out there in the rural community.

Unidentified Man

That maybe something that could be brought to the table, someone mentioned earlier about having someone from ONC, from the first panel, maybe some of the RECs may know some of those stories and someone from ONC could provide that, that might be helpful. The last comment, I think it was George was talking about John ... and his role, I don't know whether it's strategy to play a role in ACOs. Are there vendors who work to target ACO's software? And is that something that we might want to have as part of a solutions panel down the road? Is someone far enough having implemented mechanical care activities to inform us at this point?

Charlene Underwood, Siemens

In general, I think where the market is going, most vendors have their pulse on accountable care, but I think it's to some extent the wild west out there in terms of what finally ends up to be in the regulations and what the specifics are. I think you can bring a lot of different vantage

points on the topic to the table. And the question then is what is a crucial that we are doing in meaningful use that regardless of what the final answers is, there will be many we know, what do we need to be doing in meaningful use? We have to be aligned to support the direction that accountable care is going. I don't know if that is on your solution panel that would work too.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I was wondering, do we have the right representation on panel number one from CMS with respect to accountable care? Josh do you know if there's anybody that could give us a broader view of the various CMS initiatives?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

If we want that, we could certainly inquire with them. I'm trying to think where that would best fall. The request is really someone to talk about – how broad do you want to get? Specific to how many ... supports other initiatives?

Dr. Paul Tang, Chair, Palo Alto Medical Center

Yes, how can HIT and meaningful use in particular support the broad strategy? Specifically not any one program, unless in CMS's mind ACO's is basically however it comes to evolve, that is their main thrust for the future programs. Whatever the direction they would like us to support.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

I will check in with people.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Anything more on the vendor panel?

Charlene Underwood, Siemens

We will submit some names within the next week or so.

Dr. Paul Tang, Chair, Palo Alto Medical Center

And you could annotate those names and what kind of perspectives to bring. It's always useful if they are broader.

Eva Powell

I'm just wondering, it might be a good idea to have a way of including the patient consumer voice without having to add another panel is to include a patient consumer person on each of the existing panels. I am still trying to noodle through how we might make that consistent with the particular theme that we've got. But I think there is a way to do that. It would just take some work on our part and some others to identify some well spoken and savvy consumers who could speak basically to their experience and what benefit they have already seen from meaningful use. If you think about it, these are tax dollars and if we are year plus into the program and patients and consumers are not seeing any direct benefit, then that is a problem. I think the more that we can do the highlight what benefits patients and consumers are getting from each of the stakeholder groups, the better. And it would also provide a really useful perspective on the future state, and what patients and consumers are getting to help them to be more engaged in their care as well is what they still need in order to be even further engaged in their care. Perhaps we could get a Medicaid recipient for the first panel, or Medicare recipient, I'm thinking Medicaid might be good to provide an underserved perspective. Provider experience could be a wider range of folks, and then vendor experience, perhaps someone who has been using a patient portal, for instance, or some of the more patient focused elements that are typical in EHR's. What are people's thoughts on that?

Dr. Paul Tang, Chair, Palo Alto Medical Center

What about if we include somebody on the provider panel? That is the most relevant.

Eva Powell

I am concerned about relegating consumers to a very confined space. I think it is more appropriate if we are going to put them on – if we are not going to have their own panels like the other stakeholders, then we need to infuse their input into all of these sectors, and I think the way I just suggested is a reasonable way to approach that. Being the beneficiary of payers, what are the benefits they are seeing in those areas that are particular to the payer group? Again, I think that might focus on some of the underserved issues, and then certainly the provider experience like you said, then the vendor experience again, so much of what we struggled with in meaningful use is coming up with criteria that are meaningful but also are doable, so to speak, in today's environment. And so, I think that their input could be useful there as well in terms of how today's products either are or are not meeting the needs of patients with regard to how they partner with their providers. I guess I am not really favoring this notion of relegating them to a certain place, because we think that that's where they are appropriate. I think they could have really helpful input in a lot of these areas. Josh, if you're still on the call, I am wondering if there are providers out there that you been working with whom you could connect us with and hear the partnership and we could work through finding some well spoken and savvy consumers out there.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

We certainly could. Some of them we have talked to, and I go on-site visits, I always try to talk to consumers myself too; patients in the practices.

Eva Powell

If you think about it, if we are really looking toward patient centered care, then all of the stakeholders are here to serve the patient. Why would we only ask for their input and one very specified box?

Dr. Paul Tang, Chair, Palo Alto Medical Center

I want to remind you, we had a whole day's hearing on patient and family engagement. We've consistently been paying attention to that space, just didn't want to – with the short time, we want to make sure we get a different perspective as well.

Eva Powell

I'm not trying to be critical about what was already done, I'm just saying I feel like there could be really useful input in all of these panels. Again, that's obviously just like all the other stakeholder groups, it's subject to assigning the right people, which would be a little more challenging in this regard. But we can definitely work to do that.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

The point is perhaps around understanding experience with stage 1 meaningful use including that perspective in that what is the experience like for patients. That is certainly that something when we are going and doing site visits, trying to understand what the experiences for patients and some of that is changes in how the clinic visit happens, and what are the differences that they see, some of the what kind of information they have access to before and after the visit. So those are the kinds of things that we are hearing. There is also the opportunity to try to hear from them where there challenges in using things and integrating the meaningful use HIT tools from different providers.

Dr. Paul Tang, Chair

Okay. Let's move on to the fourth panel, which is the quality measure group. And this is toward the solutions side and trying to understand what the common denominator is from a barrier perspective, where if you were to overcome that, and particularly if we could apply policy levers to help that, we could improve upon the infrastructure for everybody, all the stakeholders. One of the things we talked about was hearing from ... on the quality data model approach. Looking at the different stakeholders, is there someone who would be a good match for this from the CMS or private sector payers side?

Charlene Underwood, Siemens

Dr. Conway, it used to be Dr. Rath right?

Dr. Paul Tang, Chair, Palo Alto Medical Center

It might be Patrick coming in there, and maybe that's where Charles Kennedy could speak from the private sector side. Does that make sense?

Charlene Underwood, Siemens

I don't know if you want to put the measure developer side, I know that Karen Kmetec has done – that's AMA but has good handle on the trade-offs between developing the measure and getting accredited, and then actually implementing it and getting the feedback. She brings a pretty balance viewpoint forward.

David Lansky, Pacific Business Group on Health

By the time of this thing ONC and CMS will have their contracts in place with the measurement development contractor, who has got the responsibility of building out the proposed measure concepts. And I think the way they will do that is have subcontractors with specialized expertise in different areas, but perhaps the general contractor or someone from that team would be able to speak to the process of developing the new measures and what they foresee being likely outcome in time for stages 2 and 3. That would inform everybody's discussion.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Ideas from the provider side?

Unidentified Man

Judy, do we have a list of providers we had tried to get before but for various reasons can come? Maybe they could come to this one.

Judy Sparrow – Office of the National Coordinator – Executive Director

I can dig that up for you.

David Lansky, Pacific Business Group on Health

The measurement directions, Kevin Weiss from the American Board of Medical Specialties had been a measure developer and done a lot of work with all the specialties on where they are headed. Either he or someone like that who knows how the different societies are moving forward to develop measures and what their computational and data requirements are going to be, might be interesting.

Dr. Paul Tang, Chair, Palo Alto Medical Center

For that, who is mentioning about if you talk from the providers role, what can help them do their job better?

David Lansky, Pacific Business Group on Health

Have we had Tim ... testify in any of our hearings? He has done as much work as anybody building a really rich broad set of measures for internal improvement and performance measurements. I think he is pretty plugged into the new requirements around. He was on one of our Tiger teams. The new requirements for care coordination and ACOs and so on.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

I think have Kevin Weiss is also trying to think about where the future as his role of president of ABMF where the future of medical professionals goes and what meaningful use's role is helping to affect that.

Dr. Paul Tang, Chair, Palo Alto Medical Center

And talk about the MOC maintenance certification process. What about from a practicing physician viewpoint? What will help make their life better and make it more fulfilling in terms of getting paid for the kinds of output they deliver rather than just the transactional side?

Charlene Underwood, Siemens

I don't know if you go to someone like the **MGMA** for some of that viewpoint, because they do a lot of surveying? They've done a lot of work on understanding health reform and what it means. There is a lot of research they have done.

Marty Fattig

I think we can also go with the REC's for assistance there. They would have some physicians that were great users.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Some of what was said at our implementation panel before about how it would change their practice, it was hard but it changed their practice, which that kind of story would be really good to hear. Eva, the same thing for consumers. What would change their life in terms of the kind of information that would be useful for them to have when making decisions about either choosing a physician or engaging in their own health management?

Eva Powell

I think that is right. And perhaps, I've been talking with a lot of consumers will become really involved in quality improvement efforts, but one of the eye-opening things has been that there is some real innovations out there, but only rarely do they include any sort of technology. In some cases that is fine, in other cases, you can really imagine how technology might set the world on fire in terms of taking that innovation further, and so that might be some interesting input as well.

Unidentified Man

David **Liss** has been a lot of time – he represents a large hospital, but is spending a lot of time on accountable care. Did the idea tell project which is reaching out to consumers in their homes, and HIT, and has designed a lot of programs and has experience in government but really represents the hospital at this point. But if we are looking for someone who is thought about all the issues in the future, but representing the hospital viewpoint would be David **Liss**.

Eva Powell

He may have some ideas for folks who his hospital has served and could also provide those patient perspectives. Just one quick question for narrowing focus sake, since a lot of the patient benefit comes from those kinds of things, like in-home services and remote monitoring, those things that are tangential to an actual EHR, do we want to confine ourselves to the very specific technologies that are eligible for meaningful use? I assume that is the case. I wanted to figure out the parameters here.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think so. Remember, this is a group that we hope through the discussion will point to some kind of breakthrough strategy.

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

As an example, in response to Eva's question, just a couple weeks ago I was in a practice in rural Wisconsin that's a meaningful use practice. I spent some time with some of their patients and one of them was a woman in her mid-70s who was talking about some of the benefits that she saw, but she also said she is on an insulin pump and with this insulin pump, I have all this data that automatically comes up, then I have to figure out how do I get that data into the EHR. Her after visit summaries provides all this good information, but it doesn't include any of this other data that she is collecting at home. That's the kind of thing that I think that is in a sense it's not part of stage I meaningful use, but it's related to the meaningful use of EHR from the perspective of the patient.

Eva Powell

What you are saying then is that if the testimony were to focus on perhaps a functionality – if it were to focus on a particular product so to speak that isn't a meaningful use product but uses information generated by meaningful use or by PHRs that as long as the testimony itself honed and specifically and how to integrate those two, that might be fine?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

I wouldn't even go as far as talking about specific products. The questions for the patients would be what are the things that you are trying to do to manage your health? How has meaningful use changed that? If she responds this is great because now I take 15 medications and I have them and in fact when I was in a visit with her and she realized there was one she is no longer on and she told the nurse right then. Then there are some things that she is doing where she can't use it for the information. That's a way that I think it's worth talking about.

Eva Powell

That is helpful, thanks.

David Lansky, Pacific Business Group on Health

Going back to the issues around quality measurement per se. From the consumer point of view one of the issues is the availability and use to the consumer. Right now, what we are generating for meaningful use does not provide direct value to the consumer as a quality measure. There is an issue either through a consumer advocate or through CMS folks, talking about the availability of this information to consumers either as a proxy measure which is how many providers are qualifying for meaningful use in the plan or network that I am using or whether consumers are looking for providers for who are meeting the meaningful use criteria or making their data public. Part of the discussion about the extremes right now is what kind of quality measures should be available to the public when they are choosing a health plan in the exchange. There's a bunch of cross threads here of the public value of these measures that would be worth exploring. I don't have an idea of who could do that.

Eva Powell

That is a good question. I am just wondering, I will be thinking and I will talk to some of my colleagues here, that particular question it might be useful to bring in some of the advocates we have worked with for a long time in the states with aligning forces for quality projects. That has had a very much quality reporting focus, and they've had some experience locally with those kinds of issues. They would be able to speak very knowledgeably to what might be more meaningful in that regard.

David Lansky, Pacific Business Group on Health

Paul, I'd also go back to the thing I mentioned earlier about the architecture of the reporting environment, the quality measurement going forward in terms of solutions. This issue of federated query is going to come up in the general question of the infrastructure for quality data captured reporting is going to get much more complicated when we get to the new measured concept. That includes the patient reported measures both outcome and patient experience and it includes the cross-setting measurement, for example they can link claims data to EHR data. Josh, maybe you can point us to people at ONC who are working on that. Good to get someone to talk – Rich Platt could do it from the HMO research consortium around how they are doing federated query but I think there is a project going on in ONC along these lines.

Charlene Underwood, Siemens

Maybe I could get Mark over here to talk about that because he did some of that in the Indiana system too; the importing of that. Similar space in terms of the integration of claims plus the EHR data and some of the measurement issues around that.

Dr. Paul Tang, Chair, Palo Alto Medical Center

David, we certainly don't want to rehash what you did in your quality measurement hearing either, what can we do in that confined time that would move the ball forward?

David Lansky, Pacific Business Group on Health

What we didn't do in the Tiger Team workgroup was talk about the infrastructure. The data systems – I think we didn't get to. We talked about the measures, measured concepts but we didn't talk about what does it imply for the EHR products or for the intermediary layer. ... paradoxes where we are headed. We have not sorted out. For example, every individual eligible professional capture and compute all the quality measures which require data from across the care team or the continuum of care or from the patient reported measures and how they are going to be integrated into the data infrastructure. It's all pretty much unknown.

Art Davidson

There are a series of projects being funded by AHRQ right now, and I don't know what ONC is doing so maybe Josh can chime in, but I think someone like John White from AHRQ can speak to some of those in his portfolio about federated queries and combining claims and patient reported outcomes. I still think it's early in the process. I don't know that there is something there, this would be more towards the future and solutions.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I wonder if – it's almost like how we started, which is having the whole thing on quality measurement, everything from the architecture to the infrastructure to what they should be measuring. Would it make sense for us to concentrate on what should we be measuring side for the strategy in stage 3? Trying to figure out how we could cover all of these topics in one panel and for what purpose.

David Lansky, Pacific Business Group on Health

For what purpose question –

Dr. Paul Tang, Chair, Palo Alto Medical Center

From the context of developing a strategy for stage 3 and looking towards quality measures, what do you think we could accomplish in the context of this hearing as part of stage 3 strategy versus it almost sounds like because you're saying how we haven't really talked about some of these infrastructure issues, whether we have a separate activity that actually looks at that. And maybe that can evolve from the discussion with this panel?

David Lansky, Pacific Business Group on Health

There is an interaction typical between should we put forward measures which pull competencies through the system and require people to develop those competencies or do we understand the limitations and live within them? You have to go back and forth between those two. For example, they work on federated queries is solid and viable by 2015, then we could use quality measures, and define a mechanism for reporting quality measures that send little bits of computational code out to the EHR and incorporate it. That's an architectural solution which changes the game quite a bit for the vendors. Those are complicated discussions to have in a hearing like this. But we need to somehow get to that pretty soon so we know what capabilities we can assume for stage 3. I think the vendors want to know if they're going to have to write a code for bunch of new measures for the 2015 product. They want to know that in the next year or so.

Dr. Paul Tang, Chair

One of the outcomes for this panel could be a goal of having these plug-ins for example, I'm try to find out what do we get as a result of this panel and subsequent discussions and that could spawn new activities. And you are talking about the architecture would be the thing that we want to focus on for this particular panel in this hearing. I could see how it could spawn off discussions.

Charlene Underwood, Siemens

I do agree with David that the infrastructure – we've done a lot of work in the industry but without a focus on it, on the infrastructure requirements for the quality enterprise. I think that is

worth talking about. Its good data, you've got good data coming in, it's standardized, it's apples and apples and all those kinds of things and what is the infrastructure that we need to be able to do that? It kind of piece part right now, what infrastructure CMS needs, is it single patient or consolidate patient, there is a lot of questions around what that infrastructure looks like it what assumptions we make. If we send in individual patient ones rather than aggregated ones, that's a whole different process. Maybe somebody else will do the aggregating, maybe it's the states, or it's all those options.

Dr. Paul Tang, Chair, Palo Alto Medical Center

That's an example of an outcome from this panel. I think if people say we are hanging this up is lack of an infrastructure and here are the elements. That's both the barrier and the opportunity to have a breakthrough strategy could spawn off some activity that dives into that. Does that make sense David?

David Lansky, Pacific Business Group on Health

I definitely think that is the right way to think about this particular hearing.

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think if we start wasting all these questions at that detail we won't even come up with a conclusion, we won't come up with what are the next steps, where as I can see the lack of this common infrastructure throughout the entire quality measurement enterprise is hanging everybody up and put the other way, solving that problem or having a common way of looking at this and working on the various components would benefit everybody. That is the reason why we should have a separate activity to look at that as we work with ONC to figure out how to get that done. Does that make sense?

David Lansky

Josh, do you know where Richard ... project on the federated query stuff is at this point?

Josh Seidman, Acting Director of Meaningful Use at the Office of the National Coordinator (ONC)

I just sent an e-mail about it. He is on that. I'm not sure exactly what the status is but I will find out and I will let you know.

Dr. Paul Tang, Chair, Palo Alto Medical Center

If we can put together panelists who would know these issues, and could point us in that direction then we would have what we need to recommend the next steps. Is that fair?

David Lansky, Pacific Business Group on Health

Sounds good.

Dr. Paul Tang, Chair, Palo Alto Medical Center

We have about 12 minutes left. We've gone through and gotten some suggestions on both questions and panelists, but we need to do is summarize that and put that back out for people to go to the next round. I think we've done a lot of work here today, and had a lot of good discussions. We will put that together and circulate that again in preparation for our next call, which we will have to schedule.

Other topics for the face-to-face meeting that occurs on the sixth? Obviously, one is debriefing on the hearing itself, other things related to our stage 3 strategy include things like revisiting the specialist. Are these tracks, are they handled mostly through quality measures, we returned to menus, that's the main questions that we would have. The whole notion of and we'll have some input from this hearing, do we focus more on the outcome measures? Does that give people waivers for certain process criteria in terms of qualifying for meaningful use? Those are some of the questions we left hanging for stage 3. But we will probably have some notion of new thoughts after we've gone through the hearing. Other topics to queue up for that meeting?

George Hripcsak, Co-Chair, Columbia University

Should we develop a mission statement for stage 3? Some concise statement of the direction of the themes that we are focusing on. Just a rehash of what we're talking about. I was wondering if it would be helpful if 3 to 10 sentences were written down and ends up being what we are going to do. Outcome quality measurement, patient engagement, disparities, and we already had it written down, it's our five categories. But maybe we can do something more specific to stage 3?

Dr. Paul Tang, Chair, Palo Alto Medical Center

That would be interesting. It would be nice if we came to some conclusions after hearing from panel one, and the direction about the public and private sector. So how can we line up with those to the extent that those are aligned? Ideally, I think everybody would love for all the initiatives to be aligned. That's how we can apply our resources the most effectively and efficiently. That's an interesting idea George.

George Hripcsak, Co-Chair, Columbia University

In effect, it would be the product of the hearing and are thoughts.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Correct, the product of our planning sessions.

Eva Powell

I think that's a good idea and I think it's a good place to also try to bring in standards folks. Part of what makes me say this is working with some of the standards groups, it's almost like we are coming to this place which I think is a good thing, where this overarching vision and articulating that as specifically as one can articulate a vision is a good idea, and there is work in the standards committees to go ahead and do that, but in reality, that's more policy committee task. But I think the good thing again, we all seem to be thinking that that is necessary. It might be a useful document for both branches, policy and standards committee to work off of.

Dr. Paul Tang, Chair, Palo Alto Medical Center

After we circulate the summary an updating of the questions and some of the panelist suggestions, we will need to be on a call again. We are getting close again to wanting to get invitations out as quickly as possible. Over the next two weeks, we will probably need a follow up call and we will circulate some times. George, did you want to update us on the clinical summary, summary of care document Tiger team? In terms of the charge and what is expected to be accomplished?

George Hripcsak, Co-Chair, Columbia University

The standards committee has asked through the meaningful use workgroup the policy committee to be more explicit on the definition of two things. One is the clinical summary that goes to patients, and the other is the care summary that goes between doctors and transitions of care. The Tiger team – I don't have my computer so I don't have the full list of participants. Josh, you may have that. Christine has been leading the charge and I am on it, Eva and Charlene is on it and several other members, and we are defining the elements largely based on what's already been working on for the last two years. What part of the final rule and other discussions that they meaningful use workgroup has had. One question we have is what is the mechanism for deciding this is a good list and handing that off to the standards committee? What is the procedure?

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think the Tiger team is an off shoot of the meaningful use workgroup. If the Tiger team can bring that work product back into this group, we can help review that and move it along back to this whole policy committee. I don't think we came up with and approved list or an endorsed list to move on. I guess that's what they are asking for now.

George Hripcsak, Co-Chair, Columbia University

Josh or Eva, any comments?

Eva Powell

Paul, what you're saying is that the Tiger team would then bring the discussion back to the full policy committee? Or two the meaningful use workgroup first?

Dr. Paul Tang, Chair, Palo Alto Medical Center

I think to the meaningful use workgroup. This is a group that has worked so diligently about those things. We just didn't come to a conclusion as far as the specified details in each of those documents. That could advance it more quickly to the policy committee.

Eva Powell

I think so. But I think we have had a lot of discussion in the meaningful use workgroup. It might be good to circle back to ONC who called for this group to make sure what their intent was.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Okay, anything more for this call? Can we open it up to public comment please?

Operator

You have a public comment.

Judy Sparrow – Office of the National Coordinator – Executive Director

Can you please identify yourself?

This is Mike Peters with the American College of Radiology. When this workgroup advanced your stage 2 recommendations to the full committee back in early June, you did so with the caveat that you would come back within a month or two and work on refinements for specialists EPs. Specifically the plan was to identify potentially inapplicable core measures, to work on specialist specific documentation requirements and put forward requirements related to imaging. You mentioned today for the first time bringing this up again for stage 3, the beginning of the penalty phase. I would contend that stage 3 is too late to make this program relevant to new EPs. This also recollects similar statements of the HIT policy committee during the stage 1 discussion. My question of the workgroup is what is the status of this activity and how can we help move this forward quickly for stage 2? How you're going to tackle the issues brought up at the May 13 specialist hearing now? Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

Does anyone have a comment on that? Thank you Dr. Peters for your comment to us. Anybody else?

Operator

No more comments at this time.

Dr. Paul Tang, Chair, Palo Alto Medical Center

Thank you everyone.