

Meaningful Use Workgroup
Draft Transcript
August 31, 2011

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you operator. Good morning everybody and welcome to the Meaningful Use Workgroup Federal Advisory Committee call. So there will be opportunity at the end of the call for the public to make comment. And just a reminder, members please identify yourselves when speaking. Paul Tang?

Paul Tang – Palo Alto Medical Center

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

George Hripcsak?

George Hripcsak – Columbia University

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Bates? Neil Calman?

Neil Calman – The Institute for Family Health – President and Cofounder

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Art Davidson?

Arthur Davidson – Denver Public Health Department

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

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? Latanya Sweeney? Michael Barr?

Michael Barr – American College of Physicians

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Micky Tripathi? Marty Fattig?

Marty Fattig – Nemaha County Hospital (NCHNET)

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy Murphy?

Judy Murphy – Aurora Health Care – Vice President Applications

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Joe Francis? Josh Seidman?

Josh Seidman – ONC

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

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

Paul Tang – Palo Alto Medical Center

Very good. Well thank you everyone for joining the call. We have a couple of main agenda items today. One is to look over the questions and thank you people for the work from the last call and for the people submitting questions. So we have plenty of questions and in fact, we had some discussion about, we have way too many questions for any one person on a panel to deliver their responses verbally at least in 5 minutes. And as you all know, we have 5 minutes of verbal testimony and then people are encouraged and permitted to submit any written testimony they have and addressing as many of their questions that they would like. We talked about possibly either inviting panelist to focus in on 2 or 3 of the questions where they would like to speak orally and of course we need plenty of time for discussion.

The other agenda item we have is to try to near finalize the panelist to speak and Charlene, in particular, has been doing a wonderful job soliciting some proposals for panelist. Now these are, we have to understand the context. Certainly, the vendors were invited to submit them, some panelist and Charlene provided files as well that she received, and some of the vendors submitted some of their customers as potential panelist. These obviously are going to be by personal folks who have one, adopted early, and two have been successful. Just as long as we keep all those caveats in mind I think that this forms a really good candidate list.

I thought we would go over the questions first since that certainly sets the agenda for the panel and sort of shapes who we would like to invite on the panel. So, if we can turn to the list of questions. The first panel is on CMS's experience, CMS/private sector experience with Meaningful Use and how it can be used for the kinds of accountable care plans and organizations that people are working toward. So there we have a set of questions and let me just open it up. It basically talks about, well, first of all, what has been going on with the Meaningful Use Stage 1, the submissions, and what are people choosing from the menu, what kind of quality measures are they reporting? We have had some early introductions, Rob Tagalicod reported on some of the early submitters, early attesters' and they have been able to do it fairly successfully, and also beating the thresholds by quite a bit. As more and more people submit how does that look?

We also asked them to see how well the Meaningful Use objectives align with other CMS initiatives, including National Quality Strategy and the ACOs. What have been the challenges, and, you know, everything is by attestation with audit, so have there been any inappropriate attestations to date? So these are the kinds of things we were planning to ask CMS and you see some of the people that we are inviting, Rob Tagalicod of course, and Patrick Conway, Julie Boughn, and a state representative, looking at some of the private sector, John Fischer, and Charles Kennedy, were brought up in the last call. Let me open up to questions in terms of the questions, comments about the questions.

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

Paul, this is David. Can we add something about state implementation, particularly with Medicaid?

Paul Tang – Palo Alto Medical Center

Okay.

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

And variations, you know, among states?

Paul Tang – Palo Alto Medical Center

Yes.

M

I think that's part of Julie Boughn from the Medicaid side of CMS would be addressing as well as there is probably going to be a state Medicaid person on.

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

Good.

Michael Barr – American College of Physicians

Paul, this is Michael Barr.

Paul Tang – Palo Alto Medical Center

Yep.

Michael Barr – American College of Physicians

Quick question, it may be implied, but just wondering if it is worthwhile calling out in terms of the relative rates of adoption, perhaps by different types of practices or size of practices, or specialty?

Paul Tang – Palo Alto Medical Center

Okay. Yeah, that's not specifically there, but we'd like to know this.

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

Paul, David again, just going back to the state question. Josh, is it the case that states have varied in their identifying supplementary measures for Medicaid or are they just all going with a core set?

Josh Seidman – ONC

No, well, first of all, none of the states, so far all the states have just been doing AIU, so they have not actually implemented.

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

Yeah, right.

Josh Seidman – ONC

But they have, most of the states have submitted state plans. My understanding is that they are basically going with the CMS approach.

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

Okay.

Christine Bechtel – National Partnership for Women & Families

Paul, it's Christine. I think one of the things that I found helpful about Rob's presentation, the first go around, was some discussion about thresholds. So who is not needing, or rather, which thresholds are not getting met and which thresholds are being met, you know, barely, or which are being met, you know, well beyond the minimum. I thought that was helpful because I think it is an issue that we continue to struggle with as we make suggestions to ONC and CMS about criteria and we get hung up on thresholds and so beginning to understand how those play out in the field is really helpful.

Paul Tang – Palo Alto Medical Center

Yes. I'm sure he plans to keep that style of updates going. It's very helpful.

Christine Bechtel – National Partnership for Women & Families

Yeah. I think what I'm asking for is slightly different than, I think you're right, I would imagine that's true, but to actually have some specific analysis around thresholds to cross things might be helpful.

Paul Tang – Palo Alto Medical Center

Sure. We are going to have to keep reminding ourselves. These are the early attesters'. So how well they represent what is going on truly across the country is, well they won't be representative, but will keep posted and look at the trajectory.

Neil Calman – The Institute for Family Health – President and Cofounder

And Paul, this is Neil. I think that that's part of one of the biggest problems in how we're structuring this, because some of the most useful comments we got were from the people, if you remember, the previous panels, were from people that had really struggled.

Paul Tang – Palo Alto Medical Center

Yeah.

Neil Calman – The Institute for Family Health – President and Cofounder

And I'm hoping we'll get a fair representation of people that are having problems in order to really understand where we are going wrong.

Paul Tang – Palo Alto Medical Center

Exactly. So, as we think about panelist we'll have to keep that in mind. Other comments about the questions for the first panel?

George Hripcsak – Columbia University

This is George. So we've added that the first question on rate should be stratified by type of practice and we've asked them to report on progress in the Medicaid Program, just saying it explicitly rather than leaving it implicit, is that right?

Paul Tang – Palo Alto Medical Center

Yes. Yes.

George Hripcsak – Columbia University

Are those the two changes?

Michael Barr – American College of Physicians

Michael Barr, type of practice and specialty.

George Hripcsak – Columbia University

Okay.

Michael Barr – American College of Physicians

Or maybe size if that's even available.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is Charlene. If we could, the last question, I think is pretty specific. I don't know how much they are going to want to share, but, if you could expand it and maybe, you know, can you describe where there has been, the previous question talks about challenges, but with the attestation process, I mean, it's more where there are challenges in interpretation that will effect attestation, where people are just, and I've got a lot of examples of that, when I talk with folks, where based on interpretation you could say "well I'm not sure you're really doing it right" you know, or you kind of miss that one, but, and you could call that inappropriate, but it's not really inappropriate. So, I don't know if we could generalize that question a little bit and say "explain where, you know, explain specifically where, I don't know, the lack of specificity or where the current definition causes problems with attestation and/or impacts it's correctness" or something like that.

Paul Tang – Palo Alto Medical Center

Okay. So, it's really the interpretation of the problem and how much.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

It is, because I've got a ton of examples where you might say "well I'm not sure you did it right" but, I you know.

Paul Tang – Palo Alto Medical Center

You know what, maybe we wrap that in as part of the quote "inappropriate" and maybe we have to re-label that question, but what challenges have there been with interpretation surrounding attestation.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Paul Tang – Palo Alto Medical Center

And how do you eventually investigate and decide something is "inappropriate?"

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, because that's what is making it.

Paul Tang – Palo Alto Medical Center

I see, no that's a good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Crazy.

Paul Tang – Palo Alto Medical Center

It's a good explicit thing. I would hope it comes up, but we'll try to find a way to ask that, because, you know, they have tons of questions and then they try to handle some of this through FAQ, but still what comes in people still have questions in their own mind about attestation.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Center

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I think it is worth carving that space out, because that's what they really worry about.

Paul Tang – Palo Alto Medical Center

No, it's actually right. People, I've heard a lot about that, you know, people will even hold up on their attestations because they haven't got it quite right and how can we get information out to people, really good.

Arthur Davidson – Denver Public Health Department

Paul this is Art.

Paul Tang – Palo Alto Medical Center

Yeah Art.

Arthur Davidson – Denver Public Health Department

I'm looking at the questions and you know it seems like the bulk of the questions are really directed to the first three proposed panelist, it's about CMS and I'm not sure that we are offering an opportunity as Neil said to get those comments from the panelist that are listed at the bottom which are not from CMS. I

don't know if we need to structure these questions a little bit differently for someone who represents State Medicaid or for Charles who represents, or Donald Fischer, who I don't know, but represent different organizations.

Paul Tang – Palo Alto Medical Center

No, good point. So maybe we come up with something about, it's almost the alignment question, how does Meaningful Use support your organization, these private sector organizations move towards accountable care?

Arthur Davidson – Denver Public Health Department

Right, although one of them is not a private sector it's a government, but it's not, as Josh said it's AIU, so they won't be speaking to the same level of how it's played out in their state because they are focused on the Medicaid providers which have been relatively limited so far.

Paul Tang – Palo Alto Medical Center

Yes.

Paul Tang – Palo Alto Medical Center

Really good additions. Others? Okay, I think we really have a full agenda for this first panel. Any other suggestions for people? I think we've covered the federal side, federal and state, any others besides Charles and Don? Let's see, and Don comes from, because that was one of the early folks in the private sector working with ACOs, is that.

M

Yeah. Don also has aligned their existing Pay-for-Performance Program around HIT with Meaningful Use.

Paul Tang – Palo Alto Medical Center

Okay.

M

So, I think maybe there are two questions there. There is the one that was mentioned before, how does Meaningful Use support drive towards accountable care?

Paul Tang – Palo Alto Medical Center

Yes.

M

And how does Meaningful Use, the second one would be how does Meaningful Use align with existing Pay-for-Performance Programs and the goals of health plans and others in the private sector.

Paul Tang – Palo Alto Medical Center

No that's a really good idea. Most of the PFPs come from the private sector and it would be, we don't want this to be yet another add on to that. So I think that's a really good idea. Okay. Ready to move onto the second group which is for providers and we did have a, sort of a provider panel before that was very helpful to us and where this one slanted more towards to the future, so we had a little bit of experience with Stage 1, how are people thinking about Stage 2 and Stage 3, and particularly how to sort of nudge themselves towards what they believe they need to do anyway for an accountable care kind of world. So that's the kind of slant we want to get because after all we're trying to look for a strategy for Stage 3. So we talked about American Hospitalist Association and Shantel has been represented from AHA that tries to do surveys and bringing in a lot of information from the field.

We had a recommendation from, I forgot where it originated, but...from Utah Beacon Program and she has been thinking about some of the issues that we've been struggling with. Josh, you want to add anything to that?

Josh Seidman – ONC

No, but I think that person would be good.

Paul Tang – Palo Alto Medical Center

Yeah, sounds like it. You all received some information from Charlene in terms of, now the origin is, I believe Charlene, the origin is asking vendors what customers could speak articulately about the Meaningful Use Program with respect to use of EHRs in supporting their care mission. So comments from folks on other people?

Judy Murphy – Aurora Health Care – Vice President Applications

So this is Judy Murphy. There is a physician that works with the REC in Minnesota, Paul Kleeberg, I don't know if folks know him, he testified for one of the Implementation Workgroup hearings about a year ago and he is really good and has a real good handle on some of the issues. So, I think he might be a good testifier.

Paul Tang – Palo Alto Medical Center

Okay.

M

Yes, I think he would be great.

Paul Tang – Palo Alto Medical Center

And, okay, so let's look at sort of distribution or diversity. So that's, he's from Minnesota you said?

Judy Murphy – Aurora Health Care – Vice President Applications

That's correct.

Paul Tang – Palo Alto Medical Center

And from what kind of a health system?

Judy Murphy – Aurora Health Care – Vice President Applications

Well his origins are from Allina. He was a CMIO at Allina before he worked for the REC. He has been at the REC since its inception about 18 months ago.

Paul Tang – Palo Alto Medical Center

Okay.

M

He is also now serving as the Chair of the Meaningful Use Community of Practice, so.

Judy Murphy – Aurora Health Care – Vice President Applications

Oh.

Paul Tang – Palo Alto Medical Center

Great.

M

He's now within the...and the REC program. So he has a pretty good broad perspective on what's going on with the extension centers.

Marty Fattig – Nemaha County Hospital (NCHNET)

Paul, this is Marty. I noticed on page 3 of Charlene's list, Denni McColm from Bolivar, Missouri. Denni is a great representative for small and rural.

Paul Tang – Palo Alto Medical Center

Super. Yeah. I noticed that too. It sounds like one he has lot of experience and he spans.

Marty Fattig – Nemaha County Hospital (NCHNET)

Actually it's a she.

Paul Tang – Palo Alto Medical Center

Sorry, she. So a rural hospital, 6 long-care facilities, home care hospice, rural health clinics, specialty clinic, physician clinics.

Marty Fattig – Nemaha County Hospital (NCHNET)

And they have attested.

Paul Tang – Palo Alto Medical Center

And they have attested.

Marty Fattig – Nemaha County Hospital (NCHNET)

Yes. I visited with her about almost a month ago now when I spoke to a group in Missouri.

Paul Tang – Palo Alto Medical Center

Okay. Another good cross-section.

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

Paul this is David. I don't know...you've heard from CHIME folks but I had extended an invitation for them to recommend people and I don't know if they've given us any, if Shantel is part of that group.

W

No I have not heard from them specifically.

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

Okay. We can ask them to see if they have anybody they want to advocate for.

W

Okay.

Paul Tang – Palo Alto Medical Center

Now, there is someone from Walla Walla Clinic who is a pediatrician, and is from a...specialty group practice of 40 primary and specialty care physicians in Walla Walla, Washington.

George Hripcsak – Columbia University

Paul, I missed the first one you reviewed. This is George. Do we have an academic medical center?

Paul Tang – Palo Alto Medical Center

Not yet.

George Hripcsak – Columbia University

Usually we're worried that we're going too far to stressing them, but I don't think they should be left out completely, I mean we're talking about the future of health care, presumably an academic medical center is concerned about that, and some of this is looking back and seeing how it's going, but some of it is predicting changes in health care over the next 5 years.

Paul Tang – Palo Alto Medical Center

No, that's fair. So there a couple on Charlene's list, one is Ferdinand Velasco, and let's see, is that, an academic? I actually don't know.

M

Oh, it's Ferdi.

Paul Tang – Palo Alto Medical Center

Pardon me?

M

I do know Ferdi.

Paul Tang – Palo Alto Medical Center

Yeah. He's good. Another one, semi-academic as well, is Tom Smith, North Shore University, used to be evidence in Northwestern. What's nice is it looked like at least from the bio that they have some quantitative, you know, financial assessment of what it costs and what they, you know, how they think this would contribute financially. So he is a CIO.

M

Right.

Paul Tang – Palo Alto Medical Center

It looks like at least it says they were one of the earliest to attest. So actually, his statement was we've met our budgeted revenue goal from this area for FY11 of 10 million dollars and I don't know whether that is revenue from the incentive program or revenue from the payback in terms of how the system helped them financially.

Judy Murphy – Aurora Health Care – Vice President Applications

This is Judy Murphy. They have a great profile though, you know, 4 hospitals, 700 employed physicians, can certainly talk from both sides.

Paul Tang – Palo Alto Medical Center

And it's not a close, I mean they have to work with independent docs.

Judy Murphy – Aurora Health Care – Vice President Applications

Right. Right.

Paul Tang – Palo Alto Medical Center

What do people think of that?

Judy Murphy – Aurora Health Care – Vice President Applications

I like it.

Paul Tang – Palo Alto Medical Center

I think they're a Davies winner too. So they may have quite a bit of quantitative information. Okay, that's another candidate. What do you think about the North Bronx Neil?

Neil Calman – The Institute for Family Health – President and Cofounder

Are you talking about the recommendation about the Bronx Lebanon?

Paul Tang – Palo Alto Medical Center

Yeah.

Neil Calman – The Institute for Family Health – President and Cofounder

The North Bronx Healthcare Network?

Paul Tang – Palo Alto Medical Center

Yeah, the North Bronx Healthcare Network.

Neil Calman – The Institute for Family Health – President and Cofounder

You know, I really don't know too much about what their implementation is because we're not really affiliated with them. They are part of the Health and Hospitalist Corporation.

Paul Tang – Palo Alto Medical Center

Right.

Judy Murphy – Aurora Health Care – Vice President Applications

Judy Murphy. They haven't attested yet. The last statement there is that they're beginning.

Paul Tang – Palo Alto Medical Center

Right.

Judy Murphy – Aurora Health Care – Vice President Applications

Yeah.

Neil Calman – The Institute for Family Health – President and Cofounder

I can find out more about it, but I just don't know.

Paul Tang – Palo Alto Medical Center

They are one of the early adopters and they tend to quantify things as well if I remember correctly.

Neil Calman – The Institute for Family Health – President and Cofounder

Yeah. They definitely will be doing a lot of work using data and quality improvement stuff.

Paul Tang – Palo Alto Medical Center

Yes.

Neil Calman – The Institute for Family Health – President and Cofounder

They have kind of sort of kept themselves out of the mix in relationship to health information exchange. They kept themselves as a sort of a separate entity, which has been a big issue in New York. I don't know how that's going to play out over time.

Paul Tang – Palo Alto Medical Center

Okay.

Neil Calman – The Institute for Family Health – President and Cofounder

I could find out more about it.

George Hripcsak – Columbia University

You know there are two discussions. This is George. How is it going, which kind of mirrors our earlier panel a little bit and there we want people who have tried to attest, I guess one person who didn't try on purpose, would be interesting also, but for the most part you want people who have attested. And then there is where is this thing headed and how do you think it is going to affect you as a provider where having attested is not necessarily the most important criteria and that's where previously I had brought up David's list...but like Geisinger or something like that is what I was thinking of when I said academic medical center who can, you know, kind of understand how health care reform and their organization fit together and then how Meaningful Use fits on top of that. So that other half of the discussion, which is kind of the future in policy and prediction.

Paul Tang – Palo Alto Medical Center

I think actually that should be more than a half. I mean, the first panel, I mean the panel we had before was a bait in saying "well look this helped us do what we wanted to do anyway." And here we are actually trying to say "and where are you headed" and how can we continue to sort of nudge the organization either how it prioritizes it's funding or the kinds of system it works on, or the way it engages it's staff to go in the direction where the health system thinks it needs to go to report accountable care. And I think that's where we are headed for this particular hearing. So, I totally agree with you George.

Arthur Davidson – Denver Public Health Department

So, Paul, this is Art. Is that explicitly asked in the question about where we think it's headed with regard to accountable care? I'm looking for that, but I don't see that.

Paul Tang – Palo Alto Medical Center

Part of bullet 3 under the menu is only starting there. I think you're right Art. Looking at the quality measurement 2 and 3, the concepts that have gone out, are we on the right track? But, I see also it says it's the ease difficulty collecting versus are we on the right track?

Arthur Davidson – Denver Public Health Department

Right.

Neil Calman – The Institute for Family Health – President and Cofounder

This is Neil, I think it's also really important that we don't get people thinking about how they're moving towards accountable care organizations but more generically towards sort of the concepts of accountable care, because when you talk to people, you know, not everybody has bought into the idea that at some point they are going to be an accountable care organization. You know, I think the concepts are not disputable, you know, but I think that we don't want people talking about how it's helping them get set up to be an accountable care organization only, but how, you know, how the EHR is helping them be more accountable for cost and quality.

Paul Tang – Palo Alto Medical Center

I think you are exactly right. If you've noticed I've tried to use the term accountable care and leave out the "o" but we want it to be explicit so we can have a little preamble to this, to the panel to explain where we are headed.

Neil Calman – The Institute for Family Health – President and Cofounder

And the other thing I would just say about it is remember that the 3rd part is on population health and that's the piece you never hear anybody talk about with their electronic health records. You know, they're all talking about how they improved quality within their organization and, you know, that's always number one and then number two might have something to do with cost, but they never talk about really, you know, improving population health when population is defined, you know, beyond the walls of the organization, and I think it would be good to push a little on that issue.

W

And maybe add care coordination to that as a topic.

Paul Tang – Palo Alto Medical Center

Yep. Yep.

Neil Calman – The Institute for Family Health – President and Cofounder

Yeah, exactly.

Paul Tang – Palo Alto Medical Center

So what I hear is in fact our questions really have been, you know, what's been going on and what's been challenging. I think we literally try to pair those down and substitute some of the things that have been just discussed so that we don't give people the wrong impression as far as what we're interested in. We're interested in the other stuff and maybe we actually set it up to state some of the things that we would be interested in in your written testimony, but the main things we want to talk about are how can Meaningful Use support your becoming more accountable.

M

So, what we could do is, maybe what we do is we just shift all those questions, and I don't know if we have to get rid of questions, but at least shift them down one level and say, you know, historical or something, and then have our future questions so that it appears that it is not 90% history.

Paul Tang – Palo Alto Medical Center

Correct.

M

So, I just, how about something like what will be needed in Meaningful Use Stage 3 to help you achieve the broad goals of accountable care and what would be most beneficial to add to Meaningful Use Stage 3, for example critical functions currently missing from EHR, that was the more open ended question that says “what do you think we need?” Period, you know, just letting them state whatever is most important to them.

M

I’ll just say that Paul Kleeberg I think could also talk to the working with practices not only on achieving Meaningful Use but on patients that are in medical homes and things of that nature. So, maybe not specifically accountable care, but certainly care coordination, the health of your population, things of that nature.

Michael Barr – American College of Physicians

This is Michael Barr. I like the direction we are going in. I don’t think the intent is to lose some of the historical perspective and sort of what is happening on the ground now, in particular the first question is experience with VPs and EHs, and what about patients and families, in other words, the perspective of the providers about the patients and families response to some of the Meaningful Use objectives. So, I’ll just throw that out and also, in terms of the certification program a second set of questions there. This certification, meaning that it is actually working in practice, what challenges have you encountered if any with a certified EHR to do other things beyond Meaningful Use, because again, our members and other physicians are purchasing certified products and may or may not be finding that the products that are certified for Meaningful Use are addressing all the other issues they need in their practice.

Paul Tang – Palo Alto Medical Center

I think that is one of the trigger questions we got from the previous experience panel, the whole notion that the certification may not be the “guarantee” that people were looking toward and the other piece is vendor performance and that certainly can be limited by workforce availability, etcetera, but we do want to tease that out of this panel.

Christine Bechtel – National Partnership for Women & Families

Paul, this is Christine. I agree with Michael about building some patient perspectives in here. My suggestion would be I don’t think it’s appropriate to have consumers on the vendor panel. So, my suggestion would actually be to move that into the provider panel and to do that in two ways. One, is what Michael suggested, which is, you know, how have your patients reacted to this, and I might even have a general question, but also be a little more specific and ask if they have engaged patients in the implementation or the use of the record, so you know, asking them what matters to them, how’s it going, you know, how has your care changed, things like that. So, just sort of asking them very specifically, have you engaged patients in either getting feedback or in helping you design how you’re going to implement this and what your prioritizing and what’s their reaction been generally.

And then the other thing that I would offer is, you know, I know that I wasn’t on the last call, but Eva raised the issue of trying to build a stronger patient perspective and one of the things that we could do on this panel, we just are now, literally, like yesterday, beginning to get data back from the field on a large public opinion survey that we did of about 2000 people where we were asking them questions about the value of electronic health records and their trust in them, and we’ve been able to segment a population according to who says their doctor has an EHR already, and who says their doctor uses primarily paper. So, we’ve asked them a lot of questions about what the features and functions of EHRs are that matter the most to them and that make a difference. And also asked them questions about on line access to health information and things like that. So, we could present that on this panel as well.

Paul Tang – Palo Alto Medical Center

That would be good. At the least it would be nice to have that as written material up front so we know some of the results. It sounds like a very interesting survey. Do you have anybody, so do you want to

approach it from you reporting on something like this or do you want to approach it by having identifying somebody on the provider's side that can report some of the experience of how they have been working with their patient and what's the patients perspective on the benefits of HIT.

Christine Bechtel – National Partnership for Women & Families

Well, I think it's both. So, I think that in the themes and questions for panelist we need, as Michael suggested, to add some questions about, you know, what's been the reaction of your patients and then another specific question on whether or not they have actually engaged them in talking about it and I would add to that, you know, whether they have engaged them in talking about, you know, how it's going and implementation, but also privacy and security, because that's one of the things that we, you know, have really talked a lot about, the role of the healthcare provider in Meaningful Use, talking about privacy and security and some things that we're getting out of the survey are very interesting around, you know, the conversations that primarily are not happening. So, I would do both.

In an ideal world what I think we would do is to actually have patients from a number of these practices rather than, you know, some other approach, but to have patients themselves talk about how their experience has changed over time. I don't think we are able to do that quite yet. I think we can get ready and able to do that for the next go around once, you know, we've got more docs out their doing this for a little bit longer.

Paul Tang – Palo Alto Medical Center

Yes.

Christine Bechtel – National Partnership for Women & Families

So that's why I would say that, you know, to bring a patient perspective to this we could at least present the survey's findings at a high level.

Paul Tang – Palo Alto Medical Center

Okay.

Arthur Davidson – Denver Public Health Department

So, Paul this is Art. Along that same line, the names that we went through and I know we had mentioned some from the list that Charlene gave, do we know which of those sites has a tethered PHR or has had experience before Meaningful Use in a patient portal, would that be helpful to select someone or a site that has experience in that area and how Meaningful Use has either added to that or made difficulties for that. Because, I think it would be helpful to have a site that if we're going to bring in a consumer as Christine is suggesting, to have some site that's got a track record.

Paul Tang – Palo Alto Medical Center

Yes. Well, I could certainly say, North Shore University Health System would have that. What's Denni's system?

Marty Fattig – Nemaha County Hospital (NCHNET)

I'm sorry, this is Marty. You asking what their system is, or?

Paul Tang – Palo Alto Medical Center

Yes.

Marty Fattig – Nemaha County Hospital (NCHNET)

Their HIT system?

Paul Tang – Palo Alto Medical Center

Yeah.

Marty Fattig – Nemaha County Hospital (NCHNET)

They are on MEDITECH.

Paul Tang – Palo Alto Medical Center

Do you happen to know whether they have a patient portal?

Marty Fattig – Nemaha County Hospital (NCHNET)

I do not know. They were one of the hospitals that was at a...level 7 prior to Meaningful Use. So they were an earlier adopter.

Paul Tang – Palo Alto Medical Center

Plus a Davies Award Winner.

Marty Fattig – Nemaha County Hospital (NCHNET)

Yeah.

Paul Tang – Palo Alto Medical Center

Quite a bit.

Christine Bechtel – National Partnership for Women & Families

Yeah, unfortunately, I'm not sure how much that means. I think Art's right it would be nice to have somebody who has some experience and I mean we have interviewed about, I want to say, 8 or 10 different health care providers who have implemented on-line access for their patient population. So, it would be good to know if somebody who we are already inviting does that, but I also just want to clarify that my suggestion about, you know, asking a question of all the providers "have you engaged patients or families in this?" And getting their feedback on what their reaction has been.

Paul Tang – Palo Alto Medical Center

Yes.

Christine Bechtel – National Partnership for Women & Families

Is not limited to on-line access, it's really sort of how secure practices change and I'm sure that what Art understood, but I just wanted to clarify.

M

I agree.

Paul Tang – Palo Alto Medical Center

Yes. No I think that's a really good question to ask everybody.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is Charlene, it looks like, Paul, the one you identified from Walla Walla Clinic, they've got patient, you know, patient portal in their description.

Paul Tang – Palo Alto Medical Center

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

With Jennifer or this Craig, and some of the other ambulatory, I didn't get, I asked them all to put the benefits, you know.

Paul Tang – Palo Alto Medical Center

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Describe it, but not everyone followed directions.

Paul Tang – Palo Alto Medical Center

What's nice, at least the description from Walla Walla Clinic is sort of like a reasonably small group, medium sized group, yet sort of is like pushing to try to use this stuff both inside and outside of their four walls, at least by the description.

M

And just to let people know, I think based on the last call we were reaching out to find, you know, very small, like, small rural practice to sort of represent that perspective.

Paul Tang – Palo Alto Medical Center

Yeah through your recs right. There is a Carol who heads up in Kentucky, Gosh, I'm trying.

W

Steltenkamp?

Paul Tang – Palo Alto Medical Center

Yeah who I think at least participates if not is part of leadership of both the REC and the State based HIE.

Judy Murphy – Aurora Health Care – Vice President Applications

Yeah that is correct. This is Judy Murphy.

Paul Tang – Palo Alto Medical Center

What about her?

Judy Murphy – Aurora Health Care – Vice President Applications

She'd be great.

Paul Tang – Palo Alto Medical Center

And she is at the University of Kentucky is that right?

Judy Murphy – Aurora Health Care – Vice President Applications

Correct.

Paul Tang – Palo Alto Medical Center

She has the provider, she has the State HIE and the REC perspective, and you know, from obviously a more rural state.

Judy Murphy – Aurora Health Care – Vice President Applications

Yeah. This is Judy Murphy. I didn't think of her until you said her name. Yeah, she'd be great.

W

Yeah Carol would do a good job.

Paul Tang – Palo Alto Medical Center

Yeah, how about that? I was trying to. Okay.

W

The other one, Paul, in terms of like back to, again I know we got to fill two panels, the kind of the solution panel too, but the folks from Lifespan, either Dr. Coleman or Carole Cotter do a great job in terms of linking the current State Meaningful Use to the broader Accountable Care Health Reform Initiative and have done extensive work with re-engineering around the measurement process. So they'd be again another good content group.

Paul Tang – Palo Alto Medical Center

So, have you heard Reid for example?

W

Yeah. He presented at the Implementation Workgroup I think with Judy, Dr. Coleman.

Paul Tang – Palo Alto Medical Center

Okay.

Judy Murphy – Aurora Health Care – Vice President Applications

Yeah. I don't have a strong recollection of him, you know, by face or anything.

Paul Tang – Palo Alto Medical Center

Now, they do use a SNOMED coded problem list, that would be a nice discussion and they code their labs and image results in LOINC.

W

Yeah. So they did the kind of deep work when they.

Paul Tang – Palo Alto Medical Center

Yeah.

W

Filled it.

Paul Tang – Palo Alto Medical Center

And they already, well it looks like they've done Stage 2 work with the Closed Loop Medication System. So they are 4 hospitals in Rhode Island associated with Brown. What do people think about that? Well, I mean, part of their bio, the begin with the end in mind, and the notion of starting with capturing the required data elements, the LOINC and the SNOMED, and then using that to work the care model going forward.

W

Yep.

Paul Tang – Palo Alto Medical Center

It sounds like a nice model.

W

And they spread it across a 4th hospital which couldn't attest, I mean wasn't eligible, so they did it across their system.

Paul Tang – Palo Alto Medical Center

People's reaction?

W

And they were one of the ones that say this is about quality not about reporting, which I think at this point is, I mean, that gets lost in conversations.

Paul Tang – Palo Alto Medical Center

Any other comments about this suggestion? Is everybody on mute?

Judy Murphy – Aurora Health Care – Vice President Applications

Well this is Judy. It feels like we need a recap, how many small providers, big providers, small hospital, big hospital, I'm not exactly sure where we are at.

Paul Tang – Palo Alto Medical Center

Okay. So far, and when we still have outstanding...through the RECs. So we had Kleeberg which was affiliated with the REC in Minnesota, also, from a large system Allina. We had Denni McColm who is from

a rural healthcare organization that spans the spectrum from hospital through home and hospice, and long-term care. We had Tom Smith who is partly academic and sort of a leading health system in terms of implementation HIT and quantifying some their benefits and costs. We had Carole, what's her last name again?

Judy Murphy – Aurora Health Care – Vice President Applications

Steltenkamp.

Paul Tang – Palo Alto Medical Center

Steltenkamp from Kentucky representing a smaller rural state both on the university side, on the REC side, and the HIE State side. The proposal from Lifespan is Rhode Island, a lot having to do with standard based data capture driving as Charlene was saying, driving the quality side distinction versus quality reporting. Let's see, and then we have REC folks that Josh is working on. So, that's where we are currently. Anybody have, I have missed anybody, or do people want to add to that.

W

We had Charlene and...

Paul Tang – Palo Alto Medical Center

Oh, okay. And that I think is going to be probably some more to the smaller hospitals am I correct about that?

M

No, the AHA would represent all hospitals.

Paul Tang – Palo Alto Medical Center

Okay.

M

So how many is that?

Paul Tang – Palo Alto Medical Center

One, two, three, four, five, six, plus REC candidates. So, I mean, we have plenty of numbers, do people want to edit some of those people?

W

Yeah. So, I mean, I think you've got.

Paul Tang – Palo Alto Medical Center

And they may not all be available.

M

Yes exactly.

W

Paul and Carol you've got another 2 REC, you've got a lot of REC ones although that's good, you know, but that's 2 on the same one if you add a third one.

Paul Tang – Palo Alto Medical Center

We might not even have, as Josh was pointing out, we might not actually have the academics as well represented.

W

Yeah, so you might.

Paul Tang – Palo Alto Medical Center

Or a large health system.

W

...here was what, George Wolf from Montefiore, and.

M

On small hospitals there is a fairly small community public hospital in Alabama that has attested that would be interesting to talk to.

Paul Tang – Palo Alto Medical Center

And I forgot to mention Walla Walla.

W

Walla Walla looks like it might be a good one.

Paul Tang – Palo Alto Medical Center

So we can try to come up with some kind of prioritization in terms of invitations, but chances are maybe only 2/3 or 3/4 would be able to participate anyway.

W

Yeah and most of the ones on the vendor one I think people have added when people were available, so.

Paul Tang – Palo Alto Medical Center

Oh, okay.

W

You can do a little bit of.

Paul Tang – Palo Alto Medical Center

People know that they have to get asked.

Paul Tang – Palo Alto Medical Center

Yeah.

W

They know that's the deal. Paul, would it make sense to have a panel with EPs versus a panel with hospitals and break it into two?

Paul Tang – Palo Alto Medical Center

It would, it's just that we don't have time.

W

All right so you can't. Okay. I know your over.

Paul Tang – Palo Alto Medical Center

Yeah, let's see if the other two panels run short and then we can.

W

Okay.

Paul Tang – Palo Alto Medical Center

Essentially beef up this one.

W

Okay the other one, like, certainly the Lifespan one would be I think a good candidate for the solution panel, whatever we.

Paul Tang – Palo Alto Medical Center

Yes.

W

Talk about there.

Paul Tang – Palo Alto Medical Center

Okay.

W

That's pretty far states to me, you know, that's forward thinking.

Paul Tang – Palo Alto Medical Center

Actually, that's a really good idea because they've done some of the things that we thought about, how do you get it in, in the codified standardized way on the front end so you can just re-use it for all of these...uses.

W

Yeah. So they'd be good, because that's kind of how they think.

Paul Tang – Palo Alto Medical Center

Okay. Any further comments about this panel. We can come back to it, but it looks like we have a number of names. If anything it is bias a bit more towards the smaller, but people are saying that maybe that's the appropriate thing.

M

I'm sorry, did you want me to reach out on the East Alabama Medical Center or.

M

And they would be covering what, smaller hospitals, Paul or public, you know, low SES population?

Paul Tang – Palo Alto Medical Center

Let's throw them in the hopper.

M

Well, I think we're going to have to come and do another triage set, you know, with the first invitations and then the second and we'll just try to make sure we have the distribution in each of those candidate pools.

M

So we are aiming for 6 or 5, or?

M

No more than 6 at least.

Paul Tang – Palo Alto Medical Center

Okay, we'll come back and rebalance, but, and also, Charlene was saying the Lifespan folks could move to the last panel for example. Okay, panel 3 is the vendors. We're looking for how's it going from their perspective? They have to develop the system, they have to get it out and help the customers implement them, and in a sense they should be accountable for living up to the expectations set with respect to the certification as an example. And I think we're going to hear from them about challenges and quality reporting. And we also talked a little bit about sort of architecture, AFP versus local installed. Is that the breast of things we wanted to ask them?

M

I think it would be also good to have, I think a variety of, sort of sizes of vendors too, in terms of just trying to get a sense of different models and different ways of approaching things.

Paul Tang – Palo Alto Medical Center

Okay. So that same four kinds of questions we'd be asking from the different kinds vendors, does that make sense? Are there any edits to the questions?

Arthur Davidson – Denver Public Health Department

So, in the previous section. This is Art. In the previous panels I think we've discussed about the accountable care concepts as Neil spoke about this and somehow I managed to get a class report on ACOs and vendors so there has been some study of this. I wonder, whether we want to once again, ask them to speak about beyond Meaningful Use to how they are using that as accountable care concepts and whether they have any plans in that area. I think that was what we discussed last time.

M

Okay.

M

Okay.

M

You know, another thought I had, and I don't know where this fits in, Paul, or if it does at all, is that attesting to Meaningful Use has become sort of the dominant driving force in these organizations and I wonder if it's not worth exploring in some way, you know, what projects and other things people have on their, you know, on their radar, that has sort of been pushed aside by their goal of attesting to Meaningful Use.

Paul Tang – Palo Alto Medical Center

So we could ask that of the provider group it sounds like.

M

Yeah. I think that that would be a good question for the providers for sure.

Paul Tang – Palo Alto Medical Center

That's a good question.

M

No, because we always struggle with how prescriptive we want to be about, you know, are we really adding value by putting all these requirements in place or would people be sort of naturally tending to do other types of work that they think is locally important, you know, if they weren't, if they didn't have so many requirements to meet for Meaningful Use.

Paul Tang – Palo Alto Medical Center

You know, we've also heard that from the vendors, do we want to ask that same question to vendors?

M

Yeah, I would. I mean, you know, I think it's an important perspective for us to have as we move forward.

Paul Tang – Palo Alto Medical Center

Okay.

M

So it's "what is going by the wayside because of Meaningful Use?"

Paul Tang – Palo Alto Medical Center

Yeah, because of the focus on the Meaningful Use and really what its saying is the objectives set forward by the Meaningful Use Program. I mean, so far, I've been hearing a lot of, you know, they wanted to do everything that we've been asking for, but they also had other things on their plate, so it would be nice to know some of the, maybe there are ideas and some of the things that they had to put aside either in the vendor or the provider side.

M
Exactly.

Paul Tang – Palo Alto Medical Center

I haven't had negative feedback at least that I've heard about something we've pushed that wasn't worthwhile in their overall mission.

M
No, but I think it's a matter of priority.

Paul Tang – Palo Alto Medical Center

Definitely, yes.

M
So we're setting their priorities now. If they were setting their priorities how would they have done that differently, maybe that's the way to ask the question.

Paul Tang – Palo Alto Medical Center

That's good. Are comments on the questions you have before you? Actually, this is a good question, Christine; about we did include comments specifically on capturing data from and sharing data with patients. So, getting the vendor perspective sort of mirrors what you said about providers. Okay, do we want to turn over to the potential candidates for this panel?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is Charlene again. So, these again were submitted by the respective vendors and I did a call amongst the vendors to submit names. One that is not on here is Dr. Sterns from eMED which is a small ambulatory practice and he's pretty, I think he's their CEO; he's pretty articulate and could probably talk to most of the topics. I think the challenge as you look at these is for these people to talk both about the program and the architecture. You're going to need to blend there. So, it's a bit of a, you know, not all of them I think can probably do that, some of them can.

M
Charlene, it doesn't look like any of them are sort of cloud based, software based vendors, are there any?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

David, like, you know, like Siemens offers that capability, but we just offered as one of our models, so most vendors probably offer that, you know, as another, but it's not exclusive, you know.

M
I guess, I'm just wondering about any of the offerings that are either lighter weight or modular that would just look at some other implementation models.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I can't give you that full information, you know, most of them look like they're pretty, like Sage, you know, certainly Sage certainly meets the needs of smaller tracking for orthopedics and that kind of stuff I know, but.

M
Josh, what was that vendor that you brought up?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

EMED, E-M-E-D. It's in a lot of small practices and I've actually seen, they've got, you know, providers who have achieved the Davies Award with their software...usually resonates pretty well.

M

What I mentioned before was this, which it works in a lot of small practices their NT and certainly working with a number of the small practices, working with the RECs, and then in terms of cloud based, certainly Athena would be one of them.

Paul Tang – Palo Alto Medical Center

Now, the type of folks we would like to have here, I would say it's not really the marketing folks, it's really the folks who have, who can speak really deeply about their product and how it meets, you know, the challenges people have had, their customers had in implementing Meaningful Use using their product and to really give the vendor perspective about their customers, their broad customer base much more than talking about the product per se.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right. So I mean, the ones, you know, clearly Sasha from Epic has got a lot of experience, Michelle Fried from McKesson has a lot of experience in that because they've been on calls with me.

Paul Tang – Palo Alto Medical Center

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Roy Foster may, it's not clear from the resume.

M

So when I mentioned Athena, one of the reasons why I mention them is because they're entirely cloud based, they actually have data on every.

Paul Tang – Palo Alto Medical Center

Well, I mean, that's a good one to pursue.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Center

I agree with you on, you know, Sasha, like she runs their program, she creates enormous documents, I mean, so she...she can tell you about their companies customers and what they're going through. That's what we want to know and I think you're right, Michelle, is the same thing for McKesson.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Center

And so is there someone like that at Athena, Josh?

Josh Seidman – ONC

Yes.

Paul Tang – Palo Alto Medical Center

There's got to be because they really are doing it for their customers.

Josh Seidman – ONC

Yes.

Paul Tang – Palo Alto Medical Center

But that's a perspective we want to hear about.

Josh Seidman – ONC

Yeah.

Judy Murphy – Aurora Health Care – Vice President Applications

This is Judy Murphy. I know the other cloud based one that I'm familiar with is Practice Fusion. Anybody, I don't really know anybody there. I don't know how Athena compares to them. Josh have you heard of them.

Josh Seidman – ONC

I'm sorry, what was that?

Judy Murphy – Aurora Health Care – Vice President Applications

Practice Fusion?

Josh Seidman – ONC

Oh, yeah, I mean, I think they also, I think that, well I don't know, both of them have been producing data and actually both have been sharing data with us. So we kind of have information on them.

Judy Murphy – Aurora Health Care – Vice President Applications

If there is a constituency we should probably try to include one or the other of them.

Josh Seidman – ONC

We can reach out to one of them.

Paul Tang – Palo Alto Medical Center

Any others? Any others that are not on this list? We need to, so which smaller practice, you know, vendors that are serving smaller practice are we going to target. I guess Athena is one of them, but you said like eMED.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

EMED like Dr. Sterns and I sent his resume separate but he's not on this list.

Paul Tang – Palo Alto Medical Center

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And then the other one that is small is Sage and that's more, he did a, you know, again, the people in those departments sometimes wear all hats, you know, in the small companies.

Paul Tang – Palo Alto Medical Center

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But eMED, the other one we work with there is Pamela Chapman, she runs their program and I think she says she kind of owns the...her customers look at her and think she owns ethnicity definitions and she says well she really doesn't, but, so they've got some real operational experience with it too. Pamela Chapman from eMED is another one.

M

EMED is the one that worked a lot in New York is that right? No that's eClinical Works, sorry.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

EClinical Works. New York.

Paul Tang – Palo Alto Medical Center

Okay. So we'll pick on one of those.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Center

All right, so I think we, it sounds like we might have about 4ish on the vendor side. Want to move to the final panel, which is the solutions panel. We actually did have a number of folks that we thought about last time. So part of, just looking at some of the names we thought about before, actually let me go to the questions first, I'm going out of order.

M

But this panel, Paul, kind of meets the need that I was worried about in panel 2, I had forgotten that some of what I was looking for there is actually what we moved out into here, you know what I mean?

Paul Tang – Palo Alto Medical Center

I see, yeah.

M

Some of the forward looking we moved into this panel.

Paul Tang – Palo Alto Medical Center

Correct.

M

Yes.

Paul Tang – Palo Alto Medical Center

Now, so some of the people we were suggesting from last time were some of the solution providers and some anticipating some of the challenges. So, I see on the first on the list is NQS, here we were addressing something that Charlene keeps bringing up, the challenge for quality measures, is really, it's all about data and where's the data, where's it come from, what's the work flow, how do you code it, etcetera. And there is just so many to choose from kind of problem. So we were thinking of NQS because of their quality data model work and getting updated on that, thinking that if there were some way of standardizing the data elements their work flow context and how they're used in quality measured definitions, that evolve over time, that that would help everybody all at once, everybody from the providers side and the vendors side, and the consumers side in terms of using these measures. So that's how we ended up there.

M

So, Paul, I'm asking one possibility, looking at Karen's name, is because we have this, the Standards Committee has the clinical standards vocabulary task force that has been meeting, and that sort of folds together with some of the work on the quality data model and operationalizing it for the measures we know about. I wonder, we could have Floyd do it, but also, since Karen I think is Co-Chair with Jim Walker of that group.

W

Yes.

M

Either Karen or Jim might be able to represent the work of NQS in supporting the quality data model through the eyes of our sister committee.

Paul Tang – Palo Alto Medical Center

Well that's fine.

M

Karen Kmetik is I think Co-Chair of that Judy is that right?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yeah, that's correct.

M

Well that would be kind of a twofer.

Paul Tang – Palo Alto Medical Center

Yeah, that's good. Okay. Then Charles Kennedy was from the...analyses, he, because he was already on the first panel. So that might be where he belongs right? Because right now they're sort of early on or has he been thinking, doing a lot of work on the future sort of architecture and solutions?

M

I think he's in a new position, so it's not clear that he already has that well developed.

M

I think his new job is to clear applications to ACOs.

Paul Tang – Palo Alto Medical Center

Right.

M

I assume he'd know what the industry is up to.

Paul Tang – Palo Alto Medical Center

Well we think of him, but that was part of his role in panel 1, right?

M

Yes.

Paul Tang – Palo Alto Medical Center

One was sort of a.

M

Yes.

Paul Tang – Palo Alto Medical Center

Sort of needs based.

M

Yeah, I would be, especially since we already have him in panel 1, if he stays there, omitting him here, sure.

Paul Tang – Palo Alto Medical Center

Yes. Okay, so we've combined NQS and AMA with Karen fulfilling that need, that role. Charles can be on panel 1. Kevin Weiss was how do you integrate some of these quality goals in the negative certification in the professional certification side?

M

I think the flip side to that is what are the professional societies doing to develop measures and performance criteria and I guess appropriate missed criteria that will be part of our Stage 2, 3 clinical decision support and measurement strategies.

Paul Tang – Palo Alto Medical Center

So, in a sense, this is a different perspective of doing the threefer, so we're trying to accomplish the care goals of healthcare organizations large and small. We're trying to satisfy the payer needs for measuring our output, and here we're trying to piggyback on the same thing so that you're re-using all of this work and you're evaluation of your performance in the professional side. So that's how this was being positioned. And of course it crosses all the medical specialties including primary cares as "specialists." Okay, Tim Ferris from Partners is sort of the measurement guy there and given a perspective on how do you use the measures and the data. And then David...George you were bringing up on how his perspective was.

George Hripcsak – Columbia University

His background, if you remember, his background is patient consumer based stuff, but his expertise for here is accountable care in the direction for hospitals at least or large health systems and HIT. So he is bringing a perspective from the hospital side that could pull together accountable care and consumer health and how that would be facilitated by HIT.

Paul Tang – Palo Alto Medical Center

And Rich Platt I'm not familiar with.

M

He'd be overlapping with I think if we have Rich Elmore on the...query architecture.

Paul Tang – Palo Alto Medical Center

Okay. So our discussion with Rich, about Rich Elmore over email at least is trying to flesh out some of the options, the alternative options in terms of how to get this data whether it is aggregating it from all of the different sources or having a federated data model. Well, actually, letting everybody report their own versus having a federated data model maybe that's a better way to say that. Is that correct?

M

Yeah, maybe, Josh can you update us on what you learned from your meeting with him.

Josh Seidman – ONC

Yeah. We're actually talking tomorrow, but we exchanged some emails we're going to talk a little bit more about it, but, yeah, I mean what I gather is basically that and I think there are, we can sort of talk to a couple of use cases that they'll be working on by then. So, I think that that would be very applicable and appropriate.

George Hripcsak – Columbia University

This is George. So what, could you restate the theme of the panel, are we really limited to architectural approaches and standards for quality measurement and that's what the panel is about or are we going more broadly?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Broadly I thought.

George Hripcsak – Columbia University

But, because, you know, our questions so far, we have that one question, which is pretty much that. I think we need more questions in that panel.

Paul Tang – Palo Alto Medical Center

Yeah. We definitely need more questions.

George Hripcsak – Columbia University

And we shouldn't solely focus the panelist on that one question.

Paul Tang – Palo Alto Medical Center

No.

M

And are we focusing only on quality measurement? Just to let you know, for Rich Elmore, it's both the quality measurement, but it's also things surrounding things like cost effectiveness, research, public health, and reporting.

M

Helping Rich is good, I'm not saying not to help Rich.

George Hripcsak – Columbia University

Yeah. No we're talking about the question.

M

Yeah.

George Hripcsak – Columbia University

I'm saying that those are potentially three areas that could be part of this.

M

Yeah. I mean, just Meaningful Use has a much broader kind of definition than just the quality measurement. So, I guess the question is do we really want to know in this panel and I was not on the last conference call, but when I looked at this, I was thinking like, you know, if this is sort of the forward thinking, sort of piece, like what's happening, well, you know, to try to find sort of the breakthrough folks that are working on different aspects of Meaningful Use, you know, on care coordination, on data exchange, and stuff like that just to kind of understand, like where those, what the state of the art is and whose pushing that, you know, that envelope the furthest at this point?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

On that vendor list I think there are some that could probably, that are more architectural that could do that, it's a challenge, and I know we wanted to talk to Marc Overhage and Carl, those guys are not available on the 5th, they're available on the 6th. Dr....from Siemens is another one, actually, but Marc's not available because he has a previous commitment. So that was kind of the challenge. There are a couple of other candidates on that list that may be able to speak to that, but I think that was part of the challenge of recruiting people for the 5th.

M

Can we go back to what the scope of the question is, that panel 4 is trying to, what did you all agree about, what that panel was supposed to be trying to do?

Paul Tang – Palo Alto Medical Center

Yeah, there is a little bit of history which is where the bias came, which we don't, just a historical perspective, it's not limiting us. So we discussed 2 options, one is quality and quality reporting became a big issue. Do we infuse that into all of the panels or do we have a separate one and we ended up with over filling the slots if we tried to address the quality issue in each of the panels, so it spilled over into this one, that's how come it got that bias, but I think you're right that we were looking more towards potential solution components in the forward looking system and we just, as a hold over, from you know how we arrived at this panel, it has somewhat of a quality measurement bias, but we don't have to be bound by that of course.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right. So I thought it was, that was where I think, like that's where the Lifespan was asked to participate.

Paul Tang – Palo Alto Medical Center

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because they were kind of more forward looking in their implementation but not from a vendor perspective, you know they don't have a candidate for your vendor piece on there is where I was struggling a little bit. This is Charlene.

Paul Tang – Palo Alto Medical Center

Well, I think, sort of the theory about what was written there is, okay, when you have standardized discrete data in an EHR in an electronic system, what can you do to drive clinical performance and measurement that's sort of the theory. So they're speaking sort of with that model and how else do we set up the infrastructure to drive the performance in the outcome for looking for it, that's how the QDM came up too, so that's part of the solution to getting everybody using the same data elements in the same context, in the same measures.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yep.

Paul Tang – Palo Alto Medical Center

So that was the vision. So what else can you trust? So that is where Kevin Weiss, the embedding this same attitude and approach into measuring professional performance, you know, same kind of line of thinking.

Neil Calman – The Institute for Family Health – President and Cofounder

But, I think we're kind of, I don't know, at least the way I look at this issue, we're sort of mixing up the two different sort of ways in which quality data is used, one is kind of the big picture external comparison stuff and the other is, you know, the data use within organizations to improve quality, which requires a lot less of the, you know, definitional perfection and all of the rest of this stuff to find out that, you know, 40% of your people don't have, you know, between two age groups don't mammography, that could keep you busy for a year without having to make sure that every single aspect of that definition, you know, matches what everybody else in the country is doing to look at their mammography screening rates.

Paul Tang – Palo Alto Medical Center

Well, but, okay, so here's.

Neil Calman – The Institute for Family Health – President and Cofounder

I struggle with those because it's the biggest issue, you know, the most important issue from my perspective, is how do you take data and actually improve quality within an organization, but we seem to be spending enormous amounts of time obsessing over, you know, all of the definitions and stuff to make sure everybody is measuring this exactly the same way so we can, you know, create this sort of external reporting piece, and I think we should focus on both at a minimum.

Paul Tang – Palo Alto Medical Center

Well, the theory actually, Neil was to go the other way around, have the external reporting be a byproduct of what you're doing for your internal needs do you see what I'm saying, and that was so just like your saying "well you don't need that precision" but what happens if you had the precision and then you used it to do your job, your internal jobs, your internal priorities, and as a byproduct you could report comparable measures, that was part of the hope.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Center

Because the complaints we get from everybody and it's all valid, we are all having to satisfy everybody's needs and they are all siloed and they just cost extra money. Vendors have to do the same thing and the payers or the consumers who are trying to use this stuff have the same complaint. So what happens if we were able to essentially embed and that's why you have to go to the very beginning of the supply

chain for this data, and if you could code it, standardized it, etcetera, you get to get all these things as byproducts of that initial data capture, that was the pipe dream.

Neil Calman – The Institute for Family Health – President and Cofounder

All right. Sorry, but to make one last point. The actual beginning of that data pipe is the work flow.

Paul Tang – Palo Alto Medical Center

Yeah.

Neil Calman – The Institute for Family Health – President and Cofounder

And that's the part that no matter how much you standardize the electronic part of it, you know, has the biggest issues in terms of collecting information from my perspective.

Paul Tang – Palo Alto Medical Center

But part of the definition in this new world, the definition that the data element is in a context of a work flow.

Neil Calman – The Institute for Family Health – President and Cofounder

Yeah.

Paul Tang – Palo Alto Medical Center

Somebody else can start speaking.

Arthur Davidson – Denver Public Health Department

Yeah. This is Art again. I thought Neil was headed down a path earlier when he started bringing up this last question, the only question for panel 4, that says since quality measures will change over time, how about something much broader and when we have the 5 areas, the 5 priorities since patient engagement, since care coordination, since population health will change over time, should we just be sticking, I know that David made a plea for us to really focus on the quality measures last time and I think we all agree there was a need to put that emphasis there, but I think Neil was bringing us back to, at least for me in his initial statement, was how can we make this a little broader, because Rich Platt is going to speak to comparative effectiveness research and population health and not necessarily about quality measures.

M

Yeah, Art, I think the direction you're going in makes a lot of sense and coupled with Neil maybe we're sort of saying that both the quality measurement reporting and the clinical improvement applications and the work flow design issues should all be discussed in the context of what you're describing as the 5 or so big evolutionary paths that this program is on. We can't expect everybody to talk to every one of those.

Arthur Davidson – Denver Public Health Department

Sure.

M

But, I think that framing would be pretty good. We've done it implicitly in some of the previous panel questions having them talk about information, sharing, and care coordination, and patient engagement, patient data access, and so on. This would be a good place to have them do that in a future oriented context. I do like the idea of having both the work flow discussion and the architecture discussion be the result of this last panel, but we can get some clarity about that.

Paul Tang – Palo Alto Medical Center

I think there was an implicit assumption that there is a common infrastructure that could serve many purposes, that it was about the data if we could figure out how to get this data infrastructure designed, and built, and architected with that in mind, with the multiple purposes in mind. Is that a fair statement of sort of our implicit assumptions?

M

I would agree with that Paul.

Paul Tang – Palo Alto Medical Center

And so one of the approaches was to get panelist to look at that problem statement with their perspective whether you're measuring or reporting quality, whether you're measuring, assessing professional performance, whether you need to run an accountable care kind of network, whether you're doing comparative effective research, what would be the simple fine data infrastructure that would make your job easier, more efficient, and how can we capture data up stream in the actual care process to be able to serve all those uses. Is there an underlying question in what I just said and then what we do is we look for the different perspectives on use of data, is that an approach?

M

I think that makes sense. If, you know, for limiting it to sort of the quality stuff.

Paul Tang – Palo Alto Medical Center

Well it's not the quality stuff; it's the data stuff I think.

M

Oh, okay.

Paul Tang – Palo Alto Medical Center

And quality usage is just one of the consumers of that data. Why don't we take it a step further then, if that sort of was the glue that hung this panel together then there are two kinds of perspective, there is the users of this common data for the various purposes, and then there is the supplier of the data and that's a combination of the, sort of the data definition stuff like the NQM and the architectural stuff like the federated data option. How does that sound or is that too complicated?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is Charlene, say it again then.

Paul Tang – Palo Alto Medical Center

So, if the implicit assumption is there a way to design a data infrastructure that can supply meaningful consistent standardized data to the many uses of the data from the different perspectives, from quality reporting to professional performance assessment, to outcomes assessment, to comparative effectiveness research, do we have panelist that can represent those kinds of data consumption needs?

M

We had a lot of them in the earlier panel. My worry a little bit is we open up sort of a PCAST discussion with that broad framing.

Paul Tang – Palo Alto Medical Center

I see.

M

And that's the big question which deserves attention, but may be a little far afield for us. I guess I'm wondering whether, I like some earlier, one of the earlier questions, we had something about, you know, are there specific policy actions or technology actions or maybe there are work flow redesign actions that we should be encouraging, you know, we have a primary responsibility on the policy side and indirectly through certification and standards on the sort of technology side, but if we focus on where we are able to take some action, if we understand the needs and opportunities, that would be helpful.

Paul Tang – Palo Alto Medical Center

All right. Okay. Let me try, another approach is try not to come up with the solutions but define the problem from the different perspectives and then possibly the core common requirements would emerge from that. So as an example, people would, so like Karen Kmetick would say "okay in the world of quality measure what are the challenges that challenges both developing the quality measures and in reporting

on them on the provider's side. From the ABMS point-of-view, what's the challenge in being able to certify and recertify professionals to a certain standard, what do they need to know about that individual, will they start getting to know in the whole recertification part?" So, in the initial up front certification is what did they learn through the training. In the ongoing, this maintenance certification, they need to know how are they performing professionally, but clearly there is data in the care side that they would like to tap into.

From the payer/consumer point-of-view it's how do I get comparable measurements so I can make my decisions either on to pay or the choose my provider and what is getting in the way. So these are all sort of the requirements and the challenges from those perspectives and then listing all this is there a common denominator to the challenges?

Michael Barr – American College of Physicians

Paul, this is Michael Barr. I like what you just articulated, one thing I would add perhaps, is especially with Kevin and the American Board of Medical Specialties is what would help the ABMS and the other boards in the future with regard to EHR capabilities and functionalities to help certify physicians as part of the work flow?

Paul Tang – Palo Alto Medical Center

Yes. Other comments?

M

I wonder if there is a quick and dirty scan of things we already know need to be brought to our attention and make sure the question get...I think Michael's last comment was along those lines, but I am thinking for example on HIE standardization of export functions of provider, look up functions, the ability to generate some kind of file for quality measurement aggregation, those are some things that we know are going to be needed, certainly in the care coordination area we have some expectations of, you know, to do med reconciliation and so on, we have areas where we need improvement and we want it listed from this panel guidance on how best to do that, but maybe we do it simply by adding a for instance to some of these questions so that we prompt them to address some things that we know are the needs.

Paul Tang – Palo Alto Medical Center

So, is that a, what gets in the way of blank care coordination, quality reporting, professional recertification, is that the direction you're talking about.

M

Yeah. I think so.

Paul Tang – Palo Alto Medical Center

Other comments? Okay let me try to restate the recent comments then and use David Lansky's question as a jumping off point because it's probably pretty easy to describe, once you get the question right sometimes the answers flow out pretty easily. So what gets in the way of you blank trying to measure quality, trying to measure performance to pay against, trying to run and accountable care network, trying to assess the professional competency of practitioners, trying to coordinate care. What have I missed?

M

Engage patients.

Paul Tang – Palo Alto Medical Center

Engage patients. Was that a useful construct?

M

So, this is the 4th panel still right?

Paul Tang – Palo Alto Medical Center

Correct.

M

So, I thought this was, I mean I agree it's important for them to tell us about what's getting in the way, but we're talking about this panel being more about solutions.

Paul Tang – Palo Alto Medical Center

Yeah, it sort of morphed.

M

So maybe, what has gotten in the way and how have you tried to address that? Because, we don't want them just to lay out the litany of problems.

Paul Tang – Palo Alto Medical Center

Got it. Okay, so we asked two questions, what got in the way of using data to do your mission, and what would the world look like if it was to create a far more effective and a far more efficient way of getting what you need.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

That's much better. This is Charlene.

Paul Tang – Palo Alto Medical Center

Okay. How are we doing?

M

Could you just restate the last half?

Paul Tang – Palo Alto Medical Center

Okay, so there are 2 components. So from different data consumer perspectives, quality reporting, paying, you know, performance recognitions, i.e., payment, professional certification, care coordination, what has gotten in your way from a data perspective and what would you propose that would make the acquisition and use of data more effective and more efficient? Reactions?

M

I think you might want to put, for example there, like so architectural approach.

Paul Tang – Palo Alto Medical Center

Yeah.

M

Put that list right after as a second question.

Paul Tang – Palo Alto Medical Center

Okay. So architectural and the data definitions and the work flow considerations. Okay. Are people happy with that kind of positioning about this panel?

Marty Fattig – Nemaha County Hospital (NCHNET)

This is Marty. I think that should yield some valuable information.

Paul Tang – Palo Alto Medical Center

Okay. Okay, let's review the people on this list or at least the types of people on this list and see if we can check our work basically. So, they are really representing the different consumers of data and the data that come out of the care process. So there is the quality measure supply chain and we talked about Karen Kmetik representing that. There is the professional performance assessment certification, re-certification. We talked about Kevin Weiss as representing ABMS. Talked about the payer and we may or may not combine that with consumer. They're probably different. The payer perspective on how would I, if we're moving towards accountable care and payment reform how would I know what I'm getting and

being able to measure that. I don't know that we have a person for that yet. From the consumer, how would I use data to make choices? And for care coordination, so that's more of a provider perspective, but maybe that's where the lifespan comes in.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah. Yes because, they are coordinating. Yes.

Paul Tang – Palo Alto Medical Center

Right. Okay, so we had Karen. We had moved Charles Kennedy down to panel 1. Is there another payer perspective? It could be CMS taking a different perspective.

M

Yeah. I like that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I like that too.

Paul Tang – Palo Alto Medical Center

Okay, so.

M

Or maybe somebody from a state too.

Paul Tang – Palo Alto Medical Center

Yeah.

M

There are some good people in New York State, Foster Gesten, people that are really trying to use quality data, you know, at a state-wide level, to improve quality of care and have been struggling without collective...

Paul Tang – Palo Alto Medical Center

So, Josh and Allen, you probably can help us find either a federal or state perspective that can speak to that.

Josh Seidman – ONC

Yep.

Paul Tang – Palo Alto Medical Center

Okay. Kevin Weiss we identified from the professional competency point-of-view. What about the consumer choice point-of-view?

M

You know, maybe, Carol Cronin or someone from that world who has been on a CMS contract to look at the use of the hospital compare/physician compare sites and where consumer decision making is going.

Paul Tang – Palo Alto Medical Center

Yes.

M

Yeah, I think Carol would be good.

Paul Tang – Palo Alto Medical Center

Okay. And then we had talked about Lifespan or Lifescan, the Rhode Island Group, as the provider perspective on care coordination. That sounds good.

M

So we don't have, Rich Platt is not in there anymore?

Paul Tang – Palo Alto Medical Center

Probably just a shortage of time and also looking at Richard Elmore, David Lansky and I had sort of had some communication about this notion of architectural solution is clearly something we need to further flush out and even thinking about sort of a quality measurement workgroup kind of activity, it could be a hearing, that after the contract is completed, is that what we were saying David Lansky, that we would dive into that?

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

Well, I don't know, maybe when Josh talks to him tomorrow we will find out more. I was thinking, I did think having someone in this group talk about architectures and how we should think about those and what that implies for both vendors and policy is good. I don't know whether Rich is ready to do that or not, but Josh could figure that out.

Paul Tang – Palo Alto Medical Center

Okay. So, if that emerges from tomorrow's conversation we can add that back in.

M

Yeah, it's just that, you know, from the federated query for broad populations, which was back to Neil's earlier comments about this external versus internal, that the external view would be more properly addressed by the efforts of people like Rich who are working on that federated query across broad populations, millions of people.

Paul Tang – Palo Alto Medical Center

Yes.

M

As part of comparative effectiveness or post marketing surveillance for drug adverse events things like that.

Paul Tang – Palo Alto Medical Center

Yes.

M

But are you talking about Richard Platt or Elmore?

M

Richard Platt.

M

Yeah, I agree, but I think Elmore could do both and talk more about what's emerging. I mean, the problem that we, back to the posing that Paul offered, the problem we don't have solution for yet is are you going to have every individual EHR products and every doctors office have all the possible capabilities to do the 5 things we talked about.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right.

M

And if you're not what are the alternatives that are emerging as serious contenders that we should start planning for and that's what I would hope Elmore could talk about.

Paul Tang – Palo Alto Medical Center

Okay.

M

A sort of intermediate layer of federating, aggregating, computing, etcetera.

M

Yeah, I think that's about right, but I'll talk to him about it.

M

I wouldn't restrict it to federated query as a single topic, but.

M

Yeah.

M

You know, more broadly. That's a particular application of another architecture we haven't really explored.

Paul Tang – Palo Alto Medical Center

Well, I think we've got a pretty rich day now.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, Paul, this is Charlene, I think the only concern is, in that last panel, I'm not sure you've got enough of a vendor view on that one, you know, it's a strike just from this last conversation you wanted a small vendor in addition, it sounds, but you know, or at least where David was going a little bit.

Paul Tang – Palo Alto Medical Center

Well, I think this panel turned out to be a décor of.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Of needs then?

Paul Tang – Palo Alto Medical Center

Of needs, yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right, I'm okay with that.

Paul Tang – Palo Alto Medical Center

With a little bit of a flavor of.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I was trying to get the architectural piece in there for you.

Paul Tang – Palo Alto Medical Center

Correct, we're trying to get, well with this Richard Elmore, the possibility of getting the architectural, opening up the architectural horizon to that.

M

And Elmore actually I think works his day job is for Allscript so he could give some reflection on that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah. Okay.

Paul Tang – Palo Alto Medical Center

Okay, I think we're really quite good. We just need to.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, I'm going to push a little bit, so this is one where Dr. Sterns from eMED could be, if he is not on the other panel, could be a candidate if you like as an alternate here too, could speak to some of that, if that doesn't pan.

Paul Tang – Palo Alto Medical Center

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because I know he is experienced. He is very well versed in measures and vocabulary and that particular area, so, as a backup candidate.

Paul Tang – Palo Alto Medical Center

Okay. Yeah, so he could actually be back up for panel 3, the vendor panel.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Center

All right, so we'll summarize this, we'll try to organize it and then we'll start inviting folks. People happy with sort of the questions and the panel content and candidates?

Judy Murphy – Aurora Health Care – Vice President Applications

Yeah. I think it's turning out really well.

M

Yes.

Paul Tang – Palo Alto Medical Center

I think it's going to be very productive. Good. And then, so our plan then is we'll digest this and start coming up with an approach, you know, start looking at the strategy development, strategic plan for working towards Meaningful Use 3 in our follow up day on the 6th. Okay, any other questions or comments before we turn to public comments? Okay, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you. Operator can you please check and see if anybody wishes to make a comment from the public.

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right, thank you and thank you everybody.

Paul Tang – Palo Alto Medical Center

Yes, thanks everybody for as usual making time out of your day to participate on the call and for this very constructive input.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right. Bye, bye.

M

Thanks Paul.

W
Have a good one.