

Meaningful Use Workgroup
Draft Transcript
September 15, 2011

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning. Thank you everybody and welcome to the Meaningful Use Workgroup call. This is a public call and a Federal Advisory Committee call so there will be opportunity for the public to make comment at the close of the call. Let's do a quick roll call, Paul Tang?

Paul Tang – Palo Alto Medical Foundation

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

Neil Calman?

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

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Christine Bechtel?

Eva Powell – National Partnership

This is Eva Powell in for Christine.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great, thanks Eva. And I think David Bates is on travel. Art Davidson? David Lansky? Deven McGraw? Charlene Underwood?

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

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Michael Barr? 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

Amy Zimmerman?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Joe Francis? Josh Seidman?

Josh Seidman – Office of the National Coordinator

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

And Allen Traylor?

Allen Traylor – Office of the National Coordinator – Meaningful Use Policy Analyst

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

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

Paul Tang – Palo Alto Medical Foundation

Okay. Good morning and welcome. A couple of announcements, one is Amy Zimmerman has joined us from Rhode Island, she's replacing James Figge. Amy you want to give us just a quick intro to yourself?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Sure. I currently now am the state HIT coordinator in Rhode Island out of our office of Health & Human Services and prior to that, that's been in place maybe about 4 or 5 months, but prior to that I was head of HIT for our Department of Health for a number of years and have been working on health information exchange, EHR adoption, etcetera, for 6 years, and prior to that working on public health informatics and other program management projects. So, I'm excited to join the committee and look forward to it.

Paul Tang – Palo Alto Medical Foundation

Wonderful. Thank you for joining. And the other announcement, I don't think anybody here doesn't know, is that Judy, after 20 years of service to the federal government and our country, is retiring at the end of this month. So this will probably be the last call that she helps us get together and not that she's let up at all, as you know this call is all about setting up our hearings for the 5th and our meeting on the 6th and not missing a step, and really want to show our appreciation for Judy's just tireless efforts over the past 2.5 years in keeping us all together and getting all of our hearings and all of our meetings together and helping us being a core member in putting together the first framework for Meaningful Use. So thank you very much Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Well, thank you Paul. Let me just say briefly, that you've made it easy for me, all of you, you've just been wonderful, you're remarkable people. Thank you.

Paul Tang – Palo Alto Medical Foundation

Okay. So we have three main things to do today, one is to review the agenda for the hearing on October the 5th. The second is to look at the questions and there are many of them, and the third is to put on the table some of the topics we want to cover on October 6th. And as you recall this whole activity is to essentially develop a strategy or sort of re-explore the strategy of Meaningful Use's criteria and objectives as we go past Stage 2 and into Stage 3. The world may look different in 2015 than it does in even 2011. What was nice yesterday, most of you heard that CMS reported they've dispensed over 600 million dollars in payments already just in 2011 and it's pretty early actually. So that's, that's, it's really, there's been a tremendous uptake I think there were double the number of people I think either registering or attesting in the past month compared to the month before and that kind, so there's really an uptake in both the interest and the activity. So hats off to the group here that helped formed this early framework.

So let's turn our attention to Stage 3 then. On October 5th you have an email from Judy as far as what our latest both acceptances and invitations are, it's a very full agenda we go until late in the afternoon and

packed with a lot of good, I think will be really good information, and I think we'll actually stimulate a lot of discussion.

So let's look at the agenda as we currently have it and open to comments, questions, ways that we can improve on these things, and maybe as you're looking at the agenda have the questions alongside that just so we make sure we're matching up the right people with the right content.

So in panel number 1, this is really setting the, sort of the expectations and the goals of health reform and how Meaningful Use can support that, and our intent was to hear both from the public sector, mainly CMS, and the private sector in the sense of private insurers because there is a lot of activity going on there as well. So you see that we have a lot of folks already committed at least from the CMS side. We are looking into the Medicaid side, the stateside and we sent out an invitation to Charles Kennedy on the private payer side and right now we're still waiting on the Medicaid and the private payer if I'm correct. Right Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yeah that's correct.

Paul Tang – Palo Alto Medical Foundation

Any comments or other ideas particularly on those two sides, the state, the Medicaid side, and private payer? Who else is working on the ACO, actually Blue Cross is working. I wonder if. Anyone, let's see, perhaps Allen would you know of folks working on the ACO area in the private insurance side?

Allen Traylor – Office of the National Coordinator – Meaningful Use Policy Analyst

You know, I don't at this point.

Paul Tang – Palo Alto Medical Foundation

Okay. You know, we might, either if David Lansky joins later or we can send him an email, see if he has other knowledge. I know there is stuff going on in California. I'm trying to remember who it is, but I mean, my guess is that there is far more going on and we just need to keep in contact. Any other suggestions there?

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

Well, you're looking for another insurance, somebody on the insurance side.

Paul Tang – Palo Alto Medical Foundation

Yeah, on the Medicaid or private sector.

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

Not on the provider side?

Paul Tang – Palo Alto Medical Foundation

Not on the provider correct.

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

Because there are, I mean the program that I'm most familiar with, Montefiore in the Bronx, they're both a provider, they both have a, they both are a provider and also an insurer, not actually the insurer, but they have lots of risk contracts and they're using, they're doing a lot of work on developing HIT sort of I guess it would be a hybrid between the provider's side and the insurance side.

Paul Tang – Palo Alto Medical Foundation

Well if they did have their own insurance company then that would.

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

They do.

Paul Tang – Palo Alto Medical Foundation

They do?

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

Well they have a, I guess they don't sell insurance directly, but they have full risk contracts as sub-entities to a number of insurers, they're the only, sort of the only entity in New York that does that.

Paul Tang – Palo Alto Medical Foundation

Yes.

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

And they have a huge group that's been around for 20 or 30 years, but, and also a huge IT sort of structure, but I don't really, I mean, if we're stuck I can find out more about it.

Paul Tang – Palo Alto Medical Foundation

Okay. I think we do, this first panel is trying to keep the perspective of from the "payer's side" so we want to make sure that we flush that out. All right, well we'll try to ask some other folks for suggestions in this space.

Josh Seidman – Office of the National Coordinator

This is Josh. I'll ask some other people.

Paul Tang – Palo Alto Medical Foundation

Okay. Thank you. Well in contrast to having coming up a little short on panel 1, and actually, you know, we still have quite a bit of information coming from CMS from panel 1, and that really is a big target, because CMS is extraordinarily active in this area particularly with the ACA so we really do want to get their goals and objectives and how we can help there. So panel 2 is a little bit over subscribed. We have 8 people here, our instructions to everybody is just 5 minutes plus discussion and so we've extended the discussion time in this particular group. Any other comments on the folks here? Okay, so these are all confirmed right, Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes that's correct.

Paul Tang – Palo Alto Medical Foundation

Okay. Lunch break. Is this lunch break only a half hour?

Judy Sparrow – Office of the National Coordinator – Executive Director

We might have to make that a little longer.

Paul Tang – Palo Alto Medical Foundation

I think we're going to have to make it longer because it's just going to be longer anyway.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Okay.

Paul Tang – Palo Alto Medical Foundation

Then we're looking at vendors and here we're asking their feedback on how it's been going with, what have been the challenges, not the focus on Stage 1, but what are some of the challenges that we're going to need to be cognizant about as we move into Stage 3 and we have 4 vendors represented here. Three are large vendors, one is a cloud vendor, any comments here or, and we did invite another very small vendor but they declined.

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

The other one that's a small vendor we talked about was, Paul this is Charlene, Dr. Michael Stearns, they're from e-MD, so they're pretty small. So I don't know if that's a potential.

Paul Tang – Palo Alto Medical Foundation

Yeah it's certainly a potential.

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

So they serve the small practices, you know, one physician practice that's who they serve and they've done that, and they've done a nice job.

Paul Tang – Palo Alto Medical Foundation

And Neil you're probably familiar with the eClinicalWorks that's another possibility.

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

They're huge in the city, I mean, but they would be great to represent the, sort of the smaller provider community.

Paul Tang – Palo Alto Medical Foundation

And, would you know, either a contact there or Dr. Stearns, Charlene, would speak to, I mean we're interested sort of in a policy or strategic context for all of this.

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

Yeah. I think.

Paul Tang – Palo Alto Medical Foundation

We're not exactly; we're not interested in the project per se.

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

Yes. I think he can do that.

Paul Tang – Palo Alto Medical Foundation

Okay.

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

He's really, he speaks a lot to the vocabulary piece too, but he's a pretty deep in that too.

Paul Tang – Palo Alto Medical Foundation

Okay.

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

I think he can hit the strategic piece.

Paul Tang – Palo Alto Medical Foundation

Okay and so the vocabulary obviously spills over into the quality measure stuff.

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

Yes.

Paul Tang – Palo Alto Medical Foundation

Okay. Okay. Go ahead.

Marty Fattig – Nemaha County Hospital (NCHNET)

Yeah, this is Marty. Is MEDITECH, are they coming or?

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

They have one of the, like Denny's a MEDITECH user.

Marty Fattig – Nemaha County Hospital (NCHNET)

Right, but on the vendor's side? I really want to see small rural hospitals represented and I don't, if MEDITECH doesn't come they are not represented, so.

Judy Murphy – Aurora Health Care – Vice President Applications

Yeah, this is Judy Murphy. I support MEDITECH. I'm also wondering if we should have an ambulatory only vendor. You know, you talked about eClinicalWorks for example or I know NextGen has been very participative in the implementation workgroup and some of the standards work so they might be a good suggestion as well.

Paul Tang – Palo Alto Medical Foundation

Now isn't e-MD an ambulatory?

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

Yeah e-MDs ambulatory only. NextGen does support, they have like a segment that they support of the critical access hospitals so, you know, that's another, so they've got a little bit of the critical access hospitals.

Marty Fattig – Nemaha County Hospital (NCHNET)

Yeah, they're not one of the major players.

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

Yes.

Paul Tang – Palo Alto Medical Foundation

So let's look at this e-MD a lot because of what Charlene is saying in terms of Dr. Stearns and being able to comment on the strategic parts of it and would satisfy the ambulatory, small ambulatory space. And then look further into MEDITECH. I don't know whether we had a name before, but we probably didn't.

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

Yeah and I didn't, there wasn't a name like Hoda, you know, you probably know her, I forget her last name, so there's clearly someone there who could speak, I just didn't surface a name when I collected them out from MEDITECH that's all. But our contact was on vacation, so I'm sure we could find one.

Paul Tang – Palo Alto Medical Foundation

Okay.

Judy Murphy – Aurora Health Care – Vice President Applications

John Perlin of course is doing MEDITECH, that might be another person to check with. He might have somebody there that he, you know is, really seems to be a good testifier as well.

Paul Tang – Palo Alto Medical Foundation

Good point. Good point. Okay so we'll pursue those leads. Our 4th panel was really starting to look at some options for solutions and how, and targeting, you know, that they're part of our curve, sort of the outcome, and looking for new ways of approaching, you know, of addressing those goals. And so we talked about Karen Kmetik from a, sort of a BCIP, it's the quality measurement side. We talked about Kevin Weiss from the creditor maintenance certification side. We talked about Sarah Woolsey, I forgot her, the point there unless it's sort of a beacon perspective. And Charlene was it you that talked about Lifespan?

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

Yes, and you know, they've kind of implemented, based on standards, connecting to the quality measures, you know, full loop, closed loop medication management, those kinds of things.

Paul Tang – Palo Alto Medical Foundation

Yes.

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

But really it was their approach to automating the measurement process.

Paul Tang – Palo Alto Medical Foundation

Yes.

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

And the use of standards for data capture.

Paul Tang – Palo Alto Medical Foundation

That's great. And then, so Josh, you probably can speak to Sarah right and beacon?

Josh Seidman – Office of the National Coordinator

Sorry, what'd you say?

Paul Tang – Palo Alto Medical Foundation

You probably can speak to Sarah Woolsey's perspective on this?

Josh Seidman – Office of the National Coordinator

Maybe.

Paul Tang – Palo Alto Medical Foundation

I don't remember exactly where that came from, but it looks like she represents beacon.

M

I think it was just, yeah I think it was a forward looking, here's one of the programs, because we wanted a group of people who would be looking towards the future so the beacon programs are the future.

Josh Seidman – Office of the National Coordinator

Oh, yeah, yeah, I'm sorry, I was forgetting what her, I was mis, yes, yes. So, yes, definitely. I mean she's really; I was mixing her up with someone else. Yeah, so she is definitely a representative of someone who's really thinking about how to sort of take that next step.

Paul Tang – Palo Alto Medical Foundation

Okay. And then Rich Elmore we heard yesterday on Query Health but his role on this committee is not specifically on Query Health but what are the options, the architectural options, especially related to quality measurement or quality reporting, is that correct Josh? I mean, that was our, what we were trying to have him address, right?

Josh Seidman – Office of the National Coordinator

Yes. Yes.

Paul Tang – Palo Alto Medical Foundation

Okay.

Judy Sparrow – Office of the National Coordinator – Executive Director

And then I need to add Judith Hibbard or ask her.

Paul Tang – Palo Alto Medical Foundation

Okay.

Judy Sparrow – Office of the National Coordinator – Executive Director

A consumer rep.

Paul Tang – Palo Alto Medical Foundation

Yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay.

Paul Tang – Palo Alto Medical Foundation

That's an interesting, you know, we've talked a lot, certainly in the quality measurement workgroup about patient reported outcomes and Judy's famous for her patient activation measure and just having that perspective, you know, what is it that patients would provide that gives us a better way of keeping tabs on their activation and their health plan and their health management. That would be a good addition.

Judy Murphy – Aurora Health Care – Vice President Applications

And Paul, this is Judy Murphy. I'd really like to see somebody from the American Nurses Association. I think tying some of these efforts together as we heard on Monday, the whole consumer aspect in terms of really the advocacy that's going to be required to really get them engaged.

Paul Tang – Palo Alto Medical Foundation

Yes.

Judy Murphy – Aurora Health Care – Vice President Applications

And so, I think we could probably get like Marla Weston who is the Executive Director at VNA to talk to those points.

Paul Tang – Palo Alto Medical Foundation

Okay.

Eva Powell – National Partnership

And Paul this is Eva. I think your idea about Judy Hibbard is great. Another thing that we could, or I think that is kind of missing from this whole piece and yet is pervasive as a national quality strategy and pretty much all the other kind of visionary documents coming out is the issue of disparities, and while we've done a good job I think of getting going on some of the public health kinds of aspects and applications of health IT through Meaningful Use, we really haven't yet addressed population health and I recall from our meeting back in May that Farzad actually said that that's something he'd like to see and so I feel like we still need to address that and how might we use health IT to start eliminating disparities, and then kind of the other piece of that, that I don't know, perhaps to come along with that first piece is how to ensure that the digital divide doesn't kind of increase, but I think the more important point is how do we actually use the technology itself to eliminate disparities and that just seems to be a missing piece here.

A member of our coalition is part of the Health IT Collaborative for the Underserved and so I'm talking with her, I've not been able to connect with her yet, but they've got particular ideas as to how we might build some things into Meaningful Use, she would be a good consumer rep as well as someone who could address the disparities issue.

Paul Tang – Palo Alto Medical Foundation

Okay. Remember the focus of this panel is sort of solution options, so it's more along the solutions line. So if you can find somebody that has that, can speak to that that would be helpful.

Eva Powell – National Partnership

Right. Well, I kind of think about what we've already done, I mean we've got already a Meaningful Use with a collection of the demographic data but that alone isn't really going to, the collection of data isn't what's meaningful, the meaningful is the actual use of it, and so that's kind of how I was thinking that might fit in this section, is if they've got recommendations policy-wise that can actually be solutions toward eliminating disparities using health IT.

Paul Tang – Palo Alto Medical Foundation

Yes.

Eva Powell – National Partnership

And that would also be along the lines of the outcomes that are after the elimination disparities.

Paul Tang – Palo Alto Medical Foundation

Yes.

Eva Powell – National Partnership

And then another one is if Judy Hibbard's not available to talk and address some of the patient reported outcomes, we've also been talking, or actually I've got on my schedule to talk tomorrow with someone we've connected with who is actually a physician, but she works for a clinic serving the underserved and she's actually been in discussions with NextGen about care coordination and care planning and so that's another section, another element of Meaningful Use that we haven't really addressed here is how do we make advances in some of these more advanced applications that are admittedly quite difficult. So that might be another option.

Paul Tang – Palo Alto Medical Foundation

I think both of these ideas fall into, I'm guessing we're going to need some, so once we come up with a, sort of a strategy for approaching Stage 3, we'll probably have to come back and go back to our categorical ways of organizing things and you brought up a couple of ones, disparities, and try to drill down on some of these things in depth in terms of the objectives that would fall under the strategy we're laying out. So just for this particular hearing it's really at the strategic level, but I hear what you're saying in terms of the kinds of things we still have to explore before we make recommendations for Stage 3 for sure.

Eva Powell – National Partnership

Right, well I guess what I'm saying is that these do fit in this category because they're, particularly I think the care coordination, because there's wide agreement that there's a lot of work to be done there and because there's so much work to be done it's hard to know where to start, and so if we've got someone with experience in this, it would seem to me a very strategic move to engage them at this point.

Paul Tang – Palo Alto Medical Foundation

All right let's see what we can come up with. Any other comments about these panels and the day we have, which is quite full.

Judy Murphy – Aurora Health Care – Vice President Applications

Right.

Paul Tang – Palo Alto Medical Foundation

I think it's going to be drinking from a fire hose for this day. I think it's going to be a lot of good thought and then I think we'll sort of sleep on it and try to figure out how to organize all of this in the following day. Any other last minute comments on the agenda.

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

Yeah. Paul, the other thing I, this is Charlene, I had mentioned is I'd reached out to the Advisory Board because they were doing some cross analysis and I talked with... and I forget her last name right now, and she had, I had actually invited her but she can't make this particular hearing, so she offered just to submit some testimony. So, that would just, because she looks cross vendor in terms of some of these questions.

Paul Tang – Palo Alto Medical Foundation

Yes.

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

And she had some good input to the questions.

Paul Tang – Palo Alto Medical Foundation

Yes.

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

So, I'll submit the questions and she could add to the testimony if that's all right?

Paul Tang – Palo Alto Medical Foundation

Yeah.

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

Okay. Thank you.

Paul Tang – Palo Alto Medical Foundation

That is another kind of an outlet and actually somebody else approached me on the hearing, and really I think we have specific objectives we have for this hearing, and of course we can't accommodate everyone, but we can get written comments, as Charlene was just pointing out, on things that would be very useful going into let's say October 6th. So that's another way we can get input. And some of the, I think some of what you're proposing even might fit really well there, again going to like care coordination disparities when we're looking at well how are we going to apply the strategy in each of these categories which still remain very robust as you saw in, you know, like CMS reuses a lot of these categories as well.

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

Right, yeah and I was looking at the questions under that section and I think if we ask folks to stick specifically to those questions.

Paul Tang – Palo Alto Medical Foundation

Yeah.

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

Then that gets us to the content were after in the kind over arching strategic hearing and then later on we can get to some of specifics that might lead us to actual criteria.

Paul Tang – Palo Alto Medical Foundation

Yes. So why don't we.

George Hripcsak – Columbia University

Paul.

Paul Tang – Palo Alto Medical Foundation

Go ahead.

George Hripcsak – Columbia University

This is George. Do we want to do anything slightly different on panel 4 since it's kind of a, I'm just trying to think of how to structure it slightly differently than our usual panel that would, you know, encourage finding solutions. So the only two things, and I'm not sure that this works or anything but they're just questions. So, one possibility, well one possibility is having a shorter presentation time, longer discussion time would be one structural thing to encourage kind of the thinking on the fly. Two, do they ask each other questions, we've never done anything like that. I don't know how that would help, but I'm just again trying to make it more interactive, and three do we encourage them to contact each other before the hearing, which is not something we normally do, not for the purpose of coordinating but just to kind of, you know, so that there's some familiarity of who else is on the panel that might encourage, you know, some kind of group effort about the future.

Paul Tang – Palo Alto Medical Foundation

I'm totally with you on finding a creative or innovative way of structuring things. When you actually talked about having shorter presentations, it's hard to get shorter than 5 minutes, but.

George Hripcsak – Columbia University

Yeah, yeah, yeah, yeah. Well it would mean maybe longer discussion period or something.

Paul Tang – Palo Alto Medical Foundation

Well you were saying so you could think more on the fly. Is it possible we actually want them to be more thoughtful especially since we're calling this sort of options for solutions? Should they actually spend more thought and think globally, even though they have a specific perspective, but ask them to think more globally and think more about the strategic questions that we're trying to ask.

George Hripcsak – Columbia University

Yeah.

Paul Tang – Palo Alto Medical Foundation

And propose it that way, which means they would have more time to present their global vision, again, not silos, then, and then have the, and still have a good enough time for discussions.

George Hripcsak – Columbia University

I think that we should definitely encourage them to think globally, so I think that's a great idea, that's the whole purpose of the panel. Whether they need more than 5 minutes to present, but you know, any.

Paul Tang – Palo Alto Medical Foundation

Yeah.

George Hripcsak – Columbia University

Global decision in 10 minutes is probably not that much better than a global vision presented in 5 minutes.

Paul Tang – Palo Alto Medical Foundation

Yeah fine.

George Hripcsak – Columbia University

So we probably we will need to give them more time, but we certainly shouldn't give them less time. I agree with 5 minute minimum. So, okay. And normally when we tell them what they're doing, Judy will you normally email them as a group anyway?

Judy Sparrow – Office of the National Coordinator – Executive Director

Right.

George Hripcsak – Columbia University

So they'll be that.

Paul Tang – Palo Alto Medical Foundation

So maybe to consider more the quote "options" part of their testimony is, should we ask each of them to think about a couple approaches and that sort of keeps people from getting into one silo in one perspective. So their branch point, whether it is in accreditation, is it only MOC, I mean is it certification, similarly from Karen's quality measure point, is it doing more of the same and just asking for different quality measures or is there another way to approach this? Do people write, I don't know, but maybe that's another way to, I'm just going along the what could we do different to stimulate more creative thoughts?

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

I mean I think there will be a lot of creative thought coming from the panel and the questions. So, I mean, we're never at a loss for creative thinking.

Paul Tang – Palo Alto Medical Foundation

Yeah.

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

So, you know, I don't think we need to, I don't know, I wouldn't belabor this. Yeah.

George Hripcsak – Columbia University

Okay.

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

Yeah. Maybe we're, I mean I think it's a good idea, but I think, you know, there's no lack of creativity coming from this group.

Paul Tang – Palo Alto Medical Foundation

That's a good point Neil.

Eva Powell – National Partnership

And this is Eva. I agree with that, although I think that this panel particularly could be really interesting as I think George said earlier or maybe it was Paul, to see them interact with each other, which sometimes happens, but often times it's definitely creative thinking and discussion, but more with the committee, but I think if there's a way to encourage the panelists interaction more that would be great, particularly with Judy's suggestion about having a nurse and then if we've got Judy Hibbard who talking about patient reported outcomes and patient activation, and someone who might be addressing the broad swab of care coordination, those might be really interesting interactions.

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

Well maybe the way to do that is basically just to suggest that before we open it up for the panel to ask, I mean for the committee to ask the panel questions, we ask the panelist if they'd like to, you know, comment or question any of the other panelists first and see if there's, you know, if people would comment, that might be a good way to just get it started.

Paul Tang – Palo Alto Medical Foundation

Okay.

George Hripcsak – Columbia University

All right that's a possibility.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is Amy and I'm new to the group, I'm assuming that each panelist has a list of questions and are asked to address both of those. I don't know to what extent, they're all coming from different perspectives, so I assume they'll have different scenes, but to the extent that they communicate beforehand, if they're getting, I mean, I don't know that we, I don't if the panel likes to kind of identify independently where there are redundant themes or whether having them sort of approach it so that they're not having redundant themes so more topics can come out and be discussed is an option. I don't know if I was clear on that?

So, if they're going to highlight certain points, is it better to have, if they have similar points to be redundant on that and then we get a sense of how broad that issue is or is it better for them to sort of focus on different points and not try to be redundant. So, if someone's already presented in their 5 minutes then they just sort of skip that major point.

Paul Tang – Palo Alto Medical Foundation

I think it's a little bit the former and the reason is we're trying to get a sense not only of the issues that the, harmonization of the issues, finding what is the common denominator in either the challenges or the kinds of the breakthrough solutions.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, so that was sort of my question, was, and I think, I mean, I see the value in doing that absolutely, that's why I was saying there are two ways to go.

Paul Tang – Palo Alto Medical Foundation

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So thank you for clarifying.

Paul Tang – Palo Alto Medical Foundation

I think one of the things that has been emerging, and Charlene has certainly talked about this, is the challenge of the current quality measure reporting requirements and there may be solutions on how it can be made both more precise and less burdensome, and achieve the objects, there may be a really a win, win, win emerging from all of this, at least that's one of the hopes.

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

Yep.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Thank you.

W

Measures that matter Charlene?

Paul Tang – Palo Alto Medical Foundation

Yeah.

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

Yes.

Paul Tang – Palo Alto Medical Foundation

I don't think we'll have any shortage of comments on that, but that's good, we need to find what the challenges are and I think certification will enter into the question, the picture as well. So speaking of sort of working towards where we're going to go with this information maybe we can turn over to the agenda for October 6th, which is, as I said, I think we all are going to need both a break and a night to sleep on it, just what have we heard, how do we digest that, and what are the common themes, and then look towards maybe common or reconciled, or harmonized approaches that could get a win, win, win strategy for this. So, we were going to spend some time on the 6th first sort of debriefing on what happened. So it's two major things, debriefing on what happened. Three major I guess. The other is some of picking up on some of the topics we've left on the parking lot, for example specialist, I'm not sure we have that nailed, it's a difficult subject, but based on what we hear from the hearing, revisiting some of what we heard in the May hearing that included specialist, how can we address their needs and keep them in a very active role in this Meaningful Use Program.

And we've thought about other things we talked about even when we talked about Stage 1, which is gosh by Stage 3 can we be re-adjusting our sights and focus a lot more on outcome, and start even, maybe you cut back on the process measures that you needed to use on the way to outcome, don't know whether we'll be there by 2015, but one of the possibilities is to keep the burden somewhat constant, not to keep piling on should there be a reduction in the process measures as we substitute more outcome measure by that time. We even talked about are there waivers? I mean if you're really topped out, if you're really a high performing organization in 4 years should you be still going back and making sure you have your problem list...or are you really working on bigger, bigger things.

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

Well, I think, I'm sorry to interrupt Paul.

Paul Tang – Palo Alto Medical Foundation

No go ahead, go ahead.

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

I was just going to say. I think we definitely should address the issue of innovation in, you know, whether it's the reduction in sort of process requirements, we need to have a way, you know, we're going to have hundreds of thousands of people using electronic health records and, you know, given what we all know, and especially what we heard yesterday too, you know, people are innovating every day with this, and I think we can't deny that fact that both vendors and providers are basically saying that their agenda is being set by the Federal Meaningful Use requirement, and that, you know, that people only have a certain amount of time, and I think that's appropriate in the beginning, but I think we need to figure out a way to collect the innovation and to encourage innovations around the country as people are beginning to use electronic health records, and I don't know how to, you know, I'm not a government person, so I don't know how to reconcile that with sort of the, you know, requirements and needs for meeting criteria and stuff like that, but I think we have to pay attention to that, we've heard it all over the place and multiple times.

Paul Tang – Palo Alto Medical Foundation

Well, I think that's very well put Neil. I think we're at a point where we use menu to try to give flexibility and then we said really, you know, there are some baseline things that we need for everybody to do and all vendors to do to raise the tide for everybody, but maybe you're, what you're suggesting is now that we're on the other end of that curve, provided we really have had a major inflection point, than can we loosen this whole process and what software has to do and start rewarding the innovation. So, you might imagine sort of some of the CMS and private ACO kinds of expectations and parameters in which they're looking for, to pay, that would drive the innovation. We certainly don't want to have a noose around people's.

W

Right.

Paul Tang – Palo Alto Medical Foundation

Creativity that would disturb what they're going to do in order to accomplish these new objectives. But, I mean, it's very well put Neil and I think that should be a major part of our strategy.

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

The other part of that is that remember that so far we've only been able to encourage things that we've been able to figure out how to measure and there's a lot of things that we've talked about that aren't really measurable, and yet, you know, and so we don't know how to encourage them because we don't know how to measure them, you know, whether people are doing them, and so, you know, I think that's sort of, as we sort of move forward people are going to be at different stages. So the people who have attested, you know, and successfully gotten incentives in phase 1 are going to be 2-3 years into this, 4 years into this and, you know, are going to be doing lots of stuff that, you know, we can only imagine at this point, so.

Paul Tang – Palo Alto Medical Foundation

Yeah. No, very good thought. So I think that's one of the things we want to make sure we talk about, that approach on Thursday.

M

Neil that's good.

Paul Tang – Palo Alto Medical Foundation

Other kinds, not that we'll be limited on Thursday, but anything to jot down for our parking lot to discuss.

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

I have one more.

Paul Tang – Palo Alto Medical Foundation

Yeah.

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

Just to throw out. And I think if you look at the categories of Meaningful Use there are some that have gotten more play than others, the quality has gotten a lot more play than, you know, efficiency, and I think if we're, especially after the ACO hearing, I think we should really spend some concerted time again thinking about the efficiency piece, because with the, you know, thinking about being relevant to where government is at this point. I mean to not have some ways of really stimulating electronic health records in relationships to looking at healthcare costs I think is a, you know, I don't think we're going to get away with that for much longer. So, I think we have to revisit that and see, the things that have been least discussed I think are the disparities issues and the efficiency issue.

Paul Tang – Palo Alto Medical Foundation

Good point.

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

And that goes to what Eva was saying as well.

Paul Tang – Palo Alto Medical Foundation

There was, yeah, okay.

M

So you have this, Paul you have this on the list, you know, it's kind of, it's one thing to, you know, when we look at, well actually until you have it there, because it's reduction of criteria, but we've come up with a framework which worked well and might work for 3 stages but maybe not for 10 stages.

Paul Tang – Palo Alto Medical Foundation

Yes.

M

Which is kind of what you're addressing there. So, I think that's one of the most important things, you know, because there was a time when we were coming up to one of our Stage 2 thoughtful meetings and we went into it thinking of like what new, how newly can we approach this, but when the time came we settled into the tracks and the objectives and add 10% in that mode, and if at each stage we do that, well even in Stage 10 we'll be in the add, you know, we'll be run out of 10% to add. So, I think it, so it's on the list but that's one of the most important for me in this kind of discussion.

Paul Tang – Palo Alto Medical Foundation

Well, I think it is, and it does touch on what Neil said.

M

Yeah, yeah.

Paul Tang – Palo Alto Medical Foundation

In other words we talked about this in Stage 2 and said wow ACA was not in the picture in Stage 1 and if ACA continues and we move towards accountable care without saying ACO, then in a sense that's our hand off, that's our baton handing off, because the system will be driven by the needs to be accountable and maximize the value for consumers and patients. In some sense that will be the driver and that's an appropriate driver not software related. Then we can figure out how to make sure that the software provides, you know, a mechanism to make sure that the software provides the functionality that providers need in order deliver on the new goals.

M

Yes.

Paul Tang – Palo Alto Medical Foundation

But, I think this is going to be a major part of our discussion on this.

M

Yeah, yeah, I agree.

Paul Tang – Palo Alto Medical Foundation

Okay, so I think that's moving into the third major topic which is really to put together discussions and what we just talked about is an illustration of the kinds of things that might be in a strategic plan, and we have a good, good, almost 2 hours to spend on that, to really map out what's the approach we're going to take and then we'll come back and fill in the gaps if the 5 categories still remain then we'll fill in the gaps in those 5 categories that fit with the strategy we've just come up with, but the major thing is to figure out the strategy first and then worry about the details later, and who knows we may need to revisit having a hearing sort of almost like we did with Stage 1, but having a brand new kind of over arching strategy. Well, I'm excited. I think this is going to be really very productive and a fresh look at how we help Meaningful Use support the.

W

Yes.

Paul Tang – Palo Alto Medical Foundation

The reform agenda. Any other comments? Topics? I think we're in pretty good shape. We have to fill in a couple of the panels from the staff, but I think we're in pretty good shape, even though, as we are.

Josh Seidman – Office of the National Coordinator

This is Josh. Regarding the private payers and ACO work I have some additional ideas from Aaron McKethan from our Beacon.

Paul Tang – Palo Alto Medical Foundation

Okay.

Josh Seidman – Office of the National Coordinator

So, he said besides that there is Blue Shield of California which has been doing stuff for about 2 years with Helpers, Hill Physicians, Catholic Healthcare West in the Sacramento area. We talked about Blue Cross of California with medical groups in Orange County, United, a Tucson ACO that has been working with Brookings and Dartmouth, and then Signa has been doing some work with a group in Dallas, and then Blue Cross Blue Shield in Massachusetts has people, Alternative Quality Contrast.

Paul Tang – Palo Alto Medical Foundation

So, I think where we'd want to go is if we have a spokes person in any of those that really can speak to the larger issues and address the questions we're asking, is, you know, how can HIT support those kinds of models that people would want to target. It's interested you mentioned Brookings, because Brookings is active in working with a number of groups, so that's another possibility if we can't get an individual, and maybe it's even a more non-denominational possibility. Anyway, I think that's sector, we do want to hear from that sector.

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

Are we talking about HIT or are we talking about EHRs. I think, because, you know, all of them are doing work with payer information, which they consider to be HIT, you know, so I think we gotta be really clear of what we're asking them.

Paul Tang – Palo Alto Medical Foundation

That's true.

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

Because otherwise they're going to come and talk about, you know, all of the cool reports that they're running off of their.

Paul Tang – Palo Alto Medical Foundation

That's right.

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

Payer's information and stuff like that.

Paul Tang – Palo Alto Medical Foundation

Thanks. So, I didn't recognize where you were going when you first said HIT or EHR, but maybe the way we can distinguish it is provider facing HITs. Am I interpreting you correctly Neil?

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

Sorry, I keep putting it on mute because I'm a noisy place. Yes.

Paul Tang – Palo Alto Medical Foundation

Yeah. So, I think we don't necessarily want to limit it to only EHRs, but we clearly limit it on the provider's side. So, Josh does that help?

Josh Seidman – Office of the National Coordinator

Yes.

Paul Tang – Palo Alto Medical Foundation

Thanks for your additional information.

Josh Seidman – Office of the National Coordinator

Yeah. I'll work on that.

Paul Tang – Palo Alto Medical Foundation

Okay. Okay anything else before we open up to the public? Okay, Judy can we open it up please.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. Yes, operator could you check and see if anybody does wish to make a comment?

Alan Merritt – Altarum Institute

If you'd like to make a public comment and your listening via your computer speakers you may dial 1-877-705-2976 and press *1 or if you're listening via your telephone you may press *1 at this time to be entered into the queue.

Alan Merritt – Altarum Institute

We have no public comments at this time.

Paul Tang – Palo Alto Medical Foundation

And very good. Well thank you everyone and I'm very excited about this hearing and how we're thinking about changing strategy for Stage 3.

W

Yes.

M

It should be fun.

Paul Tang – Palo Alto Medical Foundation

Yeah.

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

This is great Paul, this is Charlene. I think that's clearly a direction to move us toward a less prescriptive approach, which I think will help.

Paul Tang – Palo Alto Medical Foundation

Yeah. Well, thanks so much and talk to you later.

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

Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Bye.

Paul Tang – Palo Alto Medical Foundation

Bye-bye.

W

Bye.

M

Bye.