# Meaningful Use Workgroup
# Subgroup #1 – Improve Quality
# Draft Transcript
# June 22, 2012

## Presentation

**MacKenzie Robertson – Office of the National Coordinator**

Thank you. Good afternoon, everyone. This is MacKenzie Robertson in Office of the National Coordinator. This is the meeting of the HIT Policy Committee's Meaningful Use Workgroup Subgroup #1, Improving Quality, Safety and Efficiency and Reducing Health Disparities. This is a public call and there will be time for public comment at the end. The call is also being transcribed, so please make sure you identify yourself when speaking. I will now take role. David Bates?

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks, David. Charlene Underwood?

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

Here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks, Charlene. Marty Fattig? Michael Barr? Neil Calman? David Lansky? Paul Tang, he won't be able to make it today. And Eva Powell? Are there any Workgroup members on the line?

**Yael Harris – Human Resources and Services Administration**

Yael Harris from HRSA.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks, and is there any staff on the line?

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

Michelle Nelson, ONC.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks, Michelle.

**Josh Seidman – Office of the National Coordinator**

Josh Seidman, ONC.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks, Josh. Okay, David, I'll turn it back over to you.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

So, thanks so much, as I think everybody knows we've been through the recommendations now a couple of times and all of these were then reviewed with the full committee last week and there is some reconciliation to be done, not surprisingly a variety of the subgroups have issues that overlap a bit and so the goal really of the call today is to go through some of those and to discuss those issues. Now, I unfortunately was not able to attend the meetings last week. Paul, obviously, Paul Tang was obviously there and Charlene Underwood, who is on the call today, was there. So, it would just be helpful I think to start perhaps by having you underscore some of the issues that came up.

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

I think the easiest way may be, and I know Josh was on the call; they're highlighted in the matrix, David.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

So we can …

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

Yeah, so David, this is Michelle …

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

The highlighting is new?

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

Yes, the highlightings are new. I don't think there was any overall disagreement but it was going further in some space.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

All right; so let's go through those.

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

Okay.

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

And, David, I just want to be clear that on the Workgroup call we only made it through advance directives, we haven't made it all the way through, but there were a few things that they were hoping that could be taken back up within this subgroup.

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

Yes.

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

So, I thought it made sense to still go back and try and reconcile those things.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Super, so let's just go through those. So, the first one then is on the … the topic is on medications, lab and radiology, and the recommendation from the Workgroup was they had a new category for referrals and to ask the subgroup that it … I'm not sure what this last part means? To ask the subgroup to ensure that it's appropriate on the inpatient side. I think it is appropriate on the inpatient side. I think it's appropriate both on the inpatient and the outpatient side. It's probably more important on the outpatient side.

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

Yes.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Charlene, do you agree with adding a new category?

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

Yes and so even like this … so transitions of care, so coming from the Meaningful Use Workgroup we had, or I'm sorry, Care Coordination Workgroup we had testimony that perhaps … and this is a slippery slope. We should consider referrals as an order or transitions of care as an order so we make sure that we send the right ordering information with it, so that was where some of this was emerging perhaps as an order for referrals. I think, I mean, you can, you know, you order discharges, right? You know, that's an order.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

You do, although the way referrals are handled is sometimes an order and sometimes is a different sort of thing.

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

Yeah, so even in the Care Coordination Workgroup it's starting to emerge, do we talk about, you know, eReferrals and, you know, eDischarges, you know, all that kind of … as we start to automate some of these processes. So, clearly the referral one came up because in the care coordination one, you know, there has kind of been the call for closing the loop on referrals and that type of things, but I think it also applies to, you know, the discharge use case and people trying to better manage re-admissions and all. So, right?

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yes.

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

So, I don't know whether you group it under referrals or maybe the broader category of transitions.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Well, I think I'd make it specifically referrals for now.

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

Okay.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

So, let's do that. And I'm just looking at the, you know, the Stage 2 NPRM and I think it would make sense to add referrals, you know, part of the rationale for doing this is if you look at malpractice cases a lot of the cases are referrals in the outpatient setting that did not get closed. So, it does make sense to do that. And I hadn't really thought about where referrals fit in, but this is a good place to put it. Okay?

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

So, do we say … what do we say?

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

I think what we do is the Stage 3 NPRM should be that, you know, after you use CPOE for medications, lab and radiology, instead of and radiology it would be medication, lab, radiology and referrals.

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

Okay and if they ask us for like …

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

And the measure should be more than 60% for referrals too, it's just another category.

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

Okay, all right.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Does that sound reasonable?

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

Yeah and it really coincides well with what we're trying to do under care coordination. I mean, I think the topic is going to come back up on discharges … but referrals is one which is they're trying to close the loop on, so that's a big one.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah, yeah, I'll put a place holder for discharges. Discharges is …

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

Different, but it's still …

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yes, sufficiently different than …

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

And maybe we capture it under … I mean, because those use cases are popping out of these other ones too.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Right, I thought we had it covered farther down.

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

Yeah, so that's the kind of thing, I think when we reconcile, I've got those in some of the care coordination stuff, but if it ends up here, that's fine, right? And we just cross reference. Okay.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay. So, let's see the next comment is about the drug-drug interactions and the point there is just that…

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

So, that comment is more for us to roll that up to standards.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Gotcha, okay.

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

But there is one in yellow related to demographics if you scroll a little bit further down for this group.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay, so this is …

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

Lots of discussion on this one.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay. It adds something about functional status and gender identity.

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

Yes. So, there's different -- as we look at care coordination it's management of a patient -- there's a lot of different measures of functional status and do we need to start to track that at that point in time as well as, or scales of functional status, as well as this whole issue in terms of gender identity and the importance of that and knowing where a patient is at. So, I don't know if there are any standards that exist around those spaces yet.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Well let's handle the two separately.

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

Okay.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

So, functional status is important but it's not a demographic.

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

I agree.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

So this isn't necessarily the right place to deal with it.

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

Assessment.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Well, even assessments are not demographics; they change over time and…

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

I meant functional status we treat more like an assessment.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yes, exactly, I agree. And so let's circle back to that a little later. Now, the gender identity is…that is a demographic. I don't think most hospitals collect that routinely now.

**Josh Seidman – Office of the National Coordinator**

So, this is Josh, just to let you know, I know that the IOM has convened some work on this issue of creating standards around gender identity issues and we've had some conversations, they're kind of aware of the timeframe around Stage 3 and so I think that it would be good at some point for, you know, to just engage with them in terms of, you know, how their work is going and etcetera.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

That's really helpful, because I was actually just going to ask you what the situation was in this area. I mean, if there is a standard for us to latch onto I'd be fine with including it here.

**Josh Seidman – Office of the National Coordinator**

Yeah, so it's sort of in development, but the IOM is definitely interested in this issue.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

And do you think it's likely to be ready by the time that we need to ask for this?

**Josh Seidman – Office of the National Coordinator**

Yeah, I mean, I think we had some conversation so they're aware of what the time table is.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay, okay, so then lets … Charlene are you okay to …

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

Yeah, I think it's important to classify or to identify it correctly.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah, okay.

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

It's a slippery -- you know, it's very important.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay, okay, so that's helpful. The next one I think is just a note to HHS itself, right?

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

Yes.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay.

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

That might be all, so there is a much larger conversation on the call around gender identity so I thought it could be more of a conversation here, but we did it quick.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah.

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

If there is a means to capture it, we think it's important to capture and I'm sure there's a lot of other fallout that will happen to that, but…

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Right, well anytime you add you any demographic it just adds time for people at registration and so on.

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

Yeah, so it just has to…

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay, well maybe this would be a good time to think about discharges? I'm trying to find the elements that deal with this.

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

Under problem list there was a piece about reconciliation from discharge.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah, that's probably not where I would … maybe it's all in the care coordination area, because I've worked on that enough that, you know, that is like … imprinted for me too.

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

Well, there is also a piece that we added around discharge related to the electronic note, hoping that by Stage 3 we'd be able to have electronic discharge summary, shorten the time to 4 calendar days.

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

Yes, yes. So, I think under care coordination, David, I will expand, and this is the stuff where we've got to reconcile it, the med rec to reconcile other data elements, the question will be which ones, you know, so we'll probably add that there.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay.

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

But, I don't know what that does to -- and again the issue is, you know, the concern of … and the topic was the same topic we talked about when we tried to, you know, reconcile, you know, Stage 2 was how do we assure that, you know, the problem list is up-to-date, you know, so I still think there is some struggle there.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Well, there's some … I mean, you know … this is the sort of thing where we don't want the perfect to be the enemy of the good, you know, there's not any evidence that it really makes a big difference to reconcile the problem list.

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

Yes.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

And right now, you know, we don't even have a problem list for most inpatients, just, you know, getting to the point where that is the case.

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

So, that's important, because I think what it was how do we make sure like the data, you know, that whole thing about data governance and integrity, and how do we make sure that when we import it it's good enough, so that was kind of where that conversation was going.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yes.

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

That you can actually reconcile it, but if, for Stage 3, we haven't had that conversation yet, on my committee.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah.

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

But your input is going to be really critical to that in terms … because it's going to be hard to do that, you know.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

It will, it's a problem that nobody has really solved and, you know, without some basic work to figure out how to solve it, you know, I'm reluctant to ask anyone to … ask people to meet a standard that will require them to address this in a routine way.

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

Yes.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Because we just don't know what the best approaches to doing it are.

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

Yes, and you put it in the context of the care plan and you've got medical problems and nursing…you know, all the full range of patient problems, too, so it gets more expansive.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

That does add complexity.

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

Yes.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

And let's also just go back to the functional status point.

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

Okay.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

And, I'm trying to think about where to put that if we … the issue there too is there are not standards for how to measure functional status.

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

Okay.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

There are a number of instruments that are widely used, but good standards don't exit. Probably the most widely used ones relate to activities of daily living.

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

Yes and that was important for care coordination, because for long-term care, that requirement, we are starting to get some of those to come in from that perspective.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah.

**Josh Seidman – Office of the National Coordinator**

So, this is Josh, I just, you know, I think that there has been a lot of interest, some of this came out of the patient generated data hearing, but it's also something that certainly the people working on quality measure development thinking about Stage 3 or thinking about a lot as well and, you know, I think that this is something that makes sense for the broader group to discuss in terms of how these various desired for functional status data fit together in the context of what all the groups are trying to do for Stage 3.

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

So, one place we put it, but I think we could put it as a separate category if it's that important, we actually put it under vital signs, but that might be too limiting of a concept.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

I would put it in a separate category.

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

Okay, all right. So, yeah, so I think you might be right, Josh, we should put it in a separate category and then … because I know I'll have requirements coming from long-term care to feed in, because I kind of put that question on mine is like, is there some of these scales and you know, it's depression, it's all those kinds of things they want to manage from the perspective of daily living, but is there something that we could get started with that we could start to signal, right?

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Right, perhaps it would be something like the ability to capture data from functional status scales if they're being measured for that specific patient.

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

Yes and then that's open to a lot of sources of capturing that data.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Right, right.

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

I like that.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Right, so for certain groups for example, for patients with rheumatoid arthritis or multiple sclerosis, it's pretty likely that there will be routine capture for many of those patients, but for healthier patients it's just not likely to be routine, okay.

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

Good.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Good, okay, well that was helpful. Josh, other things that you can think of that came up?

**Josh Seidman – Office of the National Coordinator**

Sorry, came up in the -- are you talking about specifically around this topic or?

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

No, just in general, for us to … that would be important for Subgroup 1 to address from the meetings from last week?

**Josh Seidman – Office of the National Coordinator**

Nothing I can think of. Michelle can you think of anything?

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

No, I mean, I think …

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Oh, we're not able to hear Michelle.

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

Sorry, I think that that was everything.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay, okay. MacKenzie or Yael anything else on your end?

**Yael Harris – Human Resources and Services Administration**

No, nothing to add, thanks.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay.

**MacKenzie Robertson – Office of the National Coordinator**

Nothing to add here, it's MacKenzie.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Great.

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

So, David I apologize that you know, it was only 20 minutes, but thank you for kind of walking through those items.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Well, I think it was good to go through them. Great.

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

Yeah, the next one --- we're going to get into the whole clinical decision support stuff, Paul tabled that until we had the broader Workgroup again, he thought that was going to be pretty … you know … and advance directives was a conclusion was we need to do a hearing on that, because there's so much … if you will; it's noisy.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yeah, both of those will add a lot more for us to work on I suspect.

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

Yes.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Okay, so shall we go to the public comment period?

**MacKenzie Robertson – Office of the National Coordinator**

Sure, operator can you please open the lines for public comment?

## Public Comment

**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 speakers 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.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Well, thanks very much.

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

Thank you.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

And we'll keep in touch.

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

Thanks, David.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Yes, you're welcome.

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

Thank you, David.

**David Bates – Brigham & Women's Hospital & Partners – Senior Vice President for Quality and Safety**

Take care.

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

Okay.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks everybody.

**Josh Seidman – Office of the National Coordinator**

Goodbye.