

**Meaningful Use Workgroup**  
**Subgroup #3: Improving Care Coordination**  
**Draft Transcript**  
**June 26, 2012**

Presentation

**Operator**

All lines are now bridged.

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

Thank you, good morning everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup Subgroup #3 Improving Care Coordination. This 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 before speaking. I will now take roll. Charlene Underwood?

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

Here.

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

Thanks, Charlene. Michael Barr? Jessica Kahn? David Bates? George Hripcsak is unable to attend. Eva Powell?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Here.

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

Thanks, Eva. Leslie Kelly Hall? Larry Wolf? Are 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. Are there any full Workgroup members on the line?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

This is Larry Wolf, I just joined late.

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

Hi, Larry, thanks for joining. Okay, Charlene I'll turn it back over to you.

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

Okay, thank you very much, just as a little bit of background, the Workgroup now has a deliverable to present a recommendation to the broader Meaningful Use Workgroup on July 3<sup>rd</sup>, so to that end, what we are going to be doing is having a call today where we go through our consensus recommendations out of the work we've been doing and listening from the hearing and then secondly, move to the matrix to where we are going to start to articulate our recommendations.

We have another ... this is a 90-minute call and we have another call on July 2<sup>nd</sup> to get as far as we can on that work. And again, I think it will be important to service our recommendations to the broader Meaningful Use Workgroup at that July meeting because as we know, many of our requirements cross some of the areas of the other Workgroups and as we start to share that I think we'll start to see some parsimony with some of the other Workgroups and I'll give you one example, because I participate on the Quality Workgroup, again there's the order for a referral that is being suggested as part of that. So, again, as we look across some of our care coordination needs there is certainly a relationship to what the other Workgroups are trying to identify.

The current plan is that the overall Meaningful Use Workgroup presents its first cut, first cut findings on Stage 3 to the Policy Committee in August. So, we are on a little more of an accelerated timeframe, but again I think it's an opportunity to provide early input into our thinking so that it helps to guide our work. So, any questions or comments?

Okay, secondly, I did submit...what we're going to review today is a working set of slides and what I've been trying to do on this slide is to collect the input from past testimonies as well as the most recent listening sessions that we had and including the long-term care hearing such that we've got our information kind of consolidated in one place. So, there's lot of slides in this slide deck. But I've tried to, from our discussions last time, tried to pull some consensus slides into slide starting like 18, 19, 20 through 22.

So, I'd like to just take a few minutes and kind of walk through those slides and just get any further input that you might have or corrections and then I'll take steps outside of this call to improve them and resend them to the Workgroup. Some of you've sent me input between time and if we can continue to work like that I think that will continue to advance, you know, some of our conclusions and then, hopefully, we'll spend quite a bit of time actually looking through what our recommendations might be. Comments on that and any thoughts? I think, Eva, you had some thoughts too that you might want to share with the broader group on this.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, well, I agree with what Charlene said about the connection with the other Workgroups, and some of what I did was go through the full matrix of all the policy priorities and looked at...well, first I rolled down the work that we've already done that Charlene has so well represented in the slides to just a bulleted list of what I titled care coordination objectives and measures or the objectives and measures must address this bulleted list. And thankfully, the list is less than one full page, and then tried to map those things to other policy priorities and the criteria under those priorities as appropriate, not all of them map to another one.

And, so basically, the upshot of that is that it supports Charlene's point that we've got a lot of opportunity, I think, for parsimony in that there are a number of connections with the work that other groups are doing. So, I think as we go through we can talk about those and how might be best to leverage that potential for parsimony.

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

Okay, I just lost my connection, so actually I'm going to ask...until I get back on, Michelle or McKenzie could you walk through...what I wanted to start with was slide 19 and Larry did you have any further comments before I start?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

No, no go ahead.

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

Charlene, do you want me to just read over the slides?

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

If you could take over just...yeah, if you could walk through the slides until I get back online?

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

Okay. So, the next slide is overarching recommendations, and so we're hoping to enable an evolution to collaborative care model, include the ability to support an interactive and longitudinal care plan inclusive of patient goals and advanced directives. Kind of on that advance directive piece we are working...we eventually will have a hearing on advance directives. I think we're looking at a September timeframe, so just something we should all keep in mind.

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

What was in September?

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

Yeah, and as you mentioned, Charlene, we're hoping to present preliminary recommendations to the Health IT Policy Committee in August. So, the thought is a lot of the Meaningful Use Workgroup meetings will be focused on those recommendations, but we're hoping, at least by the end of July, as part of one of the Meaningful Use Workgroups to start planning the advance directives meeting we want to make sure that everybody has an opportunity to provide their feedback on what they think that should include. So, just something to keep in mind.

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

Okay, that's helpful, because that whole advance directives stuff pops up all over the place.

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

Yes. So, the next item is need to track the person and their engagement with their care team, and other services in the context of the care plan. Need a longitudinal history across multiple care settings over a lifetime and typically greatest detail from most recent setting. The next is need for consistent, ongoing, real-time and bidirectional communication among care team and patient and/or family including support for shared decision-making. And the final item is focus on standardization of key elements of high value for longitudinal sharing. So, where are you at Charlene, should I keep going?

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

Yeah, well actually I wanted to stop on that one and just see if there were any additional comment from other Workgroup members. So, what I did is tried to just summarize from all of the hearings we had what the high level concepts were. So, were there any additional input that you wanted to provide on that slide?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

It looks good, I think.

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

Okay. Larry, does that work? Yours is really concrete, so I tried to respect that.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah, so this focuses really a lot on the care plan, which it certainly should. I wonder, though, you know, in the past everyone's been focused on the continuity of care document as more of a patient history snapshot.

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

Yeah.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Do we need to include patient history in here in some form?

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

Okay, I think that's a good get.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Oh, you have...you have longitudinal history, okay, never mind, it's there, it's there.

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

And it was the most recent, which...

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah.

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

Now does it...the only thing, it's most recent...I meant another meeting and it talks about the need for relevant, is it relevant or most recent was my question?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Well, so this was talking about greatest detail. So, the comment I think came out of discussion about what typically happens, which is what typically happens is you get a whole lot of stuff from the immediately prior setting.

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

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

And then, it may selectively reference earlier things or, you know, in the paper world it might include something earlier.

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

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Or you might, in pursuing a current condition actively go looking for history and go contact prior providers to see what they know, especially if you are in an HIE where they are maintaining a community archive and you have that ability to access. So, I'm wondering maybe we get some feedback from the others on the call that phrase about typically created details on the most recent setting, that's a true statement but is it really a helpful statement?

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

Yes, that was kind of...Eva on that one, any thoughts on that?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I don't think so. I was just looking though at that third bullet and I'm not sure I understand what the person and their engagement with their care team, what exactly does that mean?

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

Okay.

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

Do you want me to read it out again, Charlene?

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

Yes.

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

Need to track the person and their engagement with their care team and other services in the context of the care plan.

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

Okay, so what that was, and this came from a little bit of the patient-generated data, so that as a care team person you could see where the person was on their care plan and what steps they were in terms of that process, so similarly to like that whiteboard that they were talking about at the patient data generated, it was that kind of concept I was trying to convey, so is there a better way for me to say that?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

No, I think what confused me was their engagement with their care team, so are you trying to say that we need to track basically where they are in the process of fulfilling their care plan including self-care or?

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

Yes, so should I put it from the provider perspective then?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, I wonder if some of this was getting at, if you think about that you have a care plan and various team members who have responsibility for the different steps or different activities in the plan, that the patient, the individual might have responsibility for some of those steps. So, that is how I interpreted this bullet, but maybe we need to talk more about that the patient can be an active member of the care team and that would include assignments in the care plan.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, I think it may be clearer to say...to use Larry's word "assignment" or "task" or something like that, because I think, I mean that is kind of what I thought it meant, but it wasn't clear that you were talking about the concrete steps or tasks in the care plan and who was responsible and whether or not they were completed.

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

Okay, yeah, so I will work on rewording that one then and then I will also...should I make the concept of the patient as part of the care team a separate bullet or the same bullet? Because one is exactly as you describe it, the ability to be able to track from a provider perspective where the patient is on the care plan and who has ownership and responsibility and that type of thing, so that is pretty specific, but the patient...

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

Charlene, can I just clarify, so you want to know from the practice point of view who is a member of the care team that is working with this patient, where they are at, so that would kind of be one item to identify that person?

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

That was bullet three, that was what the intention of bullet three was.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

And I think this is where we start getting into some of the nitty-gritty detail, because I think there's so much that can be tucked under the care plan that it's hard to...it's part of why we struggle with that concept, but, and to me care team members and their roles that's a big part of that, but, maybe this overarching recommendation should be something of the nature of need to track care plan steps, person responsible and timeline, and fulfillment or something like that. And I would make it part of that same bullet, the notation that Charlene was talking about that the patient and their family are part of the care team.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Because the care plan needs to be visible not only to the professional care team members, but also the patient and family, and all of them will have responsibilities that will need to be fulfilled.

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

Okay, good, all right I'll make that more specific then. I mean, it's really...you need to be able to manage the care plan, right? So, you know, its care plan management, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right, exactly and I think for an overarching recommendation, I think that's good ,and then part of our work will be to figure out, all right now, how do we actually operationalize this in detail?

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

And the other thing I might add and see what you think, to the first bullet, I agree with everything that is there, but I read something, and forgive me I don't know where I read it, but it was in the context of these Workgroups I think or perhaps some of the research I've been reading on disparities, but I read the phrase support a stable patient provider relationship and I think that's particularly important for addressing disparities and it seems to me like that is a care coordination kind of role. So, I don't know if it...and when I think about that and how that might translate into Meaningful Use criteria, I don't know all the things that would feed into that, but certainly recording care team members would be one of those things. So, is it valuable, do you think to add to that first bullet, enable an evolution to the collaborative care model in support of stable patient-provider relationships?

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

I like that. Any other comments? Because that makes it really concrete. Okay. So, I'll refine bullet three. I keep losing connectivity. I'm sorry guys. Okay, back. And did we on bullet four, did we want to make any...I'm okay as it read, but do we want to change that at all relative to specifying...

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah, I think if we actually dropped that last statement the typically greater detail.

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

I'll drop it then, that's fine.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

It's true, but it's not important.

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

And we will refine it as we go.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

It's not important because you were making...most relevant setting and, you know, depending on what the situation is you might want information going back several...and this was sort of making a dig at the notion that you could just hand off from one saying to the next, but that should be explicit and I think longitudinal history actually says at multiple settings over a lifetime.

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

Okay, got it. Okay, any other principles? Okay.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I think, well just to sort of reinforce the discussion around bullet three, bullet five talks about consistent ongoing real-time and bidirectional communication among care teams and patients and/or families. So, I think that reinforces the notion of the patient as a member of the team.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

That's an important concept that shifts the conversation in good ways.

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

Okay, yeah, I tried to figure out where to best put in the shared decision-making stuff and I felt it was...so I put it under that, you know.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, I think that's good.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Because that gets at the notion that decision-making is not an event, it's a process.

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

Okay, good. Okay, next slide. All right, so, these were kind of the use cases and Larry, this came pretty specifically, I thought it worked coming from your work so I expanded on it just a little bit coming out of your work. And, you know, again it's...and when I started to think about this in the context of...because I'm on the provider and patient engagement one, they're starting to think of here is the provider patient communication, so we're kind of in the space of provider to provider communication. So, I thought, okay, well I could deal with that and I started to think, well do we...you know, just like in the patient context there's eVisits and, you know, those kinds of things.

Again, I think we're starting to automate those processes, those provider to provider processes and when I looked at the broader case, the question came up should we have one for chronic disease, it seems like we need these use cases in support of managing patients with chronic disease because there is a subset of them that fall under...there's a bunch of stuff processes to manage patients with chronic disease. So, that was kind of how I was trying to think about it.

So, again, you know, the cases that seem to be emerging again, is, you know, patient referrals, because that seems to be really predominate, the ability to treat these emergency conditions, right? And then the release and transfer from setting to setting.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right, so...

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

So, those seem to be the high priority ones that emerge, maybe not in that sequence, but are there comments on that? And Leslie, I don't know if you've got more standard space look at that or any other comments you want to add to that?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, this is Larry. I'll jump in with what the LCC group in the S&I Framework is doing.

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

Okay.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Which is they've added basically a parallel use case for each of their primary use cases that talks about the patient access. I don't know if that's a good approach or not if we want to create a separate bullet that talks about patient access at transitions of care and treat them like they're similar. So, I don't know I guess it's up for discussion among the committee members whether we think this makes sense to sort of...

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

So, how would you state it, then?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, what the S&I group did was they actually created another set of use cases. So, for every use case that was provider to provider they had an additional one that was the patient in that context. I don't know...I think that, that might be overkill at this point.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes, well and this is Eva, I...the way I interpreted this kind of direction of going in the use cases is that these are the most likely things that will boil down into actual criteria given that the care coordination category has really moved toward a use case kind of thing. So, am I right in that or is this just more to provide a contextual framework for us to figure out individual criteria?

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

Yeah, I was on the page that you were on Eva, was like we kind of moved to use case oriented in the last...in Stage 2 we kind of did move to these use case oriented models and so I was hoping as we thought about these three uses cases, at least as our top priority one, that as we looked at the matrix we would say, okay got that one covered, we're missing this one, this one maybe we need to refine, that kind of thing. So, I was hoping this would guide our direction setting for what we put into the matrix.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Okay.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, I guess what I'm hearing is in terms of the patient component of this, it probably would make sense to work that into each of these rather than treat...in other words, these read as they are provider to provider, but we want to include patient component in each of these use cases.

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

Yes, yeah.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, that would make sense to me, but the other thing I was thinking is and it gets back to this notion of the chronic care, which I'm not sure that we should necessarily make that an extra bullet for chronic care, but I think part of what's really different about...or part of what needs to be different about our new pie-in-the-sky healthcare system is this notion of an ongoing feedback loop among all care team members including patient and family and that's what really gets at the longitudinal management, whether it's for chronic care or for a healthy person that needs to see a provider three times a year or, you know, something like that.

So, I'm wondering if it might be a good direction to add a fourth bullet that is this notion of an ongoing communication loop among all care team members?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I think that would be really good. I wonder if the notion of patient-centered medical home is too specific or if that actually begins to address the sort of the fourth case?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, I mean, I think that's certainly a way to address that fourth bullet, but I'm not sure that...I don't know, I guess I'm not convinced that everybody is going to be part of a patient centered medical home and there are a lot of patient centered medical homes that aren't really functioning that way. So...

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes, so I think your notion of that there's an ongoing communications loop and that, that is really the emphasis on the fourth one, it's less transition centered. All of these...

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, these are all...

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Are built around a communication around a handoff, we're saying is there really needs to be a notion of communication that's ongoing.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Well, and that's also where anything having to do with prevention would fall, because none of these get at prevention, either.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Well, they might, but you're right not necessarily.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

The concept...

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

So, what we have to think about a little bit, again let me put this as the fourth bullet, this ongoing communication back, but sometimes then, for instance like when you do a consult there's information that you send and there's information that you send back, there's a closed loop piece of that too. So, again, I think if we start to nail down the requirements we might be able to see how it fits, whether we make it part of each of the...if there's a closed loop process there's communication back, but it does not cover the aspect of this. I think we need to think about that, but I also think we need to think about that ongoing communication piece in terms of feedback, but at a minimum start to get that acknowledgment back so that information is two-way.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right, and I think, you know, the case would be the...

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

My system is down again...

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

The general well case when you see someone once a year or once every two years, some of the new guidelines that we see doctors do often if we're well, you know, and we don't see them enough when we're chronic of some kind, but, there are also the people who are in one or another of the residential settings, whether it's assisted living or home health, or a nursing center where there really is weeks or months worth of care. So, there isn't the transition that is implied in all of these other use cases.

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

Right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

And you would like to actually have the individual involved and all of their support, fans and friends, and family part of the involvement as well.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, so maybe the additional bullet should be called something like ongoing management of care or ongoing management of health.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah, I like that.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Because, I think Charlene's right that the closed loop piece is part of all of these that we have and that's really important to get that going, but that's almost an expected part of the service that's already being provided and this notion of ongoing management is something that often times doesn't even happen, much less as an expected component of what's happening. So, and then we can see, as Charlene said, we can see as go along, we may be able to somehow collapse these as we get more into the specific criteria, because I'm all for parsimony.

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

I think that one is great. I think...and you know, it's like...and I think from a policy perspective, you know, as they start to think about care plan and ongoing management of health that starts to either break into multiple use cases and that kind of thing as they do that. I think that's a great one.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right. And can I ask just kind of an overall conceptual question and there may not be an answer to this yet, but I guess what is emerging in my brain, as we talk about these use cases and as we've already said that we're imaging these kind of being the drivers of the criteria or potentially becoming the criteria themselves, are you thinking that these might be, because, not all of these would apply to every provider, but certainly every provider would be covered, I think, by the four in some fashion and so are we thinking that for care coordination eligible providers will have to pick one or pick two, or something like that? I don't know, I mean, like I said we may not have an answer to that and we don't really need one, but I'm just trying to make sure that I'm thinking correctly.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, it could depend on who the provider is which of these makes most sense, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, if you're an ambulatory doctor, the directed consult is something you probably do a fair amount, ongoing maintenance is something that you do some.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

You know, the fourth one we just put up. The use of ED for diagnosis and treatment is something you do as a person in the world typically not sent by your doctor, but would have a really important patient component or one of the post-acute settings might use ED that way. And the discharge transfer could be hospital to doctor or presumably it could even be outpatient doctor to admission, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I know that the OB/GYN folks like to really do that, you know, prepare for the birth and there's a lot of information that gets transferred to the hospital.

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

So, I'm going to add...what did you want? Home to...and what did you want, outpatient doc to admission, right? I was going to add that in as an e.g.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah.

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

Okay, just clarifying and then we've got lots of transitions groups under there.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

Okay. I'm going to add that one additional use case, which is the ongoing management of health and maybe we'll put some examples under that, okay? That just helps clarify. So, you know, the long-term care. So, I'll try and find some words, if not I'll send you a note and you can help me add some words. Does that work?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Sounds good.

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

Okay. Next slide. Okay, so I tried to just step back from everything...and all the input that we've got and just try and write down some, again understanding that, as Eva said, there is going to be emergence at some level of an overall care plan for the patient that EHRs have to contribute to and it's longitudinal history, what might be those functions that are in the domain space of an EHR to support these processes?

So, again, one of them was the reconciliation function. So, you can kind of close loop tracking of referrals and transitions, I think we heard that, timely exchange of relevant concise narratives pertinent to the care transition, tracking of...I'll just run through them and then I'll have you comment. Tracking of care team members and the sharing of the information with the patient. This is kind of this mediating this care plan among the disciplines and I kind of commented in there, this individual patient tracking to access progress and then one of the requirements we haven't discussed as much but popped up is population-based or, you know, set of patients tracking for patient outreach.

So, there's two kinds of dimensions, like as a care manager you want to be managing your populations and where they are respectively on these care plans as well as managing that individual patient. The bidirectional communication piece and I wrote a lot about that. I wrote in there support for patient-reported outcomes and I don't know if we want to keep this included under care transitions or focus it a little bit more on the shared decision-making piece, because we know the patient engagement piece might touch this.

And then I put in here, Larry, this functional assessment scale activities, there is a lot of requirements coming from that space in terms of maybe making sure that information is captured and we actually in the quality group looked at adding functional assessment as one of the data collection points of activities of daily life or something.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right.

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

So, I thought we would...those are kind of the ones that...it's certainly not everything, but I thought at least gave us a starting point as consideration for content for the matrix. So, comments or improvements on that?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, let me jump in with one other thing that we talked about earlier today which is advanced directives.

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

Oh, okay, I keep...okay, yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

It seems like that's another specific like the functional assessment.

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

Yes. Do you want...do you see adding just the ability to be able to share them or do you see a greater need with them at this point? We don't know, let me just put it in; we'll discuss that after the hearing. I think that's a question that we have as a group.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

You know, it's sort of the most specific and directive of patient directions for us, right?

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

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

This is the major overarching thing, everything else is going to be tuning within that.

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

Yes.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

The notion of the whiteboard is that contained under the fourth bullet of tracking of care team members and sharing the information with the patient?

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

Yeah, I tried to make it dashboard rather than whiteboard.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right, right, yeah, I think that's good.

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

I think that's in the fourth bullet, mediating a shared care plan, the second...

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right, yes.

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

Yes.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah...well and when I was kind of going through my multiple lists it struck me that that could have a close connection to the quality measurement folks or to just the quality measures themselves, that this notion of a dashboard and if we're collecting the right information and acting upon it in the right way that that should have ultimately a connection to the quality metrics.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I don't know if that is something...

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

Charlene could you...

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Go ahead.

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

No, sorry, but go ahead.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I was just going to say I don't know if that's necessarily something to report here, but just kind of an observation.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

And maybe this is like a tiered concept of a management dashboard, because there's the individual patient-level management and then there's the population and practice level management, which would get at, I think, the connection to the quality metrics.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, are we indirectly touching on notions of registries here? Disease...

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

I would think that registry might be under that...I'm trying to think, do I...you know, the sub bullets do they get pulled out to be major bullets in any way? Is there functionality? I don't know, because it could result in...so even in quality, we identified like moving from patient list to actually using registries instead and the functionality. So, it could transcend with what's in the quality group.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

All right, so my only question on point like four, tracking care team members and sharing the information, one of the pieces of input that I'm getting in another venue is like, do we need to know the communication preferences of those care team members to be able to...do I have to say that here? Like, I want to be communicated with, you know, kind of we were eluding to that earlier, either which use cases I want or here's how I want you to communicate to me, I want you to send me everything or at transitions, where is that stored, where do we know that, is that something that we should identify as a need? Like just how we're talking about communication preferences for patients, do care team members need those?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I don't know, Larry, you've probably got a different perspective on this, but I'm wondering if that's more of an organizational decision in that what's difficult is having the standardization that's necessary for reliability but also allowing for the individual components that contribute to better workflow, but I don't know, what do you think?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, I guess I imagine two things, I imagine that the patient gets to say please send me an e-mail and this is my cell phone and it's personal and private so you can leave a detailed message.

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

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

As opposed to, you know, this is my home answering machine and who knows who is going to hear it so don't leave a message there. So, there is that level of sort of communication preference, but there's also the how do you get a hold of a provider or provider organization? Do they want to be faxed? Do they have, you know, in the world of direct that we're about to step into, do they have a direct connection that they would like to use? Are they tied into an HIE and they'd like me to be communicating to a community repository and not to them directly?

So, yeah, I could imagine that we evolve into a world where we start to systematize how the professionals and the individuals all are connected and their preferred communications.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, I'm wondering...I think for purposes of Stage 3 it may be important to focus on the patient communication preferences, but I mean, I see the point about the provider communication preferences, but I would just worry that that would open the door for a lot of non-standardized kinds of workflows.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Well, and it opens the door for...that maybe happens in a macro level, but it doesn't happen in terms of the individual care. So, it is somewhere in the configuration of the EHR or where you define the other care team members.

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

Yeah, that's kind of where I would see it like tracking of the care team members, their communication preferences and tracking of the sharing of information with the patient, but...because I think Stage 2 is hopefully going to have communication preferences for the patient in there.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

I'm hoping that that happens, right? And then Stage 3 in terms of tracking the care team members and their communication preferences, you know, so how they want to be communicated, I think that's going to...I think we should be able to think through that in Stage 3.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

For identification, so I'm going to actually add that as one, because I think that's going to emerge, because that seems to have been...you know, the input in terms of how people want to...do they want...in terms of direct, everything sent, do they want an alert sent? Do they want, you know...and then they can go back and look it up, those kinds of things. I think...that's maybe harder said than done, but I think we should at least surface it.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

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

I'm going to add that. Any other comments? I'm going to pretty much...I think we can...if we think we've got it all then I'm going to add advanced directives to this, communication preferences. I'm going to leave as is for right now, although I think we could elevate some of the bullets, but at least we've got a good list to cross reference as we share with the other groups. Does that work for you?

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

Charlene, I just have a quick question for the third bullet.

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

Yes?

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

Is that provider to provider or patient to provider or both?

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

I had it more provider to provider. This is provider to provider.

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

Okay, thanks.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

And, Charlene, on the fourth bullet, tracking of care team members, could you add in their roles?

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

Okay, great. Their roles, their communication preferences, right, all that stuff about them, right? So, more than just who they are?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

Their roles.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Maybe...

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

...preferences, right? And we start to be smarter about them in Stage 3.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I want to broaden the language on the third bullet.

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

Okay.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

...nursing homes, I would say post-acute care.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

Michelle, you're capturing some of this too? I'm writing my notes, but we're working together?

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

Oh, yes, I'm taking lots of notes so I'll send them to you.

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

Because I lose this every few seconds, okay, I'm coming back on. All right, I'll be back...

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes, we got reconciling, yes. Is it valuable to add to the first bullet reconciling medications, allergies, problems, etcetera? Well never mind, never mind, I think it's covered what I was thinking. I'm wondering if that's a place where we could note the potential for patient input or patient contributed data?

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

Okay, so say that one again?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Sorry, the first bullet is reconciling medications, allergies, problems, and it puts etcetera, so it already says that, you know, there's lots of stuff that needs to be reconciled.

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

Oh, perfect, yeah, I think that's a great get and we can, you know, put that as a...yes.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Well, and another portion of that is not just reconciling, but if there is conflict, understanding what's correct. So, part of reconciling is having a method of indicating, as has been referred to in the past, a source of truth like what is actually correct and I don't know if that's our problem to solve, but it's important one. So, should we note it or should we...is that something separate?

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

Is that implicit? Leslie, you may know this, in a reconciliation process or not?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

If it's implicit in that that's fine. I guess I think of reconciling as...

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

Is there another word?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

No, no I think reconciling is the right word there.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

So, let's just leave it because I know people other people are talking about that and...

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

We can make a note of it and make sure that it's touched upon somewhere.

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

Okay. And I had just one left, standard functional assessment scales, Larry, were there any that struck you that were just...you know, some of them are just going to happen, but that we wanted to really call out there at all in terms of the most important one?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I'm not enough of a functional status expert to pick one over another. So, I think maybe the general is perfectly fine.

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

Okay, all right, we can...all right and there's a lot, so...and again we're trying to not cover the world, but indicate, you know, one or two and there are a lot of different approaches out there. All right I think we've got it. Next slide. These are just some...I just captured some other considerations that we just chatted about. So, if there are any other comments? I just needed a place for other stuff that I didn't want to lose. Bullet three, I talked with the transitions of care committee and this whole concept of transitions of care as an order seems...to be able to close the loop, seems to be gaining traction from their perspective. Any other comments? This one may go away, but...next slide.

This is an area that I feel a little weak on and I haven't done as much research. These were some suggestions that were coming up in terms of measurement considerations and I know, Eva you looked through some possible recommendations for objectives and measures. So, I think this is just another tickler consideration. I just didn't want to lose some of the discussion.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

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

And so, we might have to circle back to the current state of measurement in this particular space, but I just kind of have this as hold place. Any other comments on this?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I actually think those first two are pretty interesting and pretty focused measures, right? That the receiver could assess.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

All right.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Well, and it also drives directly from the process of care as well as from the EHR itself and is very EHR related.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

So, I like those first two.

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

Okay, all right, so we'll keep those as possible candidates for our matrix.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah, although I think your comments about is this a patient generated message on the closed loop, I think actually it probably is a patient generated measure that is separate, because the EHR could measure, you said someone should get a consult and that's in the record and then we got the report back from the consultant and so we could verify the loop got closed.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

But a patient piece in there as well would actually be helpful.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, yeah, I think that's right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

You said to take this dose of medication, but I actually modified the dose and this is what I'm taking or, you know, the pharmacist made a suggestion for, you know, over-the-counter and it seems to be working fine.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes or even that kind of back to the communications things that we were talking about before, you know, did I get my questions answered and where they answered in a timely fashion and that kind of thing.

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

Okay, so I'd like to...so let's make that a separate bullet then, right is what you're saying?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

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

In terms of the use of patient generated measures, a.k.a, you know, receipt...I mean we could start with receipt of a report, ability to access results, communication timeliness all those kinds of things, right?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes and especially for the systems that, you know, this is sort of asking for trouble as a provider, but for the systems that have robust portals that are providing services directly to patients, the portals could be collecting some interesting statistics on who is using how much.

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

Okay, so we'll make that a separate bullet item?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

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

All right.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

And the portal can also contain certain questions that get at this.

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

Yes. I mean maybe what we want to say, I mean maybe in this case we, you know, we want to highlight those that are around communication, right?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

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

Right? And maybe communication and shared decision-making as policy?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

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

All right, so that they feel like they had a role in, you know, those kinds...and the decision-making, right?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

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

So, maybe what we say is support...around communication...as just policy so people can start to think about those kind of...we can certainly say did they get...getting a report is one but then that starts to highlight what we're trying to do here.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right, and I think we should acknowledge sort of the range of technologies that I know people are using, so, you know, I've been using the portal example, but it could be a mobile App, it could be interactive voice response on a phone system, it could be some kind of home telemetry box.

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

Yes, but if we're measuring their feelings about their communication and their...communication, engagement and shared decision...well engagement could be shared decision-making, right?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right, so I guess it would be two things, I think we should have questions where we ask people, do you feel engaged? Is the care meeting your needs?

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

Right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

But, I also think that the extent to which we're automating the process, we could look at measuring the extent of use of that automation. So, you know, if you have, you know, if you're supplying a tethered EHR what kind of use are you getting? What things are patients finding useful to them? What functions are they using? So, less asking them additional questions and more of just looking at what they're doing.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

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

So, one is a measure of utilization and the other is a measure of, you know, satisfaction, you know, but whatever that other measure type is.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right, satisfaction or patient-generated data.

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

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Or maybe those are separate?

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

We want measures of utilization in this space and we want measures of satisfaction, however they talk about that.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Hi, it's Leslie; sorry I couldn't get here any earlier.

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

We're doing okay without you, we might be using the wrong words, but we're doing our best.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

I think you're thinking of experience of care that's the lingo on that one.

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

Okay, thank you.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Perfect timing, thank you.

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

See, it's a team that makes this, right? This experience of care, so utilization and experience of care, perfect. Oh, I love it, I'm sorry.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I agree with utilization, but I'm wondering if that might be misconstrued somehow in the sense that...in the sense of over utilization.

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

All right.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

But, I think for now it's good just to leave it is a concept and we can nuance it later, but...

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

Well, I could just put, Eva, I could put HIT utilization, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, yeah that's good.

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

Because and it covers everything that Larry talked about, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, yeah...Larry talked about is right.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

That's good.

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

All right, that's the end of...next slide, do I have any more? I think I was done. Okay, then this was the timeline, but it's kind of, I don't think I...did I update it? Okay, yes, so this was August...

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

This is the old timeline. We're still working on updating it, but we're hoping to have the RFC out by the beginning of November. So, we'll just update the timeline.

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

Okay, great. So, what I'll do is I'll work with Michelle's notes and update this document from, you know, for purposes...from our discussion today and we can kind of use it as our working document and then what I'd like to do is, if you can remember everything, we'll shift over to the matrix and kind of start to work through that and I started to put some comments in it just to draft, but again, we've actually got quite a bit of work to kind of, I think, fulfill it, but I think we should get as far as we can with that and still present it on the 3<sup>rd</sup> and then again they'll have feedback and probably some parsimony advice and then we'll, you know, certainly have, we'll have some subsequent calls, it'll be busy. Does that work? All right, thank you. Can you move it to the matrix?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I need to take a short break; I'll be right back.

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

Okay, thank you.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

And, Charlene, has this been updated since last time? Because I still have some work I haven't sent to you.

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

Is this, Michelle?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

No, it's Leslie; I still have some work I need to send to you too.

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

I made very minor changes to the matrix.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Okay.

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

So, I just put a couple of suggestions and just to give us a starting point, but I didn't make significant changes, so this is all kind of de novo work at this point.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Okay.

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

In my view.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Great.

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

My suggestion is if we blow them away and throw them out that's fine.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Hey, Charlene?

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

Yes?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I was just looking at this old, old document from June of 2009, which was kind of a visioning document that we pulled things from Stage 1 through Stage 3 and the projected 2015 objectives and one of them was automated real-time surveillance of things like adverse events, near misses, disease outbreaks, bioterrorism, I think we're getting at some of those more public health kinds of things, but in terms of the patient safety things is that something we should note?

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Or does this fit in one of the categories you had?

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

I'm just trying...the reason I'm struggling a little bit is because in the public health space, they cover some of the surveillance piece of it.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, yeah.

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

So, let's not...so let me just as a...should I put that as a requirement on the EHR piece so we don't lose it or?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

No, I think you're right, I think it's more for the population of public health.

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

Yeah, and I'm not sure...let's not lose it, because I'm not sure we're going to capture it there, it's going to end up in the final Stage 3 recommendations, but we had a lot of discussion around the broader population health, not just public health views when we had our hearing, but again I'm not sure what is going...so we should just...don't lose it I guess...

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

Eva, can you just read it again, so I have the public health document up? I just want to see if we've already kind of...

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Sure, and again, this is reading from a document from June in 2009. Automated real-time surveillance and then in parenthesis it says adverse events, near misses, disease outbreaks, bioterrorism, those last two obviously are public health, but the adverse events, near misses and then any sort of like reporting of actual EHR safety issues.

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

Yeah, so if we get patient generated data or from the care management process some event occurs, how are we going to do the...capture the information from that, you know?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, yeah and to me it makes sense to keep it under the population of public health, but the safety issues also have a care coordination component, I think.

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

Okay, I don't think they've touched upon it, so I will bring it up with them.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Okay.

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

Okay, so again the principles...again, as we're thinking through, you know, the principles, these were the ones that we reviewed earlier in terms of, you know, guiding our recommendation process and again, I think there is alignment certainly with what's happening in healthcare reform and you can see support population health and one of the criteria that emerged in another conversation is where the market is going to drive it, certainly don't try to incent it.

So, at the end of the day what we're trying to look for are those things that are the real levers that are not going either be market driven and/or will incent change to happen. I think we've identified quite a few of those, but without kind of the context of that and where we can use clinical decision support so that information is linked to actionable courses of evidence-based care or best practice or whatever we should be looking to those concepts.

Okay, so what I thought...we'd actually take it...we'll start and then we'll continue on the next call. Improving care coordination, can you roll it up; slide it up just a little? Is that possible or do I need full screen? Okay, full screen. So, in Stage 1 I think we...this was the need to perform the capability to test and it was eliminated for Stage 2. We actually recommended that there should be...they should actually execute and being able to accept with exchange, can you roll it up at all, Caitlin?

Okay, here we go. But the point was, I think, under Stage 2 we said okay, which I think is going to be important, we wanted to start to understand that a transition actually did occur. So, do we need to, this one is being dropped and if we look at the next criteria...I'm sorry, this was...we moved to med rec...there were no comments under Stage 2? Back up, back up. All right, there we go. Are there any additional comments we want to make? This was actually extending the test. So, our point is just to...we feel this is going to be covered by another objective?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, I think so. This is just simply the test.

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

Yeah, I think it is too. All right. So, our comment is...

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

We'll just have to see what happens with Stage 2 and maybe adjust accordingly.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right, yeah.

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

Yes. Okay, because I think this is covered by the actual transition of this document in electronic form later, so I think in Stage 1 and 2 we just wanted to get them prepared to actually do it in the use case format for later on. Okay.

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

So, Charlene, sorry, no matter where it ends up for Stage 2 would we pretty much say that this can be kind of closed for Stage 3?

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

Yes.

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

Because there will be...

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

Yes.

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

Okay.

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

Yes.

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

Thank you.

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

We agree with eliminating it for Stage 3 in favor of use cases. Okay, next item. Okay, so there are a couple of comments that we made in recognition of when a transition happens...med reconciliation we left it at 50% of the transitions of care, so the patient is going to be transitioning to another site of care, the med reconciliation or this is actually at admission, a transition occurred I'm going to do the reconciliation. So are there comments in terms of relative to two items, either expanding the type of reconciliation done and/or the threshold here? So, discussion of this item?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

This is Eva, I was thinking along the lines of what you just said first Charlene about expanding the kinds of reconciliation, but I don't know kind of in the real world where med rec is, because I know that, that has been something that few people, if any, have really mastered and so if it's still the case that people are really struggling with that, it may be wise to keep this its own thing. Larry, do you have any...Larry and Leslie, do you all have input into that?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Well, in the patient-generated data hearing the area where they had a lot of benefit was patient generated data around what drugs they were actually taking.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right, right.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

And so, this could be a really good way to introduce patient-generated data which is not in conflict and the areas where there is high agreement is when the clinician asks for information and the patient gives the information back or responds back.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

So, that's drug adherence, the experience of care, health status, weight and such, so I think this would be a good place for us to put some goal around reconciliation should include patient generated adherence information.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes, I like that.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I think the notion of patients showing up at their docs with their current list of meds is something that many individuals actually do. I hear lots of anecdotes about that and that traditionally the process of using that has not been perceived by the patients as actually very integrated, you know, a lot of thank you very much and it gets shuffled into the back of the chart. So, I think bringing it in as a medication reconciliation piece is actually a potentially really useful thing.

I think the question here would be...if we have methods for supplying that electronically. So, this may be pushing on sort of some of the standard stuff, but if patients are maintaining an EHR that can generate that list that can be sent electronically to the doc...

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

So, what was discussed in the sites that are doing it...they're doing a medication reconciliation questionnaire so it comes back and reports back into the EHR what has actually been...what the patient is actually taking and self-reporting. So, it really could be a great opportunity.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah, I guess I'm thinking that the challenge here maybe one of standards and technology challenge of, you know, I had someone asking me, do you think if I put my iPad on a copier that it could copy off the iPad screen, because that's where my list of meds is? How do I get it to my doc?

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

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

And I think that's the real dilemma, because I think as you get engaged individuals they are keeping their own list using all kinds of approaches.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yeah, I think the key would be that it's some sort of form that can be sent from the EHR to the patient, patient fills out and responds back so that there is structured data to and from.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

And we can use the RxNorm standard for the drug and the LOINC standard for the questionnaire development.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Okay, you're on it.

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

Leslie, can you repeat that?

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

Is this a separate objective or is it, you know, the same objective?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Well, in my mind, the more that we can show that the patient's included in existing objectives as just a logical outgrowth, I mean existing objectives, then not only is it a good comment that the committees can make, but it's also something that shows continuity. So, Michelle, was it you who was just asking me what standard it was?

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

Yeah, exactly.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Okay, so it's the questionnaire form at itself, there's been some work in LOINC, there's also work in a consolidated PDA using a LOINC questionnaire standard and the RxNorm standard that was defined in MU2 for drug identification is what we would use.

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

Okay, thank you.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, this might be actually a good place to get feedback as we do hearings or look to the world to what they're actually doing. I would hate to give someone a questionnaire to fill out if I already have from them electronically a current list of their meds. So, I don't want to necessarily get us in the questionnaire mode, you know, if the patient is in some interactive thing with the provider and can maintain their list of, you know...I actually picked these meds up and this is what I'm taking and these are my comments on their effectiveness, I mean you could imagine it could be a pretty robust interaction or it could be pretty minimum. This is just the list of current meds, I've reviewed my list, I keep it current.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

It is like there is some sort of versioning really that allows you to just see that things change.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yeah.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes, that's very possible.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, I think as we look at this, given that we've got some time before we get sort of into the how, we should be looking at what are people actually doing to see if we can find any examples of where patients are engaged to manage their med list or provide updates on which meds they're taking or anything like that.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

We did get testimony on that fact, I think it was Dartmouth-Hitchcock if I remember at the patient generated data hearing, but we can pull that up. Michelle, it was either Dartmouth or...

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

Partners.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Partners, it was Partners who testified about that, thank you.

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

Yes.

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

So, the policy direction I think is, you know, I think, you know, is that, you know, we're not quite sure how to do this yet, but our comments again is for Stage 3 considering introducing information about patient adherence and/or their current medications into the reconciliation process, because right now, you're right, they bring their bag, they bring their list, but we want to start to automate that process in Stage 3.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right.

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

And you could start to see where that could spill out to be a lot of management kind of stuff, right?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Exactly, in the standards groups what we're creating is something that can be used independent of the content type, but it's that idea that the clinician asks the question and you need to be able to respond, and then to be able to have versioning on it so that you can update it.

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

All right. The other aspect here is for Stage 2 there was a requirement for the vendors in addition to medication reconciliation to support clinical reconciliation, so to that end it's the reconciliation...what we're being asked to reconcile, and again I'm putting this on the table because we can choose to advance this or not, but they were being asked to reconcile the allergy list and reconcile the problem list. So, again, given that we're using SNOMED as the standard and/or in allergies we're moving to I think it's...I don't know the standard in allergies, I know we're struggling a little bit there, those two are additional candidates for reconciliation for Stage 3, because the vendors are going to be more prepared to do that. Now, whether it makes sense to do that from a policy perspective or not is a separate question. So, any comments or thoughts around those two areas?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

So, the reconciliation would be between 2 providers having recorded the information?

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

Yes, so you're discharged from the hospital and, you know, you're sent, you know, here's the current problem list for the patient, but again it's SNOMED based but, you know, then you have congestive heart failure, some depression, dah, dah, dah, and it feeds to the primary, you know, so on transition that is on the problem list, right? And it comes to the primary care physician office; they may or may not have that same problem list, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

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

So, is there...and again, reconciling problem list is really challenging because we don't have everything in the context of the patient problems yet. You've got nursing problems and then you've got...so in this world of problems, we're not kind of to that necessarily consistent definition of how we talk about problems yet and we're still migrating to the patient centric problem approach I think.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah.

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

But, thoughts on that? I mean, it's going to be essential for the care plan piece, I think, but...

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

You raised a really great point, Charlene, because...the problem list from a primary care doc is cumulative. A problem list from a hospital is episodic.

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

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

A problem list for the specialist is even more finite inside an episode or related to an episode. So, the whole idea of the problem list has to accommodate episodic and collaborative cumulative, and patient generated or team generated and I do think it's worthwhile to call out that in MU2 in the standards work even if it's not in policy we should be looking at versioning and we should be looking at collaborative care problem lists.

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

I like that. We need to have the discussion, you know?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

I mean, is there value or a way to record...to have the problem list kind of in two sections, acute and chronic?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Well, there's also problem lists that might just be entered when the patient presents. A hospital might look at a chief complaint and a problem list might be only something that is looking at an ambulatory care site. So, the whole structure of problem list related to collaborative care document or a collaborative EMR around inpatient and ambulatory is something that needs has to be reconciled. It doesn't get done now.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Although there are some traditional flags or information metadata around problems like date of onset or whether it's active or not.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes.

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

Yes, exactly. We want to actually make this...I mean it could be a new...here's where listening to our broader group problems is something we've been trying to drive the care by since the get-go of this committee. Do we want to break problem reconciliation out as another item, at least to start to signal that process for Stage 3 and start to put some of the characteristics around it that, you know, it's managing the problem? Because in the different venue there is a different context that you've got to manage problems, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right.

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

We're going to have to start to deal with this.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

And I think that some of the testimony that we had from Larry Garber started to talk about problem list reconciliation under some of the consolidated CDA framework they started to talk about, you know, what do we do first, what do we do next and I think that the problem list is like right front and center, it's meds, it's a patient identification and it's problem list.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

And then you get to care plan and you get to more nuance things.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Well, and it strikes me that problem list also has some important ties to patient goals and from the patient perspective, if they present with a problem, you know, what is the problem in their mind and that then has a connection to what their ultimate health goals would be. So, yeah I like the idea of somehow working on the problem list reconciliation.

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

Okay, so, under the current medication reconciliation, there doesn't necessarily...because we don't have enough evidence, we're not saying that we should increase the reconciliation process itself, what we would rather see it dimensioned into incorporating patient generated data as that input. I know, Michelle, you've got these notes, but in addition, is there any...should we be raising the threshold...I mean I don't think we know enough, but should we raising the threshold or any thoughts on that yet until we find out more?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Well, if we keep it at 50% but then say it must include the patient adherence, we've done a whole heck of a lot.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah, I agree.

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

Okay, that's huge, you know.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

That's huge, right.

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

That's huge, but I think...but just think how valuable that is.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Well the polypharmacy issue is the one that has been brought up over and over, and over again for patient safety. Patient adherence for cost and chronic management is brought up over, over, and over, and over again.

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

Okay, so our direction here is we would like to add in the component of patient adherence and until we gain more knowledge of the current success with meeting this measure we don't want to make a recommendation yet on any threshold changes. Is that all right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Right, right, but I would say...I wouldn't specify patient adherence.

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

Okay.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Only because, sometimes it's adherence because it's something they've been prescribed but in the case of the super motivated patient who is, you know, taking all kinds of vitamins or what have you, that's not really an adherence issue, it's a comprehensiveness as well, you know...for a chronic patient who is seeing 15 physicians and all of them have prescribed things. So, I think it's more the issue of patient contribution of their information or...

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

It's patient reconciliation.

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yeah.

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

Yeah, okay and we could say including adherence, right as the category, right?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

And corrections, additions, right? So, we can put those as examples and then the other piece then that Larry said is...and we're going to ask for input relative to the current state of...you know, the current state of use cases or the current state of the ability for patients to do this, i.e., you know, the Dartmouth testimony. Okay, does that work?

**Eva Powell – National Partnership for Women & Families – Director, Health Information Technology**

Yes.

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

I think that's...okay. So, okay then we want to add...and Michelle, what I'll do is I will have you add another...I don't know how you're going to do this, we wanted to actually add a separate bullet for problem reconciliation.

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

For the problem list, yes, I'm tracking.

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

Okay. Does anyone have any suggestions on the wording that we use around that?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

For the problem list?

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

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Collaborative care problem list that includes patients and all caregivers that's reconciled and synchronized.

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

What is the objective.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Oh, what is the objective?

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

Yes.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Provide a collaborative care problem list to include all members of care team.

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

Okay, so, but think from the EHR perspective...

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

So, from the EHR I need to be able to send and receive collaborative care or problem list updates from all participants including family members and patients, and external caregivers.

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

Yeah, I'm trying to...so okay, so I've got...lets just...I'm in the inpatient setting and I've got a system that...you know, I'm managing problems while the patient is in, I kind of have, I've imported what the current patient problem list is, right that includes these different kinds of problems, right? But, I'm managing a very...the episodic problem.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes.

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

I want to be able to communicate back updates to the problem list, right?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yeah.

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

I want to be able to reconcile it when I come in and contribute back updates to that problem list.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yes.

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

All right. All right, I will try and draft something and we can review it at the next...I'm trying to put it in the context of...in EHR land, okay and I'll contribute that back and we can relook at that next time. Does that work?

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Yeah, maybe we need to think up overarching themes around patient reconciliation, so where there's patient reconciled data whether it's the problem list, the medication, my weight, my demographics, my, you know, family history, my surgical history, my care plan, just that whole idea of patient reconciliation as maybe a theme we should call out.

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

Yeah. So, the...okay...this is where I think there is a little bit of a challenge is that this is where I think we've really got to hit...okay, I agree with you, but my thought here is if we can really target in this space around the problem list, because it's so fundamental to what you want to do with care plans, that might advance...trying to be so broad, because it's really complex to do this reconciliation process.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

I think that we could very narrow it to problem list and medication and get a huge wins, but then the direction in the standards group is develop a framework for this and future patient reconciliation.

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

I'll buy into that. Okay, that's...

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Because then we get twofers, you know, two for one.

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

So, Michelle, you've got these in the comments for me, right?

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

Yes.

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

Okay, all right.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, before we leave reconciliation I think this is also a great area for innovation where the vendors might have all kinds of interesting technology that looks at a problem list and does some grouping or does some...asks some intelligent questions about here's a problem that you stated that usually is self limiting and acute it's been on the list for six months, is it time to resolve it or?

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

Exactly. So, if we start to work on this space I think...it's like, you know, the Holy Grail in this is based on the patient problem, you can make suggestions, right?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right.

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

Be proactive an intelligent, you know, and if we get some organization around this space all that starts to emerge.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right.

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

And today problems are venue specific.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Right, a great example was the testimony we had from the doc to doc group who had patient generated data included in with the primary care doc who was able to distill information, make a request of a specialist, they did a consult basically on-line between each other and then the doctor was able to manage the care in a primary care setting all because they had the ability to reconcile what the patient was doing and the new symptoms, and problems that were presented.

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

Okay, I have not been watching the time...so sorry. It is now 10:30 so we are at the end of our time period. We have one more call and probably a lot more work, but I will do is take Michelle's comments and resend to you...it'll probably be tomorrow an update to our working slides and some recommendations on our objectives and what I would recommend next time is perhaps...Michelle, move to the next slide, because we've got a lot left. Just to kind of move us through because we've got some concepts, we will start to work on this slide, because this starts to be pretty complex. We work on this slide the next time as our first priority.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Okay.

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

So, this gets us into the referral space and we will decide how we want to organize ourselves here. And I put some comments...and Leslie, if you've got some more comments...I started to put some comments here relative to what some suggestions might be, but again, this was just as a placeholder.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

All right.

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

Okay, so we'll start on slide three in our next call, but thank you everybody and look for my notes and do send comments and improvements, I appreciate it. We would like to open to public comment.

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

Operator can you please open the line 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 comment at this time.

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

Okay, thanks everyone for your help on this.

**Leslie Kelly Hall – Healthwise – Senior Vice President for Policy**

Thank you.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Thanks.

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

Thank you.

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

Thanks you guys.

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

All right, bye-bye then.

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

Bye, thanks.