

**Information Exchange Workgroup
Draft Transcript
August 8, 2012**

Presentation

Operator

All lines are now bridged.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Thank you very much. Good afternoon this is Mary Jo Deering in the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee's Information Exchange Workgroup. It is a public call and there will be an opportunity for the public comment to make comments at the end and I would ask the members to identify themselves when they're speaking. So, I'll begin by taking the roll. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Hunt Blair?

Hunt Blair – Vermont Medicaid

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Tim Cromwell? Jeff Donnell?

Jeff Donnell – No More Clipboard

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Judy Faulkner?

Peter DeVault – Epic Systems Corporation – Director of Interoperability

This is Peter DeVault for Judy.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Seth Foldy? Jonah Frohlich? Larry Garber? Dave Goetz?

Dave Goetz – OptumInsight

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Jim Golden? Jessica Kahn? Charles Kennedy? Ted Kremer? Arien Malec?

Arien Malec – RelayHealth Clinical Solutions

I'm here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Good, Arien, thank you. Deven McGraw?

Deven McGraw – Center for Democracy & Technology – Director

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Stephanie Reel? Cris Ross? Steve Stack?

Steve Stack – American Medical Association

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Chris Tashjian?

Christopher Tashjian, MD – River Falls Medical Clinics

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Jon Teichrow? Amy Zimmerman?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

All right, would staff on the line please identify yourselves?

Michelle Nelson – Office of the National Coordinator

Michelle Nelson, ONC.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Kory Mertz, ONC.

Tari Owi – Office of the National Coordinator

Tari Owi, ONC.

Emma Potter – Office of the National Coordinator

Emma Potter, ONC.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay, thank you very much, over to you, Micky.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great. Hi, everyone, thanks for joining, great turnout for a day in August, a sunny day in August. Today we wanted to follow-up on the work that we had done for the last Policy Committee meeting and talk specifically about how the work was incorporated in the Policy Committee meeting because we weren't specifically on the agenda when all the dust had settled on, you know, sort of the various ways that inputs were fed into that Policy Committee meeting and then talk a little bit about how we want to think about the, you know, the planning going forward.

There was some direction that came out of the Policy Committee about, you know, a couple of things that we'll talk about and I'm glad Deven is on the phone and I don't know if anyone else on the phone is on the Policy Committee, so maybe you can... I wasn't actually at the meeting, so maybe you can give us a little bit more context if I don't fully do that and have also been talking with both Paul Tang about coordination between this Workgroup and the Meaningful Use Workgroup because there is a little bit of overlap I think particularly around some of the coordination of care activities that both of our Workgroups are working on and want to make sure that we're, you know, sort of completely aligned in the work efforts that we have going forward.

So, there are a couple of things, one is related to the work itself for Meaningful Use Stage 3 recommendations and beyond, so Stage 3, Stage 4 where I think the idea is that there are sort of the Stage 3 things that are things that we would think are achievable, feasible and worth doing by 2016 and then there would be the things that might be considered part of a Stage 4 let's say which are, you know, things that we think are still worth pursuing but couldn't be done by 2016 and I think we had talked about that before as being a 3A and a 3B or however you want to think about it.

But, I think, you know, the Meaningful Use Workgroup I think is thinking sort of a Stage 3, a Stage 4 and then a category of things of exploratory would be, you know, parts of the dream but things that, you know, we would need to sort of have a little bit more sort of thought around and maybe aren't able to sort of fully specify as being a part of a requirement or something that's concrete enough in nature to further specify, but we may just want to still articulate it being something that is worth putting on the radar or on the roadmap somewhere. So, that's one set of things I think in this Workgroup and the call today just wanted to go through a little bit of, you know, some of the nitty-gritty of the Stage 3 recommendations or Stage 3-4, you know, as we think about, you know, sort of a month or two ahead.

The other thing though is that there is in the works a plan to have a hearing on health information exchange and I believe the current thinking is to have that around October 4th and this would be a meeting that is chaired by Farzad with participation I think from the Policy Committee, from the IE Workgroup, from the Standards Committee, but it would be I think a full day hearing on some issues that were raised at the Policy Committee meeting. Right now the categories that they were thinking about for that meeting and I'm going to pause here after I name these categories to ask Deven or anyone else who was at the meeting if you could provide a little bit more context and then maybe we can talk about this for a second to help guide the ONC thinking around this.

My understanding is that in the Policy Committee meeting there was some discussion about some of the Meaningful Use Workgroup objectives that were being proposed that then led to a conversation about health information exchange interoperability being significant barriers and then led to a conversation about having a hearing specifically focused on health information exchange and the four categories that were raised as possible agenda items or focus areas for that hearing were one, data use agreements and is there, you know, sort of some kind of model language or something that can be sent up as a barrier, is there something that from a federal perspective could be offered to help eliminate that as a barrier.

Second are questions around the business model for health exchange. Third are the issues related to continued sort of siloing of health information exchange activity and whether that is by vendor and/or by provider some sense that there is sort of a, you know, co-optation which is, you know, cooperation/competition, you know, out there in the market and perhaps competition is still winning over cooperation.

And then, fourth category is certification and is there something more that needs to be done with respect to certification to help further the enablement of interoperability in the market. So, those are categories...again those aren't my categories, that's my understanding of the categories that were discussed at the Policy Committee meeting and are now sort of being actively worked, but let me see if Deven, if I can call on you and ask if you were there and if you have any more context to provide.

Deven McGraw – Center for Democracy & Technology – Director

Sure, there was a fair amount of conversation that took place at the Policy Committee meeting about how, you know, generally around the issue of exchange and interoperability and why is this problem so difficult to resolve, why does it continue to surface as a problem year after year, after year, that's really, you know, the discussion at the Policy Committee was fairly general around, you know, just in terms of sort of needing to dive into that issue with some more detail and the committee, you know, was very much in favor of kind of an exploratory hearing that would get, you know, down into the bottom of it.

The topics that you mentioned, Micky, I think were more...were discussed in more detail at the most recent Meaningful Use call, which probably reflects, you know, some additional work done off-line to try to think about what, you know, potential areas of question would be in an all day hearing. I think the other thing and I'm not the only one on this call who was on that Meaningful Use call, I know Amy was on it too, possibly others here, that we would sort of seek to look at different sort of exchange models to address kind of any number of these questions.

So, state HIEs of course, private exchange networks, you know, folks who are working on standing up Direct, just really probing, you know, this question of why this issue still seems so difficult to resolve from a variety of different angles, but maybe trying to hit on those subtopics that you described. Initially, patient matching accuracy was in the mix as sort of its own topic and since the Tiger Team actually had a daylong hearing on the matching accuracy issue the thought was not to have an entire panel dedicated to that but instead to pose it as a sort of set of questions to some of the other panelists.

So, you know, I still don't know sort of how the panels would be organized whether they would be by those subcategories, whether it would be, you know, based on type of exchange with a variety of, you know, questions within those categories being asked, but, I'll stop and let others chime in if there were pieces of information that I missed based on, you know, the initial discussion which took place in the Policy Committee meeting and then subsequently in the Meaningful Use Workgroup call which occurred just yesterday or the day before, I'm losing track of time.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, thanks, that was very helpful. So, what...I don't know if Amy or any others who were a part of this conversation have anything else?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Sure, I can pipe in, so I think Deven gave, you know, a good overview. I wasn't at the Policy Committee meeting, but I was on the call and it was yesterday, but I don't have my notes in front of my now, but, you know, I think there were a couple of things I'll just sort of elaborate on that, you know, Deven shared, and that was, you know, some discussion from, you know, some of the members on the call, particularly in the provider category, about this sort of general sense of confusion, I don't know if confusion is the right word, but frustration maybe, you know, around, you know, you've got these state HIEs, you've got different models, you've got private HIEs, you've got the Direct to Direct, so sort of how do providers and their EHRs like, you know, what...where to interact and with who and how does that, you know, coordinate and there was some discussion around that.

There was some discussion yesterday on the call about, you know, we want to delve into these areas but we just don't want to hear more presentations of what's going on, we needed to kind of also try to figure out the barriers and how to sort of resolve them. So, there was some, you know, discussion of that. From a Meaningful Use Workgroup perspective we had a little bit of discussion about, you know, okay so the data use agreements, I mean, that's broader for the Policy Committee, that wasn't, you know, I was sort of okay are we trying to deal with that through meaningful use objectives or is that just on the broader category.

I don't remember a whole lot of discussion on sort of the business...Micky you put on the business model as a category, I don't remember a whole lot of conversation, I think what got presented by Paul to us yesterday was patient matching in that one and we sort of took that one, as Deven said, took that off the table.

So, the other question that I, you know, sort of threw out is, you know, in planning this what's the coordination between this committee and that committee and any other committees that are helping to plan this. So...

Deven McGraw – Center for Democracy & Technology – Director

Yeah, yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Deven McGraw – Center for Democracy & Technology – Director

I agree, Amy, I don't remember, this is Deven again, business models necessarily coming up, it's doesn't mean it's not a worthwhile topic though.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Amy Zimmerman – Rhode Island Department of Health & Human Services

I think it's critical, it's just, Paul sort of gave the four, he did give the data agreements, the patient matching, the sort of where you, Micky, sort of referred things as, you know, sort of silo, he just sort of said vendor, you know, EHR to EHR interoperability as sort of how he termed it and then certification.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, yeah, well, I'm just...yeah, I'm kind of reading from what he...my notes from my call with him this morning, so maybe he didn't...he actually didn't mention patient matching at all.

Amy Zimmerman – Rhode Island Department of Health & Human Services

That's why because we probably...

Micky Tripathi – Massachusetts eHealth Collaborative

...business model, yeah. So, anyway, I mean these were sort of the 4 broad categories and I don't know...I told him that I would talk about these categories on this call today to see what this Workgroup...you know, if there are any initial thoughts in just looking and thinking about these categories.

I'll tell you my personal, you know, reaction when he listed these was that well those might be issues and maybe they're the ones that the federal government can help play a role in but sitting in the market and looking up these wouldn't strike me as being, you know, sort of the most pressing issues with respect to health exchange and the reality is that health exchange is sort of taking off in a wide variety of ways and so, you know, to the extent that there are barriers sure, but that wouldn't have been the list that came out of, you know, sort of my head. But I would love to hear other people's thoughts on, you know, are there other things, are there other ways of framing this that would be helpful input to Paul and to Farzad, and to ONC in general as they start to put the plans together for this.

Arien Malec – RelayHealth Clinical Solutions

This is Arien and I would agree with you 100%, 1000% I guess, because 100% just isn't enough, and I would add that our biggest frustration or our biggest challenge is in plugging EHRs that want to participate in because...for two reasons, number one is that EHR vendors themselves are a little overloaded just servicing their Stage 1 customers. And, secondly, that we're not yet at a stage where we've got plug compatible EHRs that are out there. I think, Meaningful Use Stage 2 will help but from my stand-point the biggest problem isn't any of the four that you mentioned, it's really that plug compatibility of EHRs for some of the basic use cases that I think we already articulated.

Peter DeVault – Epic Systems Corporation – Director of Interoperability

This is Peter, I would agree with that, at least 99%.

Micky Tripathi – Massachusetts eHealth Collaborative

You've got the plug compatibility.

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Well, we do, but if there's no outlet it's kind of hard to measure success.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Deven McGraw – Center for Democracy & Technology – Director

Does it take two prongs or three?

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Well, right.

Dave Goetz – OptumInsight

...plug, this is Dave Goetz, and it seems the last two really are what I think Arien was saying and what everyone was saying, but it is more about the compatibility of EHRs to be able to do it, which I thought...maybe I misunderstood what you said, Micky, but it sounded like point 3 about silos, and kind of either functional or operation, or business plan and unwillingness to cross barriers. And secondly, more about whether certification can be a tool to use I guess to try and work through that.

Christopher Tashjian, MD – River Falls Medical Clinics

Yeah, this is Chris Tashjian, from a provider stand-point it seems to me that there should be some certification, some kind of just basic standards that everybody needs so that we can...so we don't have to keep recreating it over and over again.

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Yeah, this is Peter and I'd actually like to maybe further characterize what we were calling sub-compatibility because I think there's a danger that could be interpreted in too many ways. But, I'm not going to belabor that metaphor any longer, but it's not that there aren't standards and that they can't be used to have sub-compatibility vendor to vendor, it's that one of two things, either a vendor hasn't implemented those standards yet or, and this is more the case now than the former and it didn't always use to be this way, but it's that the healthcare organization on the ground doesn't have the version of that vendor's EHR that actually has those capabilities in it.

Arien Malec – RelayHealth Clinical Solutions

I would add to that, I completely agree with that, I'd also add to that that enabling the interface often requires additional purchase and additional implementation from the EHR vendor, and when EHR vendors themselves are kind of swamped just servicing the Stage 1, and soon will be swamped servicing Stage 2 upgrades, getting the time to enable and configure those interfaces often is a challenge.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Micky, this is Amy, when...or maybe Deven can answer this, when the discussion about the hearing came up was it in relationship to where we want to go with Stage 3?

Deven McGraw – Center for Democracy & Technology – Director

Yes.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, one of the challenges, one of the things I'm struggling with as I hear this conversation and even was thinking about it yesterday, was sort of, you know, we're now...I mean, I don't underestimate and I appreciate and I think we all feel the frustration of where EHRs are today, but we're trying to get information today for where we want to go, you know, a couple of years out and I don't know whether it's just a matter of time that will...and Stage 2 requirements that will drive this as someone previously said or if we need to be thinking a little bit differently. Like I always get stuck in how do we understand what the barriers are today, but then also try to think where we want to be out not knowing how...you know what I'm trying to say?

Deven McGraw – Center for Democracy & Technology – Director

Yeah.

M

Yeah, I think there's a danger in over fixing today's problem when in fact the fix is already on the way.

Lawrence Garber – Reliant Medical Group

This is Larry Garber I thought there were some other issues with standards as well, you know, the fact that the vocabularies that people, you know, use, you know, it's not clear what the migration path is for a lot people to get to the national standards that are part of MU 2, it's also not clear how...standards for orderables, you know, test names, that's something that would certainly facilitate a lot of communication. And then there were...you know, there were the standards for things that we've talked about in our discussions in our group standards for how to populate provider directories, how to query provider directories standards for patient authorization things like that.

M

Larry, I agree with you, on the other hand those are kind of Stage 3 potential use cases as opposed to the real basic Stage 2 use cases.

Lawrence Garber – Reliant Medical Group

True.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Jeff Donnell – No More Clipboard

This is Jeff Donnell, one other thing I would suggest, you know, if there is going to be a hearing on health information exchange and I agree 5000% with everything that has been said thus far, you know, about EHR connectivity, one other thing I would point out is that we ought to be looking at patient access to HIE data and I only bring it up because it's one of those things that takes a fair amount of time, energy and effort to make happen.

I know here in Indiana we're working right now with 5 HIEs are making HIE data available to consumers with a personal health record, but it is a painstaking process, you find out that there are, you know, a number of barriers and hurdles, you know, ranging from patient ID...to data use agreements and the way that they're structured with the various HIEs, and again, just thinking long-term these are things that need to be discussed and addressed sooner rather than later to start to lay the groundwork for where we want to go there.

Seth Foldy – Senior Advisor – Centers for Disease Control and Prevention

Would that, this is Seth Foldy, would that be a topic that would be dealt with more appropriately in the Nationwide Health Information Network governance process than in the meaningful use rules?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Seth, when I asked sort of the question about the data use agreement as part of this hearing to Paul yesterday on the Meaningful Use Workgroup call, the...you know, he basically said, well, you know, this is sort of a joint hearing for a number of committees and from the broader HIT Policy Committee it's relevant even if it's not, you know, he wasn't necessarily saying...because I sort of said the same thing, how are we going to sort of address that through the meaningful use, you know, objectives, so I think there was some thought...and, you know, perhaps someone else can clarify, that this was multiple subcommittees feeding up to the HIT Policy Committee and the Policy Committee so that it was a little bit broader in terms of its gathering of information.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

This is Mary Jo and if I could just interject one additional data point, part of the comfort level in scheduling a hearing for October, which would come after the time when the Workgroups would have been bringing forward their recommendations specifically for the Stage 3 Request for Comments that needs to go out, was exactly the acceptance of the fact that this goes beyond meaningful use. So, the hearing findings do not need to be filtered back into the RFC and its timetable. So, just to verify that you are all right on track there.

Deven McGraw – Center for Democracy & Technology – Director

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

So, I mean, I think, this is all, you know, sort of great comments and I think while some of it, you know, could be sort of fit into some of the categories that, you know, that we were talking about, you know, some of it is either a refinement of those categories or are, you know, talking about some, you know, different things. I wonder, it just occurred to me in listening to everyone's comments, would it be helpful...and, you know, Mary Jo or Kory, if we actually sort of, you know, wrote a letter that sort of articulated our thoughts on, you know, what we think would be good focus areas for the hearing.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Micky, at this point I don't think that's necessarily the direction we want to go. We're having some internal conversations to put a little more flesh on the bone to the hearing and then I think we want to take it back out to everybody and get more detailed comments, but I think at this point we'll take what you guys said today and incorporate it into that kind of initial cut we're going to take in developing the agenda. And then I think, we'll bring it back and have that more, you know, chance for more detailed feedback once we kind of sketch out in more detail the agenda.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Deven McGraw – Center for Democracy & Technology – Director

Yeah, I do hope, this is Deven, I do hope the points that have been raised on this call though do get communicated somehow maybe it's just through the informal way that we all communicate with each other, which is by being on these calls and informally passing information around, but I frankly thought that this conversation was incredibly helpful and illuminating for me what I hope gets covered in the hearing.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Yeah, we're definitely...you know, Deven, I'm definitely going to take this back and incorporate it into our conversations in kind of the first blush of the agenda.

Deven McGraw – Center for Democracy & Technology – Director

That's great, thanks.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great. So, why don't we then sort of dive into some of the areas that we had talked about with respect to Meaningful Use Stage 3 objectives. So, just to give a...just to step back for a second and talk about the, you know, the work that we've done to date and the Policy Committee.

So, we had developed...you may recall, you know, we had some subgroups who worked pretty hard on a set of recommendations that we tried to focus on particular areas that the Meaningful Use Workgroup hadn't really been thinking about and so some of those were related to query capabilities, to provider directory, integration and I think it was primarily in those area and there was some other work that we had been doing as a Workgroup with respect to care coordination, there was, you know, a fair amount of work that was done there as well.

And as we brought those forward to the Meaningful Use Workgroup or the Policy Committee, I always forget which because Paul Tang is the Chair of both of them, so I'm not sure what hat is being worn when you're discussing these things. So, the thought was to, you know, to step back for a second and say, well let's take the care coordination stuff and coordinate more at the working group level with their care coordination activities so that we're not having two sets of recommendations coming up at the Policy Committee level when they're really, you know, sort of talking about the same thing.

So, I think, we want to perhaps with either Michelle or Kory we can think through how the work that Larry and the Subgroup were doing on the care coordination stuff gets integrated into the Care Coordination Subgroup over on the Meaningful Use Workgroup side.

Then with respect to some of these other ones like the point-to-point query I'll call it, which is what one of the Subgroups had worked on and the provider directory integration. In speaking with Paul further about that his thought was that we ought to think about deferring that until the September meeting anyway but more importantly rather than separating it from the question of how it gets presented to the meeting there was sort of more a general conversation about for things like that do we want to couch that in terms of use cases, in terms of use cases that are being developed either through the Meaningful Use Workgroup or elsewhere and speak specifically to them within the context of a use case and then try to tee up, you know, some kind of policy statement in the context of the use case that would then spur the Standards Committee to act on a policy recommendation related to a particular transaction that we're trying to make sure happens rather than having as a separate objective, you know, an objective and a certification requirement related to a particular transaction just for the sake of making sure that the transaction, you know, sort of gets to be a part of Meaningful Use Stage 2.

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Micky, this is Peter, I think that is the right thing to do and I think we were headed in that direction when we were talking about unplanned transitions of care and the sub use cases underneath that.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, I agree with you, I think we were as well, and so, I think it was really just that last piece where it got turned into an objective which was about, you know, a provider directory should be, you know, queried 10 times or something, I think that's where...at least from Paul's perspective that's where the discomfort was about, do we want to have that be an objective or should it really be A: there are two things that, you know, we could separate out, one is should it really be a part of that, you know, sort of the use case that you were talking about Peter, and then couched in those terms.

And then second, you know, there is an additional sort of nuance lever that we want to probably give some further thought to which is that every certification requirement doesn't necessarily need to have a corresponding meaningful use objective, that we could recommend technology enablement without feeling like we slavishly have to have, you know, a meaningful use objective to parallel that enablement. So, provider directory would be a good example. But, just because we say, you know, it's...say in the policy statement that we would like the Standards Committee to develop a set of standards for certification of EHRs to be able to consume provider directory information from another entity doesn't mean that we have to have an objective that says "and the provider will query another provider directory 10 times."

Amy Zimmerman – Rhode Island Department of Health & Human Services

Micky, just so you know, this is Amy, that, you know, sort of going with some certification standards only is definitely the way the Meaningful Use Workgroup is also going now because the sense I got on the call yesterday, and Deven or Mary Jo or others can correct me, is you know, that we as a group have sort of come up with, you know, potentially way too many and sort of the reality and practicality of completely overwhelming the vendors and the providers was sort of real, and, you know, and then we also got into a little discussion of sort of, you know, do you go broad or you go deep, do you take the ones you have and you push them much further or do you go broader, or some balance in between. So, I think that's very much in line with...based on yesterday's discussion.

Deven McGraw – Center for Democracy & Technology – Director

Yeah, I would agree with that Amy, this is Deven, and I think as long as there is a nexus to what needs to be achieved in meaningful use the underlying theory under which ONC has been structuring the certification program, which is that you certify for the purposes of meeting meaningful use would be met, so that means you don't need a specific objective, but since you have exchange objectives already in meaningful use, you know, that creates the necessity for certain capabilities in certification.

Arien Malec – RelayHealth Clinical Solutions

Right, and this is Arien, that's just the key from a Standards Committee perspective that there is an appropriate linkage and that we don't have a situation where there is a certification criterion that isn't either tied to or required for a meaningful use attainment or that there is a clear policy tie that justifies why there needs to be certification criterion without a corresponding meaningful use requirement, because otherwise you get in a situation where you're asking EHR vendors to be doing something without a really clear reason for it and there is an implementation program that that generates.

Lawrence Garber – Reliant Medical Group

So, this is Larry, yeah, I agree and I think that really was our approach even if we didn't clearly state it, you know, in fact, I created objectives because I thought we had to, but I feel much more comfortable making, you know, the direct queries of being a certification standard as opposed to a meaningful use objective on itself. It really stands on top of, you know, several things, you know, the reconciliation, you know, that is being proposed, that we reconcile problems, well where are you getting the problems to reconcile, when they show up in the emergency room you have to go ask for them. So, this is a tool that will facilitate that.

Micky Tripathi – Massachusetts eHealth Collaborative

Right and I think...so I think that, you know, where the rubber will hit the road here is that, you know, it's how much policy specificity we give around this stuff. So, you know, especially for things, to Arien's point, that aren't tied to a particular objective. My fear with...I think the risk, I shouldn't say my fear, the risk of, you know, just sort of saying, well we can just focus on use cases that have embedded in them exchange...assumptions about...that exchange will happen and then sending those over to the Standards Committee and expecting that they are going to tease out, oh, okay here are the, you know, the implied requirements, you know, that we need to now develop standards on.

I just worry that all of those may not be picked up and so it feels to me like there is sort of a, you know, sort of a policy overlay that would be important to sort of say "oh, by the way, in that whole use case that you're...you know, that is there from a Policy Committee perspective we think that there are 4 or 5 things that are quite important from an exchange perspective that are buried in there and will give a little bit more of a fine point to the direction.

M

I think that's useful and I think if we lay out in story form how we imagine these things happening, you know, they can reject or amend those, but I don't think we should pretend that we're ignorant to how it might work.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, so, you know, Micky, we had a document yesterday we were using for meaningful use and under Stage 3 recommendations sometimes all it said, and I'm looking at it now, certification criteria only and stated what the certification criteria should be so that you were calling those out and then, you know, we could always tie them back to the use case. But, I guess what I'm saying is there is precedence to sort of call those specific certification criteria out that support exchange and the use case without having to put the matching objective there.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Michelle Nelson – Office of the National Coordinator

Micky, this is Michelle, so the Meaningful Use Workgroup had essentially 4 different categories that they used, there were Stage 3 objectives, things that could possibly be pushed out to Stage 4, things that they just wanted comment on from the RFC, and then items that would just be for certification only. So, those can kind of...depending upon the goal that you're trying to achieve you could use any of those 4 different categories.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. So, before we dive into...the rest of the deck just has...I think there are two slides that focus on areas that are very specific questions that came from Paul about particular transaction types that the Meaningful Use Workgroup I think is not addressing and that were sort of specific asks of us, but before we dive into that I just want to ask Michelle if she...Michelle if you could just help us think through the, you know, the care coordination piece, because, you know, we did have a fair amount of work that was done on this end and that was the part that had raised the concerns about their being a lot of overlap with what the Meaningful Use Working Group had done, but we don't want that to get lost nor do we want to stop our, you know, our input into that. So, what is the best, you know, sort of vehicle for that to happen?

Michelle Nelson – Office of the National Coordinator

To be honest, I'm not sure, so...I had a conversation with Paul earlier today and we were talking through...he's trying to avoid making anymore decisions at the Subgroup level so that things don't look different to the Policy Committee because they've already seen the recommendations and so he is trying to keep the work at the Workgroup level. There is an objective that you'll get into a moment that does come from the care coordination Subgroup, so maybe there is a conversation that we need to have off-line to figure out how we make sure that the work that's already been done does get integrated.

I do know that Larry Garber participated in a listening session in the past for the Care Coordination Subgroup and was able to share his experience, so he did...he was able to share it that way, but I know we want to make sure that all the work done by this group is also shared. So, I don't really have a good answer, but it's something that I will definitely work through.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Michelle, this is Amy, I thought on yesterday's call, unless you spoke with Paul afterwards...

Michelle Nelson – Office of the National Coordinator

I did.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, because he sent that group to go back and do more work, right?

Michelle Nelson – Office of the National Coordinator

Not really. So, Subgroup one has more work to do and some of the others it's just a little bit of language changes that we're probably going to do via e-mail. So, we have Subgroup meetings scheduled that will most likely get cancelled.

Dave Goetz – OptumInsight

Okay, so sorry, this is Dave Goetz, just to understand kind of the direction going forward, apparently there maybe something else that you would like us to work on at the Subgroup level, but essentially we're supposed to do...we're going to be working at this level rather than the Subgroup level from here on, is that really what you're saying?

Michelle Nelson – Office of the National Coordinator

It's confusing, I'm sorry. So, for the Meaningful Use Workgroup they have Subgroups as well and Paul doesn't want to meet in those Subgroups, but for the IE Workgroup I think the plan is to continue in the Subgroups. So, I'm sorry to be confusing.

Dave Goetz – OptumInsight

Okay, sorry, just trying to figure it out.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, so at least specifically with the stuff that is under that umbrella category of care coordination which is...you know, can be potentially a lot of things, we'll just need to figure out how that communication integration works.

Michelle Nelson – Office of the National Coordinator

Okay.

Micky Tripathi – Massachusetts eHealth Collaborative

Right?

Michelle Nelson – Office of the National Coordinator

Yes, so that will be an open...I will work on that and come back with an answer.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, all right, thanks. So, I think on the rest of the deck, I think, Kory and Michelle put together a couple of slides that can help walk us through, you know, kind of these other areas outside of care coordination that are, you know, sort of focus areas that Paul had asked us to think more about, so maybe we can advance the slide and I don't know, Kory or Michelle, which one of you put this together, if you could just walk us through that would be great.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Sure, I'd be happy to. Can we go to the next slide? Well, so we kind of already went over this piece, so next slide. So, I think based on the conversations with Paul and the specific asks he has made of the IE Workgroup we took kind of the four key areas that are out there right now and split them up between the two Subgroups. The first area that Paul was interested in getting the IE Workgroup's feedback in was around medication history.

So, the Meaningful Use Workgroup has put together a recommendation for Stage 4 and I think there was interest in having the IE Workgroup take a look at that and think about that and see if there is anything specific from our perspective that we could add to that thinking and maybe help advance around the medication history piece.

And, then I think the other piece is what we were already starting to talk about in Subgroup 1 and it's really focused around the prior authorization administrative simplification piece, you know, I think there's a lot of interest in this area from ONC's perspective in figuring out, you know, where we are at this point in the market and what can or cannot be done, you know, in time for Stage 3. This could be one of those areas that maybe fits into some of the other buckets, but, you know, again, I think, interested in getting the deep insights and thoughts from this group to figure out where this could be going today and what we could potentially be doing, you know, one of the thoughts that's come up is, you know, is there something that can be done around clinical decision support type functionalities for prior authorization.

So, again, I think, this is an area where looking to you guys to help us think through right and see what if anything could be done now and if not now what can be done in the future. So, that's kind of the quick on those two, we'll go to the next one and just talk that through and then we can go back with any questions folks have.

And then, I think the other two key asks that came out of those conversations and, you know, I think this first one is a lot of what we've talked about already and can fit into a lot of the thinking that's gone on around the query conversation that happened in the Care Coordination and Patient Engagement Subgroup. But, I think there is specific interest in looking at potentially the ED side of query, you know, I think we see that's where a lot of HIEs and others kind of start their implementation of query. So, I think there is interest in potentially looking at maybe that's another use case around query that we want to look at and consider.

And, I think the other, the second area in this ask is around imaging efficiency and, you know, I think one of the areas that in particular came up, you know, one, I think, part of this needs to be we want to see where things fall out once the Stage 2 final rule comes out, but then I think looking at things like EKGs and seeing if that's an area that's ready for primetime as far as exchanging images.

So, that's kind of a quick run through of the four kind of key asks that have been made of the IE Workgroup right now and this was kind of a proposed split between the two Subgroups of how we should move forward in making these considerations over the next couple of weeks. So, questions?

Lawrence Garber – Reliant Medical Group

This is Larry, EKGs in general are considered waveforms as opposed to images and I'm just wondering on imaging efficiency if they throw out EKGs as an example but they're also talking about radiologic images or is this really focused on EKGs?

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

I mean the conversation was specifically around EKGs, so this could be more my lack of detailed knowledge in the area, Larry, and maybe...but I know that was an area of particular interest.

Arien Malec – RelayHealth Clinical Solutions

And, I just have to ask this question when it comes to this, is the goal here exchange of the underlying data or is the goal exchange of the interpreted finding or is that for us to determine?

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

I think that would be for you guys to determine and again, you know, I think going back to the kind of the initial framing of the different ways you guys can move forward with asks, I think, just because a question is going forward to this group doesn't mean you have to say "oh, yes this is ready for Stage 3."

Lawrence Garber – Reliant Medical Group

Well, I can answer to that one, are you talking about EKGs, was that Arien?

Arien Malec – RelayHealth Clinical Solutions

Yeah.

Lawrence Garber – Reliant Medical Group

As a physician, you know, I don't...when I want to compare to an old EKG the interpretation is useless, I actually need the actual waveform so that I can directly compare one to another, so that...in this case you absolutely need that. In radiology you could probably get by with a report, you know, 80% of the time.

Arien Malec – RelayHealth Clinical Solutions

Right, okay.

M

I would agree with that as a practicing provider I need to see the waveforms if we're going to compare and there be extremely useful that the interpretation alone wouldn't be enough.

Steve Stack – American Medical Association

And there's no doubt, I think, this is Steve Stack, I think you guys have to be really careful when we use the term imaging, because in this instance you refer to sharing the image of a test which is not the common parlance that any healthcare delivery or finance discussion takes place, imaging immediately is assumed by people to be radiographic images which is associated with a big price tag. So, I agree with the other clinicians that this is very different then radiographic imaging.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Okay, sorry for the, you know, imprecise wording on my part.

Steve Stack – American Medical Association

That's okay. It's not a criticism; it's just a sensitivity, because I think at least the listeners know.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Okay.

Steve Stack – American Medical Association

Can I be, so again this is Steve, and I'm back after my 2 month hiatus so to speak, multiple references to Stage 4, what do we mean by Stage 4, that part I clearly am out of the loop on? There were 3 stages, right? There is now a 4th stage? And, if I need to be off line that's fine, maybe Micky or someone else can catch me up off line.

Michelle Nelson – Office of the National Coordinator

No, so the conversation has been that perhaps there are things that, looking at timing and other things happening in the market that there may be a need for things to get pushed out to a future stage, while it's not currently included within the Meaningful Use Rule, there could be an opportunity to push things out to Stage 4 which would then have a negative monetary impact rather than an incentive which is currently available.

Steve Stack – American Medical Association

Okay, that's good enough for me at this point, thank you very much.

Michelle Nelson – Office of the National Coordinator

Okay.

Micky Tripathi – Massachusetts eHealth Collaborative

So, it's never going to end, Steve.

Steve Stack – American Medical Association

Well, it will when people just opt out altogether because they...I think what we've done is...I mean for all of you have been involved for a long time in this, this is a dream come true for our Health IT people to have this much attention in this area and to have this level of discussion with so many stakeholders. I mean, so in many ways it has gotten the ball rolling, but, I'll save comments about how long that the government is needed to continue it rolling for another day.

M

...to the great recession.

Steve Stack – American Medical Association

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

So, are there other thoughts on these? An EDs visit information, I mean, I think that's...you know, we've already done a significant amount of work that, on the point-to-point query, so...

Peter DeVault – Epic Systems Corporation – Director of Interoperability

So, I actually had a question about this though...

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah?

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Information about an ED visit or is it getting the patient's record to the ED point of care?

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

So, in the conversations it's getting...so it's when the patient is at the ED.

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Right, so it's the use case we've been talking about.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, yeah, the unplanned visit.

M

Yeah.

Arien Malec – RelayHealth Clinical Solutions

Yes, because there is, to Peter's point there is also a case of notifying the primary care provider or other member of the care team when an event has occurred.

M

Yes.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Yeah, I think that's something we see a lot of our state HIE Grantee's looking into at this point and working on something, there seems to be quite a bit of interest in.

M

That was one of our certification suggestions.

Micky Tripathi – Massachusetts eHealth Collaborative

So, I mean, I think, in general, you know, the big bullets on this slide, you know, reducing readmissions, imaging efficiency with the caveat that that's not the precise term we want to use, is those are goals and so to the extent that we feel that maybe there are other things to consider under that I think that we should, you know, we should toss those on the table and think through some of them, and offer what we can.

Peter DeVault – Director of Interoperability – Epic Systems Corporation

Well, I guess part of the reason why I'm confused is understanding the direct multi-correlation between getting the patient's record to the emergency department and reducing re-admissions. Why is that the heading under which that falls?

Dave Goetz – OptumInsight

Let me...let me take a hack at that, this is Dave Goetz, because what you're trying to do is to trigger care management that then would be better able to handle the transition out whether they stay in the ED and are fully admitted or whether they can be transitioned to home, you know, from the ED...

Peter DeVault – Director of Interoperability – Epic Systems Corporation

I agree that that's a desirable thing, but it seems to me, the more immediate reason to get the patient's home record to the ED point-of-care is to take better care of them in the ED.

Seth Foldy – Senior Advisor – Centers for Disease Control and Prevention

Seth Foldy here, that's true, an analysis of the Wisconsin information exchange did show that reduced re-admissions appeared to be one of the most important cost drivers or cost results from having records from other institutions accessible at the ED, so there's an association, presumably the path is similar along the lines of this person goes in and out with this condition frequently and admissions don't seem to change the clinical speculating.

Dave Goetz – OptumInsight

I think that the goal.

Steve Stack – American Medical Association

Yes, so this is Steve again, so as an emergency doctor there's at least a couple of different ways I think...and if you have data on this that's obviously, that trumps anecdote any day, but there are people who come in and out more frequently than others by far and if you can see a Cath report you know that their chest pain is not cardiac or you can see they've had previous CAT scans and their chest pain is not a pulmonary embolus, you may not have to repeat the test and you may not have to admit them because there's uncertainty, and so in that case it almost certainly can help with re-admission.

So, there's a whole other facet of a lot of re-admissions happen because of socioeconomic insufficiencies or people lack support at home and there is inadequate options for follow-up, and noncompliance, and stuff like that. So, the magnitude of the reduction as a percent of the whole is probably the minority.

Peter DeVault – Epic Systems Corporation – Director of Interoperability

Right.

Steve Stack – American Medical Association

But, the ability to spare patients needless exposure to excessive ionized radiation for repeated tests and generate high cost testing over and over on a very small subset of patients in the United States, there is real value to having that information available to emergency departments.

Peter DeVault – Director of Interoperability – Epic Systems Corporation

Absolutely, and I'm probably the biggest propionate on the call for this use case, it just doesn't seem to me like the main reason we want to have this use case is to reduce re-admissions. I think that's...

Steve Stack – American Medical Association

I think it's a misplacement, I agree with you. I think, it's a misplacement, I would agree with you on that.

Peter DeVault – Director of Interoperability – Epic Systems Corporation

Okay.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Okay, well, we'll take that back and make that change. So, I'm just thinking, Micky, as far as next steps, we should probably work with the Chairs of the Subgroups to get a couple of calls set up and I know you were saying, before we got on, that you're not going to be able to make the August 22nd Workgroup call. So, we were talking about cancelling that and just having the Workgroups aim to be ready for the September, I want to say 5th, IE Workgroup call to report out in these areas.

Micky Tripathi – Massachusetts eHealth Collaborative

Yes. Yeah, sorry, I was saying something like that but the phone was muted, so thanks, Kory.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Okay, I was like...I was waiting for you to say that.

Micky Tripathi – Massachusetts eHealth Collaborative

You read my mind, so thank you, thank you I appreciate that. So, yeah, if you could help with the logistics of that that's great I'd really appreciate it.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Yes, of course.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great, unless there are any other questions or comments on this I think we are just about out of time and need to turn to the public comment.

Kory Mertz – Challenge Grant Director - Office of the National Coordinator

Caitlin, do you want to open the lines?

Public Comment

Caitlin Collins – Altarum Institute

Sure. 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 questions at this time.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great. Well, thank you everyone and we'll talk to you soon.

Deven McGraw – Center for Democracy & Technology – Director

Thanks, everybody.

M

Thanks.

M

Bye-bye.