

**Meaningful Use Workgroup  
Subgroup #1: Improving Quality  
Draft Transcript  
August 14, 2012**

**Presentation**

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

Thank you. Good afternoon everybody. 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 #1, Improving Quality, Safety, Efficiency and Reducing Health Disparities. This is a public call and there will be time for public comment at the end and the call is also being transcribed so please make sure you identify yourself before speaking. I'll now take roll. David Bates?

**David Bates – Brigham & Women's Hospital & Partners**

Here.

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

Thanks, David. Charlene Underwood? Marty Fattig? Michael Barr? Neil Calman? David Lansky? Paul Tang?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Here.

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

Thanks, Paul. Eva Powell? And are there any other workgroup members on the line?

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

Yael Harris is on the line, thanks.

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

Okay, thanks. Are there any staff on the line?

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

Michelle Nelson, ONC.

**Emma Potter – Office of the National Coordinator**

Emma Potter, ONC.

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

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

**David Bates – Brigham & Women's Hospital & Partners**

Thanks very much. Our plan today is really just to go through the Stage 3 Meaningful Use objectives again and we've been asked to focus a bit on decision support to see if there is additional mileage that we can get from that. I have gotten some feedback from Charlene Underwood about decision support and also just asked Blackford Middleton to comment on what we've included around decision support, so we can talk about that when we get there. Paul, other things that you would like us to cover today?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I think we can take a quick look at the PowerPoint that Michelle put together after our meeting and see if there is anything that...any homework. Do you know Michelle if there is homework for us in category 1?

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

It's really around CDS and that's about it.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

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

Just a quick side note, Emma is putting together a document that she'll be sending you later today for the Standards Committee.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, thank you.

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

I think it's worth just going through and scanning quickly. Let's see, so...let's go...can you pull up the PowerPoint? Okay. And, let's go to the next slide, next slide, next slide, next slide, okay. Let's see, doing this...so on around the problem list the Policy Committee commented that it would be helpful to clarify that the certification criteria are here, what we suggested was that electronic record systems should provide functionality to help maintain up-to-date accurate problem lists. And the Policy Committee also commented about...asked how a problem would feed into diagnosis orders and care programs. I think, it has an important effect on all those things, because a lot of decision support depends really on what's in the problem list and so if the problem list does not include key problems it's just hard to trigger the right decision support.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And I think actually CMS, I don't know whether anybody from CMS is on the line, but is interested in having...using problems as part of the denominator in quality measures, so obviously that means we need better, a more accurate and complete version of those.

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

Exactly and there are now robust open source tools to make the problem list more complete.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, maybe, how do we specify that so that they can turn into certification requirements?

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

Well, there is a randomized control trial showing that the MAPLE criteria work and MAPLE focuses on 18 of the most important problems, what's involved is looking at a few pieces of data which are included in most records like the medication list and selected laboratory data, and then recent claims, and if certain things are present than just making a suggestion to the provider that they consider adding a problem. Our group led by Adam Wright just showed that in a randomized controlled trial that that really substantially improves the accuracy of the problem list and the rules are all available open source.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

How many...

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

So, what we might ask for is they wouldn't have to use that set of rules, they could use any set of rules that they want, but we might request that vendors utilize rules to help providers improve the problem list.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And then we just use MAPLE as an e.g.?

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

Exactly, does that make sense?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

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

I mean, I wouldn’t want to be prescriptive about which one to use.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

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

But, it really works and it’s open source.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, now how would you test if it’s an e.g., how would you test an EHR system whether it has this functionality? They just claim it and then demonstrate it to the...?

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

Yeah, well, I’m thinking that the easiest way would be through certification.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I know, but what’s the certification criteria or the test, you know, how do they do that?

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

That there be decision support to look through certain data to suggest problems and we could give, again, several e.g.s. So, if a patient, for example, is on certain medications including insulin and oral hypoglycemics and diabetes is not on the problem list then diabetes should be added to the problem list.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well could we be...I wonder if we could be less...well translate that into a certification criteria that says, use of and we fill in the blanks, lab test results, medications and something else to support maintenance of up-to-date accurate problem lists.

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

Sure, that would be great.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And then, so any...whatever they propose that uses medications, labs, what would be another one?

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

Medications, labs, the trickier one is claims data.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah.

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

It turns out that the claims are often inaccurate.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That’s right.

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

So, often when someone, you know, has a claim for specific diagnosis it is a rule out of that diagnosis.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah.

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

We built some rules that are quite accurate but sometimes that requires for example ensuring that the claim is there several separate times.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right, right, that’s...so, we could start with lab and medications.

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

Yeah.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, wait, vital signs.

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

Sure.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well, blood pressure obviously.

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

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And weight, right, BMI?

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

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, yeah, okay. So, what if we start with those three?

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

That would be fine. And we could say and could also consider claims or something like that at a minimum and could also consider other data. Then the big other place to look is in the notes for text, but I wouldn’t make that a criterion at this point. Okay, we ready to move on?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes.

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

The next one is around the medication list and we said that EHR systems should provide functionality to help maintain up-to-date and accurate medication lists and there was a comment from the Policy Committee about auto-generated signals for the medication list. Paul, do you know what that was a reference to?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I think it’s...I think they didn’t know what we meant. So, I mean we could use the same approach as above and we talked about use of the problem list to do a cross check with medications or lab actually, so, I mean it could be the same thing actually, the same three vital signs, medications or vital signs, labs and problems.

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

Yeah, it doesn’t work quite as well in this direction, you know, the very best source of additional medications, well there are really two, you know, one is medications that are mentioned in the notes but have not made the problem list and then the second is fill data, which is an independent source.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, then the certification criteria is that you use; you use other EHR data to support...

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

Yes, such as...yeah fill data, data about the medications dispensed to help maintain an up-to-date accurate medication list.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, Michelle do you or Emma, do you have both of these?

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

I just want to make sure I heard that one right. You’re just going to say use other EHR data such as fill data or medications dispensed?

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

Yes.

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

Did you want to include any of the other criteria or is that it?

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

I don’t think so for this one.

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

Okay, thank you.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, how do you do medications dispensed? You mean, dispensed like in the clinic?

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

No, so actually in Stage 2, I think that providers are required to start to bring in data from Surescripts, right? Didn’t that get included?

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

For Stage 2?

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

Yeah?

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

No.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

I don’t think so.

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

No? Okay. Is it in Stage 3? I thought?

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

Oh, there was talk of it in the care coordination group, but it was I believe pushed out to Stage 4 as of now.

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

Okay, okay, well then maybe we should make this Stage 4 too, because that’s the very best source, I mean the source that’s available now is what’s in the...so let’s make that a Stage 4 placeholder than.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Dispensed you mean?

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

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And what about fill?

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

Well, same thing. And then for free text in the notes that should also be Stage 4.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

What about problems?

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

Problems can be Stage 3, that’s ready now.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And labs?

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

Are you talking about now for medications?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah.

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

I’m trying to think of what lab.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well, what if you have...first of all you have more than one.

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

Or if you have a drug level that isn’t obvious.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

That’s another one, yeah.

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

Yeah. So, that would be fine for I think problems and labs for Stage 3.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

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

So, Emma, did that make sense?

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

This is Michelle, yes.

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

Or Michelle, yeah.

**W**

...

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

Okay. I don’t think we have to go through 7, correct, which is the allergy list? Are we ready to...so can we go to the next slide? Okay. So, I think vital signs were set. Okay, next slide. And, okay for advance directives, again, I think we’re clear and let’s see the Standards Committee asked about advance directives and CDA. I guess we’re getting more information about this from the hearing? Is that...?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Well, they...

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

We talked about having a listening session now.

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

Okay.

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

Sorry, Paul, I cut you off.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, you answered the question.

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

Yeah, okay. Okay, next slide. Okay, so this is the one with the most...where we should spend the most time and here what we suggested was that was implementing 15 clinical decision support interventions related to 5 or more quality measures if applicable at a relevant point in patient care for the entire reporting period. And, we also suggested including renal dosing checks and including CDS for appropriateness of lab or radiology orders. And then in addition, we suggested that the EP eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction alerts for the entire reporting period. The feedback from Charlene was that the vendors would prefer being less specific and taking out any specifics around renal dosing or laboratory, or radiology orders. I'm reluctant to do that, because we know that that's where there is benefit and we are trying to promote Meaningful Use.

The question that we've been waiting to get answered is how far are we from the structured sig, from the standards perspective so that question has gone to standards I think. And, I think, we're waiting for definitive answers, is that accurate, Paul?

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

It hasn't gone yet, but it will be.

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

Good. Okay, so that will be really useful.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, that's useful for both renal dosing and pediatrics.

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

Yes and also age related dosing.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So there's a corollary to this question on pediatrics even when you have structured sigs what the commercial databases don't have is a cut off limit, so you just, you multiply mg per kg for a heavy kid and you end up with a super dose.

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

So, that's an important issue, it's probably actually worth calling out separately.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

To say what?

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

To say that for children there should be...the commercial system should...the system should have dosing limits which can be used in addition to weight-based dosing calculations to promote safety. I don’t know if I said that clearly enough, I mean, the equation is fairly simple, you do a weight-based dosing calculation and then you just check that the answer that you got is not greater than some maximum.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, the trouble is the commercial databases don’t have the maximum, what happens is they didn’t specify maximum.

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

Right, but wouldn’t it be reasonable for us to ask them to?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

They’re not under our control though, right?

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

Oh, I see what you’re saying, so you’re talking about the drug databases.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Drug databases, right.

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

Yeah, well that’s a good point. I think what we could ask for is at least the capability to check for a maximum dose.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah, that’s true.

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

In addition to having done a weight-based dosing calculation.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah, so are we talking about Stage 3?

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

Yeah, I think so.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, we’re asking them. So, this is preparatory to getting, you know, this combination of structured sigs plus these constraints. So, okay.

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

Yeah. Okay, and I’m wondering how best to organize this, you know, one way would be to, you know, not do this as A and B but to ask for some specific thing that, you know, a list of additional specific things.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so in other words you're going to characterize CDS capabilities, intervention capabilities within an EHR.

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

Correct, you know, I would like to ask for...like to be able to ask for renal dosing, like to be able to ask for decision support around laboratory and radiology orders. And, drug-drug and drug-allergy checking.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, the last one is already included, I mean, we've included it in previous stages; it just got pulled into this.

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

Right.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, how do we specify, maybe we need to specify, break down these asks into functional requirements. The one has to deal with structured sigs, another has to deal with interventions that are triggered by lab test results, recent lab test results, another has to do with...now looking at the appropriateness, we could deal with duplicity within a certain timeframe, we could look at checking a clinical indication against some approved list and be able to exclude based on some other indication. So, you would not...let's see...so you may not...and this would probably be caught by drug...I was thinking about contrast images for example. Anyway, I think we need to break it down at that level otherwise they can't get to the certification criteria.

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

Okay. And did...let's see, I'm just...did any of the things that you just listed include the capability to do...do we have decision support around chronic diseases covered someplace else?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, we haven't, so we haven't categorized them like chronic disease or prevention, that could be another thing we do.

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

Right, well there's a whole set of prevention things that, you know, that it would be good to include, and then also decision support around at least some chronic diseases like diabetes, coronary disease and hypertension should be included.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, do you want to specify each one or do you want to just say the 15 clinical decision, CDS interventions should address prevention, chronic disease management and something, and then yes they could have as little as...as few as one, but, I mean...

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

I think that would be a reasonable way to do it.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah, because they're going to end up having, I mean, yeah...

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

That is going to vary depending on who the provider is, which, you know, which disease...

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right, an OB, and, you know, alerts with all different kinds which certainly you could do. Oh, another category is; now not everybody would have this but is preop and maybe that can just apply to surgical specialties.

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

Right.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, you know, another one that came up, now, okay so we’re just discussing various ones and we may not require everybody to do this, but another one that came up from the patient engagement group was preference sensitive decisions.

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

Right, so, that’s down as one of the ones around certification criteria.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, okay, yeah, okay, so actually that’s what we’re describing up here.

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

Yeah.

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

And they also had talked about immunizations, I know that’s part of prevention, but did you specifically want to call that out?

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

Well, I would say, prevention including immunizations. There are a lot of other preventative things which are not immunizations for which this is clearly beneficial. It is one of the early wins.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, we’re just setting a floor, so I’m sure people will dip...I mean...this measure and stuff, so people will decide to do that anyway, but if we make sure they cover prevention, chronic disease management and...

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

Advance medication related decision support and do we want to say laboratory and radiology ordering?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, yeah, that could be...that’s true, okay, so renal dose could...okay, so we have certification criteria that talks about being able to include triggers based on lab test results.

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

Yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

We have the ability to include and exclude certain diagnoses as part of your CDS intervention. We have the ability to include preference sensitive conditions flagged and then separately you're saying and these 15 must include addressing prevention, chronic disease management, renal dose.

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

Yeah, I would say...we could say advance medication related decision support such as renal dosing.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

But, then you have to define what advance means.

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

Sure, it has been defined.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, where?

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

In a few papers that have been written on this.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, but...I mean, we actually should incorporate that definition here.

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

Sure, sure.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

And then the other, is...

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

Is laboratory and radiology ordering.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Laboratory and radiology, yeah.

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

Does that...?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah.

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

That's where most of the benefit is.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so now does each of what we mentioned apply to all specialties? You could imagine...so everybody would have to order medications if you're going to catch the renal dosing.

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

Right.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Although I don’t know that that is necessarily true.

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

Some specialties don’t do much prevention.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yeah, that’s true too.

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

But, I think if they don’t we would just give them a free pass.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

But how do we determine that?

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

I don’t know how it’s been done so far.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, what do we have in the way of prevention so far?

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

Prevention has not really come up very much has it?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Do we do anything...so patient specific instructions nobody has a bi on that?

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

Oh, I think we covered that elsewhere in the group too.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right, I’m just trying to figure out what approach we used for exclusions previously.

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

Yeah.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Did we give anybody...what are we giving people bis on? Vital signs I think is one of them, right?

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

Yeah, they...

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

How do we word that?

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

In the NPRM they were proposing to change it, but, if you give me a second I can pull it up.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay. Well, like I guess ortho doesn't have prevention.

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

Right, I mean, what I would do is just include a clause with something like for specialties for which this applies.

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

So, if you want...for Stage 1 for vital signs for example it could be if the EP doesn't see patients 3 years or older, or believes that the vital signs of height and weight, and blood pressure have no relevance to the scope of practice, believes that blood pressure is relevant to their scope of practice but height and weight are not is excluded from recording height and weight. This is from the NPRM.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

You said Stage 1, right?

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

Yeah, this...I'm just reading, but these are proposed changes to Stage 1 in the NPRM.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, I see, okay. It seems pretty complicated, but the bottom line is if you test that this is of no relevance to you then it's just up to audit.

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

Yeah and I think that makes sense.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, so...

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

If it's up to audit though, I mean, the system should still be able to generate some type of report or ability to prove it.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

The attestation is as an orthopedist I don't do vital signs and I don't do prevention that's what they would say and I guess...

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

But you could also probably pull up a report, you know, I'm just...you know, most of them have their dashboard for example, so your dashboard for vital signs would have zero so you could prove that you met the exclusion criteria.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, I see what you're saying. Oh, I see, so you just prove it that you never record it, but then everybody would want to have a zero.

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

Yeah, I don't think...

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

It's their exclusion is under 100 I believe or something like that.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, I see, okay. Yeah...

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

Well, I don't want to discourage them from recording the vital signs.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

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

Yeah, okay, you know, so in my discussion with Blackford around this he pointed to some work that they did for the National Quality Forum which involved creating a taxonomy of decision support but it didn't really help us come up with new recommendations about what to include and I think it is important to include some specifics as per our discussion as opposed to just being completely general, which is what Charlene was asking for. Okay, are we ready to move on?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

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

I think I'm going to need some help, I'll send you what I took down and so David if you could just make sure I captured it correctly.

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

That would be great.

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

Okay, thanks.

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

Because, we'll just go back and forth around that.

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

Okay, thanks.

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

Okay, so let's go to 15. So, this one focused on generating lists of patients for multiple specific conditions to present near real-time dashboards.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Should we...or is another way to say it just say produce dashboards...I was going to say on demand but actually you want it to pop up every day. So, the whole objection was if you really have it literally real-time then there is some monitoring process in that CPU, right? I think this is not...the near real-time is not inconsistent with our wishes; I just don't know how to word it and also, specificity around dashboard. So, our notion is that, yeah, what we mean by dashboard is reports...and it's not restricted to quality management, quality measure actually, it's...maybe would it be population reports?

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

Yes, population oriented reports.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oriented reports are produced...

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

I don’t think this is...I mean, I think, the way that it’s worded is reasonably clear.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Why don’t we put population oriented dashboard?

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

Sure.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Dashboard of population measures?

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

Yeah, but you also want to be able to get lists. So, in other words the list of people who had a hemoglobin A1c above X who have not been in 6 months. The list of people with some condition that might be eligible for a clinical trial, you know that sort of thing.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Yes and the attribute is on demand, well...I think that’s probably important, because on demand, because how many people are going to be on demand right this instant, so it’s not as if you’re going to overload the system.

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

Right. Okay, any other changes you want to make, Paul?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, I think...so we’re addressing the not overload the system and the what’s a dashboard.

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

Right.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, we can just describe it as a population sensitive or population oriented.

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

Right. Okay, let’s go to the next one, which is 17 and here we are asking for tracking using an electronic medication administration record and then that mismatches be tracked and acted upon, and there was the suggestion that we rewrite the mismatch and self report policies because it was confusing.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

So, I think there are two concerns, one is what do you mean by mismatch and the other is the concern that this was going to some enforcement agency.

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

Okay. So, mismatches or situations in which the drug, the provider is administering is not the one that’s intended though we could include a clause that says that, mismatches which are situations in which the provider is administering a medication or dose which is not the one that is intended or tracked and acted upon.

**Emma Potter – Office of the National Coordinator**

This is Emma; did you say medication and dose? Because, I think that was one of their questions, was it just a mismatch of the education or is it a mismatch of the dose as well?

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

Both, either one.

**Emma Potter – Office of the National Coordinator**

Okay, thanks.

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

Yeah and then as a separate sentence institutions should self report their policies and practices on how they handle reports of mismatches, something like that, that I think is clear. Does that make sense?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Say that again, please?

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

Institutions should self-report their policies and practices about how they handle reports of mismatches.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay, self-report to ONC not to some enforcement agency.

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

Yeah, right to ONC or CMS, or...

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

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

Not to some other agency.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Right.

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

Okay?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Okay.

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

Okay, next one is 18 which looks fine, 19 looked good. The next one is 20 and 21 those look good and so did 22. Okay, so those are the things that I wanted to go through today. Do others have issues or questions, or things...?

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

Are there any other items that you want to make sure standards are able to review, I think you caught them all, but just to make sure before we send it over?

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

Yeah, I think we called them all out. The biggest questions are around the structured sig, around the advance directives and how it sits within the CDA, and then about allergy and allergy overrides, and then some more questions about race and ethnicity, and language preferences, and then functional status, and gender identity, which are all called out in the slides. Paul, other things you can think of.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

No, that’s good. How are we doing, Michelle?

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

That’s great, we’re good.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Good.

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

Okay, any other comments that people have?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Who else is on the line? I mean, wasn’t there another?

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

There is a third person.

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

Yael was on.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Oh, I see.

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

Sorry, I’m here; I got distracted for a second.

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

Okay, Yael, other things that you have?

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

No.

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

Okay, well if there are no other questions or comments let’s go ahead and open things up to public commentary.

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

Operator can you please open the lines for public comment?

## **Public Comment**

**Rebecca Armendariz – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press \*1 or if you’re listening via your telephone you may press \*1 at this time to be entered into the queue. We have no comment at this time.

**David Bates – Brigham & Women’s Hospital & Partners**

Okay, well I just want to thank everyone for participating recognizing it’s the middle of August and a busy time from the vacation perspective, but looking forward to talking again before too long.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Thanks, David.

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

Thank you, David, I’ll send you what we discussed today.

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

Great.

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

Paul, if you have a chance could you give me a call?

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

Sure, just give me your number again.

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

202...

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

You might want to do it over e-mail; this is still a live line.

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

Okay, yes.

**Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO**

All right.

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

Okay, thank you.

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

Thank you, bye-bye.