

**HIT Policy Committee
Meaningful Use Workgroup
Certification & Adoption Workgroup
Transcript
February 22, 2013**

Presentation

MacKenzie Robertson – Office of the National Coordinator

Good morning everybody; this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a joint meeting of the Meaningful Use Workgroup and the Certification and Adoption Workgroup of the HIT Policy Committee. This is a public call and there is time for public comment built into the agenda and the call is also being recorded so please make sure you identify yourself when speaking. I'll now go through the roll call of both workgroups starting with Meaningful Use. Paul Tang?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Paul. George Hripcsak?

George Hripcsak, MD, MS, FACMI – Columbia University

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, George. David Bates? Christine Bechtel? Neil Calman?

Neil S. Calman, MD, ABFP, FFAFP – The Institute for Family Health – President & Cofounder

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Neil. Art Davidson? I know Art is on the line. Marty Fattig? Leslie Kelly Hall? David Lansky? Deven McGraw? Charlene Underwood?

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

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Amy Zimmerman? Tim Cromwell? Joe Francis?

Joe Francis, MD, MPH – Veterans Health Administration

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Joe. Yael Harris? Greg Pace? Robert Tagalicod? And any ONC staff members for the Meaningful Use Workgroup?

Michelle Consolazio Nelson – Office of the National Coordinator

Michelle Consolazio Nelson.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle. Onto the Certification and Adoption Workgroup. We have Marc Probst? Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Larry. Joan Ash? Carl Dvorak? Paul Egerman? Joe Heyman?

Joe Heyman, MD – Whittier IPA

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Joe. George Hripcsak again, we'll mark you down.

George Hripcsak, MD, MS, FACMI – Columbia University

Here.

MacKenzie Robertson – Office of the National Coordinator

Liz Johnson?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Charles Kennedy? Donald Rucker?

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President & Chief Medical Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Donald. Paul Tang, again?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Micky Tripathi? Scott White? And Marty Rice? Okay, with that, I will turn the agenda back over to you Paul.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Thank you MacKenzie, and thank you Michelle. So, what you have before you are some scribbles from me and I missed some things that Michelle had on an earlier summary and I tried to do a little bit summary and so this is just some of the things that I caught and feel free to add as we go through, both a summary of sort of the points that came out of the hearing which I thought was very good and some draft recommendations as I recalled and Michelle had at least one other one that she thought was discussed as well. So, if we could go through this summary and then get to our draft recommendations then we'll have discussions along the way. Does that seem reasonable?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, it sounds good.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay. Okay, I think we started out and this is a little bit in panel order saying that, you know, this is a very important piece of the medical record that is clinical documentation, that is has sort of multiple stakeholders. There are multiple users of the information the primary which is for the healthcare team which includes the patient and caregivers, so it's really about the care of an individual and their health.

There are many important secondary uses it could be anywhere from public health, through research, through quality improvement but also billing and legal purposes and we heard those in the last panel. And sometimes the preoccupation with the last use, which is billing, which in theory should be a byproduct, drives some of the documentation and that's one of the issues that we had to discuss.

Getting words onto paper, i.e., into the computer really takes a lot of time and effort, it probably takes the most time in terms of as someone is using an EHR and so vendors and others have compensated by creating these productivity tools that includes templates and cut and paste, and copy forward, and macros many ways to get text into the computer. Sometimes those end up in being overused or inappropriately used even and that can result in concern about the accuracy of documentation.

So, you might put a template in or a macro and not actually edit the things you intended to and then so you may end up with things that aren't representative of that patient or make the true information hard to find. So, those are some of the byproducts of the fact that it's just really hard to get...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, Paul, I think it actually would be useful here, besides the concern about accuracy ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That last thing you said about making it hard to find the correct information ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, that's true, excellent.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Is also really important.

Joe Heyman, MD – Whittier IPA

And Paul, this is Joe; I would suggest actually saying that something about the listing of normals that actually makes it hard to find.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Joe Heyman, MD – Whittier IPA

So, I mean, if you could do something to bring out the abnormal or the things that are most important in a note.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right. So, those things and thanks for bringing both of those points up, those were sort of embedded in that "overuse" or "inappropriate use." So, sometimes, you know, in the old days when we wrote things we wouldn't list, you know, the other things that were normal and right now it's showing up in the text, it just makes it really hard to find the true information. So, good point and I think I have that somewhere else in terms of, yeah, in recommendation four.

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

Paul?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah?

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

And just to point to – when you stress it, not that it makes the nuance we want to pull out, but again, you know, when you made the focus on billing, it's also, I mean, you know, most a lot of the – if you don't document it you didn't do it, so that's ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

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

So, don't kind of – that legal piece is really important too and the tension between the two.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Correct, correct. Thanks for bringing that up. So, we'll add these back into the notes and this, also of course is only a summary, but I think what these comments are bringing out are some of the other things we want to highlight.

So, unfortunately, it would be nice if we knew exactly whether there's a problem and how prevalent the problem is, but the AMIA folks, you know, when they did their literature review didn't come up with evidence or quantitative evidence about what's the extent of the problem. So, we're sort of going on the anecdote of we all recognize whether it's practitioners or what we've heard that there is a concern whether it's how effective this is as a tool of communicating important information from one person to another or being able to find it the opposite.

So, there's no clear message saying, okay this is the kind of documentation that everybody, this is a best practice that everybody should use that kind of evidence doesn't exist, so the recommendation that some of the panelist have for us is, well don't prescribe one method over another or they also said, don't prevent such and such a tool because yes this tool can be misused but there are legitimate uses for this tool and we shouldn't just outright band it's use, so that was part of their recommendations.

They basically were saying the quality of the note is not necessarily associated with the quality of care and that's probably not unexpected. There was some correlation with the use of templates and better care with specialists and it's probably not the templates themselves its sort of probably the culture of their use in standardized care.

Natural language processing got a bit of a boost during the panel, it's been going on for, oh, decades probably, work in natural language processing, but it seems to be able to get some of the structured concepts out of free text. Voice recognition likewise has been going on for decades and it is maturing in a sense of, for some people there's three groups, there are some people for who it works quite well, there are some people it just can't – no matter how much you train it you can't get it to work and then there's this middle group with some amount of significant training you can get it to work well enough, good enough. So, it can be an efficiency tool but it doesn't work for everybody. So, it goes with the principle of there just isn't one size that fits all or that works for everybody.

So, one of the sort of comments that we had I think in the summary is chances are it's a hybrid of these things to try to get your thoughts into the documentation. I think it was the DoD that had played with all of the above and ended up in the hybrid, you have voice recognition, you have natural language processing and some amount of guidelines directed, sorry about my abbreviation, guidelines directed, structured text and maybe that's where we all sort of settle in. We don't all use all of them but some hybrid.

Joe Heyman, MD – Whittier IPA

Paul, does free text fall under natural language processing? Because if it doesn't then I think we should mention free text.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

You know, that's a really good point, it does in the sense of, yes, let me mention this, free text...natural language processing takes free text and tries to get some of the structured code out of it so they can be used by the computer, but that's what ...

Joe Heyman, MD – Whittier IPA

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, let me add that back in.

Joe Heyman, MD – Whittier IPA

Yeah, because when I enter a new patient or something like that usually the history of the present illness contains some free text.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Absolutely.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

So, Joe, or Paul, this is Liz, are you inferring that even though the initial source maybe free text that it needs to be converted to text so that it's structured text at the end of the day, is that a fair assumption?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

No and this is in response to Joe as well, so Joe actually the VR, voice recognition is also free text.

Joe Heyman, MD – Whittier IPA

That's true.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, it's all embedded in here and to answer Liz's question, the idea is if it's totally free text then it's good for the human, well, hopefully often good for the human but the computer doesn't get the benefit of being able to reuse it let's say in clinical decision support reporting or anything like that. So, this was part of the compromise. Most of the times in past efforts and some companies will stake their future on it and their future no longer exists of making everything structured and that just does not work from a workflow point-of-view.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right and that's exactly what I was trying to get to Paul, that as long as that's our position that's terrific.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Its Don here, it may be worth just parsing out in that string separating the data entry from the nature of the structure.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, yeah.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Right, because you could actually have sort of potentially even typing I suppose or voice recognition – I know voice recognition for sure going into structured data, so it may just say, you know, there's multiple entry loads and, you know, that all sort of go onto a spectrum of free text or structure and then I would put the guidelines almost like as a subfield of structure.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, so this ...

Joe Heyman, MD – Whittier IPA

Also, I think you should mention templates.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

That's the guideline directed structured text. See the danger ...

Joe Heyman, MD – Whittier IPA

Will everybody understand that Paul? Because I didn't.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

No the danger – I was telling Michelle, the danger of exposing my notes is their cryptic so they have a lot of embedded content and I should have spelled it all out. I tried to do that more in the recommendations, but, yes, so those were – I need to – I'll try to spell it out.

Joe Heyman, MD – Whittier IPA

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I think ...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

So, Paul our stating of the obvious is not helping you?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

I'm sorry?

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Our stating of the obvious is not really helping you is that what you're trying to say?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Maybe you can use the transcript to fill in the comments?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, my version is – this is just as bad as my handwriting apparently and turning it into typed text doesn't help. But, anyway ...

Joe Heyman, MD – Whittier IPA

Actually, Paul, I think you did a great job.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Thanks, Joe. The next point is really around OpenNotes, so one it was – in surveys it was found to be helpful in net for both the patients and the practitioners and then the other thing we discussed is and, oh, by that way that creates an opportunity for the patient to correct something or missed impression perhaps that the practitioner recorded and so, that would have the effect of improving the quality and the accuracy of the note and also to decrease the fraud. So, we all acknowledged that. In any case it doesn't really matter the media the paper or the computer there is some amount of fraud that may go on and we just want to see are there ways to either avoid that or detect that, that part of ...

Joe Heyman, MD – Whittier IPA

Paul?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes?

Joe Heyman, MD – Whittier IPA

This is Joe; again, I'm a little worried about the first word, because there are two ways to interpret that one is that you're showing patients the notes or giving them a copy.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Joe Heyman, MD – Whittier IPA

Which I have absolutely no problem with, but the other way of thinking about it would be that the patient shares the note in the sense that they can write in the note.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, okay, okay, I'll clarify that.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Paul, this is Neil, did the issue of – since we're talking about sharing notes with patients, did the issue about documentation using abbreviations and stuff come up at all?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

To my recollection it didn't, anybody else recall that?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

No, I don't recall it.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, we talked about using abbreviations that then expand; we didn't talk so much about unapproved abbreviations like ambiguous drug names and things like that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Or even abbreviations the patient might use.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

We did talk a little bit about the fact that when we do share notes or it doesn't matter with patients or others sometimes there's a translation that's helpful. But, we didn't talk specifically about abbreviations.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Because, I think as we start to share more notes with patients the issue of abbreviations is huge.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

You know, especially if we're thinking about patient's looking at our notes to see, you know, whether or not it really reflects what they do. I mean, every other word in many notes is often abbreviated in some way and it makes it almost unintelligible for patients to understand what we're saying.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, it's not just abbreviations, I mean, it's also the level of health literacy, you know, which I guess if it's not abbreviated it's easier to Google it.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Well, you can look up any word on – you know, you can look up any word if the word is printed out, but if you go and Google DT or something like that, you know, there's going to be 75 different things that it could stand for and there's no way for a patient to know what people are talking about.

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah, yeah, that would be worrisome.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

I mean, I just don't know if there should be something in the recommendations about limiting abbreviations or creating a much shorter list of approved abbreviations that people use, I don't know.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, now you're getting into a different area.

Joe Heyman, MD – Whittier IPA

This is Joe...

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah, Joe, you're going to say it, go ahead.

Joe Heyman, MD – Whittier IPA

Yeah, I was going to say, you know, there's a lot of resistant to using EMRs on the part of some physicians and I think it's okay if, you know, you make a recommendation that structured text not include abbreviations, but I worry about actually telling physicians that they can't use abbreviations when they're free texting, because it's just going to be one more reason why they get frustrated in trying to use this stuff.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, we have to remember the first principle ...

Joe Heyman, MD – Whittier IPA

Look at Paul's notes, look at Paul's notes we've got NLP, ER, GL.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Thanks, Joe, those were notes to self, I did try to share them.

Joe Heyman, MD – Whittier IPA

I know, but ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

To start the discussion.

Joe Heyman, MD – Whittier IPA

...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I think people do use abbreviations that are easier to read, I mean, as a clinician if you spelled out all that stuff, you know, if you spelled out CHF every time I think it would actually increase the legibility of the note.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, actually, I think we want to go back to the tension between how do you communicate important stuff for other people who are participating in this individual's care versus not increasing the burden of this documentation.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

The only reason I bring it up is because, you know, this set of recommendations doesn't stand alone in the work that we're doing.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

And there's a whole other body of work that we're doing at the committee that's about the engagement and access of patients to their information and so, you know, I don't want to pass up an opportunity to just think about that as we're sort of moving forward with the area of clinical documentation. I mean, it would be a shame to sort of just codify what we're currently doing, which for most patients is really unintelligible.

On the other hand, you know, as Farzad always says, somebody will take that quickly and turn it, you know, turn an App into something that can translate that all into common language. So, maybe we should just let it go and let that happen, but maybe even just emphasizing that a standard set of approved abbreviations should be developed that would be easily translatable and in a unique way into accurate information that patients could understand.

George Hripcsak, MD, MS, FACMI – Columbia University

I think, Neil, I think we should raise the issue as something that will have to be dealt with but not make a recommendation that we come up with a standard set of approved abbreviations because it's just not feasible. Then we have one more recommendation that's not going to be – if you look across all the subspecialties, I mean, it would be a huge effort on the nation's part to do that.

I would rather this thing be pushed by the market and if you're creating – you know, if this becomes popular that patients want to read it that will create the pressure to do different kinds of ... that should steer the documentation rather than us. The whole point is for patients to steer the documentation that's why we're showing it to them. So, now if we try to make it good for them so that they can read it we're kind of saying that patients aren't capable of steering it, you know, then we're doing it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

All right, let me bring us back to draft recommendation number one.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Well, I'm not quite there yet.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I know, but I think that applies to this.

George Hripcsak, MD, MS, FACMI – Columbia University

Right, but I don't understand...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

We got feedback that there's lot of anecdotes about what makes poor, there's not very good evidence about what makes good.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah. So, let me just finish this.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

And then ask people for editions. So, this is an appropriate comment that clinical documentation – one would like to have a way to help the patient understand what's in their record without prescribing that clinicians have to talk to each other in ways that are not efficient for that purpose and we don't know what the solution is.

Okay, final two points, at least for me and let me open it up then, so it was a really important point in the legal panel that, gosh how do you "capture" what's in the record when you disclose that for any purpose including legal because the physician or clinician now is in front of this software program that has many ways to represent data, how do you capture it and when he made ... when the lawyer gave that anecdote about somebody saying, gosh this is not what I saw, I could totally understand that I have no idea what is passed along as the "legal record" from our EHR, I don't know what the report is that comes out but very likely it's not something that you've ever seen on the screen. So, that's just another finding or a fact and we have to take that into account and part of that is how others see information from the record.

And then, so, in some sense this came out also in the final panel that some of the perceived cause of all of this excessive documentation that can interfere with finding information is actually a result of people not even understanding E/M Coding criteria, now that's not saying – so E/M Coding criteria for those who are non-physicians is really complex.

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

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, people try to put way more in because they actually don't understand what's required and that's part of the source of this problem. So, let me pause here and say, you know, what others ...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I think, you know, it's Don, I think part of the problem – I think part of it is they don't understand, especially in some of the more confusing things like in medical decision making, but I think part of it is actually they understand perfectly well, right?

Because, I think the biggest part of the boiler plate text is on, you know, review of systems and the physical exam. So, I think and I guess – ONC is having a hearing on this in May, I guess is on this exact topic with CMS, but I think there's the part where they don't understand and then I think there's just the dynamics specifically of the level 4 and 5 E/M codes where they do understand it.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, does ONC want to comment? Is there something going on with CMS?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah there was an announcement of a meeting in May, a public event that CMS is hosting, I'll see if I can bring it up.

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah, I'm not sure of the exact date, but CMS is planning to have a hearing on billing, more focused on billing whereas ours didn't focus as much on billing.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

And is it billing specifically related to EHR or just billing in general?

Michelle Consolazio Nelson – Office of the National Coordinator

Yes, related to EHR.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Oh, okay.

Michelle Consolazio Nelson – Office of the National Coordinator

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, well that's good because, I mean, that is a more appropriate place for dealing with that specific issue. We are trying to – so our role is really to see what ways can the EHR help make clinical documentation more useful to all its stakeholders. Okay, any other editions?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, Paul, its Larry, let me jump in with some comments about panel four that talked about legal EHRs?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I had some email conversations with Michelle Dougherty and Don Mon because I had some open questions about if they were trying to tell us that there's a gap between the HL7 records management, evidentiary support specifications and what's in the EHR criteria, but that they never actually – I didn't hear it, they might have said it when they were there, but I didn't actually hear it.

So, to summarize a pretty long e-mail from Don, that I'll be happy to pass onto the Workgroup, he says that there is still a fairly wide gap but it's not well documented and that it would make sense for ONC or the Standards Committee to actually do an analysis of the gap and he reminds me, in this e-mail, that we really can't...I was suggesting that there was a way to put this to bed and he was pointing out that that was really naïve, that it really was about the legal issues, the business issues are all around purpose, what are you trying to do and therefore it is not a blanket, you know, do this gap, address this and you're done.

But, he was suggesting it would be useful to do the gap analysis so that we could actually understand the issues and then prioritize whether they need to be addressed.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Can you state the gap again, please?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

This is a gap between the HL7 RM-ES, records management, evidentiary support, EHR specification and the ONC certification criteria.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And he's pointing out also that, you know, this is not just technology, if you want to have a legal medical record it's not just about your technology, so he understands it's not all certification.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, help me, what is the policy statement that we would make that would trigger an exploration of this gap by the Standards Committee?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess the concerns are around, and these were raised in the, you know, the oral discussion back last week, that there are some EMRs, EHRs that do not sufficiently control the content of the medical record or that have questionable practices like changing the author on a note as sort of their way of implementing copy forward.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Oh.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And that for those reasons it would probably be worthwhile to have additional criteria and certification to ensure that there weren't ways people would mess with the data in ways that would make it questionable.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

So, Larry, would that go then – fall back to security? I mean, I'm just trying to make this simple in terms of Paul's question of how do we translate that back to the Standards Committee, does it go to Dixie's team, I mean, what are you thinking or Paul what are you thinking?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, actually ...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Go ahead.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, when this was brought up in the past Deven raised the concern, so speaking about is this a security thing, Deven raised the concern that there already were some very good controls and sort of patient criteria around record integrity and so I think there is a need to have this in the specifics to actually be helpful rather than a bunch of, you know, general anecdotes and maybe security is the right place to do it, because they're the ones who worry about record integrity.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

It strikes me that that's true, but I think you're bringing up something that wasn't really on our radar in terms of you were saying some vendors may not have, may be doing things that would be either of concern or questionable in terms of effecting the integrity of the record. So, we certainly don't want that to occur. Maybe you can work with Michelle or whoever else in what's some draft language where we could put a recommendation through that would trigger standards to look at this.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yeah and when you do that Larry my suggestion to you is to ensure that is it a matter of the functionality doesn't exist or is it a matter of people don't turn it on? Because, I can tell you that what we found pretty consistently is sort of a mix of both that the functionality often exists but people don't turn it on just so sort of food for thought as you talk with, you know, Michelle.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

George Hripcsak, MD, MS, FACMI – Columbia University

Also ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, Liz you might be able to contribute here too. So, I think the turn it on is the meaningful use side.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

The fact that they have the controls, one the control capability is a certification criteria.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Exactly.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, we need to figure out a way to state this and maybe this does, maybe that's what you're saying, Liz, is it appears in category five our sort of privacy and security and it's one of those things that, you know, gosh we thought was implicit, but it's not always true.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, if we could, you know, we've concentrated in Stage 2 encryption of data at REST that was a specific area of focus, if this is another area then we may want to concentrate – this may be one of the concentration areas for Stage 3.

George Hripcsak, MD, MS, FACMI – Columbia University

Paul, I don't know that...like the certification criteria is not the only rule book that vendors follow. I think the important thing is that the certification criteria not conflict with other rule books they have to follow.

So, if you're building a, you know, blood bank system there's a whole bunch of rules you have to follow that were never, hopefully not going to put in the MU certification criteria, but they still have to follow it.

So, if there are rules for – is there another mechanism by which this goes through Larry or are you saying that this is the only way we can make an EHR to be a true medical record is going through meaningful use because there's no other avenue?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess my concern is there's an implicit assumption that the systems people are buying meets some minimum bar for a legal record and that's the piece I'd like to put, you know, I say put to bed, that's the piece I'd like to resolve.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

So, Larry are you saying ...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I agree with the issues of a lot of this is just like with HIPAA, a lot of this is going to revolve around policy procedure and the organization, it's going to involve do you use or don't use turn on or don't turn on certain features in the applications or some combination of those things. So, I don't want to presume that there's, you know, a cut and dry answer to this.

It feels like this is something that someone who is familiar with the HL7 work and someone who is familiar with what's in certification criteria around the security pieces and the integrity controls, review it and that we get a report back so that we can assess whether in fact we believe there is a risk here. So, I think that's sort of the question.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

No, that's a good idea.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I don't want to ...

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

This is Charlene, I would support that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Suggest that there's actually a problem, I'm just hearing noise and I don't know if the noise is actionable or not.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Charlene?

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

This is Charlene, I would agree with Larry's recommendation that the assessment be done because there's a profile HL7 as part of their EHR functional standards define these profiles and there is one for the legal medical record, it might be a stretch and I'd also agree with the assessment that it's certainly not clear that EHRs in the market meet those minimum requirements, but I'm not even sure the market in general knows what they are, you know, it's the operations in the provider community that figures that out often.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

And then Charlene are you saying as part of the certification process, because this is where I miss the link somewhere, that that would be tested for or would not be tested for?

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

I think we have to look at them first though.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Okay, I understand.

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

I don't know to what depth they go.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Okay.

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

It could be a big stretch.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yeah, that's what I'm thinking too, but unlike you I don't know enough to be sure.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, so I like Larry's recommendation as well. I think that gets referred over to standards just to help understand whether the certification criteria covers or HIPAA I guess under security of the legal medical records.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Does that work, Michelle?

Michelle Consolazio Nelson – Office of the National Coordinator

That works.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay. No, thanks for bringing up the issue, I mean, it's an important one, it's one that's under the radar for many of us, but it's certainly important and I mean it's a disservice to folks who bought an EHR if they aren't realizing that it's not appropriately covered.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, other editions? Okay, it doesn't prevent us from adding to this list as we go, but so here's some of the recommendations that we did discuss, you know, along the way and towards the end, and again, this is also open to edits and editions. Let's start off with the one that I overlooked from Michelle which is turning clinical documentation from menu as is it in Stage 2 to core for Stage 3. Do we agree with that? I think that rises out of our finding one, which is this is an important thing ...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

What ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah?

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

How would you phrase – Paul, how would you phrase that? It's Don and how would you sort of state that, a form of clinical documentation or tools, or a subset of tools that people have found helpful? How would you say that?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, whatever is in Stage 2 as a menu, turn it into core.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Okay.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

I'm trying to remember in Stage 2 what the menu item looks like; it's like a 10 percent.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Well, you don't have to worry about the threshold.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Percent, right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

But just the concept.

Joe Heyman, MD – Whittier IPA

So, what is exactly what is it asking for that's what I don't understand? Clinical documentation is a very broad thing.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

I think it meant, and I don't recall the words, it's meant to be what we commonly known as the progress notes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

And as we clarified in the hearing it's the progress note of EPs, so that answers the question, well, is the respiratory therapy note in it, etcetera, it's the progress note of the EP appearing in the record so the record systems are able to provide that functionality and I guess apparently they don't all, and that you have notes in the record.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Well, what it actually says, Paul, is it says enter at least one electronic progress note created, edited and signed by authorized provider at eligible hospital or critical access, or emergency room for more than 30 percent of unique patients.

Joe Heyman, MD – Whittier IPA

So, then I'm absolutely fine.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

I would hope so; this comes under medical licensure I think. So, that fact that you have to document something just seems like an implicit part of professional behavior and the fact that we're asking EHR systems to have, to accommodate this seems also part of an EHR.

Joe Heyman, MD – Whittier IPA

Absolutely.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

And I think even the way that it was phrased, Paul, by the Meaningful Use Workgroup sort of plays to the first recommendation which is about not being, you know, prescriptive or prohibitive.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, we didn't say how to do it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

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

Just have the systems accommodate it and do it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Just do it, right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, I think that still sounds right. Okay, going onto the ones in the Word document, number one, so based on what we heard that we would not prescribe or prohibit a specific method of clinical documentation but we thought that it was appropriate to use education and policies by the organization to encourage good behavior in terms of documentation and to remind people what's bad behavior, and what would constitute fraud. We okay with that?

Joe Heyman, MD – Whittier IPA

Absolutely.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, now the second one was pretty tricky and so I tried to put together a description of where we ended up. So, one, we are interested in basically having the reader understand the provenance of data, now we don't state it that way, but the closest analogy that people really understand is in a Word document you know what you started with and you know who else contributed, and so analogous to that there would be a version of the document that would have "track" changes on where you could see that this was drawn in from a template, this was drawn in from another part of the record, what was copy/paste just like you have in track changes and instead of the – well, you'd have the author, you know, how it says, you know, this was done by this author at this date and time.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, what we're trying to do is have a more informed viewer. At the same time we're saying, you know, gosh if this whole thing was just the note from the last time it's either all completely true and you should know that it counts for the last time or you should know that there are some things that were changed from that and that would be visible in this "track" change as well.

So, for the viewer there is a way to know where this information came from. Now, that's not what people are – so, we're not going to have a medical record full of track changes, because that's just...as people said it makes it unreadable even though now the way track changes go, compared to the early days, it's pretty readable and you can see the provenance, but the default view of the documents in the medical record would be the clean copy that you see now so that anyone can read the clean copy all the time that's the same copy that's "transmitted" in any kind of disclosure.

So, in a sense it looks all the same, the edition is that you have the ability, it's a touch of a button, you have the ability to go look at the track changes. How does that sound? Have I clearly explained where I think we ended up and does that still make sense?

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

This is Don, I think ...

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

I have a question, does that include track changes made by the original author, you know, at the time of the visit or just track changes made when and by whom?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, if I copy/paste something and then I make a change on top of that there's two colors involved, the color of the source and the color of my edit, and in a sense that actually helps the reader know what I changed from wherever this material came from let's say it's the previous note, so what's changed is this physical finding or this chest pain is no longer there.

So, that actually helps the readability and then hopefully some innovation will make this more visible in the clean copy as well, but for right now we're just saying show me where the source of this information, these words in text came from including changes I made on top of it.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I think it's ... the challenge – it's Don – I think the challenge is how you want to sort of do the formatting. So, track changes is obviously something that sort of fits in a Word document and, you know, it's going to have sort of a very different flavor to it if let's say you're pulling stuff out of a template, right? Or, you're pulling it from menu choices, you know, are those, you know, I mean, how big a menu choice is it before it becomes boilerplate, you know, there are sort of room to make an existential question there.

A simpler thing might be to show ... a simpler way of putting this might be to show an audit log of the sources to the user if they ask for it, which is not maybe as visually appealing. The other things on track changes is as soon as you get into color things, you know, the UI guys go crazy because you have all of these people who are color, I guess people who are colorblind and so as soon as you put color in you're in a whole different world of UI technical issues. So, I think we want to be very careful about exactly how we phrase this, especially if there is going to be this mix of, you know, template and guideline text versus, you know, just free text.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

You know, as you spoke I actually thought of that as a benefit, in other words, if I saw in a note what came from template and which ones were chosen from a pull down list that would help me find out, find where the deliberate actions were. So, I would almost argue... I think audit trails are completely impenetrable by humans, but so this visual view of essentially what choices were made, what "edits" were made could turn out to be very useful.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Well, maybe you call it a visual view, but ...

Joe Heyman, MD – Whittier IPA

This Joe, we don't have to tell them how?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Correct.

Joe Heyman, MD – Whittier IPA

We don't have to design the view.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right.

Joe Heyman, MD – Whittier IPA

We don't have to tell them to use colors.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right.

Joe Heyman, MD – Whittier IPA

All we have to do is make the recommendation that it's possible for you to view the sources of the data and the changes in the data.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

The only thing I would add to that though Joe, this is Liz, is that when we talk about audit log versus talking about being able to click to a view where you can actually see, it is very different, I mean, in terms of trying to track what's going on and whether it's in caring for the patient or later defending the care of the patient and the audit log I think, as Paul said, is just unintelligible, it's so difficult to reconstruct what happened, whereas you have a track changes view that might be turned off so that ...

Joe Heyman, MD – Whittier IPA

Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

In other words you had to click it but you had it turned off would be much easier to use.

Joe Heyman, MD – Whittier IPA

No, I agree with that, what I'm saying is we don't have to tell them how to design that view.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Exactly, exactly.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

I think there's plenty of room for innovation.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

I agree.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Right.

George Hripcsak, MD, MS, FACMI – Columbia University

So, Paul ...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I would just point out you've got to be very careful about, you know, there are so many sources of provenance now in these things and different time, so, you know, Liz if your organization does something or, you know ...

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

It gets complicated almost instantaneously depending on how you write it. I think what you really want is maybe a simpler thing that says, did the doctor add it that day versus is this brought in from before.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

George?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, this is Larry, I want to jump in with the beginning of this recommendation it says help reader assess accuracy and find relevant changes. So, we're describing a really broad area and we're all getting into options of how we think, we're getting into the UI, how we think it should be presented, but I think that this notion of that the system could enhance the readability and the usability of the documentation is a great general goal, but I think our discussion is proving how hard it's going to be to actually nail down specific recommendations in terms of what aspects of the information should be highlighted and how it should be highlighted.

The discussion all points to the value of being able to enhance the view that we have of this information so that the changes pop out in a useful way that the differences from earlier data pop out in a useful way whether or not it was done through an edit. I can imagine a smart physical exam reader that goes, oh, you entered this all from scratch two times using, you know, structured pathways and we're now highlighting the differences. So, it wasn't anything that you did as an edit but it was, you know, we're showing you differences in the data.

So, I think, it's a big area that really could enhance the usability of the documentation and I think we should encourage those activities, but I don't think we name them and I think analogous to track changes is keeping it soft.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

George?

George Hripcsak, MD, MS, FACMI – Columbia University

So, the question is how to write a recommendation that doesn't – which is basically the same thing as Larry's, but how do we prescribe – I mean, I've seen it done, I saw it done well so "n" is one, I've seen it once, it doesn't achieve the goals you're thinking of, it's a neat idea so I can think in theory but when you actually try to...you know, there's a lot of complications like if you cut and paste within a note is that considered a bulk copy and paste or not?

A lot of these pastes are coming from the operating system. So, the EHR doesn't know where that thing really came from even though you copied from somewhere else in the same system. So, there are a lot of complications, so I think we should stay away from implementation and UI. So, then the question is what should the – what can we recommend?

Joe Heyman, MD – Whittier IPA

Why don't we recommend that they consider it instead of recommending that it be done?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

That's like not recommending it.

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah.

Joe Heyman, MD – Whittier IPA

Okay.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

This is Neil, I would just say I think this needs a lot more thought. I mean, being, you know, new to this discussion there's just so many ways in which things are taken from other sources and brought into the record. I mean, you know, we pull in a section of an x-ray report to put into notes to the specialist, we pull in the vital signs that the nurse does and, you know, put them in an after visit summary to the patient.

I mean, there's all kinds of places where we're pulling things that make it look like we're authoring them and putting them but they really come from other sources and whether or not all of that stuff would be documented. I just think there's a lot of details to this issue that's going to make or break whether or not people look at it and say are you crazy, or look at it as something that has potential value.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Well, let me just ask you Neil, if the default view is exactly the way you have it today is there a problem with it or is there a problem with the fact that you could figure out where it came from? So, right now if this were in place your records would look identical to the way look now and the only difference is you could push some button or pull down – you could push some button where you could find out that, oh, this came from the radiology report and this came from the nurse's report, and is there a problem with that being in existence but not shown?

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

No, but I think that would be very helpful. I don't – I'm not saying it's a problem, I think that would be very helpful, but when you get to the, you know, I edited three words or I changed a few of the words in the radiology report to make it more readable to the patient or all of the other stuff it just, you know, we're storing all of this information somewhere. I mean, remember this medical record information never goes away, whatever we store it's like stored forever.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

And, you know, we're just accumulating massive amounts of sort of things behind the scenes and I just want to make sure that the things that we're accumulating like that, you know, make sense and also – you know, all of this requires system overhead and as I keep getting reminded every update requires more processing power, more storage capacity, you know, we keep, we just keep adding on things.

So, if it's got real value fine, but I think we should be very specific about what the pieces are, you know, I wouldn't want spelling edits and things like that that are being done by a spellchecker to necessarily be stored forever, you know, or every time I go back to change the spelling in a word. I mean, I just think we need to be very specific.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, I don't think we should mandate anything. So, how many people on the committee have actually seen this?

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Seen what?

George Hripcsak, MD, MS, FACMI – Columbia University

What we're describing here.

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

I have, this is Charlene.

George Hripcsak, MD, MS, FACMI – Columbia University

I have.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I mean, I've seen this as ...

George Hripcsak, MD, MS, FACMI – Columbia University

If most of the committee have never seen it I don't think it's time to mandate it.

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

The worrisome piece, again from kind of the vendor view, as you talk about – and Neil could walk through – those are the exact question you get as you design this, well do I have to capture the fact there's word edit, do I have to – and the complexity behind the scenes in terms of maintaining the provenance of like each type of change, we have to define all the types of changes, know how we need to store them, there's going to be a lot of development that has to go in that and then there is going to be...you know, the impact as you suggest storage and the maintenance of all that and is it exclusive just to the note or does it go across orders and everything else. So, you know ...

George Hripcsak, MD, MS, FACMI – Columbia University

So, maybe what we – I'd like a recommendation that just says we need to develop methods to assess accuracy and find relevant changes like state the goal but then perhaps, Charlene, if you can find some example that you could show the committee as to how it could work before we then go ahead put forward a recommendation that this has to mandated across all vendors. At least see one of them.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

That would be useful. I think – so, one of the areas where our recommendations could be improved upon is the specificity, ONC will say that, with good reason, because the less specific the harder it is to turn to certification criteria and the harder it is probably to implement a system. I think a lot of the work and the burden of meaningful use, qualifying for meaningful use comes out of the uncertainty.

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

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

That's both at the development side and in the implementation side; the clinical summary is an outstanding example. We never intended it to be a burden almost on either party and it became a massive one and that is mostly a misinterpretation or not carrying out the intent of the regulations because we weren't specific enough. So, I don't think having a general thing – well, you know, I think we ought to improve the usability, one it won't get implemented. Two, it will just cause a lot of consternation and wasted effort.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

So, maybe, Paul, maybe one very specific thing would be to say when information is brought in from another author or another source, or from a prior episode or date, or however we would specify it that that would be labeled, but that would take away all of the sort of, you know, edits and stuff like that.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, that's fair.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

So, basically that would be labeled, but it wouldn't necessarily require you to track all the changes from that because you could go back to that source. So, if I copied from yesterday's note I could always do a compare of today's note against yesterday's note and see what the changes were. So, maybe if you just identify the source of it you would then be able to, you know, as you can do in Word do a compare and it becomes obvious which pieces were changed.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Good, but now I hope you're not suggesting that the user has to do this?

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

No, no, no that that would be captured automatically. So, you copy something in and all that would be captured was that section or that piece was copied in, but you wouldn't need to track changes, because you could always compare the current to the prior once you knew that the prior was what was copied in.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

But, I think the value is the track changes. So, for example, if ...

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

I do too.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Let's say the physical is what you copied in and now you're saying the right upper quadrant isn't tender anymore I would love to, at a glance, see that that's the change and that's the value of this. I don't want to do ...

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

Paul ...

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Yeah, but you'd love to see that specifically you wouldn't want us to highlight – I'm sorry, go ahead.

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

The value – this is Charlene, sorry.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, I think there's two things that would help me in that situation, one, where did this note, where did this physical exam come from was it mine or was it somebody else's and two, what did I change? Those would be enormously helpful to me as a viewer.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Well it's enormously helpful except if you blow in the physical exam that's got 12 body parts on it and this time you only did three, you're going to look at strike outs of eight body parts on your track changes to say, well, I didn't do this and I didn't do that, and I didn't do this, you know, I don't think that's as helpful.

I think what you're saying is a way to flag abnormalities or highlight important pieces of the record and I think that's critically important, but I don't think it's limited to or even the same subset of stuff that just gets changed from a prior note. I think there's a critically important need to highlight what's important in a note.

George Hripcsak, MD, MS, FACMI – Columbia University

Neil and Paul you're talking about two different systems.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yeah, you are.

George Hripcsak, MD, MS, FACMI – Columbia University

Paul is talking about, he does want to see the 8 cross outs, because that's exactly his goal.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes.

George Hripcsak, MD, MS, FACMI – Columbia University

What you're talking about Neil is something else, which is how do you summarize things in a way that make it easier for the clinician to use it? Paul's assuming the clinician is never going to see this view.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

George Hripcsak, MD, MS, FACMI – Columbia University

He just wants to be able to go back and see how this note was created from a legal point-of-view.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Well and from a clinical point-of-view.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, potentially, but I'm just saying on the normal course of care you want to look at it.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Correct, correct.

George Hripcsak, MD, MS, FACMI – Columbia University

My concern is that what we're designing doesn't sound feasible, it's like saying what we should do is put the cancer cure in every note and then people should just follow it. So, why don't we just put in a rule that says put the cure for cancer, you know, in every note from the decision support system and so that's fine accept it doesn't exist. So, I'm worried that the...though it's not that hard, the implementation is harder than you're thinking of right now.

Joe Heyman, MD – Whittier IPA

This is Joe; I'm worried after listening to this entire discussion that it would be premature to make this recommendation even though I think it's a great idea. I think that somehow we need to get more information from clinicians about how they would feel about having this, because I think it's more complicated than I originally thought it was.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Well, let's do two – so, one I think it was Liz and Charlene that said they had seen something, so let's go take a look at that and my model was words track changes and how that would look, because I mean, obviously this is "done" in this example and in fact it even does it across systems. In the metadata with the Word document comes enough information that you can know who made the changes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

George Hripcsak, MD, MS, FACMI – Columbia University

No but the Word document. When you're generating a Word document there are no track changes, you're just putting in all your initial stuff it doesn't say – it's when you come back to the document to edit that is actually changes the color.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

No, but – so when you are editing a document you're sharing across all kinds of platforms the only thing in common is this word, I see that Liz made this and Charlene made that change in my document that I'm editing and can see that.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, that's fine; if different users are editing my note later on I can see that one is feasible. I thought that your purpose was to say, I got this from the radiology report and I got this from Joe Schmo's note and I got this from someone else's note, all of those things end up in the, what do you call it the cut and paste, the clipboard and then they get pasted into the note.

So, how do I know from the EHR's point-of-view, which is going through some Citrix client or something, how do I know where that originally came from, so all I'm going to have is that I either did a paste or a keystroke at the first point of writing the note. If I go back and edit the note then I can see how you do a different color then.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

I see.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

So, Paul, it sounds like we're talking, we're asking about the viability of it in the clinical world.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Do we need to bring back a couple of examples to the group and let them look at them?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yes.

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah, that would be very good.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Let's do that and then – we're going to have to do this quickly.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Because, I think the nice thing about this is not only does it address – I think it was, well, a number of people – the whole view ability, right now one of our concerns is you just do not know what's changed, where the information is and my hypothesis is that if you had this track change world one could find the important information very quickly, but it may be naïve.

So, let's bring back some examples and the other thing of course is this addresses the accuracy issue as well or it makes the transparency helps address the accuracy problem. Okay, so, thank you for Charlene and Liz to bring back some examples and then we can take this up further, don't want to leave it on the cutting room floor right now because it just seems so important if it's possible.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, number three; we talked about EHRs having the functionality to share progress notes, share Joe...

Joe Heyman, MD – Whittier IPA

Yes?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Means in the view only sense, I think that is the common way it's used but we can clarify that.

Joe Heyman, MD – Whittier IPA

Right as long as you clarify that I have no problem with it whatsoever.

George Hripcsak, MD, MS, FACMI – Columbia University

Do you want to say show progress notes to patients?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Ah.

George Hripcsak, MD, MS, FACMI – Columbia University

That doesn't mean that, you know, there could be other stuff down the road that we want to do, but from this recommendation's point-of-view it's really the showing not the editing that we're doing at this second.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right.

George Hripcsak, MD, MS, FACMI – Columbia University

I'm not ruling out editing that's a different discussion I don't want to have that discussion now, so you could change ...

Joe Heyman, MD – Whittier IPA

It's more than showing, it's more than showing it's actually handing them a copy or letting them download an electronic copy that they actually can own afterwards.

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah, no that's true, that's not what I ...

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

It's basically, including this in VDT, so maybe it's just easier to say that.

George Hripcsak, MD, MS, FACMI – Columbia University

Exactly.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

So, is the debate over the ability of the patient to add an amendment? Because, I know when I talk to Joe privately his concern was that someone, a patient would come in and disagree with his progress note he had no – and Joe, please correct me if I'm wrong, there was not an objection to a patient adding their own sentiment, the objection was to changing something that he as a physician had documented.

Joe Heyman, MD – Whittier IPA

That's right, I don't share that – the English word for sharing not the word that we're all used to is the somebody when they share something both people use it and my concern is I have no problem with a patient suggesting that something should be changed in the note and then I putting in a note that says, the patient says that this happened.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Joe Heyman, MD – Whittier IPA

What I have the problem with is the patient actually writing a note in my note.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yeah.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right and that just doesn't hold up from an integrity point-of-view.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Exactly.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, I'll clarify it. I think the word share is in common vernacular in this situation but we can clarify it as read only and also just – it's basically including the progress note as part of VDT.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Exactly.

Joe Heyman, MD – Whittier IPA

As part of what?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

View, download and transmit.

Joe Heyman, MD – Whittier IPA

Oh.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

That's our vernacular for it in Meaningful Use.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

It's a new acronym.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Joe Heyman, MD – Whittier IPA

No problem.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay. Okay are we ready to make that recommendation?

Joe Heyman, MD – Whittier IPA

Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay. Next one is really, addresses a lot of what we talked about, it doesn't, it basically makes the statement we have a problem with just a whole lot of data, it's hard to find the relevant information and this is a real area for innovation and this is basically just a statement of that fact, we're not going to prescribe anything but we're just saying how much work is needed here.

George Hripcsak, MD, MS, FACMI – Columbia University

Well, Paul, that's what I was trying to do. I was trying to stick the track changes under this number four also to be honest.

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

You were saying that ...

George Hripcsak, MD, MS, FACMI – Columbia University

But, I think if we can look at it and make a better recommendation that's fine, but I was basically saying that further innovations is required to display meaningful information, possibly graphical views rather just lots of text and we need to be able to track provenance to improve accuracy etcetera.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, I think ...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Maybe the way to deal with the track changes thing, I've been thinking about this, because I think what is really sticking in people's craw is wholesale copy and paste, maybe there's a way to just – instead of getting at every change, which can be very complicated maybe there's a way to – and I don't what the way is, but to just focus on big chunks of copy and paste, right?

Joe Heyman, MD – Whittier IPA

Well, why ...

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I you think there were 500 words or some – maybe there's another way of doing that that gets at the copy and paste specifically narrowly rather than the provenance of every change? Just throwing it out.

Joe Heyman, MD – Whittier IPA

I would like to know why that's in somebody's craw? I mean, when physicians used to use paper, if you looked at their notes for an annual physical exam almost everyone looked identical with every other one. One of the beauties of an EMR is that you can use a macro to write a note. So, I'm not sure that that should be in somebody's craw.

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

The other piece of this and again where I – this is what the challenge is, where I see the copy and the paste is like you have a template for your note and you copy forward that note, right? So, all of a sudden like, you know, I'm a patient and I've got detailed findings, because I've got a template, right, that are just copied forward and never looked at, so you don't know if you ever – if the doctor ever looked at you or just copied forward that's the one that to me is really tricky, you know, the template is enabled, if you copy it forward and you just say, okay, accept what's here, right? So, that's the other – it's not even so much the text, it's, you know, some of the template stuff.

Joe Heyman, MD – Whittier IPA

I don't know.

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

It's really hard.

George Hripcsak, MD, MS, FACMI – Columbia University

Oh, sorry, just thought, okay, but I like the recommendation, number four.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, yeah, let's wait for the examples, because I think recommendations four is a nice statement but if we don't get any action we're going to be in the same spot we are which is why number two we're trying to get toward or something like it, I mean, I think Don had another – if there's something to get at the heart of the matter that would be great, but let's see what Liz and Charlene bring.

Okay, number five is another description of a problem and a solution which is some of the problems we're experiencing is self-imposed not because it isn't hard for everybody to understand E/M Coding, I don't know that any of us understand it at all, but that better understanding of it could potentially relieve some of the problems that arise, but and here's where we throw in and we discussed it at the hearing as well, gosh, even better would be to not have billing drive documentation to follow coding criteria, it's really if we would set our sights on the problem to solve as being improving health and health outcomes of patients then we could use clinical documentation as our communication tool rather than as a billing directed process activity.

Joe Heyman, MD – Whittier IPA

I would like to make a small change suggestion?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yes?

Joe Heyman, MD – Whittier IPA

I would keep increase education about E/M Coding, better yet as payment reform emphasizes outcome over transactions seek to change E/M Coding criteria to eliminate overuse of language within notes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

I'm copy this, to eliminate overuse ...

Joe Heyman, MD – Whittier IPA

Of language within notes or ...

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Well, maybe not overuse but maybe dependence or something like that? I think that's what you're saying, Joe.

Joe Heyman, MD – Whittier IPA

... saying?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

I think you may be saying that a coder or someone who is reviewing the record for medical necessity is very dependent on the progress notes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Well, how about over reliance?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

There you go.

Joe Heyman, MD – Whittier IPA

Over reliance of language within notes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, good, no that's good.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I think it's worth – you know, I like that but I think it's worth pointing out that I think it's really two very narrow problems that are, you know, 80% of the problems are what you see, you know, I would edit that to have over reliance on review of systems and physical exam, because I think it's those two codes, it's the level 4 and 5 codes that are really the top sort of, you know, active metabolite in all of this and I think that can be done by CMS, right, it makes it very specific and actionable.

Joe Heyman, MD – Whittier IPA

If you eliminate codes 4 and 5 and there are only three codes left you are going – I mean, I've been through this with the ruck and with the editorial panel, people feel that three codes are not enough.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

I'm not saying eliminate the codes, I'm saying eliminating...figure out some other way...

Joe Heyman, MD – Whittier IPA

Well, that's what I'm saying.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

To do the – I think the boilerplate issues are very specific to those two codes and I think there just needs to be thought, which I guess is happening at this thing in May on how to redefine those two codes. The reason I sort of harp on the two codes is because I think it sort of makes a potentially doable task for ONC, for us, for CMS rather than sort of changing all coding which strikes me as not a doable task and, you know, in this timeframe.

Joe Heyman, MD – Whittier IPA

Well, why don't we say to seek to change the E/M Coding criteria for codes 4 and 5 to eliminate boilerplate or overuse of language or reliance on language or something like that but specifically call out codes 4 and 5.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

I mean, is that really within our purview to even make that recommendation.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

No, I think we're out of scope folks. I like Joe's proposal to seek to change E/M Coding criteria to eliminate over reliance on language and notes that's a core problem, but we aren't in the coding business.

Joe Heyman, MD – Whittier IPA

I'm happy with that too since it's sort of my language.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Okay, all right, never mind.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, I mean, we've gone about as far on this as we can go. All right, I think it does address this problem and I'm glad to hear that there's going to be a hearing in May specifically on the billing interactions with EHR, that's a different subject that we're on, but we're trying to see what tools we have in the EHR to both facilitate documentation but also to not facilitate the misrepresentation. Okay, other recommendations that come out of our finding?

Joe Heyman, MD – Whittier IPA

Well, I hesitate to mention this one, because it may fall under the one that we had so much problems with.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay.

Joe Heyman, MD – Whittier IPA

But, if there were just a way to fold most of the abnormal findings that would be a helpful thing or to highlight them or something within a note, but I think it probably falls under the complicated one that we spent so much time on.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Well, number four, it sort of falls under number four.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

Joe Heyman, MD – Whittier IPA

Okay, yeah, that's fine too, just leave it there.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Yes, that's a good idea.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, now, Joe what's abnormal in one person is normal in another and what's normal in one, you know...

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Right.

Joe Heyman, MD – Whittier IPA

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, there are very important "normals" but ...

Joe Heyman, MD – Whittier IPA

Well, I guess what I should say is first of all I agree with you and second of all I guess what I'm saying is bolding the significant findings.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, so, I'll try to write something ...

Joe Heyman, MD – Whittier IPA

I'm willing to leave it the way it's mentioned in four is fine.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Well, and I think, Joe, we all know that in most cases in our EHRs or EMRs today that already happens. I mean, whether it's in lab related to signals like critical high/low bolding, I mean, there's all kinds of mechanisms that are used from a UI perspective to try and alert clinicians to abnormal findings. Fair?

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder
Yeah, what we're talking about here is in the clinical documentation section specifically.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
Oh, okay.

Joe Heyman, MD – Whittier IPA
Right, this is this ...

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder
This is a way that the user could ...

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
I see.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder
Could simply highlight important information.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
I got you. I got you.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder
You know – I'd suggest to say highlight important information is important just to keep it open for all different ways in which that might happen.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
Right.

Joe Heyman, MD – Whittier IPA
Anyway, I'm okay.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer
Then we're okay, Joe.

Joe Heyman, MD – Whittier IPA
I'm not normal but I'm okay.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer
Any other...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
This is Larry?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer
Yes?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
We had a pretty good discussion earlier about recommending the standard security folks get with some of the HL7 experts and do a gap analysis.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer
Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I just didn't want to lose that.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, so, we have two outstanding action items one is that to look at the gap in the RM-ES, it's really the legal – do we have enough certification to make sure EHRs that are certified produce a legal record – that would be very helpful. Who is that addressed to and what's the feedback do you think Michelle and ONC?

Michelle Consolazio Nelson – Office of the National Coordinator

I'm not sure Paul.

Neil S. Calman, MD, ABFP, FAFAP – The Institute for Family Health – President & Cofounder

Is there a special working group on this or anything like that, because I can just tell you, you know, having testified recently in a hearing related to this, I mean, we were just torn apart by the plaintiff's attorneys over not being able to demonstrate what was available to people at any given time and what the record looked like.

I mean, we produced a record like five times for them and every time we've produced a legal record it came out differently and they're like, you know, literally almost threw it up in the air at one point and said, you know, you guys can't produce a record, but it seems to me like this is more of an issue of like the black box in an airliner that not only has to be able to capture all the information but almost has to be able to reproduce at any point in time what was available across the whole spectrum of information and, you know, for people to reconstruct that from the records that we're currently keeping just seems to be almost impossible.

So, I'm just wondering whether or not there's a specific group at ONC or anything that's working on this or whether there should be?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah, I don't have a good answer, sorry.

Neil S. Calman, MD, ABFP, FAFAP – The Institute for Family Health – President & Cofounder

Okay.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, Michelle do you – are you all hearing about this as being a fairly significant issue?

Michelle Consolazio Nelson – Office of the National Coordinator

Yes.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, so it sounds like we need to – we'll try to figure out, you know, we collectively will try to figure out how to get this addressed and into the Meaningful Use Program or Certification Program, because if this is a problem and it really is something that a lot of us don't know about, but Neil's story and what we heard from I think it was Chad is something of concern, we want to address it somehow.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

It is, yeah, and I can tell you Paul the description of what was said around testimony and the legal record is throughout the EHs, I mean, we're hearing it all over the place.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah. Let's think about the venue, is this Policy, is it Standards, is it ...

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

What is it?

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Is it a request from Policy over to Standards and Standards actually has the hearing or do you want to think about it more Michelle? I mean ...

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah, let me follow-up with other people at ONC.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

And I'll provide better direction.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, very good. I mean, I think, that this group is saying that ...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I would also add this self-serving footnote that it also might be a piece for the Certification Workgroup to look at.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Right. So, let's figure out where it belongs, but what's done in this call and at the testimony is definitely this is something that needs to be looked at. Okay, any other editions before we go to public comment?

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

Paul the other one and I don't have this material in front of me, there was a suggestion where HRT was doing research for Stage 3 and I think there were two items, Christine did one of them and the other one was around care coordination that we recommended some research in some specific areas.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Are you talking about this – about the clinical documentation or ...?

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

Oh, it might have been the Meaningful Use Workgroup.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah, I think it was the Meaningful Use Workgroup.

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

No, I thought it was on the clinical documentation.

George Hripcsak, MD, MS, FACMI – Columbia University

This one is about...I mean, maybe that could be rolled ...

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

It was following the recommendations from the AMIA report.

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah, so that could go into number four.

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

Okay.

George Hripcsak, MD, MS, FACMI – Columbia University

What do you mean by further innovation, I mean, it could be both industry and academics, whatever, but that's where we'd be doing the research.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, you want to – yeah, just send me some words for that.

George Hripcsak, MD, MS, FACMI – Columbia University

Okay.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Yeah, this is Neil, I just want to say that I wasn't involved in any of the workgroup stuff because I wasn't able to attend, but this is just a great set of recommendations that's come out of all the work that all you folks have done and I think it's really important. I mean, we've been talking about this since Stage 1. So, I think this is really on the right track, it just feels like we're really doing something important here.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Thanks, Neil, I agree and I think I want to thank Michelle again for putting together a very rich day for us. There are a lot of things that were articulated and some new things let's say this legal medical record that we don't – not everybody has firsthand experience and Neil just reported his firsthand experience that are important.

So, there's a lot of important issues and I think we are getting towards a set of recommendations that can advance the field and this is the kind of thing where you sort of raise all the boats that would be very useful.

So, I will try to go edit all of this with Michelle's help and try to come back with you over e-mail for you to approve and then – but we have the legal thing that we're going to try to find the provenance for it and the ... let's see, I guess we may need another call, what do you think as far as number two and looking at the whole track changes ...?

George Hripcsak, MD, MS, FACMI – Columbia University

Well, give a shot at phrasing it – well, we know – but for number two we were going to look at something.

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

Right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

That's right, but I mean, that means we need to probably get together on the phone again.

George Hripcsak, MD, MS, FACMI – Columbia University

Yeah, all right.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

But, if you can send it around. I suppose if – we can send it around and we can get over George's concerns.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Concerns, yeah.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Then we can rephrase this.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

So, what I'll do from my perspective and Charlene I'll, we'll pull stuff from the vendor that we're using and I'll send it to Michelle and then Michelle you can coordinate with Paul and we can figure out what to do.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Yeah.

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

And I'll look at our sources too.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics

Okay.

George Hripcsak, MD, MS, FACMI – Columbia University

And I'll e-mail you another source Charlene.

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

Okay, all right, that would be great.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

So, I want to re-echo what Neil said, this is important work, it's a very important topic and it's one that causes a lot of burden to physicians in terms of trying to use these systems and if there's a way we can improve upon clinical documentation as a communication tool and a way for us to glean important information that would be wonderful, a big contribution. So, let me turn it over for public comment please?

MacKenzie Robertson – Office of the National Coordinator

Sure and this is MacKenzie, I received two emails from Larry that I can send around to the group, one is the save the date for the CMS listening session and the other one is related to the RM-ES questions, so I think it's the legal EHR gap analysis. So, Larry do you want me to send those?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, it's just the background from two of our presenters last week.

MacKenzie Robertson – Office of the National Coordinator

Okay, so I can have those two e-mails distributed out to the group.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Okay, thank you.

Public Comment

MacKenzie Robertson – Office of the National Coordinator

And operator can you please open the lines for public comment?

Caitlin Collins – Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comment at this time.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

All right, well thank you everyone for a productive discussion and we'll have a couple of these follow-up items to you and we'll see if we need another call to clarify number two and then we'll figure out how we're going to address the legal medical record issue. Thanks everyone.

MacKenzie Robertson – Office of the National Coordinator

Thanks everybody.

Michelle Consolazio Nelson – Office of the National Coordinator

Thank you all for getting on the call.

Donald W. Rucker, MD, MS, MBA – Vice President & Chief Medical Officer – Siemens Corporation

Thanks, Paul.

Neil S. Calman, MD, ABFP, FAAFP – The Institute for Family Health – President & Cofounder

Have a good day everybody.

Paul Tang, MD, MS – Palo Alto Medical Foundation – Vice President, Chief Innovation and Technology Officer

Bye-bye.

MacKenzie Robertson – Office of the National Coordinator

Bye.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Bye.