

**HIT Standards Committee
Implementation Workgroup
Transcript
April 22, 2013**

Presentation

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thank you. Good afternoon everybody this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Standards Committee's Implementation Workgroup. This is a public call and there is time for public comment on 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. Liz Johnson?

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

I'm here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, Liz. Cris Ross?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

I'm here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, Cris. Anne Castro?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

I'm here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, Anne. John Derr?

John F. Derr, RPh – Golden Living, LLC – Health Information Technology Strategy Consultant

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, John. Tim Gutshall? Joe Heyman?

Joe Heyman, MD – Whittier IPA

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, Joe. David Kates?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, David. Tim Morris? Stephen Palmer? Sudha Puvvadi? Wes Rishel? Ken Tarkoff? John Travis?

**John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist,
Regulatory Compliance**

Here.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, John. Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady. Tim Cromwell? Nancy Orvis? And any ONC staff members on the line if you could please identify yourself? Okay, with that I will turn it over to you Liz.

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

Great. So, Cris and I this morning were wanting to talk with the Implementation Workgroup about two things, first of all beginning to have the discussion about a hearing and I'll offer more flavor and color to that in a moment, and then secondly for those of you who attended the Standards meeting or listened to the Standards meeting there is also an issue tracker out there that has to do now with the testing of certification process, so I'd ask MacKenzie and clan to please bring us some of the issues that are being tracked so that we can better understand – okay, talking about who let the dogs out, right?

Anyway, I think the idea being that we would get a flavor of what is already being tracked around the testing and certification and that might inform some of our decisions around a hearing and I do have, from MacKenzie, a hearing straw man that kind of tells us what, you know, where we are and so on and so forth. So, anyway that's what the meeting will be about today and Cris I certainly would like to have your, you know, leadership and input as well.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

I think these are exactly the topics to talk about. I think one of the issues we want to talk about is probably just the logistics around hearings so I'm looking forward to that conversation.

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

Okay, anybody from the Implementation Workgroup comments from any of you? Terrific. So, what we've been sort of leading to and talking about is that as Meaningful Use 2 is rolling out and we see the future of Meaningful Use 3 and the kind of work that the standards group needs to be doing what we're seeing is a lot of coordination and collaboration between the various workgroups, and then I think that also plays into the coordination we need to have with the Certification Workgroup out of the Policy Committee and that's to set the foundation or framework that, you know, the way that, and certainly MacKenzie can add to this, but the way that the funding is taking place I think we will see less in person hearings in the future and we'll be doing a lot of, you know, virtual town halls and that sort of thing, and I think this is an opportunity, if we join with the certification group and with the Clinical Operations Workgroup and so on that we could do a hearing.

But we really need to make sure that we kind of cover the landscape and that we take advantage of the fact that we're not going to have a large number and a large series of hearings but that will be a very limited set, so we want to try and cover as much ground as we can. Is that a fair appraisal of where we are MacKenzie?

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Yes and we've actually had – there's a hearing in development surrounding usability and I think there maybe overlap with this one, so I got the straw man for their hearing a couple of weeks back so once this one is developed we can go ahead and start talking internally about how we can mash them up.

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

Okay, great. So, I think ...

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

And ...

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

Go ahead.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Just real quick, I'm sorry MacKenzie, this is Cris, is that an ONC sponsored hearing or are they sponsored by one of the workgroup and can we collaborate?

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Yeah, I believe it's coming out. Jacob Reider was the one that mentioned it to me first but he said it was something that could – Meaningful Use Workgroup and he mentioned your workgroup as well as possible collaborators. So, I think, once we get both straw men developed we can then sit down and look to see where they cross, but they would both be out of workgroups.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Okay.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

And actually I think its Certification and Adoption as well.

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

Okay. So, I think, the flavor of where we're going is clear that we want to, you know, consolidate our questions and make sure that we are reaching for all of the workgroups as much public input at a singular sitting as we can and I think, you know, I appreciate the fact that the ONC will help us once we get ours laid out and then compare and contrast with what others are doing and see if we can't come to an approach that allows us to use a single hearing setting to meet many needs.

So, kind of given that sort of background one of the things that we want to do is really begin to articulate why do we want to have a hearing, what are the goals of the hearing and, you know, and then, you know, with your help or Cris and I can kind of feed that, tie that back into the activities of the HIT Subcommittee or the Standards Committee.

And I think what we've been thinking all along is really getting a clear understanding of where the providers, both physician and hospital providers are in their road to meeting Meaningful Use Stage 2 and that would include things like, ideas and I'd like to open it up to get others, but that would include things like, you know, what is new in the Meaningful Use requirements that you have already accomplished that you can share your roadmap or approach to a Meaningful Use measure that others maybe struggling with and then vice versa are there things on the roadmap to Meaningful Use that you're having difficulty with?

And Cris one of the things I've thought about is if we could identify those issues with which the providers, if we see a trend, are generally struggling with this maybe our opportunity to, in a more public way, bring solutions so we can tie to the two together. So, it's what's going well and I don't mean you raised your, you know, your threshold by 10 percent and it was sort of a no brainer, I'm really talking about some of the more complex Meaningful Use measures particularly around, you know, care summary and transfer of patient data and view and download, and that kind of thing. So, that's kind of where we started. Who would like to kind of build on that? Cris would you like to go from there?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

I think that makes sense. I think one of the things I was interested in getting from this group is what's the balance in these hearings around addressing known issues on the one hand, maybe you just said this, but raising known issues on the one hand and the other, you know, raising new issues that we may not be aware of and I think some of that comes down to how active is the issue tracker and, you know, how well do we think we understand what's really going on.

So, I'd love to hear feedback from our "committee," our whole workgroup of do we know what the problems are and the hearing should just be on solutions or do we think we want this to be a little bit of a fishing expedition? Is that fair?

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

Yeah, that's great, Cris, so we're opening it up.

Joe Heyman, MD – Whittier IPA

Well, this is Joe, I just want to mention that moving toward Meaningful Use 3 I think most people aren't even thinking about that yet and probably wouldn't know what some of the issues are unless they're presented with some particular questions about moving in that direction.

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

Okay, so you're thinking that this – we're premature for 3?

Joe Heyman, MD – Whittier IPA

Well, not necessarily that we're premature for 3 but I think that if we want to know something about 3 we probably would need to formulate some sort of either questions or a document that summarizes what some of the changes are going to be between 2 and 3 or something like that. I suppose some of the organizations, you know, like the American Hospital Association and the AMA, they probably are keeping track and probably would have some comments, but if we're looking for comments from people who are out there in the field I think it would be hard to get those without proposing what they should be discussing.

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

Good point.

John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist, Regulatory Compliance

Liz, this is John Travis, I would just ask first is there a perspective that this is entirely on the provider so to speak, the use side or are there questions on the certification process as well or topics we would want.

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

No, I think, it's both, John, I mean, what we had talked about before was that – and what we've done in previous hearings a couple of years ago was we've had vendor panels and we had certification panels, certification body.

John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist, Regulatory Compliance

Right.

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

So, that we could all gain from that experience, in other words from an Epic or Cerner, or Allscripts or NextGen, or you could just keep naming them, what are you guys thinking and then from a, or CCHIT, or any of the others what are they thinking so that as we formulate our future we can hopefully have a well-rounded sort of vision into what's going on.

**John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist,
Regulatory Compliance**

Yeah, I think, that would be good, you know, I speak from the experience before I was a member of this committee I gave testimony to it on that exact panel, you know, some two years ago.

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

Right.

**John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist,
Regulatory Compliance**

I think that would be a very good idea there is a lot of richness to possible topics there and, you know, I think some of the things that we've heard from our own firsthand experience thus far are observing there is probably a whole topic unto itself on conformance testing or that could be taken in a particular way towards measurement testing both automated calculated as well as clinical quality and then I think there is a whole process topic that could be in there as well from what we've seen so far, so just some thoughts there. I think, the types of entities, you know, vendor and ACB and possibly testing lab would be a really good panel.

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

Agree.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Hey, this is Dave Kates, not different than anything that John or Joe described but in terms of specific topic areas it might be useful for the panelists to focus on some of the things that are highlighted and unique to MU2 and to Joe's point specifically direct comments for Meaningful Use 3 around decision support and around interoperability.

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

Okay.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

So that we can get input on those two topics.

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

Good point. I mean, if we think about – I don't know – but if we think about the letter that was just received from the senators and kind of their criticism not that we need to respond to that, but we have to take into consideration are those topics, and interoperability is certainly one of them, that we want to be sure that we are staying on top of. So, Anne or John?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

I was most interested in the decision support and what is available and what providers would think about that along with everything else that has already been said and interoperability for sure, because they keep taking hits on that.

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

Right, right.

John F. Derr, RPh – Golden Living, LLC – Health Information Technology Strategy Consultant

And this is John Derr I don't know whether I'm too far ahead, I was the one with the dogs, I apologize, but we're going into an era of analytics and as Anne said, you know, decision support or what Farzad calls eDecision software maybe there is something we could be asking about that and how they're doing, and how the testing is going to be done so we can get ahead of the curve instead of being behind it.

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

Good point. I think one other thing that we've been promoting is the – and it's part of testing, but we don't want to leave that perspective, which is the clinical scenarios and, you know, is that going to help us or hurt us, or even get used, or, you know, and I think we can pick that up from vendors or from the accrediting bodies, or, I mean, there are any number of places. We know conceptually it's the right thing to do but is it doable? So, these are some really ...

David Kates – NaviNet – Senior Vice President, Clinical Strategy

And ...

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

Go ahead?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Oh, just piling on a little bit, Dave Kates again, you know, as there are more and more demands for standardized measures, i.e., PQRS, PQRI, you know, what are the ...

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

Right.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

... challenges and the needs in terms of submission and, you know, having a gold standard to validate those types of specific topics, but, you know, consistent with the discussion so far.

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

Yeah, so I think you're saying, you know, as we move more and more to eMeasures and across the board bigger than MU and even though our focus maybe on MU that harmonization is pretty critical and any insights we can get so that our part of it at least is doable.

John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist, Regulatory Compliance

I think, Liz, this is John again, something that plays into that and it could be its own topic, you know, I definitely think the transition of care summary is a real good topic for the how is the uptake faring on actually having, you know, plans for, executable plans for trading partners and, you know, are people finding the exchange networks to use for their testing not just their testing obviously their use purpose.

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

Right.

John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist, Regulatory Compliance

And then I think one that we've observed and I think, it's going to be especially impactful on the physician side because of the construction of the menu set is the sustainability or the limits on the public health objectives or the registry related objectives, we still, you know, I'll offer our opinion and others could debate it or think differently, but we've seen potential real storm clouds brewing with the cancer registry menu objective for EP, the uptake of the standard that's there given what's reality and it's very anecdotal for us so far, we've had some conversations with some of our clients who may be engaged in that at a state level or through other outlets and it seems to be a disconnect between the real usability of that objective and the standard that's being required.

And we've actually have asked a question to CMS to say, you know, if somebody is doing cancer registry reporting but not using that standard could they count it as a specialty registry submission even though it says, I know in the title of that objective for specialty registries you can't count cancer registry, but that was if you were doing cancer registry using the standard that's implicated by the certification criteria for cancer reporting. So, we're hearing grumbings and concerns about that in the EP segment as to are you really giving us six menu set objectives to pick from or are you really giving us a fewer number than that especially when you're telling us we can't count exclusion towards meeting one of them in Stage 2.

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

Right, you know, that's a good point and I think from what MacKenzie was saying earlier if MU and certification are looking at usability and applicability, ability, it's all a different frame of the same concept then we can see the synergies that we could create with the same kind of information we're looking for that would...you know, sort of the output being, you know, to the standards group what kind of...where do we need to do further discovery around the prevalence of a standard, where it is in the market in terms of penetration and those kinds of things that clearly fall to the responsibility of the Standards Committee, but in conjunction with certification and Meaningful Use could also identify issues related to where they need to either create a different policy or a different measure or whatever, I can see those synergies being, you know, where we can get both sides of the coin covered in a single hearing.

John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist, Regulatory Compliance

Yeah, I think, this is John again, the perspective on some of these you certainly respect that in some cases Meaningful Use requirements need to lead and push, and pull the market.

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

Right.

John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist, Regulatory Compliance

But sometimes are you trying to go too far with that relative to real ability to adopt and implement, and, you know, that may be borne out over time one way or another, but I think it's good to kind of remind ourselves of that as new requirements are defined that require adoption of standards that may still be leading where the market is.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

So, Liz, this is Cris.

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

Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Just on a process front I'm just looking at our time on the agenda today and I don't want to cut off this conversation but I'd note that we have a very rich agenda for potential hearings and I thought maybe we might want to touch briefly on format and logistics for how do we want to handle this.

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

Sure.

John F. Derr, RPh – Golden Living, LLC – Health Information Technology Strategy Consultant

This is John, the other John Derr, just to add my two cents, with the – I just finished doing the comments for the RFI and re-hospitalization, and the ACOs and that are in the transitions of care importance with the LTPAC people and maybe there could be a session where people could say what standards they are using in the transitions of care to nursing homes and home care, because a lot of work is being done and it's so important, and the importance has been highlighted a lot and maybe now is the opportunity to bring that aspect into the hearing.

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

Good point. So, you know, giving...you know, and adding even John's last comment about long-term care and making sure that that's included in the content I think, you know, the next piece of this, which Cris was referring to, is really kind of thinking about the various panels and the list of questions that the panels would be asked and that sort of thing.

You know, I would suggest to the group that we could resurrect what we used for the previous panel and I think MacKenzie was looking for that and then we could modify in accordance with the appropriate, you know, where something that may have been very important to us then may not be as relevant today just because of the maturity that we've gone through the process and we might have some more, but, that might give us a straw man, Cris, that we could then put in front of this workgroup to finalize.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

I totally agree and I'm hoping we might have a little conversation about, you know, whether we might want to supplement in person hearings with the opportunity for people to submit written comments, you know, do we want to use ...?

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

Absolutely.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Do we want to use some of the online resources, you know, to potentially even start with our set of questions but poll the community about what questions they want to ask, you know, those sorts of things so that we could get as broad an engagement as possible.

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

So, essentially what I've written so that we can remember is that we need to supplement the hearings at other venues of input to ensure that we are as, you know, as broad-based as possible. Now, one of the questions that we'll need to ask in the straw man, answer in the straw man for ONC is if we do a hearing would it be a daylong – I would tell MacKenzie that what I'm thinking is, particularly if we join this with Certification Adoption and Meaningful Use that we may not be able to get it done in a single day, is that the desire to try and do single days?

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

Well, depending – if it is going to be a fiscal year we have budget constraints that we'll have to work in.

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

Right.

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

So, I would say at this point plan what you think would be needed and then we'll have to scale it back if necessary due to budget.

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

Okay.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

So, plan what you think you're going to need and then we'll go from there.

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

Okay.

John F. Derr, RPh – Golden Living, LLC – Health Information Technology Strategy Consultant

Of course two days, this is John Derr again; two days in a row would lessen the cost in travel.

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

Right. So what we'll do is given the – because we also want to get to the issues that already being discovered and see if we're on track here, but we have between what's been eliminated in the first 30 minutes of this call and our previous questions I think we certainly have enough to put together some potential panels to run by this group, then the consolidation or compare contrast or whatever process you may be going through MacKenzie to look at what the other groups are already suggesting, I suspect you're going to see overlap, which is good because then that way we can all get the kind of questions we need answered.

And I think Cris's suggestion that then we build upon that momentum looking at other avenues that don't have travel involved where we get, you know, both submitted statements from the public where they're not capable, meaning they're, we can't, we don't, we're not capable of having four days worth of hearings. So, you know, maybe we have one day or two days of in person but we also consider the input from a written perspective.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

So, what we've done in the past, Privacy and Security, the workgroup and the Tiger Team held a joint virtual hearing for four hours so everything was the webinar and telephone format, but it actually worked really well so there is always that avenue as opposed to an in person meeting. We've also used the ONC blog to solicit feedback. There is the more formal process of doing a Request for Comment but those are very labor intensive having to deal with all the public comments that come in.

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

Okay.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

So, there are definitely other avenues that we can explore.

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

Okay, so we've got virtual for our meetings and we've got the blog as either supplemental or as the venue we choose.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Correct.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

So, MacKenzie this is Cris again – does ONC have a viewpoint, I just want to ask it straight out would you prefer that we do these virtual as opposed to in person?

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

I don't think there is a preference one way or the other it's just what, you know, some hearings you really just need to have them in person as opposed to being virtual, but honestly it's going to come down to the budget probably, so once we see the two straw men from each one from the policy side and one from you guys I think that's where we can figure out where the overlap is and plan in person if necessary, but it's not a preference one way or the other.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Okay, okay that's helpful.

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

Well, I think, Cris, I think we've got a good start. MacKenzie when do we meet again, because I know we've got another agenda item, do you remember?

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

I'll pull that up now, but so, I was looking for the old hearing agenda, would it be the one that was in 2009 is that the one that we can use as the starting point?

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

And we had questions and so on; I'll have to – let me look while you're looking.

**John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist,
Regulatory Compliance**

Yeah, I think it also was January 2011 there was a hearing.

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

Okay, yeah, 11 sounds more like it would have ...

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Okay, I'm just trying to ...

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

It's always interesting to look at the questions.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Oh, the real world experiences of meaningful use, would that be it?

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

Yes.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

That's January 2011, all right, I'll see if I can pull the agenda and I'll look for the next meeting.

Scott Purnell-Saunders – Office of the National Coordinator

MacKenzie, the next meeting is on the 13th of May.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, Scott.

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

Okay and do you have from a timing perspective, MacKenzie, do you have – I mean, that's a long time before we meet again, which is fine we can do a lot of homework in the meantime, but is that going to be okay in terms of getting you a straw man and getting – or we're going to need to do the Workgroup input on-line, via e-mail?

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

I think we're going to start discussing it internally here at ONC just to keep the ball moving, because even planning a hearing is going to take at least a couple of months.

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

Right.

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

So, we're probably not going to be looking until this summer anyway, but I think you can do a lot of this over e-mail.

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

Okay.

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

And then for the 13th perhaps have the more final version that we can review, because given – once we get the two components together I'm thinking there is going to be a lot of overlap to this anyway.

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

I agree. Okay, good. Okay, did I hear Scott or was that Seon?

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

No, Scott is on.

Scott Purnell-Saunders – Office of the National Coordinator

You heard Scott.

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

Okay, so we're hoping now to look at the – some issues that have been – Doug was talking about that you now have an issue tracker at the Standards Committee so we had asked could we see the kind of tracking and audit types of issues that are coming in and get some exposure to that please?

Scott Purnell-Saunders – Office of the National Coordinator

MacKenzie where you sent that tracker, because I never got it before the HITSC meeting last week?

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

No, I wasn't sent the tracker.

Scott Purnell-Saunders – Office of the National Coordinator

Okay.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
So are we thinking maybe ...?

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead
Do you not have the tracker then?

Scott Purnell-Saunders – Office of the National Coordinator
I'm going I don't have the tracker I thought maybe you guys had it.

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead

I don't know I thought – I assumed he had sent it as part of the meeting materials of the presentation. So, I don't, I mean, I don't have anything separate from what you had sent me.

Scott Purnell-Saunders – Office of the National Coordinator
No, no, no I never got it that's why I thought maybe he circulated it separately.

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead
No.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
Okay, so welcome to ...

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead
So I would say we can either just discuss it without having to go through it or we can talk more about the hearing.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
Cris, I would suggest that we at least – I would like to get a sense of what's coming in, I mean, when I heard that at the Standards Committee and when I asked Doug about it was I'd like to have our work be supportive and, you know, additive to that and I was trying to get a sense of what kind of input they're getting that meets your needs? I think we've got a good working set of ideas around the workgroup and we can – from the workgroup around the hearing and we can ask at the end of the meeting, but I thought even the issues themselves might stimulate our thoughts about what we need to ask the public.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I'd absolutely like to see that and what the characterization of the key issues are. I think we should share it as broadly as we can.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President, Applied Clinical Informatics
Yes, agreed. So, can we...MacKenzie what can we do given that neither one of you...are you familiar with it or just don't have it, or...

MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act Program Lead
No, yeah, I mean, I can send an e-mail out but we're not going to have it for this call.

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

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

I mean, I don't know anything about it.

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

Okay, so I guess guys what we ended up with is a little bit of, we got disconnected here it happens, you know, and it is Monday after all. So, I would say then we need to put that on the agenda for next time and if we can get any kind of preview to what the kind of issues are coming in that would be great, I just think it will inform this agenda. So, MacKenzie can we give that to you and then you'll make sure it gets to the right – that request gets to the right person?

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Yeah, I'll work with Scott to make sure we have it for the next one.

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

Great. Okay. So, good plan, but, you know, here we are. So, I would say then we know that we may have information that will come from the issues blog that will give us more insight into what people are struggling with and it may in itself even promote those answers so that we don't need to bring it back to the public hearing and so we'll do that next time. So, given that we don't need to do that are there other – is there other input on the hearing itself and what the folks on the call are thinking about? You know, MacKenzie if we really have kind of covered the topic that we needed to and we don't have the issues I'm not particularly interested in just prolonging, people have so much to do.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

That's fine we can just open it for public comment.

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

That would be great. Is that okay with you Cris?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Great.

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

Okay.

Public Comment

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

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

Rebecca Armendariz – Altarum Institute

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

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

Thank you, so the workgroup can expect that you'll see a reformatting of the agenda that we used for the January 11th.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

January 2011, yeah.

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

Oh, yeah, 2011 hearing and take into consideration the really good ideas that we got today and including the questions so that like MacKenzie said we can start the conversations by e-mail and have something ready by the 13th of May when we meet again along with a look at the issues and MacKenzie if we can see something ahead of time if you think it's something that can stand alone then maybe that would help the group be informed in terms of the agenda, without seeing it myself I don't.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Are we talking – which agenda are we talking about now – the hearing one or?

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

No we'll – you and Cris and I will work on the agenda for the hearing itself along with the questions, in other words the content that's required for the straw man and get it out to the group before so we can do an iteration before we get to May 13th. New subject is being able to see the issue tracker and what kind of issues are coming in.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Yeah, I mean, I'll work with Scott to make sure we connect that, so I'll include us all in the e-mail.

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

Great.

Caitlin Collins – Altarum Institute

By the way, the next meeting is actually on May 2nd.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Oh, perfect.

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

Okay, good. Good that gives us enough time to get some work done but that will be...we'll be in good shape.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

Thanks, Caitlin.

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

All right.

**John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist,
Regulatory Compliance**

Liz, this is John Travis real quick, I found the questions asked from January 2011 and sent them to MacKenzie and yourself, and Cris.

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

Great.

**John Travis, FHFMA, CPA – Cerner Corporation – Senior Director & Solution Strategist,
Regulatory Compliance**

So, just to have those for reference.

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

Great. All right guys, well thank you for your time and for your input onto this and we'll continue to move forward on getting the hearing done and then I'm sure other responsibilities as assigned by the Standards Committee.

**MacKenzie Robertson – Office of the National Coordinator – Federal Advisory Committee Act
Program Lead**

All right, thank you everybody.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Thanks.

Joe Heyman, MD – Whittier IPA

Bye everybody.