

**HIT Standards Committee  
Implementation Workgroup  
Transcript  
May 31, 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 will now take roll. Liz Johnson?

**Elizabeth Johnson – Tenet Healthcare Corporation**

Here.

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

Thanks, Liz. Cris Ross?

**Christopher Ross – Mayo Clinic**

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**

I'm here.

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

Thanks, Anne. John Derr?

**John Derr – Golden Living LLC**

Here.

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

Thanks, John. Tim Gutshall? Joe Heyman? David Kates? Tim Morris? Steven Palmer? Sudha Puvvadi? Wes Rishel?

**Wes Rishel – Gartner, Inc.**

Here.

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

Thanks, Wes. Ken Tarkoff? John Travis? Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady? Tim Cromwell? Nancy Orvis? And Scott Purnell-Saunders from ONC?

**Scott Purnell-Saunders – Office of the National Coordinator**

Here.

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

Thanks, Scott. Okay. With that, we'll turn the agenda back to you, Liz and Cris.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Great. So Cris and I, we met with our chairs for various committees, primarily meaningful use and certification and adoption, and the decision to do a joint – or at least to propose a – the framework around a joint hearing has been made. We still need to get ONC approval, I presume, MacKenzie. And our job is to do a couple of things. One is to sort of write a clear objective of the – of the hearing.

And then you were sent this week a couple of things. One was a study that's going forward on human factors related to usability that they want to cover, and we'll talk about that briefly. And then the second one on the list is a panel of questions that we used in 2011, which I think what we'd like to do is one, determine do we want to use all of those panels again. We'll only do a one-day hearing with a second half day to summarize the results for potential inclusion in final recommendations around meaningful use stage 3. So given that, you know, and the fact that we only have one day, we probably want to talk about the panels that we used in the past, what would be most appropriate for now, and then we need actual questions.

We have our next chair meeting on the 11th of June, and so we want to have our work completed prior to that, so that we can submit it to that committee for their review and continuing to add to and edit and so on. So I think that's our work. Cris, I'm sure you want to add to that.

**John Derr – Golden Living LLC**

Liz, this is John. Did they decide to have it in August, or when did they decide to have it?

**Elizabeth Johnson – Tenet Healthcare Corporation**

I don't know the dates been absolutely set, but MacKenzie, didn't we talk about – I –

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

This is – yeah, this is MacKenzie. We're looking – we're still trying to confirm with our hotel their availability, but right now, we're talking about the end of July. Because I know the meaningful use part of it wanted it to feed into their recommendations, so they're looking to present some draft recommendations in August, and then again in September, so it would be before August.

**John Derr – Golden Living LLC**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right. Yeah. And that's – so that would be the reason for going ahead and just doing a single day, and then the committee members staying over so that we could then convert that into recommendations, so they have enough time to get it – like MacKenzie said, they have enough time to get it incorporated for their August policy meeting.

**Christopher Ross – Mayo Clinic**

Hey, Liz –

**Joseph Heyman – Whittier IPA**

So this is Joe Heyman. I just wanted to let you know I'm on the call.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Hey, Joe.

**Joseph Heyman – Whittier IPA**

I'm going to mute because –

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay.

**Joseph Heyman – Whittier IPA**

– we're driving to Vermont.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay. Sounds nice.

**John Travis – Cerner**

Even better.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah.

**John Travis – Cerner**

John Travis has joined.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Hey, John.

**John Travis – Cerner**

Good afternoon.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Great.

**Christopher Ross – Mayo Clinic**

So Liz, this is Cris. I think before we go into the panels and questions, should we just do just a couple of minutes around scope of hearing? I know we had a lot of conversations about that, and it would be helpful

–

**Elizabeth Johnson – Tenet Healthcare Corporation**

Sure.

**Christopher Ross – Mayo Clinic**

– to make sure everybody's on the same page.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Sure. So I'll start, and then you can keep going. How about that, Cris?

**Christopher Ross – Mayo Clinic**

Sounds good to me.

**Elizabeth Johnson – Tenet Healthcare Corporation**

What we talked about with the chairs was that we want to focus on meaningful use stage 2 and 3, and that the scope of the hearing related to meaningful use stage 2 should be limited to the items that folks are finding innovative ways to solve or really cannot solve. And so that the beat of the panel is positive and helps inform others as to way they – ways they might get to meaningful use stage 2.

And then it was an interesting conversation, because I – you know, what was said in the meeting was it is time and **recognized**, which I think is very good, that meaningful use stage 3 has lots of ideas around it for what measures might be either new or enlarged upon, or, you know, various approaches. And yet we know that the country in general is still trying to get their arms around stage 2.

So I think Paul and George were very amenable to hearing what – if we as a panel, as we put a panel together and we were listening to that panel, what would the people that are implementing this, the vendors that are building for this, the bodies that are certifying for this and so on, what would they like to see focused on? And to me, that translated to what should we limit the scope to?

And then we did have a brief conversation via email about should we go back and talk about stage 1. You know, I think many of us felt that although some are certainly still attesting for stage 1 and will be right up to July of next year, most people have worked out the big issues that we had around stage 1, you know, things like modular versus whole certification, and Cris had brought back to our attention, we had some SureScripts issues around standards. And I'm sure John could give us a list of things.

But we feel like most of those have been resolved. So unless there was something that was really informing stage 2 or 3 from stage 1, I think we would limit our focus to 2 and 3. Does John – I mean, Cris, would you want – you want to add –

**Christopher Ross – Mayo Clinic**

Right. Well, yeah. I completely agree. I think the two things we'd want to add to that is my understanding of it is, yeah, we're not talking about stage 1, but I think there were places where these hearings were at least one of several venues where issues came up that could be fixed basically by, you know, guidance that was provided subsequently by ONC. So if these hearings resulted in, you know, make – finding those issues and servicing them so that we can improve certification in stage 2, that's great.

And with respect to stage 3, I want to make sure I've got this right, and – so we can get our question scope. We're not talking about the extent or scope or, you know, what's in or what's out for stage 3. I think it's more around within that – those boundaries, what are the, you know, issues related to implementation. This is not another, you know, request for information on stage 3 generally. This is intended to be, you know, within what's been discussed so far, you know, what are the issues we anticipate. Does that match your understanding, Liz and MacKenzie?

**Elizabeth Johnson – Tenet Healthcare Corporation**

And Scott, yeah. I would say –

**Christopher Ross – Mayo Clinic**

And Scott. Yes.

**Elizabeth Johnson – Tenet Healthcare Corporation**

– it a little differently, in that I felt like that there was a – I don't know – I would call it a grasping of the concept that stage 3 has already gotten pretty big, and that Paul and George were looking for some input, if there were – if we were going to – it's – you're right. It's not to say we're going to look at the scope, but let's say that it became clear that the scope of stage 3 as currently proposed is more than we can deal with, and maybe it is and maybe it isn't, but if it were, what would we prioritize as the most critical things we should do for stage three?

**Christopher Ross – Mayo Clinic**

Yeah. That's better articulation.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. And Scott and MacKenzie, is that what you heard, or are we misinterpreting?

**Scott Purnell-Saunders – Office of the National Coordinator**

No, that was on target with what I heard. I kind of – I raised the topic of lessons learned during our, you know, separate email conversations, only that we understand that there were some things that we did improve on, you know, from stage 1 to stage 2. I mean, unfortunately, I wasn't as – I mean, I wasn't at ONC when stage 1 was developed. I just heard about the, you know, some of the nuances of what we were able to change based on the stuff that happened in stage 1, and made 2 better. So I wanted to make sure we didn't lose that moving to stage 3.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right. Well, and I also think this is an opportunity. If we need – if during the hearings, as you look at the panels, if we discover, as we did in stage 1, that there are some real clarifications that are needed, you know, ONC was really good last time about really getting busy with FAQs and guidelines or further clarification, which made the implementation of stage 1 better. And I think that that – that is the same attitude and approach that ONC has continued to take. We're all recognizing that we're just figuring out stage 2, in all candor.

And, you know, it's not about being able to read the measures as proposed or as **summarized**, I should say. It's about, as Cris was saying, it's about how do you take those measures and actually do an implementation that produces the data that's expected? You know, and so I think, you know, there's some real opportunity there.

The other thing I guess I should say, Cris, is that one of the panels will be on human factors, and the work the SHARP Project is doing. We also sent you a single page document. It's very early. You can see in the document that they've talked to a number of hospitals and to a number of vendors, and they're trying to – I think primarily vendors. But they're trying to understand what makes sense in terms of usability. And so that I think will be more of a discovery panel, and it'll be an informative panel from the perspective of informing all of us, I think.

That was certainly the way that – the folks from the SHARP Project were on the phone with us, and it was – it was preliminary. Certainly the data was not complete. But they did feel like they could do a panel in July, both inform the findings, and then that would lead later to, you know, whether it was additional standards or work or how that would – how that would translate, I'm not sure. But I think our lack of understanding as to exactly what they're finding is contributing to what do we do with the information once we have it?

And again, Scott, MacKenzie, Cris, is that your understanding as well?

[Crosstalk]

**Scott Purnell-Saunders – Office of the National Coordinator**

\_\_\_\_ Scott. Yeah.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. Okay.

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

Yeah. The only thing I'll add – this is MacKenzie – is I know when we're going to be discussing the panels, we just want to be really clear about what our intent is with each panel, and what our goals are, so we know what is going to make a successful panel. So we want to make sure we're – we have a direction of what we're going to be doing with the input that we receive. So just thinking about that as we're putting panels together.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay. Okay. So that's where we are. So we're kind of – we want to open it up to Joe and John and Anne and John – we always have plenty of those – and ask – Wes – first of all, does the sort of – the intent, you know, sort of the what we intend to get done, the purpose of the hearing, seem apparent, or need further clarity?

**John Travis – Cerner**

I missed – this is John. I missed the first part of the conversation. From what I heard, I think so. I wasn't sure if part of it was any particular experiences or concerns with the certification process itself. It seems – from what I heard, it seemed more on, you know, what's on the cusp or frontier of what would be a good priority for stage 3, or a challenge for stage 2. Is that –

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right. And I – you know, we \_\_\_\_ certification panel last time, and we may want to do that. But I think MacKenzie's right. I mean, if we do a – and that's why we sent you the panels and the questions that we asked last time.

**John Travis – Cerner**

Right.

**Elizabeth Johnson – Tenet Healthcare Corporation**

If – I mean, a lot of the reason we did certification last time was we were still bumping along, and we were certainly bumping –

**John Travis – Cerner**

Yeah.

**Elizabeth Johnson – Tenet Healthcare Corporation**

– along, entire EHR versus module. I think it is clear that we do not want this to – so I'm just going to use the words that are just easier to understand for everybody. This is not intended to be a bitch session. This is really intended to be a fact-finding and innovative solution all panels, and the idea would be, in terms of the input, that it's – it is information that we can then act upon.

**John Travis – Cerner**

Okay. Fair enough.

**Elizabeth Johnson – Tenet Healthcare Corporation**

So – and I think that would be – that's why when we actually start talking about the panels, what I had hoped is once we get – because you have the five panels we had before, you have to give us feedback on whether or not you think these are any of the right panels, or all of the right panels, whatever that might be.

And then obviously the questions will have to be adjusted to the meaningful use stages, and one of the questions I'd like to ask the group once we're sure we have the intent is do we want to try to cover stage 2 and 3 in each group for each panel, for example, or do we want to have panels specific to the stages?

**John Travis – Cerner**

This is John. My thought would be don't try to mix the stages into one. And I think only because the challenges and the issues may be different, or the perspectives are different, in terms of kind of the temporal expectation of what's going on in your mind, thinking about getting ready for stage 2 – if you try to put them in one panel, my fear is you would drown out stage 3.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah.

**Christopher Ross – Mayo Clinic**

This is Cris. I totally agree with John. I wonder, John, if it would be a, you know, friendly amendment to say it may be that some of these panels, we might either blend them – I don't want to disagree with you – or ask people to, you know, separate their comments. So I'm looking at the document that's got panel 4 and 5 around attestation, eligible provider, and hospital experience from our previous questions. And that's one to make sense to focus on stage 2. I wonder if HIE, it might be one that might bridge between 2 and 3. And then EHR certification, I think to your point, John, it probably makes sense to focus on 2.

**John Travis – Cerner**

Right.

**Christopher Ross – Mayo Clinic**

And then at least in my mind, I've got an open question about whether a panel on REC is highly relevant at this time. Don't know. And perhaps we substitute the UCD for that panel.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right.

**John Travis – Cerner**

This might be way out of line, but there's one panel that I would think fits within the attestation, and that is now audit experience. We hear repeatedly from our clients, boy, if – something of the vein of boy, if somebody had told us that's what the auditor was going to ask us for. And –

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah.

**John Travis – Cerner**

– you know, ranging from logos on the functional measure reports that the vendor provides to needing to provide certain points of evidence of non-percentage-based measures, you know, for public health, or where, you know, it was a yes/no attestation. I – that may not be within our purview, but it certainly is a topic reflecting on the general theme of what have we gone through, what would we think would be good rec – actionable recommendation. And CMS has come along with that, but – and I – just somewhere in there, it just seems to fit. And it's certainly in the top three or four things in the frontal lobes of the brains of our clients, as they are reflecting back, looking ahead, you know.

The lesson – you only have to learn that lesson once as a provider, but they're all saying, I \_\_\_\_ time –  
[Crosstalk]

**Christopher Ross – Mayo Clinic**

Well, I – yeah.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah, and I would tell you that I think at least two of us on the phone, or – fortunately or unfortunately, however you may look at it, we get to learn that lesson multiple times. So we're doing Medicaid **OIGN** and Medicare audits. You know, we have four going on right now. I mean, we're doing – it's not that we're not doing okay. We are. But the work is pretty phenomenal. I – you know, we might want to suggest that to the chairs, Cris, and see if that's something that fits into this hearing, or if that's a blog, or how we might want to cover that. It's a great –

**John Travis – Cerner**

Yeah. Maybe it belongs in the certification workgroup of the Policy Committee. Well, it's not really certification. It's use.

**Wes Rishel – Gartner, Inc.**

Well, it's not certification.

**John Travis – Cerner**

Exactly. But it – it's just in here somewhere. And we –

**Wes Rishel – Gartner, Inc.**

Yeah, I –

**John Travis – Cerner**

– \_\_\_\_ implementation, so –

**Wes Rishel – Gartner, Inc.**

Yeah. I think –

**John Travis – Cerner**

– \_\_\_\_ **tail end**.

[Crosstalk]

**Wes Rishel – Gartner, Inc.**

I think that when we look at sort of the ongoing HIPAA audits, the **desk** audits associated with meaningful use or whatever, I think that the development of the audit protocols are a process. They don't – they don't really come out of the box all that complete. And in the early audit protocols, a lot's left to the judgment of the examiner. I think it's worth – it's definitely worth emphasizing the impact that that has on implementers of meaningful use. And you may find it's out of scope for this query, but this – this committee, but I would say it's a big issue. I have a question and a suggestion, if that's possible.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Absolutely.

**Wes Rishel – Gartner, Inc.**

So my question is, for the speakers and – I mean, for the people who testify, what will they have as a working document for the scope of stage 3? And there have been various documents that have come along, but is there one that represents a current best picture of what that scope is? And I think we should distribute that with the questions, if we have such a document.

**Christopher Ross – Mayo Clinic**

That is extremely well-put, Wes.

**Elizabeth Johnson – Tenet Healthcare Corporation**

I agree. And I would say, MacKenzie and Scott, that would be something we'd want to \_\_\_\_ the chairs. I – the most complete documents I have seen are the presentations that Paul and George have done to the Policy and Standards Committee. I don't know if there is a more complete –

**Christopher Ross – Mayo Clinic**

Well, I think that's fine, as long as the Policy Committee agrees on which version of –

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right.

**Christopher Ross – Mayo Clinic**

– which document it is, and we're able to distribute that while people are preparing to testify.

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

So this is MacKenzie. I mean, the most I can say on that is that they're still going to be in draft, so nothing's going to be formally blessed by the Policy Committee yet.

**Christopher Ross – Mayo Clinic**

Yeah. We understand. We're looking for the revision that we should prepare on, rather than what have you heard through somebody's blog about a rumor that somebody heard that was over the bar, you know, last Tuesday night.

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

Yeah. So we can talk to Paul about that on our planning call.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yep.

**John Derr – Golden Living LLC**

Liz, this is John –

[Crosstalk]

**John Derr – Golden Living LLC**

Oh, go ahead. Go ahead.

**Wes Rishel – Gartner, Inc.**

Your suggestion of a topic for stage that I think is on the mind of a lot of physicians that I talk to, particularly the physicians in – not in huge practices, is concern about getting sufficient patient conformance to meet the measures for view/download and things like that. And I think if we have any way to find practices that can testify as to experience they've had with the similar things they do now, how – you know, how did they find – I mean, right now, we're hearing a lot of physicians say, well, you know, a lot of my people don't have computers, and things like that.

And I think that's truer of the general population that it is of the people who write policy and do analysis. And, you know, one of the answers is, well, it's not a very high percentage, but just to have some practices testifying on positive results, meeting the – coming as close as they can to the requirements, which of course aren't actually in place yet, that would be very helpful. Strategies for patient engagement for –

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right.

**Wes Rishel – Gartner, Inc.**

– for accessing information.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. Yeah. Because the other one that's going on is how do you deal with the portal and get patient matching and all that stuff?

**Wes Rishel – Gartner, Inc.**

Right.

**Elizabeth Johnson – Tenet Healthcare Corporation**

And I guess – you're exactly right, Wes. What we're looking for is innovative approaches and solutions so that those that are struggling, you know, end up with ideas on how to move forward. You know, the collaboration that this is indeed an issue that many are facing, but also information on how you might move forward.

**Wes Rishel – Gartner, Inc.**

I agree, and I think the only thing I would add to that is with emphasis on strategy – yeah, strategies for smaller practices rather than for Columbia Pres.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Exactly. Well, it's the same, you know, part – act 2 is, you know, what we're able or I'm able to do at Tenet is going to be a different story for a small hospital in a rural community.

**Wes Rishel – Gartner, Inc.**

Right.

**Elizabeth Johnson – Tenet Healthcare Corporation**

It's just reality. Those are the hospitals and practices that are most frequently struggling the hardest. Great point.

**John Derr – Golden Living LLC**

Liz, this is John, the other John. A couple of – I agree that the REC is not germane anymore, and that we should separate the stage 2 and stage 3. I was wondering if, MacKenzie or Cris or Liz, did any discussion be on my favorite topic of long-term post-acute care? I know we have a lot to do with hospitals and professionals, and since it's down to one day, I'm certainly not advocating anything, but I really feel that it would help us in stage 3, without being even specific about it, as we try to design LTPAC to play some role in stage 3, that at least in the HIE, we would seek people from the hospitals and the professionals and maybe even also home care and SNF, their experience and problems with exchanging the transitions of care documents to a long-term – to SNF or home care.

**Christopher Ross – Mayo Clinic**

John, this –

[Crosstalk]

**John Derr – Golden Living LLC**

So was there any discussion on that at all? I mean, that was – I'm sorry, I had too many questions in there.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. I – John, it – we didn't really get to that level of granularity. They really turned back to the implementation group to sort of frame some ideas around that, and I think your comment is appropriate, that the way to introduce the concept is exactly what you said. The EPs and EHs are definitely trying to work with our, you know, long-term providers, and, you know, any kind of transitional care, even home care, and how do we get this information to them?

It's – I mean, I can tell you, and you know this, that we feel like sometimes we're sending it out, and I think I expressed to the group at one meeting that one of the oddities that has come to our knowledge is that even though we complete all transitions of care documents electronically, our nursing homes frequently require that we print them and have the doctor sign them. So even if they can receive them, we still have to print them and have them signed. We've \_\_\_\_\_ that, but we need to –

**John Derr – Golden Living LLC**

And I hear from the other side that the hospitals aren't – we want to receive something, but they don't want to send it to us. And so I think if we had that in the question – and I think the HIE is the appropriate – because that sort of governs Beacons and everything else. You know, it's sort of like gather all, even if it's just a direct exchange. And on that signature part, I had not heard that before, Liz, but I'll find out why that's happening.

So if we maybe even add just one or – one person from LTPAC, and I would recommend it being a SNF, because that would be the most majorities of transfer – transition of care. And then one member from the hospital, or the question in there that is – so both sides get brought out, and it'll help us do stage 3.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Sure.

**Christopher Ross – Mayo Clinic**

So this is Cris. This may be a completely wacky idea that tips over the boat because of too much content, or maybe there's some good in it. If we're talking about an HIE topic, I think what John's raising is absolutely relevant. There may be some other ones, and I'm interested in John Travis's view on this one, too, like trends that would relate to a connection between meaningful use covered entities and those that are not. So that would include long-term care, but it would also include, for example, public health.

**John Derr – Golden Living LLC**

And behavioral health.

**Christopher Ross – Mayo Clinic**

And there's been some issue – and behavioral health. You know, some other ones.

[Crosstalk]

**Christopher Ross – Mayo Clinic**

But, you know, I feel like there's been a lot of conversation about sort of, if you will, mainstream HIE. And Wes raised some issues around, you know, view/transmit/download that I think are highly relevant, that maybe probably fit under HIE, too. But it feels like this is an opportunity to shine a light on some of these other things that I think potentially are causing some problems in the industry.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Well, the other one that we have talked about on numerous occasions, Cris, is labs, reference labs.

**John Derr – Golden Living LLC**

And the other thing that sometimes we don't talk about is receiving as well as transmitting.

**Joseph Heyman – Whittier IPA**

Can you guys – can you guys hear me, by any chance? This is Joe.

**Christopher Ross – Mayo Clinic**

Yes, Joe. Yep.

**Joseph Heyman – Whittier IPA**

I just want to quickly say a couple of things about the HIE, and then I'll mute myself again. One concern I have is that many doctors and even hospitals will use the HIE patient portal to provide information to patients, and the requirements for meaningful use are that a certain number of patients download that stuff. And I'm wondering, you know, whether we should address the issue of attribution, since one patient can download stuff from four different places at one time. And how do we attribute who's the meaningful use person who's meeting those requirements?

The second point I wanted to make was that the idea about the audit, which I think is a terrific idea, but if you're worrying about a gripe session –

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah.

**Joseph Heyman – Whittier IPA**

– you're going to have to define that very, very carefully. I think that it's very hard to discuss it without griping.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yes. You're right.

**John Travis – Cerner**

Yeah. This is John. I – oh, sorry.

**Joseph Heyman – Whittier IPA**

And then the other point that was brought up about small practices and having patients who aren't interested in receiving stuff is a very real issue. I just don't know how you address that without griping as well. So that's all I wanted to say, and I'll mute myself again.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Thank you, Joe. Well, Anne, we haven't heard from you, probably because we haven't let you get a word in edgewise. What is –

**Anne Castro – BlueCross BlueShield of South Carolina**

I do have a thought, but as usual, I think you all have a better perspective on this. But whenever an article is written about meaningful use that bashes it, it's the allegation that there's no interoperability. And I think you've hit on pockets of it, but the whole – you know, what is the – what are – what are the things that are the most important interoperability connections to put in place for meaningful use 3? Which ones have been successful or useful in 2? You all may have to help me frame what I'm thinking, but I think that there's a general impression that that all comes in 3, but there's some of it being done today, but not a lot of it being done today. So isn't that really the priority that we need to be focused on?

**Elizabeth Johnson – Tenet Healthcare Corporation**

It's a good question.

[Crosstalk]

**John Travis – Cerner**

Yeah. This is John Travis. I'm been trying to figure out a place to kind of make the remark. I think it plays off of that, that it's hard for me to gauge if this is an issue generally, but I hear it certainly strongly anecdotally, and that is that because the criteria for interoperability where secure transport is indicated, you're certifying content conformance and transport conformance as one criteria, it seems to me just from hearing in the market that every vendor is offering up their own HISP to be part of their certified capability, because they feel accountable for providing that secure transport element.

I'm not sure if that gets you into a situation where each vendor then is going out to market with their own solution for playing that HISP role, and you walk straight in to providers who go, well, I – you know, or states that'll go, well, I use this intermediary, or I use this HISP, and, you know, you're telling me I have to use yours. How does that piece together? Or, you know, it's an observation that if those two weren't as one criteria, combinations could emerge as they do. But because they're one criteria, I think you're going to have some Lego pieces out there that result in longer chains than maybe ONC anticipated, if that makes any sense at all.

[Crosstalk]

**John Travis – Cerner**

So we're all on the hook to certify for transport as well as content conformance, and you wind up having a lot of people out there going, well, my HISP does that.

**Wes Rishel – Gartner, Inc.**

This is Wes. I actually have some questions about that. I've been looking into the issue of how many HISPs are forming, and so forth. It's actually – there are several EHRs that operate their own HISP, but there are also more EHRs that are contracting with third party HISPs. What I don't understand is where you see the tying between transport and content standards. That is, when I read the meaningful use specifications, I see requirements for receiving and extracting a certain – certain information from a certain number of C-CDA documents, and I see particularly certification requirements around Direct, but I don't see anywhere that there's an actual tie that says just because you're certified this way, you have to use that to fulfill the other measure.

**John Travis – Cerner**

Well, what – and I think you – it's a long conversation, and it might be a little bit convoluted, but view/download – well, that's probably not the strongest one. Transition of care. So in that, as part of one whole criteria, is both content conformance to the C-CDA, and conformance to the applicability statement for secure health transport, together. So a vendor certifying whether they offer it themselves or partner with somebody, I would argue that that is the same thing as offering it yourself, because it is a specific combination you are presenting.

**Wes Rishel – Gartner, Inc.**

Yeah.

**John Travis – Cerner**

You are certifying something as a whole to cover both of those requirements under one criteria.

[Crosstalk]

**Wes Rishel – Gartner, Inc.**

Yeah. Okay. So – so you're talking now about certification as opposed to meaningful use attestation?

**John Travis – Cerner**

Yeah. And –

**Wes Rishel – Gartner, Inc.**

All right. Okay. That's –

**John Travis – Cerner**

– fair point. And so what –

**Wes Rishel – Gartner, Inc.**

– that is something –

**John Travis – Cerner**

– you have is a vendor doing, you know, every vendor going to market, if you will, with a certified capability, whether they have their own HISP or secure transport facility, or they partner with a third party. It's a specific combination, and we're all going out there with it.

**Wes Rishel – Gartner, Inc.**

It actually has to be that way, because there's no standard for the client – client-HISP interface.

**John Travis – Cerner**

But my greater point, Wes, is we're all going out there that way, and we've encountered it, clients already are making use of an intermediary, and it – it's more a reflection, is there an issue out there with each vendor going out there with what they've got, and clients already having something in use that they were hoping to leverage? You know, what is the end result of that, or is it no issue at all?

**Wes Rishel – Gartner, Inc.**

Yeah. No. I – well, no, I – I think what you're saying is that everybody can get certified – it'd be like many other interoperability exercises before. A lot of people can get certified, but that doesn't mean that certified implementations interoperate. And –

**John Travis – Cerner**

Or there's additive cost because \_\_\_\_\_ –

[Crosstalk]

**Wes Rishel – Gartner, Inc.**

Yeah. I think it's more there's additive costs.

**John Travis – Cerner**

– \_\_\_\_\_ I had one.

**Wes Rishel – Gartner, Inc.**

Right. It's additive cost, because the – because there is no standard between the client and the HISP, there's no reason to expect that, you know, vendor Xs EHR will operate with vendor 2s HISP, unless the vendor also offers a way to hand off attachments and to – and to bring attachments into the workflow without having to receive them directly over the Direct channel.

**John Travis – Cerner**

Excellent – excellent point, because for – I think for many vendors, and again, I can't generalize too far, but I can reflect on our own experiences, a lot of that is very tightly coupled in workflow, as to where it's expecting to receive something from, or address something to. And I'm probably doing a terrible job of explaining it. There's people here that could do a better job.

But it just seems like that is a potential – there's several potential risk areas from, you know, a large provider saying, I already participate in the State of Florida's HISP. Not picking on them, but there's some experience points there for us. And you're – why can't I use that? Why can't I couple your EHR with that? You know, and use your content capabilities and their secure transport capabilities? You know, I think it's a – it's a tension point where those two converge.

**Wes Rishel – Gartner, Inc.**

I mean, my – I think – I agree. I'm trying to think of how to address it in the –

**John Travis – Cerner**

Yeah.

**Wes Rishel – Gartner, Inc.**

– context of this – of this committee. I suppose if we have an HIE panel, we can ask – we could just ask that question directly, I mean.

**John Travis – Cerner**

Yeah.

**Wes Rishel – Gartner, Inc.**

Yeah.

**Anne Castro – BlueCross BlueShield of South Carolina**

So I want to go back to the ONC. Maybe this is bigger than just this implementation group's charge. But ONC was in charge of HIEs. ONC was in charge of EHRs. All – the picture that has been painted was interoperability, you know, the triple aim, because of – and the articles that have been being written are I don't see it. It's costing a lot of money. I'm not seeing all this triple aim stuff. And if you – you know, it may be that we have to reset the education of the people who evaluate what's being done. And, you know, maybe this is a bigger issue for the ONC, and it's not relevant to meaningful use 1, 2, or 3. But it's all the same package and the same bundle of money and the same – you know, we're a part of a triple initiative here.

And I look at this as being the thing that could call – that you could call the failure. And that's just my view of the world, not as a clinician, you know, not as an expert on all of this. But I'm participating in it, and I'm a little confused why it isn't a package. And is that because we're so compartmentalized that we don't coordinate with those other pieces? And my biggest concern is that after all this hard work, there's going to be a failure.

**Wes Rishel – Gartner, Inc.**

Well, I – I – probably we don't want to get into this. I was just going to say that I've heard Farzad say words to the effect that stage 1 was about functionality, stage 2 is about interoperability, stage 3 is about value. And so the failures of stage 1 in interoperability are covered by that rubric. The failures to achieve – to add significant to the triple aim that one might attribute to stage 2 are – are indeed – it's recognized that the stages of meaningful use are ways to get facility – force facilities into place so that people can take advantage of them, you know, in a more general way.

**Elizabeth Johnson – Tenet Healthcare Corporation**

So if we think about the \_\_\_\_\_ [audio glitch] is agreed upon, the elimination of REC, the continuation of \_\_\_\_\_ [audio glitch]. Obviously, a \_\_\_\_\_ HIE and include \_\_\_\_\_ and interoperability. And then what I – now what I'm not sure about \_\_\_\_\_ 4 \_\_\_\_\_ 5, what I'm struggling with \_\_\_\_\_ sort of putting together a recommendation \_\_\_\_\_ would be we want to talk about \_\_\_\_\_, so I agree with Joe, there's a great opportunity there for a \_\_\_\_\_ not sure what the objective is. I understand \_\_\_\_\_ talk about that we are – I think it was Wes who said – or someone said part of what we're dealing with is that everybody who's doing this is starting **with a blank page**.

So \_\_\_\_\_ State of Missouri totally different \_\_\_\_\_ [audio glitch] \_\_\_\_\_ dealing with it all the \_\_\_\_\_. But I'm not sure – so before, we talked about certification and, you know, \_\_\_\_\_. What do y'all think \_\_\_\_\_ five panels, where would \_\_\_\_\_?

**Christopher Ross – Mayo Clinic**

Hey, Liz, we're losing you.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. Somebody's got a lot of wind noise, too. So let's go back to the – so the question was –

**Christopher Ross – Mayo Clinic**

Is there a tornado in the area?

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. It sounds like it, doesn't it? We got an EP, an EH, a human factors – thank you. A HIE interoperability. So there's four. I don't think we're going to do more than five. And then I'm going to suggest to you that we need to divide these up, and each one of us or a couple of us take and write and objective for each one, so that we can more clearly articulate to the chairs what we want that panel to accomplish. We've got an overall goal in terms of, you know, learning, you know – you know, really taking innovative approaches to solving some of the challenges in stage 2. The other thing we haven't talked about, of course, is stage 3, and when do we get our input on the focus for that? Maybe that's our fifth panel.

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

So this is MacKenzie. Sorry if I missed it, but if you guys are going to have five panels just from implementation workgroup, this is a joint hearing, so I'm sure the other workgroups will have, if not panels of their own that they want to include, but we'll have to make this cohesive. So I wouldn't necessarily anticipate all five panels making it to the final agenda. So we may want to priority.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right.

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

And I might have missed it if you guys already said that, so I'm sorry.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay. That's \_\_\_\_\_ – no, you're absolutely right.

[Crosstalk]

**Christopher Ross – Mayo Clinic**

So this is Cris. What would happen if we were to pick for the implementation panels eligible provider, eligible hospital, and HIE? And if the UCD topic could be one that was joint between multiple committees? Because it feels like that one is not strictly implementation, but broader issue. Is that fair? So we'd have three purely implementation committee panels, and one that is a broader involvement.

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

So I think we'll – I mean, I would say just keep in mind that this is joint, and when we have the chairs' call, I'm not sure, since I know you guys said you were going to take the first stab at developing the straw man, I'm not sure how many panels the MU workgroup or certification and adoption might be thinking of, either. So most hearings for a day maybe have four panels. So I would just keep that in mind as we're putting these together.

[Crosstalk]

**Wes Rishel – Gartner, Inc.**

Is this joint across – how many different workgroups are now bidding for a place in this joint?

**Elizabeth Johnson – Tenet Healthcare Corporation**

Three.

**Wes Rishel – Gartner, Inc.**

Three. Okay.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Three. Yes. Meaningful use, certification and adoption, and implementation.

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

And the policy side of it may come with the same point of view, so they might be combining in what they – what they bring into the – to the straw man, but I just want to make sure everyone's aware that there may be – there's probably going to have to be some flexibility with where the panels end up. But I –

[Crosstalk]

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

– think it's good to come with options.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. And I think you're absolutely right. It's – that was our intent, so I'm sorry if we didn't communicate that. But the – what I was trying to do is – that's why the human factors I knew would definitely be one. I thought meaningful use, stage 3 would be one of theirs. And then certainly – does the group agree that if we were – and maybe, MacKenzie, we could do five panels instead of three. We'll have to work that out. Because I don't think we could do EP and EH together, but maybe we could.

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

Yeah. And I think this is a discussion that'll end up happening when we have the planning call, because there'll be more people sitting around the table, and they might have an idea of where everything might fit together, given their participation on this as well, so –

**Elizabeth Johnson – Tenet Healthcare Corporation**

So if we went back to – if we could articulate the purpose of each panel, and then recognizing that [audio glitch] large group, they may say, that's important, but we have another subject that we think is more important, and we'll negotiate, and that's all I think good. I think, though, that we need a description for each group to say why we want to meet with a group of EPs. Why would you want \_\_\_\_ HIE? I think that will help us get through the chairs' call.

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

I'd agree.

**Elizabeth Johnson – Tenet Healthcare Corporation**

So have I got any volunteers? Let me \_\_\_ volunteer and then we'll see how this goes. John and Wes, would you be willing to write a description of why we would do the HIE group, and Anne, would you contribute to that?

**Wes Rishel – Gartner, Inc.**

Sure.

[Crosstalk]

**Anne Castro – BlueCross BlueShield of South Carolina**

That was the EP or the E whatever?

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. No, that was the –

**John Travis – Cerner**

Which John were you meaning, Liz?

**John Derr – Golden Living LLC**

You mean \_\_\_\_.

[Crosstalk]

**Elizabeth Johnson – Tenet Healthcare Corporation**

John, Wes, and Anne. And then –

**John Travis – Cerner**

Oh, Wes and Anne.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yeah. And then –

**Wes Rishel – Gartner, Inc.**

I'm sorry. I – okay. So what's – I had you sort of cut out when you were describing the panel. What I understand is this is about HIE. Is that right?

**Elizabeth Johnson – Tenet Healthcare Corporation**

HIE/interoperability.

**Wes Rishel – Gartner, Inc.**

Slash interoperability.

**Elizabeth Johnson – Tenet Healthcare Corporation**

So you would look at – you could look at the questions, or certainly as – both, you could at the questions that were proposed from last time and modify them. In addition, you would write together, and we would need this by way the – what do you think, MacKenzie, the ninth or so, maybe the tenth at the latest?

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

Yeah. I think tenth at the latest, so I can share it with the other \_\_\_\_.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right.

**John Derr – Golden Living LLC**

Liz, this is John. Did you mean John Derr on HIE, which I'd be very happy to do, or did you mean John Lannis?

**John Travis – Cerner**

Travis.

**Elizabeth Johnson – Tenet Healthcare Corporation**

I meant –

[Crosstalk]

**Elizabeth Johnson – Tenet Healthcare Corporation**

They would be happy to have your help, John.

**Wes Rishel – Gartner, Inc.**

So we have a panel, we're going to write up a purpose and questions on HIE interop. It's myself and who are the other people you were – you were asking to volunteer? I –

**Elizabeth Johnson – Tenet Healthcare Corporation**

John Derr, John Travis, and Anne.

**Wes Rishel – Gartner, Inc.**

Okay. All right. Sure.

**Elizabeth Johnson – Tenet Healthcare Corporation**

And then Cris, do you and I want to take the EHs?

**Christopher Ross – Mayo Clinic**

Happy to do that, Liz.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay. And then I don't want to put Joe Heyman out there by himself, but he's probably the most – you know, best to do HPs – I mean, EPs. Excuse me. John Travis, could you help Joe Heyman do that?

**John Travis – Cerner**

Just general panel on EPs?

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yes.

**John Travis – Cerner**

Yeah. I can –

**Elizabeth Johnson – Tenet Healthcare Corporation**

The purpose and some general questions.

**John Travis – Cerner**

Yeah, I could do that.

**Christopher Ross – Mayo Clinic**

And Liz, this is Cris. I can help on that as well. We've got a lot of EP issues.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay. Great.

**Christopher Ross – Mayo Clinic**

Or awareness. I'll put it that way.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Right. And then we need a deadline so that we can get this stuff reviewed. Scott and MacKenzie, I'm just trying to think of a date when we can kind of get back together and make sure, and everybody's had a chance to get their stuff done. Let me pull up a calendar.

**Joseph Heyman – Whittier IPA**

This is Joe.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Yes.

**Joseph Heyman – Whittier IPA**

Can I just ask MacKenzie, is the single day engraved in stone? Or after these three people get together and find out that there's a whole of stuff they need to ask about, is there a chance that they'll add a half a day or something?

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

So the way it stands now is we're going to have a full day hearing, with the second day being the workgroups debriefing from the hearing the day before. So that's how it stands now. That's what we have a budget for.

**Joseph Heyman – Whittier IPA**

I see.

**Elizabeth Johnson – Tenet Healthcare Corporation**

But I think the answer to the question is, Joe, is yes, that's a – that's what we have a budget for.

**Joseph Heyman – Whittier IPA**

Yeah. Well, because I – the reason I asked is it sounds like we're all going to do a lot of work, and then we're going to lose at least two of those workgroups – I mean, two of those panels.

**Elizabeth Johnson – Tenet Healthcare Corporation**

No, not – I don't – I don't think so, but I could be mistaken. I would hope we could do five panels. We have done that before. It makes for a long day, but if we're only going to do one day, it may be worth it. But we have to work –

**Joseph Heyman – Whittier IPA**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corporation**

– \_\_\_\_, and so we're going to ask for three groups. And again, I wouldn't – you know, I wouldn't spend two weeks on this. I would write down the objective, what is it you're trying to accomplish by doing this panel, and what are a few questions you might ask them, recognizing that a lot of the information we will get will be written, and it's very informative, and we've learned a lot from the written information, every panel I've been involved in.

**Joseph Heyman – Whittier IPA**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corporation**

All right. So my recommendation to the group is that these documents be to MacKenzie and Scott by noon on the seventh. Is that possible?

**Scott Purnell-Saunders – Office of the National Coordinator**

Yes.

**Christopher Ross – Mayo Clinic**

Yeah.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Okay. So that way, MacKenzie and Scott, we have time to make sure everybody's gotten them in, and, you know, and make them sort of feel and look similar to each other, kind of. But you know what I mean. We'll do some collation – some coordination and collation of information at that point. And you can use a similar format to what we did for the panels before, and we've provided that to you. So I think – I think we've accomplished – I know we need to go to public comment, but I'd like to first open it back up and make sure if there's any questions from anyone, or – and obviously, you can follow up in email.

**Joseph Heyman – Whittier IPA**

I – this is Joe. I just wanted to let everybody know that in Massachusetts, part of our reform law that was just passed a short while ago that's supposed to address cost includes a requirement for licensure, for physician licensure, that they have to meet meaningful use requirements by 2015.

**John Derr – Golden Living LLC**

Actually, they have to – they have to show confidence.

[Crosstalk]

**John Derr – Golden Living LLC**

They have to show confidence, Joe.

**Joseph Heyman – Whittier IPA**

Well, no, the – it specifically says that it is attached to the meaningful – well, if they have to show confidence, we don't know whether that means attestation or what it means, but –

**John Derr – Golden Living LLC**

The word is demonstrate confidence. I mean, I read the – I read the actual rule.

**Joseph Heyman – Whittier IPA**

But the fact of the matter is that this is supposed to be an incentive program, and that is not – I mean, using this for licensure is completely different from what the intent – intention was in passing this in the first place. So I'm just letting you know, because those of us who are practicing in Massachusetts are pretty ticked off, because even if it means we have to take another e-educational program that we have to prove we took as another check-off for licensure, it's just an incredible nuisance. Just adding it on.

**John Derr – Golden Living LLC**

Yeah.

**Elizabeth Johnson – Tenet Healthcare Corporation**

It's an interesting comment. Well, MacKenzie, can you take us to public comments, please?

**Public Comment**

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

Sure. 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 star 1. Or if you're listening via your telephone, you may press star 1 at this time to be entered into the queue. We have no comment at this time.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Terrific. Any final – from anybody, Cris, or any workgroup member?

**Christopher Ross – Mayo Clinic**

I think we did okay, Liz.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Think we did good. I'll \_\_\_ some next steps to Scott and MacKenzie, and then you guys can get them out to the group so that everybody can kind of remember what we decided to do.

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

All right. Have a great weekend, everybody.

**John Derr – Golden Living LLC**

You, too.

**Wes Rishel – Gartner, Inc.**

You, too.

**Elizabeth Johnson – Tenet Healthcare Corporation**

Bye now.

**Joseph Heyman – Whittier IPA**

Bye.

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

Bye.