

**HIT Policy Committee
Information Exchange Workgroup
Transcript
September 25, 2013**

Presentation

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good afternoon, everyone. This is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Information Exchange Workgroup. This is a public call and there will be time for public comment at the end of the call.

As a reminder, please state your name before speaking as this call is being transcribed and recorded.

I'll now take roll. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Deven McGraw? Peter DeVault? Jeff Donnell? Jonah Frohlich? Larry Garber?

Larry Garber – Reliant Medical Group

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Dave Goetz? Ted Kremer? Arien Malec?

Arien Malec – RelayHealth Clinical Solutions

I'm here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Cris Ross? Steven Stack? Chris Tashjian? Amy Zimmerman? Tim Cromwell? And are there any ONC staff members on the line?

Kory Mertz – Office of the National Coordinator

This is Kory Mertz.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thanks, Kory. I'll turn it to you, Micky.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Great. Thanks, um. And, uh, thanks, thanks, everyone. I guess by everyone I mean Arien and Larry, uh, so far for, for joining today. Um, we have a small turnout today. I think we've been uh, you know, sort of getting into the heart of everyone's busy schedules and also we've talked about the data portability stuff for a little while, so, hopefully, people have had a chance to review offline maybe, we can get their comments as well.

We did update the presentation based on the, uh, feedback that we got from the Policy Committee and the inputs that we got from, uh, the folks from EHRA and the S&I Framework. And then, uh, uh, I think you may recall on the last call we did have a discussion, you know, uh, going through a little bit of how we want to, you know, think about reorienting you know, our sort of framing of it and, uh, uh, with an eye toward what kind of recommendations.

In the interim between the last meeting and this one Deven and Kory and I had a chance to talk to Doug Fridsma for a while from the S&I Framework team to, you know, just think a little bit about, you know, sort of where is this, where does this fit within the Data Access Framework. Um, we got a little bit of that from the ... from the presentation, but had the opportunity to have a little bit of a, you know, deeper dive conversation with Doug about it.

And so put – taking that into account as well, we drafted some recommendations, which were sort of a little bit broader in terms of from a policy perspective being a little bit more general in terms of, uh, having the recommendation more focused on policy, uh, recommendation that the Standards Committee work on the idea of a core medical record concept and the idea of being able to have that be extractable in some way and portable with an eye toward the two primary use cases that we have talked about, which is the data migration for providers and the data portability for patients and not getting more specific than that.

And then a second recommendation, which is more directed at ONC, which is to – which is sort of, duh, suggesting, directing that they develop sort of more of a longer term roadmap for how this would work. Um, I think the general idea is to try to put front and center before the HIT Policy Committee that this is an important policy imperative and wanting to have the Policy Committee, you know, sort of uh, articulate and affirm that this is an important policy imperative and then giving recommendations slash, you know, uh, uh, strong recommendations to the Standards Committee and to ONC to have them, you know, sort of dig down to the details and come up with solutions.

So that's – I just wanted to give you, you know, since it's – uh, since both of you have been involved in the last couple of calls just, you know, sort of jump to the punch line to give you a sense of that. We can walk through those the recommendation slides now and that'll give a better sense of it.

So why don't we –

Larry Garber – Reliant Medical Group

[Inaudible].

Micky Tripathi – Massachusetts eHealth Collaborative

Sorry. Go ahead.

Larry Garber – Reliant Medical Group

I was just saying it sounds good.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, okay. Um, why don't we start flipping through? There's a bunch of the background slides that I think neither of you need to uh, you know, need to go through in detail, because you've seen them. So why don't we go to the next slide.

And, you know, some of this will be what we present for the Policy Committee next week where Deven will be there in person, I'll be on the phone.

Um, so next slide, we want to finalize, finalize these requirements. This is just the timeline that we've been in on.

Next slide. Um, you know, I think, as we've discussed, this is, you know, sort of the background to it of, you, you know, where – way – how this came before us.

Male

[Clears throat].

Micky Tripathi – Massachusetts eHealth Collaborative

Next slide. Um, this is just a summary of the feedback that we got back from the Policy Committee and then what we heard from the EHRA and the S&I Framework teams.

So next slide, please. And these – this set of slides I think is, um – no, so, actually, this one's, this one's, oh, uh, one that's, you know, sort of helping to reframe, you know, the approach, which is to say recognizing that there are two, you know principal use cases both of which are important and that, you know, that, that we also recognize as the IE Workgroup that, you know, that there's significant work that needs to happen and that it's probably going to be a multi-step kind of process here you know, in part, because, you know, you – not everything is standardized, not everything is structured. There are a variety of ways of attacking this as, you know, I think was made clear from, you know, from what we heard from the folks from the Data, uh, Access Framework and was reiterated by Doug in our conversation with him

So this is more, you know, sort of a recognition a) that it's an important – important from a policy perspective, but it is complex. It's probably multi-step. And so what we want to do is, you know, sort of articulate the – you know, sort of the foundation of a, uh, of a, of a path forward rather than you know, anything more specific than that.

Next slide. Uh, oh, I'm sorry. Um, I didn't even notice that it switched. So these – this next two or three slides I don't know if we need to go over these. These are actually slides from the first presentation to the Policy Committee, which is really just building the, you know, sort of the policy case. Um, so, you know, it sort of speaks to the issue of rising demand for data portability across vendor systems as you have a growing installed base.

As we know, there are a number of you know – there's a, there's a lot of evidence to suggest that there will be significant churn you know, in the industry over the next couple of years. And, you know, there's, uh, a couple of industry reports suggesting that – some of it looking at the meaningful use out of station data and which vendors were used to attest, you know. There's a variety of angles on that.

Um, but then, you know, getting to the next point that that data migration is difficult and is somewhat of a barrier to exit for providers who are switching vendors and could be a barrier to continuity of care for patients.

Next slide. Um, speaks to, you know, sort of the various dimensions of the issues from a safety perspective, from quality measurement, decision support and administrative.

Next slide. And then, you know, what would some type of, uh, you know, approach to this, uh, accomplish? And we start to set that up.

So here are the – here's the two recommendations. So, the first is a recommendation to the Standards Committee, by Stage 3, develop standards and technical specifications to address both of the use cases.

Um, and then we did, you know, say to “enable continuity in patient care, quality metrics and data analytics”. I wonder if we want to play with that wording a little bit to say, you know, to, ya, ya, you know, to include such cases as or something that, you know, that would leave it a little bit open to say we're not talking about necessarily just these use cases or, specifically you know, it has to be these use cases, but to give, you know, some kind of direction as to the kinds of things we're thinking about.

Um, but let me just walk through the two sub-bullets here and then I can pause.

Um, and, you know, so there are two elements to this.

One is recommending the Standards Committee explore the adoption of a core clinical record to actually, you know, define what that means and with the, with the eye – with an eye towards something that is extractable and consumable by other EHRs to support the data migration in the, you know, both of the use cases.

And determine the necessary elements of a core clinical record that would sort of be the first step on the path toward improved data portability, because I think as we – as, you know, we've discussed, that part of the issue with this is that it's not like all data is portable. Um, there's a wide variety – you know, in EHR, you know, a legacy, in a legacy EHR has all sorts of information that comes in all sorts of different ways – attached documents, administrative data you know, text notes, all sorts of stuff. And so the idea would be that this core clinical record is the first step on the, on that path and that would, you know, sort of, uh – but there would be a path.

So let me pause here and then the second, and I – we can get to the second recommendation.

Larry Garber – Reliant Medical Group

So this is Larry in case you couldn't figure that out.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Larry Garber – Reliant Medical Group

Uh, I, I have – so, I think basically this is great. Um, I, I think that I'd probably put b) before a). In other words, I would say that the, the, that there should be a determination of what the core clinical data elements are for, uh, for continuity of care. And then I would say that, you know, based on that core clinical, uh, record that there ought to be standards for how to migrate that information from one to the other.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Larry Garber – Reliant Medical Group

Um, it just seems like you were talking, you know, just put, put the cart before the horse a little bit. That was, that was the only thing there.

Micky Tripathi – Massachusetts eHealth Collaborative

Yep.

Larry Garber – Reliant Medical Group

Um, in terms of the, the, the, the quan, con, continuity of patient care, uh, quality metrics and data analytics, when, when you read that it's not intuitively obvious how quality metrics and data analytics fit into the use cases and so – uh, but we do know that it does, because, you know, if you want to have, um – you know, if you want your clinical decision support to be accurate, it has to be built on, you know, know historically when things had been done. Um, and if you want to do good longitudinal data analytics, you also need to have that historical information. But it's not obvious just by calling it out there as data anal – data analytics and quality metrics. So I, I do think we need to expound upon that a, a bit if we're gonna list it at all.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Right.

Arien Malec – RelayHealth Clinical Solutions

It, it, it might be – yeah, this is Arien. It might be useful for a framing slide to look at the larger issue of data portability not, uh, being confined to, uh, EHR migration. 'Cause I think when you have the context of first step is data portability, second step is, uh – data portability may not be sufficient for EHR migration, uh, but it's a necessary precondition – we believe it's a necessary precondition that, at least that there are, there are wider issues that broader data, data portability gets at. Um, that might be a useful framing slide if that was at all articulated in a ... in a comprehensible way.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. So, eh, uh, ta, uh, so with, so would, would, um – so would one way of, you know, sort of doing that be to just sort of spell out a little bit, what I think we – what I just – what, what we said earlier, but we have – it's not on the slide, which is that data migration has a wide variety of types of data that don't naturally lend themselves to standardization or an easy you know, uh, uh, portability from one system to another. So we could almost say, you know, there's this idea of the core clinical record, which when defined would, by definition, be portable and one could imagine tying it to structured data and a whole bunch of stuff and – but leaving that open. But then you have all this other stuff. You have the scanned documents. You have, you know, the, you know, all of the other stuff that are a part of –

Male

[Coughs].

Micky Tripathi – Massachusetts eHealth Collaborative

– the data migration question and those are the harder pieces to tackle. Is that, is that kind of what you were getting at there?

Arien Malec – RelayHealth Clinical Solutions

Uh, I think so.

Micky Tripathi – Massachusetts eHealth Collaborative

[*Laughter*]. Meaning I didn't explain it clearly enough.

Arien Malec – RelayHealth Clinical Solutions

Me, me, meaning, meaning uh, I, I wasn't exactly paying attention. I apologize.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, okay. No. That's okay [*laughter*]. Um. Okay. So I think that's a good thought.

And I think, Larry, to your, to your point on the, on one of the slides before in the setup, we do talk about, you know, the importance for quality metrics and, and CDS, but maybe we can expound on that a little bit earlier. And, and then here on this slide use the exact same words that we used back there, 'cause I don't think that we said data analytics back there. I think we specifically said, uh, CQMs and CDS, for example. So if we use the same words that will tie it back as well.

Larry Garber – Reliant Medical Group

Okay.

Micky Tripathi – Massachusetts eHealth Collaborative

Um. Okay. And then on the next slide –

Larry Garber – Reliant Medical Group

Oh, oh, actually... Micky, one more question.

Micky Tripathi – Massachusetts eHealth Collaborative

All right. Go back. Yep. Go back.

Larry Garber – Reliant Medical Group

And so is it, is it appropriate that it's the Standards Committee that determines what the core data elements are or is that something that the Policy Committee should be doing?

Micky Tripathi – Massachusetts eHealth Collaborative

Um, yeah, I th, I think the thought was that, obviously, just by wrote – the way it's written here is that that's a Standards Committee function. Like, I mean I guess it's certainly gray. But I guess 'cause it gets into the issue of what is, um – what are you able to have be portable right now, which is, you know, sort of the – from a policy perspective, here are the things that we would like to have, but then it gets on the Standards Committee side when the question is the more practical question of what is possible today.

Larry Garber – Reliant Medical Group

Okay. Yeah. I didn't – I, you know, I certainly don't know the politics and the dividing lines, so I just, just wanted to make sure that ...

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah. Right.

Arien Malec – RelayHealth Clinical Solutions

Yeah. I mean I think we've, I think we've uh, I think we've answered the question of a clinical record for transitions in Stage 2. Um, I think it would be an appropriate Standards Committee work item to look at whether that's sufficient for CQMs and whether there are any gaps related to CQMs, so that is are there any additional data?

And I think we've already had some work to note that the record that you send in a transition of care may not be sufficient, because it often is contextual and not complete, may not be sufficient for CQMs.

Uh, and, uh, and then, there is a question of is it sufficient for the core clinical record for record portability?

Um, I think it's a, I think it's a, I think it's a good question. I think it's a reasonable thing for the Standards Committee to address the, the, the missing needs relative to functional items like CQMs, uh, like, uh, decision support, like, uh, data analytics for, uh, for population management, uh, 'cause those tend to actually be driven by CQMs.

Um, there's a little bit of a whose mandate is it to figure out where are the gaps relative to data portability for EHR to EHR transitions? And then, of course there is whose mandate is it to figure out the gaps relative to the other issues relating to, uh, EHR to EHR transitions? And we think that's a mix of policy issues and standards issues.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Arien Malec – RelayHealth Clinical Solutions

So I think there are – so to conclude my probably too lengthy, uh, uh, cogitation, I think there are some things that are pretty well within the Standards Committee, uh, swing zone. And I think there's maybe a need for a joint Policy Committee/Standards Committee, uh, workgroup. I think the Implementation Workgroup of the Standards Committee, uh, could take on some of the standards-related issues relating to EHR migration. I think there's some significant policy issues, uh, uh, as well.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay. That's an interesting thought as well to do that. I don't know if we have to make that a formal part of res – of the recommendation or just, you know, sort of work that at the working level.

Arien Malec – RelayHealth Clinical Solutions

Yeah. I think, I think by asking ONC to take it on, ONC is probably gonna flip it over to FACA.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah. Right. Okay. So then that gets us to the next slide, which is right, which is essentially the direction to ONC to put this – you know, to cr – to sort of establish a long-term path for this. Um, and a) investigating the current state of the field, and then b) exploring, you know, some of the policy levers in addition to certification that could help facilitate this. Um, and, you know, there's a variety of policy levers one could think of, but that would be, you know, another question you know, about how you would actually do that and what, what levers there are for this.

Does that provide enough direction do you think? I mean it's –

Larry Garber – Reliant Medical Group

Yeah. I think it's reasonable.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Well, so this, you know, there was really just these two recommendations then that we've, you know, kind of come back with and, you know, really again with an eye toward trying to keep this constrained to the policy, you know, to the policy direction and to, uh, you know, sort of reaffirm the policy importance of it and to get the Standards Committee and the ON and ONC, you know, both with a charge to uh, you know, to try to come up with solutions for it.

So, unless you have any other thoughts these are the recommendations that we can, you know – we can sharpen up the slides a little bit just based on the feedback that both of you had and then go with these.

Larry Garber – Reliant Medical Group

Works for me.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Arien?

Arien Malec – RelayHealth Clinical Solutions

I like it.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. It's unanimous. I'm voting. I'm, I'm voting for it as well. I guess, I guess I could vote against.

Arien Malec – RelayHealth Clinical Solutions

We'll, we'll, we'll self-declare – we'll self-declare we have quorum *[laughter]*. Thanks.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. I could have voted against just to make it interesting, but –

Arien Malec – RelayHealth Clinical Solutions

Yeah. It still would have been two to one, so it would have been okay.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah. Okay. Great as well.

Arien Malec – RelayHealth Clinical Solutions

All right.

Micky Tripathi – Massachusetts eHealth Collaborative

Thank you for joining. We have to go. We have to open up the lines for public comment. So, Michelle, I'll turn it back to you.

Public Comment

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Yeah. Operator, can you please open a line?

Caitlin Collins – Altarum Institute

If you're on a phone and would like to make a public comment, please press Star 1 at this time. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press Star 1 to be placed in the comment queue.

We do not have any comment at this time.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you everyone for joining.

Micky Tripathi – Massachusetts eHealth Collaborative

All right. Thanks, Larry and Arien.

Arien Malec – RelayHealth Clinical Solutions

Thank you.

Larry Garber – Reliant Medical Group

Thanks a lot.

Micky Tripathi – Massachusetts eHealth Collaborative

[Inaudible].

Larry Garber – Reliant Medical Group

Bye-bye.

Male

Thanks.