

Health IT Joint Committee Collaboration

A Joint Policy and Standards Public Advisory Body on Health Information Technology
to the National Coordinator for Health IT



Joint Health IT Policy and Standards Committee Certified Technology Comparison Task Force Transcript January 19, 2016

Presentation

Operator

All lines are now bridged.

Michelle Consolazio, MPH – FACA Lead/Policy Analyst – Office of the National Coordinator for Health Information Technology

Thank you, good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Joint Health IT Policy and Health IT Standards Committee's, the Certified Technology Comparison Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Anita Somplasky?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Present.

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

Hi, Anita.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Hi.

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

Cris Ross? Christine Kennedy?

Christine Kennedy, RN, BSN, MA, CNOR – Nursing Informatics Coordinator - Lawrence and Memorial Hospital

I'm here.

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

Hi, Christine.

Christine Kennedy, RN, BSN, MA, CNOR – Nursing Informatics Coordinator – Lawrence and Memorial Hospital

Hi.

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

Chris Tashjian?

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Good morning, yes, here.

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

Hi, Chris.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Good morning.

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

David Schlossman?

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Good morning, I'm here.

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

Hi, David. Liz Johnson? Joe Wivoda?

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

I'm here.

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

Hi, Joe. John Travis?

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Here.

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

Hi, John. Jorge Ferrer?

Jorge Ferrer, MD, MBA – Health Information Specialist – The Veterans Administration

Here.

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

Steven Stack?

Steven J. Stack, MD – President – American Medical Association

Here.

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

Hi, Steven. And from ONC do we have Dawn Heisey-Grove?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi, Dawn. And did we get Cris by any chance? Okay, well with that I'm going to turn it over to you Anita.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Hi, thanks and just again thanks to everyone last week was an amazing...we had that amazing set of testimonies that came in, however, there were some things that seemed to...some views that contradicted others so we need to kind of come up today with what we feel are final recommendations need to be.

I, you know, have to call out to Dawn who...when I say she worked all weekend she really worked right up until, you know, by my measure at least 9 o'clock Sunday night pulling everything together with changes including dramatically updating and changing the slide deck that we're about to look at.

So, Dawn did you want to take us through the findings? Start with the findings or did you want me to start going through that?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

I'm fine either way Anita, which would you prefer?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Why don't you start and then, you know, we can comment as necessary.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Okay, if we can go to the slides please. Okay, folks, and this is Dawn just for the record. The first part of the slide...and the plan here with this slide deck is that this will be the bulk of what is presented at tomorrow's Joint Health IT Policy and Standards Committee's meeting. So, these slides as well as one or two slides that post your final recommendations will be what Cris and Anita present at tomorrow's meeting.

So, the first few slides are the finding slides and these are supposed to summarize what we heard throughout the course of the hearings and what you all have discussed over the last few meetings.

So, first comparison tools, we, I think what I heard was that we all agreed that there are ongoing needs for comparison tools, it doesn't just apply to providers who are buying their first health IT product but also those who may be adding on in a modular approach to upgrading or just adding on new products. Those who are considering replacing their health IT products also need to compare products to find the best match out there.

And then what was interesting at one of the hearings was that somebody mentioned it can also be part of an ongoing IT strategy to determine what products are in the marketplace and plan for future purchases. So, I will pause here and see if there are any...is there anything else that needs to be added to the slide? Does everybody agree on this? Great, hearing none we'll move onto the next slide.

Okay, and then there was generally, at least I think that Cris, Anita and I agreed, there is generally a feeling that the existing comparison tools that are in the marketplace right now they're well respected, they have great brand recognition, you know, folks were touting names of all sorts of products out there during the hearings that we had and they do a lot of work to get the information that is needed to healthcare providers, they do extensive market research, they have platforms that allow for comparisons across different products and at different types of products. So, the tool developers are really working to meet the needs of providers. I will pause here to see if there are any comments on this slide?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

This is Anita, the only thing that I wanted to kind of shy away from even giving any examples because I had received e-mails from a number of folks who had been on the line to say "well, we know of this tool, we know of that tool" and I just feel like if you start naming any and miss any then it just leads to more and more work trying to respond to everyone, but I think saying that there are the existing tools and that they're well respected just kind of covers the gamut for us right now. Do other folks...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Hey, Anita...Anita and Dawn, excuse me, this is Cris I apologize for joining late but I'm here.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Okay, Cris. Do you want to take the...do you want to drive this or do you want me to keep going, Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Keep going, although, do you have transit challenges today?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

I think I may be one of the few people who doesn't have transit challenges.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right, lead on.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

All right, okay, any other comments on this slide? That was helpful Anita for perspective. Okay, so slide six, and again this is Dawn for the record, what we did hear pretty consistently, although there was some disagreement about it on Friday, is that the current tools may not meet some of the very unique needs of some of these other providers, especially small practices, people in rural practices, in specialty practices we heard a lot about that, and also those who lack technical support which could be these small and rural practices but also other larger practices who may be under resourced and may not have that information.

So, this one I'm again going to pause and see if there are any points that we missed or any comments on this one?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Dawn, this is Anita; I think that we did hear that the folks who I thought were saying that there were adequate tools were more on the vendor side. You do need to pay for a number of the tools out there which was the only...and I'm not suggesting that this be an ONC owned tool, but for many of the comparison tools you do have to pay a fee for that and in doing that, again, those small and rural practices just don't always have the resources to do that.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Well, and I'm not sure that, this is Chris Tashjian, I'm not sure that small practices know where to find them all but exactly to pay for those kinds of things they don't have the resources to do that.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Right and this is David, the presenter from KLAS pointed out about how they're working with 2000 people a year and then giving them access to the full database but if they worked with 2000 people a year every year for 20 years that would be 40,000 people which would be 5% of all the physicians in the US. So, the contention that there is a way for large volumes of the physician community to get access to these highly priced tools is not borne out by the mathematics.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Okay, this is Dawn, and I will say that we're going to get into the comparison tool cost that comes up in the next slide so we definitely addressed that in some way. Are there any other comments...?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

You...

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

No, no it's okay, there is...you know it could fit in both places so that's fine. And I just lost my network, so next slide, let me see if I can...okay, so then slide seven talks about some of the gaps that we heard in the existing tools. So, in addition to the fact that they may not meet the needs of special groups of providers we also heard that the tools can lack comparative data on quality reporting or that can be used to assess the quality reporting capabilities and functionalities of products objective usability

information, lack comparative product costs and also information about the products ability to integrate with other health IT, kind of like how well do they play with others, and then at the bottom of this slide is the information about or the highlighted point about tool cost being somewhat prohibitive. So are there any points for this particular slide?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

No, I think you...

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

How could...

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Nailed it.

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

This is Joe; what about we definitely heard that there was an interest for peer-based reviews?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Yeah, so...

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

Yeah, I don't know if you answered that.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Yes and I think...yeah, and I'm not certain where that needs to go and that's a very good point because we have the objective usability information but we also heard about peer reviews not just for usability but also for some of the other pieces as well, cost, you want subjective information about whether the cost was expected to...as it was expected to be and so some of that subjective information is included in some of the later slides, but we could also potentially include it here. I just don't know how much we want to layer on here versus later and that's an open question for you folks.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Actually, Dawn I think you do cover it, while Joe raises a great issue, but I think you've got it covered elsewhere, maybe...

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Let's take a look once we get to it and Joe maybe you can give feedback where you think it should be.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Great.

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

Okay, makes sense.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

All right, so then the next slide I think is just is, one more, and this is about the benefits because remember the charge for the Task Force is to highlight the benefits of a comparison tool as well as the nod and what we heard from several folks is that the comparative...having comparative objective data on things like usability and cost may force the providers, may force health IT developers to compete on those aspects where they may not be currently, some of them may and some of them may not but this provides an objective evaluation of that.

It also would allow providers to, you know, have this information in a way that is accessible and meaningful to them would hopefully help them pick a product, the right product the first time around. So, I'll pause there and I don't know if pausing is the best strategy at this point because I keep hearing things that we've incorporated later.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Hi, this is David, I think this would be a great place to add one point that I've sort of been harping on before, is could we say something like comparative objective data may encourage competition which can be a key driver of innovation and improvement.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Sure I think that's easy to include. Okay.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

I think it's a good place for it to fit and I think that that's an important point to make that there is a larger conceptual public benefit here than just competition in the market.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Yes, I agree and so I can add that language to that first bullet point that's an easy fix. Any other comments before we move on? All right, moving onto the next slide and the next slide. And now I'm going to turn it over to Cris and Anita.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, this is Cris, I can take sort of a first run at this Anita, does that make sense...

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Sure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Because I was kind of pushy about this. So, I think, you know, we had hearings where we were asking questions about what people needed and what did they see as gaps in the market with a kind of agnostic view about how will this wonderful tool spring into existence, but my view is that as a Task Force we need to provide some guidance about the potential best ways to do this it's a topic we raised earlier in our conversations and we just sort of tabled it for a bit while we gathered information, totally appropriately.

These are five recommendations that came up from ONC's viewpoint and in conversation between Anita, Dawn, Michelle and I, and you can read the five, that ONC on the one hand could take a...develop and maintain a comparison tool themselves, can focus on advancing data sources to help fill in the private sector, could endorse one or more tool vendors, they could make recommendations to say "hey, those of you who are tool vendors we think you ought to do these things" and then potentially we could contract with one or more tool vendors to ensure tools for specialty and small practice providers.

I would make the argument that these are not necessarily mutually exclusive although some combinations don't make sense to do together. But you could imagine for instance doing number two and number five together and maybe a little bit of number four.

By the time we get to the end of the slide deck I think I am interested in getting a consensus or at least a show of hands around what do we think are some appropriate proposals and, you know, we can have a preliminary discussion of this now and then try to come back to it for a final decision at the end might be the best way to do it. Anita, do you have any additions, corrections?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Oh, no corrections to that, I agree though we do need to kind of figure out what it is we as the Task Force want to recommend.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, if it makes sense to everyone I would entertain at least people's initial reactions to this then I think we should turn it back over to Dawn to go through the rest of the slides and then we'll return to this matter and do, you know, kind of a recapitulation or a show of hands. So, I'd turn it over to Task Force members, what do you all think?

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

This is...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Cris, this is John, maybe I'll start off, John Travis. The...it seems like what we heard pretty consistently was there is not a singular tool out there that necessarily merges two basic kinds of information since it still is about certified products you're not going to be able to get away from needing to draw on data available, it's really from kind of two categories what's on the CHPL as part of the open CHPL and what's part of the disclosure information that I think we heard from Scott Purnell-Saunders is going to be made available through a link off of the CHPL to the vendor website, so in a manner of speaking those kinds of information will be consolidated along with anything about, you know, remediation driven by the complaint side of surveillance or, you know, anything where the vendors had to cure an issue as a result of surveillance so that's all important data.

But then the other kind was all the testimonial, you know, kind of serving almost as a clearinghouse for buyers reference type information which is not really available through the CHPL, you would want it available from a more neutral party than the vendor.

So, it tends to kind of point to, you know, is there a consolidation of that which you'd want two off this slide and potentially, you know, how you consolidate with information to fill in that referenceable, you know, rating type of information that would be the Craig's list stuff. So, whatever works to consolidate and ease access to that.

I don't know that we necessarily want to require you to have to have a cost subscription to have access to that later category. So, somehow consolidating that and that may be a combination of two and five to start with a comment.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay, that makes sense. Any other comments?

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

This is Joe, I think we look at existing data sources like the CHPL and the direction that that's going I think there is a real opportunity there to potentially use the CHPL for some of these gaps that we have and, you know, there is some concern because there are a number of EHR vendors that we're talking about here that don't have certification or don't need certification yet.

So, as we talk about behavioral health or long-term care and others, home care, you know, talking about those tangentially a little bit right now but those are ones that are not in the CHPL right now or may not be so we need to keep that in mind.

I'm somewhat reluctant to endorse a tool vendor or develop and maintain a comparison tool that's in addition to what's going on at the CHPL. And I think the same thing with, you know, making recommendations for private sector consideration is a good idea but that doesn't necessarily mean it will happen. I think if we did number five that would work too. So, I guess I'm endorsing or saying that I think two and five are probably what make the most sense to me as well.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Yeah, hi, this is David, and I agree with Joe. It's going to take incentives and resources to stand up and do the curation and knowledge maintenance of this kind of a tool and that would just be a huge undertaking for ONC to do all by itself. The vendors aren't going to do it just because recommendations are made and we probably don't want to be in the business of endorsing one tool vendor over another. So, two plus five makes sense.

What's in the CHPL is largely what comes out of the certification processes but things like real objective usability comparisons really aren't...they're sort of coming into it with a safety-enhanced design part but they're not there as much as certainly I'd like to see and I think the combination of two and five is like way the most attractive approach to the problem.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Yeah, this is Chris Tashjian, I would agree with that. The one thing that we have to do though that I don't quite see where it's here is we've got to make sure that these people know that this exists so that if we do it we have to find...we have to make sure there's a way that they, you know, know that it's out there

and available and I think that's going to be the biggest key for them because I can see us doing all this work and then not...as I said, in a small clinic they won't know where to look to find out what is available.

I'm not sure how you do that but it's going to be important to make sure that this gets telegraphed or, you know, broadcast that this is out there when you're looking at buying or changing your EMR.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right, so that sounds like even a sixth recommendation I think, Chris, which is communicate about the availability of tools to the market.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Is that right?

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Yes.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Chris, this is Anita, do you think that the vast majority of these small and medium practices weren't aware of some of the other tools that, you know, ONC...because ONC does a great job of, if you are a part of their LISTSERV and the same with CMS, of posting links early on to some of the comparison and certainly to CHPL early on so that novice buyers could take a look at different EHR products. Do you think that this still was lost?

Is it something that...I agree about the communication I'm trying to figure out the best way to do that, is that through the specialty, you know, each society? Is it ONC or CMS doing a better job of pushing that out?

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

This is John...

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

I think it's yes...go ahead.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Sorry, go ahead.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Yeah, this is Chris...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

No go ahead.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

I think that all of the above. I think there are groups that were completely unaware of it. I know that our group was aware of KLAS but nothing else and again had limited access to it. So, I think if there is something out there that there are recommendations we have to find a way to make sure that everybody hears about it.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

And this is John...

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Yeah, this is...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

I think the ONC CHPL would not have been viewed as a resource for that kind of a purpose by somebody in the market. I think it was...I think that was even some of the perspective of what ONC presented last week that it's evolving and it's early to determine its utility for that purpose, it's very laudable that it's going in the direction of being more useful for more than this is your attestation support tool for selecting, you know, certified EHR technology for your shopping cart but to date I would argue it's primarily been viewed as a tool for use by people looking to attest for Meaningful Use to be honest and that's not to discredit that's honestly probably what its original and still to date prime purpose has been.

I think there needs to be an awareness raised of its ability to be used for more than that and for researchers and for people wanting to look to do comparison but the dataset available and the primary perception of the tool has not been as a comparative buyers resource.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Hi, this is David, I think that your average physician in a three or four person practice is trying to keep his head above water and not go bankrupt, take great care of his patients, stay knowledgeable in his specialty is not looking at the LISTSERVs from CMS and ONC.

And so we do need all of the above with help from the specialty societies and I agree that it's laudable that CHPL is going in a direction of being more open but still it's just a really highly technical huge list and we need to make people aware that we're trying to get resources out there that they can really read that won't take them forever to wade through that they can filter down to get to the key information that's relevant to them that will be basically useable to them.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, this is Cris, I guess my question would be, you know, what's the downside in recommending that ONC communicate about this to the market, it seems like a low cost, high value option here and I'm wondering why we wouldn't add it as a sixth recommendation, which is communicate to the market.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Oh, no it's...this is Dave, there is certainly nothing wrong with having ONC communicate to the market, but that in and of itself probably isn't enough.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Totally agree, Dave, yes, you're absolutely right. So, necessary but not sufficient makes sense. Others?

Steven J. Stack, MD – President – American Medical Association

So, Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah?

Steven J. Stack, MD – President – American Medical Association

This is Steve Stack, so I agree with what everyone else has said about two and five. I don't think one and three are desirable. The one thing we haven't commented so much on is four.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Steven J. Stack, MD – President – American Medical Association

I do think that one of the things we're missing is I think my read of the market is they're not just interested in what's certified at this point and I think they feel if they buy something and are told it's certified that they assume that it will then, at least the small purchasers, will enable them to fulfill requirements for Meaningful Use which may now well be in substantial flux this year and we'll see what ends up happening with that, but I think what they do need or what they would like is some kind of tool that allows them to get a sense for the relative satisfaction or dissatisfaction that others in the marketplace have with a tool and just a very easy to use or glance at screening process...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yes.

Steven J. Stack, MD – President – American Medical Association

That can help them narrow down this large universe of potential vendors to a smaller universe they can explore in more detail.

So, I think there is still a need for something that may not necessarily be readily accessible and out there and I don't...I try to be very careful, I think like most of us do about not mentioning specific vendors, but I'm sure the work that KLAS does is rigorous and of great detail and obviously people hold it in high regard, we all see it out in the marketplace, but I think the point that was made early in the call that...I mean, I don't want...someone shouldn't say "hey, I'll work with you" and interview for an hour and then never do it just to get a free report there has to be some way that a two or five, or an eight physician practice can get access to the sort of stuff that we can in other market places.

So, I think that item number four on this list has importance because I think what we sort of need is, is there a way that ONC or the government through identifying a need or instigating or supporting, or partnering in some loose way can have a place where these various resources are at least pulled together and identified of which CHPL would be one resource for a very specific purpose but identifying that KLAS is out there for those for whom it is relevant and then maybe fostering this environment where people could have a sort of user common environment and I think there's something still lacking. I think I struggle though with how can we pragmatically make it happen and I suspect we all have that same struggle but it would be nice to see it happen.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, Steve, this is Cris, so I think your points are very well taken. Are you suggesting potentially an amendment to number four that includes not just recommendations for private sector consideration in a kind of ONC bully pulpit mode but also some form of collaboration or other work between ONC and tool providers?

Steven J. Stack, MD – President – American Medical Association

Well, I would say maybe this, and maybe even a group like this that since we've kind of gone through this thought process identify where we can reach consensus for what sorts of things, at least as we understand it now, are not currently available and which would...which appear to be desirable that would be one way to make...to identify potential needs in this kind of report.

And then I agree with the dissemination strategy I guess is what I would call it. I mean, there's a great role where ONC and CMS could disseminate but then I would anticipate that if there is something of value to disseminate that all sorts of professional societies would also participate in helping to get the word out to their constituencies.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well that sounds pretty interesting to me. I would love to get comments from others. Before we do I think I'd want to...Dawn I know that we would be putting you on the spot, but do you think that ONC would be open to that kind of recommendation?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Yes, I think that that's...I think that you all are struggling with the same thing that we are struggling with here. I also think that some of the slides 10, I'm sorry 11 and 12 may start to get at what Steve was just mentioning...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, yeah.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Or at least I tried to get that to work in that way.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Because one of the things that I heard consistently on the two...during the two hearings is that the subjective information...I didn't get the sense that folks wanted the federal government to be collecting or, you know, doing that part of the data collection. So, if I misunderstood that then I definitely would like to hear that as well.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, Anita, if you don't mind let me try and make a bash at this to see if we can move forward. So, let me just say, as a draft consensus, I think we're hearing support for two and five with Chris Tashjian's addition of a six, which is communicate about this to the market. I think we've got an open question around four around does ONC have a convener or recommending kind role in trying to activate and support and advance the private sector. Does that sound like a good rough draft?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

What do people think?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Cris, this is Anita, I agree.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Any other viewpoints?

Steven J. Stack, MD – President – American Medical Association

No it sounds good, this is Steve.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, I'd say we could go through...maybe we could go through the rest of the deck, you know, we also might want to reorder these recommendations swapping two and three which would have a new, you know, number one and two which we would not endorse and then the following ones that we would, but, you know, I'm sure that wordsmithing we can do later. Dawn do you want to drive us through the rest of this stack and then we'll come back to this topic?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Sure. This is Dawn; can you advance to slide 11? Okay, so based on what we heard from the last group, the hearing was this slide and the next slide are categories or buckets of area where it sounded like we were missing information or the tools were missing information and then again, based on what I heard, I put, you know, whether there is a role for the federal government to provide some of this information and whether the private sector could provide information.

So, for example, the first one is the targeted market information. So, this would be the categories of what types of providers does this particular product...are they targeting? Is it small practice providers? Large practice providers? Rural providers? All of those different categories and the appendix that comes up in slides, I think 13 and going forward, has a list of those different market targets that we had discussed.

So, if the federal government, what I'd heard is the federal government could capture that as a form of voluntary reporting included on, you know, some form of open data like CHPL and then any comparison tool developers who wanted to parse the information about certified products and, you know, slice and

dice it in many different ways could then use that information, pull it from CHPL or wherever else and provide audience specific or provide those filters so providers can, you know, select which one is better for them.

Background noise

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

The next line, coverage usability...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

If folks could mute your lines if possible, thank you.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Okay, the next line is usability and I know we've talked about this a lot and I know that this probably...these, you know, short two columns probably don't satisfy everybody but there is more information, again, in the appendix that delves more into some of this.

But what I heard is that the possible role for the federal government in this is some objective more formal evaluations on products that are not subjective and possibly making some of the safety surveillance data that is captured through the certification process and the surveillance process more public, again, to be used by comparison tool developers all around.

What I also heard is that there is a need for subjective and I think somebody mentioned this already, but subjective peer-to-peer crowdsourcing type of reviews on usability that would cover the whole gamut of whether it effects your workflow, overall satisfaction and overall product satisfaction could go in the usability field or it could go down below as you notice it's the last row on this particular table.

Product cost is another one we heard a lot about over the course of the last couple of months. Currently, CHPL will or should start providing base cost information how that base cost is...whether it's still comparable I think this is another point that the Task Force has had many discussions about. There is a role for the stakeholders to solicit peer-to-peer reviews, again, that's subjective information, whether price meets expectations or other, you know, subjective information about that.

Before I move on, again, the general thought behind these tables is, you know, where can the federal government or ONC really help in providing information and data and where do we see stakeholders or the private industry filling in the role here.

The next slide, slide 12, covers the last two things that we talked about a lot, quality metrics and population health. So, here the federal government already has submission success rates so that would be something that could be made public and also developer...health IT products developer reporting on some of these other categories and fields that we had discussed.

Stakeholder expanded role could be, you know, metrics certified for non-federal value-based programs. So, one of the things that we heard was there are a lot of value-based programs, alternative payment models that are coming up that may use metrics that aren't part of or are not part of the certified technology and knowing which ones those are and being able to crosswalk would be very valuable. It

would be hard for somebody...the federal government to measure this because it's not data that we readily have available.

And then finally, product integration, this is our measures of interoperability and you could have...these are some examples that folks have mentioned over the course of the last couple of months for the federal role, again, trying to keep what health IT product developers have to report on as limited as possible so there is not a huge burden of reporting on them, but also for the stakeholders or the private industry we you know...having that subjective reviews, crowdsourcing, peer review, peer-to-peer information on how easy is it to use, how easy, you know, how well do they play as well with other's products that kind of thing. So, I will stop here and see if this addresses some of the questions or concerns of folks.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

Dawn, this is Anita, the only question I have is about the submission success rates, currently it's on programs that are either going to go away like PQRS or going to undergo vast changes like Meaningful Use.

So, it's not going to be an apples to apples comparison of what's going to be needed going forward so I'm not sure that we can say that we...we can say we have something but it's not going to be the same as what practices are going to be facing going forward.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

That is absolutely correct Anita and a very, very good point.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Hi, this is David; in the chronic integration line in the stakeholder expanded role is this a place where it would be appropriate to say something about a rating of the effectiveness of the API and how easy it is to either construct or integrate modules that...highly specialized needs.

Just, I mean in terms of the product comparison...would like to know something about, you know, anybody can just put up an API and say it's an API but it doesn't necessarily have to work well and it would be great to have some feedback on whether there's an API link that would really let you make a highly specialized module or utilize a highly specialized module, I don't know if this is the place to put it.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

This is Dawn again; we can certainly put it here. The appendix includes more detail on each one of these categories so it may also...because it's lengthy and I tried to keep the tables simple it may be better there but if you want to highlight it as more important than we can put it in this table too.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Fine, it doesn't really...if it's some place than that's all that I'm really looking for.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Great, okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay, I'd say press on.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Okay, so the next slide. All right and this is again more detail about what those tables had. So, as I mentioned in slide, I think it was 10, that had the targeted market, these are the categories that were mentioned over the course of the last couple of months about where we would like providers to be able to filter and the key here is that they can't...they should be able to filter on more than one of these categories not just one.

So, the example I think that was given was the Amazon filters where you can go over and filter products by cost, star rating and, you know, by, you know, the brand and so the same kind of filtering system would be ideal in a comparison tool or if it's for specialty providers maybe the tool already does the filtering for it, but if this information is made available by voluntary reporting by vendors or developers than it can be incorporated into comparison tools more easily. Next slide.

Okay and then I think that the other thing we heard fairly consistently over most of the meetings that we had was that comparison tools need to be accessible to all levels of technical ability and I think there is a general consensus that there are some tools that are definitely speaking to the C-suite of providers or purchasers of health IT that may not be immediately consumable by some of the smaller providers or other practice types that may not have that level of technical ability and knowledge. Next slide.

Okay, the next piece of information is about the cost transparency and I know that there is a lot of information that could go into cost. What I think we did hear a lot about is that really this issue of cost transparency is probably most relevant to small and...small practice providers, rural practice providers, providers who are not going to have a lot of negotiating power and who really just want to be able to see what the costs are, compare products and costs and then pick, and then dive more into the products when they go to, you know, speak with the vendors and things like that.

So, one...several different mechanisms to provide cost transparency was discussed here and some of it was producing ranges of products based on the type of providers in the targeted market which relates back to two slides prior. You could provide a cost for comparison as a cost for provider by year or by month which would allow subscription services compared to server-based products be more comparable but also after you get all of those costs presented providing information from peers about whether the costs that they were told by the vendors the product would cost would then meet their expectations. Next slide.

The other thing we talked a lot about is the fact that health IT is modular and as time goes on having the ability for products to...for health IT, I'm sorry, healthcare providers to compare on a variety of different types of products, so whether it's privacy and security, patient engagement, quality improvement all of the different categories.

So, we spent some time talking about the comparison framework that we produced in the beginning of the Task Force and I think what I heard from everybody was that not all of these categories are going to apply to everybody, some of them were not even ready to compare upon, but there is a general

consensus that this high priority group should be present and available for comparison across most if not all comparison tools.

The medium priority maybe very nice to have and is something that is important to providers, especially going forward, but not all of this is available right now.

And then the low priority are things that may not have any kind of certified health IT products, there may be other comparison metrics that are available for those or there just isn't enough information to do it right now. So, basically, I prioritized the comparison framework into those three buckets. Next slide.

This is a...the fact that usability needs to cover both objective and subjective information, subjective information is something we heard consistently throughout. Folks want to hear not only...have a nice, you know, formal evaluation of product usability with the strict definition of usability which I was provided by folks on the line here, but also do your peers think that this product is user friendly, it is easy to use, is it hard to use, are there too many clicks. Those are things that folks want to hear about and look at when they compare products and that's just not available right now. Next slide.

The other thing that I think we've already heard about today as well as previous meetings is the fact that when we're looking or providers are looking at health IT products to purchase some of the purchases may not be certified health IT products and so it's really important that whatever comparison tools are out there include the information about other non-certified products that are important to providers that way they don't necessarily have to shop around and look at, you know, five different comparison tools to figure out if everything that they want to buy is going to work together nicely and it provides them one stop shopping. Next slide.

The final thing, at least I think this is...one of the major things that we heard about over the course of these last two months is that these tools need to be flexible, they need to be responsive. A lot of things are going to be changing over the next few months and few years with alternative payment models and MIPS, and all sorts of other things, population health is growing and expanding and so the comparison tools need to be able to incorporate that information as it comes along and it needs to be responsive and quick in doing so, so that providers don't end up looking at information about products that is two years old that doesn't apply to the product right now. Next slide.

And this is a summary of what we talked about I think overall in terms of where the data needs to come from. If the data is including information from health IT developers as well as independent third-parties, the federal government and peer reviews you need to clearly state where the data is coming from so that folks know, well this information was provided by the vendor but this information is just, you know, Dr. A down the street giving me a recommendation and this is validated information from the federal government. All of those sources of information are valuable and important to have but you need to know what you're looking at and where the source is from so you can weight that information accordingly in your mind. Next slide.

So, overarching, one of those things I consistently heard and I think one of the recommendations that everybody is leaning towards is that the federal government has a role in possibly providing some more of this information for comparison tools to use. This could be through additional certification processes or voluntary reporting. If it's a voluntary reporting it needs to be easy information for providers to or developers to provide and succinct and simple. And next slide.

And I did hear, fairly consistently, that subjective information like peer-to-peer review and crowdsourcing that should be the purview of the stakeholder groups, medical societies, tool developers and definitely the comparison of the health IT products and rankings in health IT products should not be done by the federal government but should be done by the groups who are developing the tools and making the comparisons or using the comparisons because they know best what they need. Next slide. All right, I guess we're not ready for that one so we can go back one. Cris and Anita I will turn it over to you.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

This is Anita, I don't have anything to add to that, to what it is that you've said Dawn, I think you did a great job summarizing that.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, this is Cris, I would agree and I think the real active question is to go back to our recommendations where it would seem like we had consensus around, you know, two, five and a new six around communication.

The open question for me is that we got a lot of recommendations here that look like they would be useful if we were to do the two and five recommendations above. What would we do with the rest of these recommendations? We can certainly transmit them to ONC but would we advise that ONC for instance, you know, advocate that the industry ought to move in this direction, which was what Steve raised and I may have perverted his intent but my question was should we also look at recommendation number four which was to, you know, make recommendations...suggest that ONC should make recommendations to industry perhaps on the basis of some of these ideal tool attributes.

That was a little sprawling but I'm sure someone can have some sensible comments and help frame us up here a little bit. Should we augment our earlier consensus recommendations? And maybe I'd even put Steve on the spot since you raised a good question earlier.

Steven J. Stack, MD – President – American Medical Association

I think these last slides clearly identify some of these additional things we want to do. So, I think that this just captured many of the concerns that I had in kind of the needs assessment. I don't know beyond identifying those right now and sharing that with the Policy and Standards Committees as things we would like to see, I don't see how we can possibly come to any kind of resolution about a directionality or a path forward between today...from today to tomorrow.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, yeah, fair point.

Steven J. Stack, MD – President – American Medical Association

But I would hope those slides would be shared with them because I think they capture the substance.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, yeah. Comments from others?

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Hi, this is David, I mean there's nothing wrong with having ONC make recommendations to the private sector and they'll probably get some recommendations just about from reading the report that comes out of this. With all due respect to Dr. DeSalvo she is not Teddy Roosevelt so I'm still skeptical of how much we'll accomplish with the bully pulpit.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

She needs a bigger stick?

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

...so that's why I'm more leaning towards two and five.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Any other comments? Do we have a silent group or do we have consensus?

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

This is Chris Tashjian, from my point I think its consensus, I'm fine with those recommendations.

Christine Kennedy, RN, BSN, MA, CNOR – Nursing Informatics Coordinator – Lawrence and Memorial Hospital

This is Chris Kennedy...

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Yeah, this is David, I agree.

Christine Kennedy, RN, BSN, MA, CNOR – Nursing Informatics Coordinator – Lawrence and Memorial Hospital

I agree.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Great job by Dawn and I think the recommendations are very good.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, I would suggest for consideration then that we go forward with these and we order the recommendations from our strongest recommendations to things we would not recommend, this is a friendly amendment.

So, our recommendation one would be advanced data sources. Our recommendation two would be contract with one or more tool vendors, our current number five. Our third would be the Tashjian amendment, which is communicate about this to the market through the channels that ONC has available.

Number four is make recommendations for private sector consideration. I think that's one that, you know, we're mixed on, maybe I'm the only person who is in favor of it, but it feels to me as though if ONC were to say "yeah, we want to offer some advisory kind of views that this would be good for the industry" I don't think we'd object.

And then I would list, you know, the fifth would be endorse one or more tools and we'd put an "x" on that and then the sixth would be develop and maintain a comparison tool and we'd put an "x" on that.

So, six recommendations, three we sound like we have consensus on, a fourth that, you know, may have some merit and then two we would reject. Does that work for everybody?

Steven J. Stack, MD – President – American Medical Association

I think it captures what we've discussed.

Christine Kennedy, RN, BSN, MA, CNOR – Nursing Informatics Coordinator – Lawrence and Memorial Hospital

Yes.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Yes, sounds good.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Man...

Jorge Ferrer, MD, MBA – Health Information Specialist – The Veterans Administration

Cris...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

The hardest working Task Force ever, well done.

Jorge Ferrer, MD, MBA – Health Information Specialist – The Veterans Administration

Cris, I had a question, this is Jorge. The CHPL is a very well recognized term as far as...concern but I'm not sure that it will depict a comparison tool going forward because historically it had a very strong historical context by which the CHPL was stood up it was either the carrot or the stick, it was Meaningful Use, there was...it was very friendly and laden with a lot of the policy that was given during the HITECH Act. Do we want to make a recommendation that the CHPL is sort of...should also be more apt to reflect what the current users want to see as opposed to the CHPL framework?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That is a great question. I'd be curious from people who are closer to this, maybe John or others?

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Do you want to restate the question? I was distracted for a moment there Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sorry, I hate doing that when you put somebody on the spot.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yeah, you go in that unfortunate multitask sometimes so I apologize.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes, sorry about that. Can you repeat the question?

Jorge Ferrer, MD, MBA – Health Information Specialist – The Veterans Administration

Yeah, the CHPL is a term that has a lot of historical context and it was heavily tied to Meaningful Use Stage 1, 2 and 3, it was both a carrot and a stick, and what we are trying to articulate is a tool that is much more clinically...and has high utility for the end-user so that they can evaluate the utility of the information.

And so the question was, should we reconsider that the naming, the history of the CHPL to something that's more apt to reflect the actual content of the information that could be displayed?

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

I think the...and this isn't a reason why not, there is always going to remain a need to be able to use it the way it's being used today. So, the Meaningful Use Program even though it, you know, we actually just saw what kind of distracted me is Administrator Slavitt and Acting Assistant Secretary DeSalvo just put out a blog post kind of saying "last week Andy Slavitt didn't mean to say Meaningful Use was coming to an end let me clarify what we meant" but it reinforces the idea that the current use of the CHPL is going to need to still serve that purpose, something will, and there is definitely potential in the future for other program purposes to emerge that might ask similar things where, you know, a provider is needing to select their use of certified HIT, you know, for program purposes beyond Meaningful Use.

So, I think we have to understand that this need is not going to go away. That doesn't mean that information that is currently or under the open CHPL to make accessible isn't going to be useful and maybe the right answer is kind of a blend, you know, as we look at our options that it really emphasizes the way number two is fulfilled.

We don't try to repurpose the CHPL necessarily but we try to draw on data that is being made available to the CHPL and also that's being made publically accessible of other kinds, you know, I mentioned the disclosure information before that vendors are going to need to start providing a deeper amount of and surveillance information that is useful and then later in what additional requirements would make it useful to the user audience for this comparative tool that could account for other more compelling clinical context and maybe as an example one thing that comes to mind is providing information additionally on things like, you know, the demographics of the vendors client base or the quality measures that the vendor has certified to that would be of interest to particular audiences or providing, you know, like I mentioned merge in of some comparative information that could enrich it.

So, it may not...two and five I don't think necessarily says that we would straight up use the CHPL but I think they say we would draw very much on anything we find of use that is made available through the CHPL and through the public information that vendors have to make available as a consequence of going through certification and bring that into context with what else makes this a useful basis of comparison for a physician practice buyer or a physician practice user who really wants to know, in the end, I want to find out things that help me understand what kind of credible options I have for vendors and health IT that may be out there depending on what my buying need is.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, on that basis what additional changes, if any, would we make to our recommendations or commentary? I think I'm hearing one piece which is...maybe this is naïve but clarification that we're not suggesting that CHPL itself is a tool but in some ways that resource for tools.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Some people might use it in its native fashion but we wouldn't expect that very many would and we would expect that people would use it as a data source.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yeah, I think...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Is that...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

That's the key.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yes, using the information available through it Cris not necessarily insisting it become...I think what happens, you know, it's another perspective and it's another...and it's broader than what is ever going to be available on the CHPL, concerning the CHPL being used as a...fundamentally a tool to support the attestation process for whatever program requirements exist for attesting to the use of certain HIT that's been certified.

So, I think we have to respect that purpose is going to remain an important purpose. It's whether the CHPL grows to do more things you begin to worry that if you try to make something all things, all people it loses...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

It's going to suffer from usability issues for any of the purposes that you're trying to serve.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Maybe we should actually...I always like to use the test of an intelligent Martian that just landed on the planet without context how would they, you know, view things.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

We might want to be explicit that we are not suggesting that CHPL is a tool or that it would fulfill all the needs of a tool. Someone might interpret this if we were to make recommendations about CHPL to say, you know, it becomes de facto, some sort of comparison tool and it clearly is not.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Well, plus that also paints us into a corner with our recommendations that if we were to say that about the CHPL that ONC in fact is putting up the tool...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, yeah.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Which I don't think we want to say.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. Do others agree? Does that make sense to emphasize that or at least note it?

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Yes, this is David; I mean, for the CHPL to fulfill all the purposes we've been talking about over the last four weeks would be a huge expansion in its scope, it would need contributors with new kinds of expertise and skill sets, and it would be the functional equivalent of having ONC stand up the system.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

So, I just don't think that this is feasible.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, Dawn, I think we might want to put some clarifying language around that first recommendation that CHPL should be extended, made more useful, you know, whatever it is but to note, CHPL is not and we don't recommend that it should be a de facto or purposeful tool for comparison purposes.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Certainly, I think that's a great suggestion.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Anita, I wonder if we want to get additional comments here or...it feels like we're getting close to driving this to a conclusion what do you think.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

I agree, I agree. There is going to be some background noise here so I'm going to try and be quiet but I do think we are getting very close to the end here.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I would say if we don't have additional comments that we could probably draw this to an end and give people back some time, everyone has been incredibly generous with your time. So, let's just do a roundabout. Any last comments? Then I think we're going to do public comment again today, correct?

Steven J. Stack, MD – President – American Medical Association

Yeah, so, Cris, I have just one...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Michelle? Yes, go ahead Steve.

Steven J. Stack, MD – President – American Medical Association

Cris, its Steve, just a pragmatic comment. So, is today the anticipated last meeting of this particular group and our work is finished and those dates in February are released or are those held now tentatively or are we going to actually have those calls?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, my understanding...

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

This is Michelle...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, go ahead.

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

Sorry, Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Please?

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

We had set those up just in case, if, you know, this wasn't over. So we hopefully won't need them if all goes well tomorrow but we wanted to make sure they were on the calendar just in case. So, we'll let you know.

Steven J. Stack, MD – President – American Medical Association

Okay, so we...that's good, so after all the meeting tomorrow and after a day or two when everything sinks in if you could just send us a note if we can release them or if we need to hold them.

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

We will let you know, thank you, Steven.

Steven J. Stack, MD – President – American Medical Association

Thanks.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Great question. Anything from anyone else?

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Yeah, hi, this is Dave.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Dave?

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Could it be possible to send out the information...I know that you and Anita are going to present but those of us who are interested could we listen to the meeting and what's the information to getting to it? Could they send that...could Dawn or Michelle or somebody...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Send that out?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, of course.

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

Sure we'll send that out.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Otherwise Michelle I think we're going to do public comment and then I think we can come to an end. Do you agree?

Public Comment

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

Yes, let's do it. Operator can you please open the lines?

Jaclyn Fontanella – Digital Project Manager – Altarum Institute

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

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

So, I know David Tao has a comment, I'm not sure...oh, yeah, I think he's in. So, David Tao are you ready?

David Tao, MS, DSc – Technical Advisor – ICSA Labs

Yes, thank you, Michelle. Hi, David Tao from ICSA Labs, just a brief comment. First of all I agree with the recommendations the committee has come up with I think they're good.

The point about ONC and the CHPL though, Scott Purnell-Saunders at the last meeting when he presented CHPL and the enhancements they were making it sure sounded like they were already making it a comparison tool. He talked about, you know, making the data presented side-by-side and improvements in the user interface, and while that may be a good thing you may want to say something like you recommend that ONC prioritize making the data available and pour it's efforts into really doing a good job on that and de-prioritize the investment in the user-facing aspects of CHPL because it sounds like what they're doing already is one of the things you're recommending against. So, thank you very much.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That is an excellent comment.

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

Thanks, David, we have no further public comment.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, I think this is the point where Anita and I say thanks so much to this group put together in short order, great engagement, great participation in the calls, great wisdom, I'm impressed with where we landed, nicely done and, you know, we'll be sure to thank everyone who prepared testimony and participated in the hearings as well. Anita, what have you got?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation & Development Services – Quality Insights of Pennsylvania

I've got that I will see you tomorrow and thank you to everybody for your input and Dawn again thank you for all the time you've put in to make all the numerous edits we've made along the way.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I was remiss, Dawn has been a superstar through all of this as I think everybody knows, but in the communications that Anita and I have had with Dawn she is...I won't say she's the hardest working person at ONC because that would be insulting to other people on the line, but boy, howdy, she better be at least a candidate for employee of the month that's all I can say.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation & Analysis – Office of the National Coordinator for Health Information Technology

Thank you guys.

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

Yay, Dawn.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right, thanks everybody.

Jorge Ferrer, MD, MBA – Health Information Specialist – The Veterans Administration

Thanks, everyone.

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

Thank you, Cris and thank you Anita.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Bye-bye.

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

Thanks, Dawn.

Steven J. Stack, MD – President – American Medical Association

Thank you, bye-bye.

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

Bye.

David Schlossman, MD, PhD, FACP, MMI, CPHIMS – Missouri Cancer Associates

Thanks, everyone.

Public Comment Received During the Meeting

1. David Tao (ICSA Labs): I think the recommendations are good. However, there is a lot that has gone unsaid about "contract with one or more tool vendors..." I believe the TF should make some recommendations about the criteria and process to select the vendors to contract with. Perhaps these recommendations would be the seeds of an ONC RFP.
2. David Tao (ICSA Labs): Scott Purnell Sanders (ONC) presentation at the last hearing also suggested that CHPL was evolving into becoming a comparison tool (he specifically mentioned side by side). If the CTCTF does not endorse ONC developing a tool, then you may want to consider recommending that ONC prioritize making the data valuable, and DEPRIORITIZE investment in the user-facing aspects of CHPL.