



## HIT Standards Committee Implementation, Certification & Testing Workgroup Final Transcript January 15, 2015

### Presentation

#### Operator

All lines are bridged.

#### Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Good morning everyone this is Kimberly Wilson with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Implementation, Certification and Testing Workgroup. This will be 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 will now take roll. Liz Johnson?

#### Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Here.

#### Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Cris Ross? Andrey Ostrovsky?

#### Andrey Ostrovsky, MD – Chief Executive Officer – Care at Hand

Here.

#### Kimberly Wilson – Office of the National Coordinator for Health Information Technology

Danny Rosenthal?

#### Danny Rosenthal, MD, MSc, MPH – Director of Healthcare Intelligence – INOVA Health System

Here.

#### Kimberly Wilson – Office of the National Coordinator for Health Information Technology

David Kates?

#### David Kates – Senior Vice President Clinical Strategy – NaviNet

Here.

#### Kimberly Wilson – Office of the National Coordinator for Health Information Technology

John Travis?

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

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Kyle Meadors?

**Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Rick Moore?

**Rick Moore, PhD, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Healthcare IT Executive – National Committee for Quality Assurance**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Sarah Corley?

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Steven Waldren?

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Udayan Mandavia?

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare, Inc.**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
And Zabrina Gonzaga?

**Zabrina Gonzaga, MSN, RN, cNP – Senior Nurse Informaticist – Lantana Consulting Group**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Great and from ONC do we have Brett Andriesen?

**Brett Andriesen – Project Officer - Office of the National Coordinator for Health Information Technology**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Scott Purnell-Saunders?

**Scott Purnell-Saunders – Program Analyst – US Department of Health and Human Services**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Karson Mahler?

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**  
Here.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Is anyone else from ONC on the line?

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program - Office of the National Coordinator for Health Information Technology**  
Alicia Morton.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
Good morning.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program - Office of the National Coordinator for Health Information Technology**  
Good morning.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**  
And with that I'll turn it over to you Liz.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
Thank you.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**  
Liz, this is Cris Ross, I'm joining.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
And good morning everybody.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**  
Liz, this is Cris; sorry I'm a few minutes late.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
Okay, that would be...because I am still...are you up? I'm still...I'm in a...the business center actually and I am not yet able to pull up. Can you get us started?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I can do so, I'm doing the same thing myself, so shuck and jive here for just a moment.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Sorry, I've been having difficulty getting the access slides.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

No worries, I know exactly how that goes. I apologize I had to move from one building to another. So, this is the meeting of the Implementation, Certification and Testing Workgroup. I think everyone received the materials in advance including the agenda for today. And we are going to cover two main things today one of which is a short overview of the Health IT Congressional Provision which has to do with certification and a discussion about de-certification based vendors, based on whether they meet requirements or not.

Our main agenda that we're going to be spending about 50 minutes on today is this review of homework and feedback and what that is, is we're going to be looking at, as you can see, if you've read ahead in the deck, a summary of issues around certification that goes back some time.

This Workgroup in its previous incarnation and current incarnation has been looking at these issues over a number of years around how well are we doing around these issues of implementation, certification, attesting and today we're going to be looking at some materials that go back to last May and that includes feedback that's more recent for members of the Workgroup and we're going to be looking to Brett, Alicia and Scott to give us a little bit of a summary of what those issues are so that we can become pretty fully grounded in what have been the historic issues around implementation, certification and testing, so that this group as a whole will all be more or less on the same page, we're not all going to have the same conclusions but at least we'll have the same facts and the same opinions provided to us, so that as the roadmap and MU 3 materials come forward to us at least we're on the same level playing field so that we can help ONC by making recommendations on how to improve and refine implementation, certification and testing going forward.

So, today is a little bit of listening time but we hope to have some good conversation, you know, between 9:25 and 10:15 Eastern time today around, you know, viewpoints from this Workgroup and, you know, can we come to consensus viewpoint around what some of the major issues are.

So, I'm looking forward to this. I think this is part of our group with its, you know, new membership and expanded membership kind of getting on the same page. I'm hoping we'll have a chance to kind of work together as a team today, share some opinions, inform each other so that we can be really effective as we do our work looking forward.

Is that...does that make sense to everyone? And I would ask Michelle or Brett, Alicia, or Scott anything that you would do to amend that overview of the purpose of our meeting today based on our planning meeting that we had last week?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

It sounds great to me Chris, this is Liz.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So, I guess with no...unless there are other comments I think we should turn it over to Karson Mahler to walk through the Health IT Congressional Provision.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

Thanks, Cris and good morning everyone. So, you know, I've asked to say a few brief remarks about, you know, the recent request from congress to ONC for a report on information blocking by developers or users of certified technology and a strategy by ONC to address this issue.

And, you know, we know that this Workgroup in particular is probably concerned or at the very least curious about this request and ONC's plans to respond so that's why we wanted to take the time just to kind of give you a little bit of our thinking and direction.

So, as background, you know, the language or some of the language and a pertinent part of the request is here on this slide. This language comes from an explanatory statement which accompanied the recent consolidated and further Continuing Appropriations Act of 2015, the recent Omnibus or CR-Omnibus Bill.

You know without getting into ONC or HHS internal policy deliberations I can try to give a sense of how we're approaching this request. So, you know, to be clear, while this language isn't part of the Appropriations Act itself, so it strictly speaking isn't binding, we take it very seriously as an expression of congressional intent and concern over this issue of information blocking and we're treating it as a congressional directive.

You know we believe that congress has legitimate reasons to be concerned about this issue and we welcome the opportunity to take a renewed and hard look at it and so to that end we will be submitting a report to congress in March describing the information blocking issue and a comprehensive strategy to address it.

Now, obviously, you know, again, we can't get into the specifics of the forthcoming report, which we're still in the process of drafting or our, you know, internal discussions, but what I can say is, you know, we've looked at this issue, we've been looking at this issue for a while now, you know, preceding this legislative language, you know, we've reached out to stakeholders and grantees to try to better understand what they're seeing on the ground, what their concerns are and, you know, we also understand that this is a very complex issue and that it has a lot of angles, a lot of nuances, it's by no means a straightforward issue specifically on the, you know, the issue of de-certification.

So, you know, we do want to assure the Workgroup that, you know, we're looking at this in a very deliberative and systematic way and taking into account, you know, some of the complexities that, you know...and some of the implications that this language raises and, you know, the use of our certification authority and de-certification in particular could raise.

And also, I think it's important to note that we expect to actively engage the Health IT Policy Committee and also the Health IT Standards Committee and their Workgroups. You know as part of this legislative language congress has also specifically asked for a report from the Health IT Policy Committee on the larger issue of barriers to interoperability and so, you know, we expect that the committees will have input into the information blocking issue as part of that process.

Now regarding de-certification specifically, you know, that is certainly on the table. At the same time, however, you know, again we are mindful that de-certification can be a very blunt instrument and it could have harsh collateral consequences for individuals or developers who are not engaging in information blocking.

So, we're looking very hard at all of those implications and whether, and under what circumstances a more aggressive use of de-certification may make sense as a way to deter bad actors without punishing the good actors who are not blocking information. And again, this is not to telegraph any kind of policy, you know, we're just explaining how we see these issues and some of the complexities that they raise.

That's about all I can say, you know, on this topic at this time. So, I guess to just sum up, you know, ONC will submit a report to congress on the information blocking issue in March. We'll engage our advisory committees on the information blocking issue and the larger issue of, you know, challenges and barriers to interoperability.

And I think most importantly of all, you know, in the meantime we don't want this to distract from, you know, the really important and critical work that the committees are doing and that this Workgroup is doing, you know, which are absolutely crucial to moving forward with our interoperability agenda and goals. So, that's really why we wanted to just put this out there this morning to just, you know, give the Workgroup a sense of where we're coming from and where we're going and kind of, you know, address the elephant in the room so to speak. So, with that I think I'll turn it back to Brett or back to Cris. Thanks so much.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Let's open it just briefly to any questions that Workgroup members might have. I guess I'd start with a question of sort of what's next and do you anticipate that we'll be hearing some more about this just in general what's next?

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

So, again, you know, what's next, you know, the next step really will be, you know, submitting a report in March which is not far away, you know, so that's a, you know, ONC has specifically been asked to provide that report to congress.

In the meantime, you know, we're discussing how best to engage our advisory committees and other stakeholders, you know, and again, congress has really asked for two things, one is the ONC report but the other is, you know, specifically a report from the Health IT Policy Committee.

So, you know, this is going to be, you know, an ongoing discussion beyond just submitting the ONC report and there will be engagement, you know, we haven't determined what that will look like at this stage but, you know, we fully expect to engage the appropriate Workgroups, you know, to solicit input and to inform our thinking and next steps on this issue.

**David Kates – Senior Vice President Clinical Strategy – NaviNet**

So, Cris, this is Dave Kates, quick question, two quick questions, just to ask the dumb question first, when you say information blocking are we specifically referring to interoperability and the issues related to, you know, patient or electronic health information that products are preventing access to or are we talking more broadly about certification related things, information related to attestation and certification or behavior of vendors as it relates to anticompetitive behavior of sorts?

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

So, you know, this does get into some of those, you know, policy discussions that we're having and so we really can't define it on this call.

**David Kates – Senior Vice President Clinical Strategy – NaviNet**

Okay.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

But, I mean, you do raise some of the very, you know...you do highlight just some of the complexities about thinking about this issue, you know, I mean, you know, those are all, you know, some of the complexities that I sort of alluded to earlier and the kinds of things that we need to really be careful to think through thoroughly and to, you know, really come up with a meaningful way of framing this issue that's practical that's administrable, that acknowledges that it's...you know that this is not a simple matter and that the notion of information blocking is complex.

**David Kates – Senior Vice President Clinical Strategy – NaviNet**

Fair enough, thanks.

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

Yeah, this is John Travis; I would suspect it's going to be very hard. There's almost a manner of it that seems like feedback would need to be taken from vendor customer bases, it may be difficult to ascertain that by any intentional technical design but...or by practical events in the way systems have been implemented, but even there this is a cloudy issue I would suspect when you get to applying words like intentional.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, this is Liz, based on what we're hearing though am I hearing correctly that we would get some information back at least at the committee level that we could share with the Workgroup in a couple of months prior to any kind of report going back to the congress, is that a fair assumption?

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

So, I don't think we've decided whether we are going to engage the committees before the report goes to congress, you know, the report is going to come from ONC.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

You know and it...just as a practical matter, because it's...you know, we've been asked to submit a report in 90 days it's just, you know...the advisory committee, you know, timetable is set up, you know, well in advance, you know, we just, you know, it may not be practical to solicit input on this first phase report, you know, before submitting it into clearance and all of those sorts of things.

But, you know, again, it's not, you know, the report is not the end of the matter, you know, we expect it to start a, you know, dialogue and for us to have that dialogue with the Health IT community and with our, you know, federal advisory committees and with our other stakeholders and, you know, we expect that this will happen relatively soon, you know, if not before then soon after we submit this report.

**Rick Moore, PhD, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Healthcare IT Executive – National Committee for Quality Assurance**

And Cris this is Rick Moore I was going to add the obvious which was I think speed is obviously going to be an issue for you guys to get this up there, but defining what proactively blocking means is going to be probably the best thing you can do as I've already someone articulate.

And then what's going to happen to those providers who don't...who now have a de-certified product in their hands, that's going to be an important aspect as well. Does that affect their ability to be participating in the MU program?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, well, this is Liz, that's exactly where Cris Ross and I went from the very beginning was...and we realize that it's outside the bailiwick of this Workgroup today but nevertheless you can't help but be concerned about the providers that are going to be put in that situation.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

Yeah, and, you know, we are, we are very concerned about that and so again, you know, that's one of the issues. I think I'd frame it as de-certification is obviously somewhat of a blunt tool and it could very well have very significant consequences for...very significant collateral effects on other actors, you know, it's a tool that, you know, really has to be applied judiciously and so that's part of the challenge.

And also, you know, we agree that defining what proactive information blocking means is really a central, you know, piece of the task with which we've been charged. So, we have been thinking a lot about that.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

This is Sarah Corley, I think the more important thing is really identifying the barriers to interoperability because I think that, you know, someone proactively data blocking obviously that's not desirable and there should be appropriate punitive measures taken if we find that people are actively trying to prevent interoperability.

But, I think it's important to shed some light on what the many barriers are to interoperability because we know there are a lot of them and I think that's more important and certainly if we reach the point where we identify what data blocking is and we feel that a vendor has done such in a manner that deserves punishment I would hope that careful consideration would be given to protections for the clients that had made the investment in that vendor so that they would not be punished and only the vendor would be punished.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So, this is Cris, I don't want to cut off the conversation this is a good one, clearly a controversial and difficult topic one to be looked at. I want to ask one more question then we can move onto our meeting today.

So, I didn't ask my earlier question well enough. What's next for this Workgroup? Are there any particular things that you think will come back to this Workgroup in the near future pending your report or the report from the Policy Committee?

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

I think it's too early to say what specific items are going to come back to this Workgroup.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Sure.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

And, you know, we would have to...again this is a very recent request, you know, it happened just before the holidays. So, we're still thinking through our...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Sure.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

Through some of the pieces of our strategy, you know, to address this. And also, you know, we have to look at logistically, you know, what the, you know, the timetable is for the, you know, Workgroup. You know I would have to consult with, you know, Michelle, Brett and others to figure out...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

What sorts of items we would want to put to the Workgroup. You know in the sort of intervening period it may be worth saying that, you know, the public is always welcome to submit comments directly to ONC in writing, you know, through other means, you know, there is...we do take feedback and we take it seriously and, you know, we consider it and it helps inform the way we think about the issues.

So, you know, while I can't get into our, you know, internal deliberations, you know, I think just some of the points that have been raised on this call are important and, you know, while we may not be able to engage the Policy Committee immediately to the extent that individuals have, you know, suggestions, comments, concerns I would just encourage them to submit those to us, you know, preferably in writing so that we can consider those and in forming our report.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Totally fair, well this Workgroup has never avoided controversy when we've had to deal it with before so on we go. Thank you, Karson you've got your hands full, we'll look forward to future updates and engagement of this Workgroup as needed.

So, I think Liz with your consent here I think we should turn it over to Brett, Alicia and Scott for our main agenda item today or Liz do you think we're ready to go?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

We're ready to go because otherwise we will...we'll never get there because I'm sure we all have many more thoughts on this topic. Thank you though for the update it was very helpful.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yes.

**Karson Mahler, JD – Policy Analyst, Office of Policy – Office of the National Coordinator for Health Information Technology**

My pleasure, thanks so much.

**Brett Andriesen – Project Officer - Office of the National Coordinator for Health Information Technology**

Thank you, Karson.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Thanks.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

All right so this is Brett. How I kind of, Cris and Liz, figured we would go through this is take a minute to briefly run through the summary of the feedback provided by all the Workgroup members, thank you all for getting that in. I know our deadline was just after the holidays so I very much appreciate it.

And then allow just a brief kind of feedback from Alicia from the certification program to provide some perspectives internally a bit to react and provide any kind of clarification or justification kind of on maybe why things were set up a certain way or considerations that we may have already thought of internally at ONC that align a little bit with some of the Workgroup's feedback but maybe are not able to be readily implemented for various number of issues. I just thought it might be nice to finish up a dialogue a little bit based on what the Workgroup was asking and what the certification program has seen from its experience and then maybe briefly pause to have some conversation on each slide. Cris, Liz does that sound right to you?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

It sounds great Brett, lead on.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

All right. So, just to recap for folks who are listening that weren't involved in the initial assignment. We had the Workgroup members review the certification hearing testimony from the May testimony or the May certification hearing and identify opportunities for improvement of the certification program at large based on their own experiences of vendors and developers, and from the various industries that they represent and then come to today's call with additional ideas that the Workgroup could consider recommending to ONC to enhance the certification program based on those experiences.

So, let's move onto the next slide which kind of gives the high-level overview of the different categories and kind of observations and recommendations that came through on a number of topics that we tried to pull together. So, those include interoperability, comments around usability and workflow, some on the burden of implementation, a number on guidance that ONC could provide or certification bodies can provide, some comments and recommendations on variation and implementation on parsimony, testing tools and resources, testing procedures and we'll go through each of those in a little bit more in depth they are in your slides as well as even further in depth the full text of comments received by Workgroup members are also a Word document attachment that I believe was sent around to Workgroup members and are available through the on line system or the...so, moving on just some high-level observations.

Oh, before, I go on actually I just want to mention that a number of the comments received related to some of the hearing feedback and some of the testimony as well as some of those that were submitted by the Workgroup are slightly out of scope of this Workgroup and on the certification program those include comments related to Meaningful Use itself and CMS programs and eligibility and whatnot and those we pulled out and put on a separate slide just so folks can see them and there may be a few others that we, as we work through, can identify or do identify as being out of scope of the Workgroup or the certification program overall so just wanted to make a note about that before we moved through.

So, observations, these are...we tried to pull together what we thought were more recommendations and some opinions or observations that Workgroup members had submitted. So, these three kinds of buckets on the screen here are some observations that were submitted including interpretation of the requirements of change, certification efforts have shifted and focused from their original intent of driving adoption to more of an obligatory/regulatory process.

And then those regulatory processes themselves seem to be driven by the calendar rather than higher level objectives or something certification requirements, or testing tools not being mature or complete at release, a lack of visibility in future requirements leading to reduced engagement and sufficient time to effectively implement. Before I move on Alicia, Scott any comments or feedback that you want to chime in with here?

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Well, so clarifying that these are the comments...these are the observations that were made during the May event of 2014, right?

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

I believe that these are based...these are Workgroup comments based off those comments.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Okay, so, I mean, maybe we can just discuss the origin of some of these because, you know, reading it from the slide it's hard to kind of get the feel for what's meant by requirements changing or certification shifting from the original intent to drive an adoption which I would not agree that we've shifted that's always the intent is to, you know, provide some assurances to hospitals and providers looking to adopt that the products that they're adopting meet at least a baseline level of certification and functionality.

So, I would not say that the program is a response to an obligatory/regulatory processes so we could probably discuss that now or later at the end of this...at the end of the review of the slides.

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

This is John Travis, I'll speak to the first one I'm not quite sure about the other two, I think, the first one came from the homework group Sarah and myself, and Udayan were a part of. There are changes in guidance that have occurred and I...you know, we can cite some cases in point about this, where the guidance given to the ATLS over time in some cases has significantly changed and arguably in the cases that are most notable it was a matter of interpretation of how to apply the specification that underlined a requirement that, hindsight being what it is in fairness, I think should have been known at the outset of the certification program.

And it has made for a change in the bar for going through the testing process as a result, 17314 B-2 stands out for the guidance given around the pointer requirement and that's getting into the weeds but it does...the way it's been applied has made a fairly material difference in the bar.

Another one is how NTP testing has occurred, the tolerance, if you will, for the timing have significantly changed since the original testing. So, vendors that went through the process early made the experience seem something different then vendors going through the process later and when it comes to surveillance retesting you're tested against the current form of the test procedure.

So, that is partly behind, but when we say interpretation of the requirement I think it's principally around the interpretative guidance given to the ATLS about how to apply the testing requirement and the test procedure.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Okay, yeah, so...

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

In addition we could provide, this is Sarah Corley, we could provide numerous examples if you wish to have them...

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

Yeah.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

Of where interpretation has actually required rewriting reports because numerators and denominators have changed. I'll state...

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

Yeah, that's the other side of it. I think what Sarah is speaking to is that based on guidance that's come from CMS, especially on the functional measures, the automated calculated measures or numerator only vendors have to respond and that raises a tension point about the interpretation of what vendors need to factor for the reporting so the initial set of reporting they might have developed has to remain responsive to that and that's another aspect of things.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Yeah, so I now understand what you mean and so maybe the requirements change and when I hear requirements I think about what's required per the regulation versus how...

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

Yeah, the criteria...yeah the criterion does not change admittedly...

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Yeah.

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

But the test procedure underneath, what matters to the vendor experience of certification definitely does.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Absolutely, I agree. So and that's not even as much as the test procedure as much as the test scenarios and the way the different ATLS may approach how they step through the test scenarios with the different developers and of course they can all have their own way of getting from point A to point B, we're not prescriptive or we did not intend to be prescriptive about how you got to point A, to point B and getting there has illuminated lots of additional policy questions which I think has been challenging for everybody and a bit to be expected but it doesn't make it any easier as you are in the process of developing your systems in order to meet the criteria.

So, I am interested in receiving those specific scenarios, instances I think it just helps us improve the program and as we continue to, you know, refine our program and look at future out years of a certification program I want to try to learn from the mistakes and the challenges that we've had. So, please do send those onto me. We will definitely review them and take those...

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

I might suggest, this is John again, that maybe that gets noted for the minutes as a, you know, Sarah and myself and Udayan we can probably put our heads together and develop a list of...

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

This is Sarah the EHRA has provided numerous examples to ONC already.

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

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

But we can compile those again. I'd like to speak to the second point. The reason that we said that is that adoption per ONC numbers are at about 93% for hospitals and similarly, you know, up in high percentages for eligible professionals. So we could say that we have long passed the tipping point for adoption of electronic health records and what we're seeing, at least to our perception of the subgroup that put these together, was that this program is now being used to drive adding functionality not driving adoption of electronic records but driving additional functionalities towards other goals besides adoption of electronic health records.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

So, I mean, I respectfully disagree with that. I mean, I don't think adoption, I don't think anybody here thinks adoption is an end point, you know, it's the process. So, do we have an install base now that we didn't have five or six years ago, sure, but, you know, we continue to want to raise the bar to improve the functionality of the product folks are adopting to improve the information sharing and the interoperability.

So, I don't think the certification efforts have ceased to focus on raising the bar of adoption and use, and Meaningful Use of products to this obligatory/regulatory process.

Now does our program support many other programs such as the incentive program and PQRS, sure, but I would...I mean, the Workgroup may have arrived at that conclusion but I sure don't come to work every day thinking that the program is here to serve obligatory/regulatory processes but rather to continue to improve the bar for products that are certified in the market and used by providers and hospitals.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

This is Liz, you know, it's an interesting point and I...you know, it's obviously one that evokes emotion on both sides because it, you know, down even from the vendors and partners that create our codes to those of us who have to implement it in a timely manner to meet the regulatory requirements and as the interpretation evolves and therefore a code has to be changed there is an effect that's very real and I think the frustration then leads to what feels like we're being more focused on meeting a regulatory requirement in lieu of meeting the intent of the law and I really think that's what this is trying to say and I clearly understand the response on both sides.

I think our openness to hear both sides and to recognize that the downstream effect, whether the effect is, you know, with Sarah and John, and our partners out there creating code for us or whether it's, you know, to Cris and I that are the providers that have to take that code and put it in place and make adjustments in very short timeframes, I think that the sense of what's going on has evolved and has evolved, you know, in truth.

I don't think that...and I think unfortunately the way this is written it appears that it's an intentional activity. I think, it's a result, does everybody else agree with that?

I don't think that we think that you get up and think about doing it. I think we just are pointing out that by the pure evolution of things it is what happened.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Oh, I...this is Alicia...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz...

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

I was going to...this is John, if I can offer...and I think it's even been stated although we'll see with rulemaking to come, you know, CMS has made the statement that Stage 3 is the last stage, you know, and that...I mean, I've heard Beth Myers say that and others.

So, what remains as the certification program and the lever for...and this is not a judgment statement, but the lever for introducing new capability into the realm of the program that serves a public interest, and I think, you know, in many cases rightly motivated, ONC is about to, you know, publish, well now is taking comment on their 10-year plan, it certainly has elements that I expect are going to be introducing new requirement into certification for supporting those public policy interests, that's a lever ONC has in their arsenal to influence and effect the priority of new development for the vendor community. I mean, let's face facts that's true and that is intentional.

Now to get them into use may require other regulatory levers because the incentive side of things you still have the penalty side of things, so yeah, there's probably still room, if CMS chose to use it, to propose new use requirements tied to being a successful Meaningful User and then, you know, the role of certification towards payment policy as well.

The agencies are short of levers to introduce new requirements and I think that's the main point that we're saying here is that these are levers available, you may be right spot on saying it's a result, but there is some intent behind it to require introduction of things that the federal agencies involved do determine to be important for public policy purposes, again, not a judgment but there is intent there.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Well, yeah, this is Alicia, so I mean and that's the beauty of having these FACA committees both on the standards side and the policy side is for the government to hear from all of you and stakeholders about what the needs are and of course what the challenges are and now that we're, you know, well into this program there are a lot of experiences that we all need to learn from and take stock of as we continue to move forward. So, I mean, we value the comments.

And I think in future out years when there may be less of one program really driving some of the requirements or a majority of the requirements and the functionality then there will be room for a lot of other folks to express what their needs are and to have the public discussion about what, you know, what's needed, what's necessary, what's most important, where does everyone, where does the bar need to be raised to for everyone for the benefit of providers and patients, and communities.

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

Yeah.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

So, I mean, that's what we hope to gain and continue to gain and in engaging all of you guys and having your time devoted to these efforts.

**David Kates – Senior Vice President Clinical Strategy – NaviNet**

Hey, quick comment, this is Dave Kates, so I think the comment that's being reported out actually in part is opinions of the members of this Workgroup but also, per our assignment, is summarizing some of the testimony like Alisa Ray who was in the early days of CCHIT made similar comments and it's a statement of fact that...and Sarah and myself, and others were involved in the early days, that the original intent of the certification, a la CCHIT, was to just sort en loco parentis make sure that there was some basic functionality for a buying community that may not have the wherewithal to be able to evaluate different EHRs.

So, the fact that it has changed, that it's been, you know, to set a low bar to make sure that at least a minimum functionality is available to now trying to add new capabilities whether related to quality, interoperability that's just a statement of fact.

I think back to one of the earlier slides the tradeoff that we all, as a community, are facing is the crowding out effect of as we add new capabilities, features, functions, interoperability, quality measures, etcetera the other things that were listed on that earlier slide about usability, around, you know, other facets it really then becomes a philosophical thing of does the market address those needs of the industry most effectively by being freed up to address those based on feedback or does it need to be done by explicitly stating those in certification regulatory requirements.

So, it's really, don't shoot the messenger that's sort of the observations of the community and that's sort of what we have...those are the tradeoffs that we're dealing with as an industry.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

You know it maybe unless we've got other comments on the regulatory process and the final bullet, we may need to keep going in order to get through the rest of this...the work that's been done here. What do you guys think?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz, this is Cris...

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Yeah, I was just going to jump in and say the same, this is Brett.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz, I think we're getting exactly the kind of feedback we want.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So, kudos to the team for that, I agree with you, I think, we should move on but the spirit of this conversation is really good.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Excellent. Brett you want to keep us going.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Yes, so, again, I agree I think these are fantastic conversations and I think are really meaty. So, let's move now beyond some of these initial observations and start to move into some of the actual specific recommendations that we saw coming through feedback.

So, on slide seven here we found two buckets really around promoting interoperability and improving usability and workflow. So, maybe it is best to start with promoting interoperability, so some of the specific recommendations were prioritizing interoperability as part of the certification criteria, decreasing the specification on implementation and focusing more on outcomes, aligning various certification standards to support eCQM supporting and extending interoperability focus and testing to include exchange between acute, ambulatory and LTPAC care settings.

Cris and Liz, do you think it makes sense to focus just on interoperability or do you want to do it by slide and focus also on the usability and workflow here for our conversations?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

You know why don't we see how it goes just taking one at a time. What do you think?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Agree.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Yeah, that was my thought too.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

All right, so Alicia or Scott any initial comments about the interoperability recommendation before we open up to the larger Workgroup?

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

No, I think, I mean, these are clarifying, these are the recommendations that came out of the hearing not additional recommendations from the task group here.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

These are from this group here.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

These recommendations were reviewed, you know, the testimony was reviewed for common themes and then expanded upon and so the recommendations are of the current members based on the prior work from the testimony before.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

No, I mean, from the certification program I don't have any comments on this right here. I mean, some of the items in here...it's always, you know, there is a fine line between ONC levers and the program so some of these things here I think probably speak more to the policy of what's required in the certification criteria.

Of course, if there is a criterion we have to have test tools and methods of testing products and certifying products against them. So, some of the items like focus certification requirements on core needs I don't know if that's speaking to the testing piece or to the relevance of that criterion being in the final rule.

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

This is John Travis, yeah, that's a fair comment because really the place to assert priority of the criteria is definitely going to be in the rulemaking process or, you know, what informs it or goes into it and then public comment.

I think the intent was to echo though that the future stages of criteria we hope evolve to being more focused on things of high value and I think we all...you know the things like clinical information exchange, quality measurement, privacy and security, patient safety, you know, those sorts of things are always kind of high on the list of the priority areas and less so necessarily on the explicit testing of workflow within the EHR perhaps that have been the subject matter arguably a lot for the first two criteria additions that have been an experience. So, I think that's kind of the intent here is to...

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Yeah.

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

Make that point.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

I'm intrigued by the explore standardized workflows. I mean, I would think that folks would not want the government to require and standardize specific workflows that were applicable essentially across the board. So, I'm interested in the discussion that prompted that recommendation.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

This is Sarah, I'm certainly not recommending that we standardize requirements for workflows, but in the testing procedure, the testing procedure you've seen certainly some of the other Workgroups I'm in with a lot of providers have asked for transparency about vendors and wanting to record the certification testing thinking that this will help them in making decisions to purchase a product, but unlike the testing that was done with CCHIT where the testing scripts were clinically relevant and followed a logical provider workflow that actually could serve for people to make decisions on the usability of products by watching certification testing, the current testing process follows no logical workflow whatsoever and is therefore very hard for clinicians to look at those testing criteria and translate it to the their real life work. So, from my stand-point I would like to see that the testing scripts are done in a physician workflow format.

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare, Inc.**

Hi, and Udayan, again, adding to what Sarah said, if there is some kind of review during the test itself and in some kind of ranking other than having the UCD done by the self-attestation where there is no comparison on how each vendor has done the testing. So, some kind of light on that part.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Okay.

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare, Inc.**

And then the second point, second bullet point, acknowledge the industry product reviews, so any thinking on that part because how are they going to be controlled in a body like KLAS and other, they will be...if at all this goes through what kind of thinking has been going on with that part.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

Yeah, this is Sarah, I certainly would not agree with that since it's not a statistically significant sampling.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

And those resources are out there for those folks that want to leverage those as part of their research but I'm not aware and I'm still kind of new in this current role, but I'm not aware of any desire or intent on ONC to augment our certification program by leveraging other industry-based user, you know, ranking scales as a component of our unit-based testing essentially testing against conformance certification program.

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare, Inc.**

Okay, thanks.

**Danny Rosenthal, MD, MSc, MPH – Director of Healthcare Intelligence – INOVA Health System**

This is Danny Rosenthal, just one comment about usability and workflow, the sort of philosophical issue that I was grappling with as a provider is that usability and workflow seem to be inextricably tied to a particular implementation. The same certified EHR product implemented in two different ways can have very different usability and very different workflows. One implementation can have a great usability, great workflow. The same exact product can have a poor usability and workflow if implemented in a less than optimal way.

So, you know, if we as providers are struggling with the fact that we don't want certification to sort of force certain functionality to sort of force awkward workflows. I would just imagine that the awkwardness of workflows would get even more awkward should there be standardized workflows that were part of certification. So, that's sort of a philosophical issue and what do others think about that?

**Rick Moore, PhD, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Healthcare IT Executive – National Committee for Quality Assurance**

I would concur, this is Rick, I don't think the intent, at least my read of this, wasn't to standardize how the systems work. I think I was hearing more of a how the testing is conducted in a way that matches practical physician workflow I think is what I was hearing.

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

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

This is Sarah I would agree, I mean, I did not put...our subgroup didn't put this in here but since we're charged with looking at certification and testing, and implementation and not looking at requirements I would not think they were talking about requirements.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Correct and that's, certainly in accordance with all that has spoken, that's exactly what we've done in the past. So, Alicia, I think that's where we're going with this.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Yeah, I believe in the past there was an attempt to do scenario-based testing in this program and it did not receive much traction and maybe that's because we have this modular certification program so it's kind of hard if you're not coming in with a complete EHR to have these robust, clinically relevant test scripts per each unit-based criterion that we have within the program.

I also know that, you know, all of the testing laboratories are permitted and do have their own test scripts so even if, you know, the test procedure that's approved on ONC's part, which is really just to ensure that the policy intent or the criterion is reflected and the outcome is produced as part of the testing is not always what is employed in the actual testing with ATL because they have the right to have their own test scripts as they step through the testing with developers.

So, as long as we all arrive at the end destination of documenting they were conformant to the criteria how they got there, I believe, is unique across the different ATLs as well, which is permissible of course and not unheard of in any other type of certification program.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, to kind of help with your historical perspective the clinical scenario testing methodology actually was well received and presented at the Standards Committee and then there was a reformation of that methodology that didn't involve the Implementation Workgroup and we'd be glad to go, you know, either during one of these committees or whenever, just as long as it's appropriately public, and share with you more historical data.

But I do think that the use of workflows that make sense to clinicians in the testing process helps ensure that the certification will be more than just meeting sort of what we said in the first bullet. It's not an obligation to simply meet regulatory compliance, it's really our intent that it would improve, you know, care and have usable vendor products. So, I think we can get there.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz, this is Cris, I think your historical perspective is really useful. I think, also for people who...on this group currently who participated in our prior effort I think it would be fair to say that the effort involved in creating clinical scenarios, which were really useful and on point, was a time consuming and challenging activity. We only got through a half dozen profiles I think at best...

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

With, you know, calls every week for several months. So, I think this conversation is great and we're headed in the right direction but I think part of the reason why there have not been great clinical scenarios as part of certification was sort of proven out when we went through that exercise to try and create some. It's hard work to get it right and in some instances a clinical scenario that's badly framed is probably, you know, worse than kind of a more structural ad hoc functional kind of testing scenario.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

This is...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I don't know if others on the group would agree or not but I would just say I don't think we should assume that we can get meaningful clinical-based testing for free, it would require a substantial amount of input to get it right.

**M**

I would agree.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

This is Sarah; I disagree, I think that if you're working on falsely short timelines that's true but we did it with CCHIT and we did it with volunteers and, you know, we pilot tested them to make sure that they were in fact valid, but we had clinical testing scripts and it can be done and it can be done with volunteers, stakeholders participation. It does take some time that's true, but, you know, one of the things that we already discussed is these timelines that are not based on reality, you know, they're based on the calendar and we want to have it by now not looking at what is possible for vendors to do, what is possible for health systems and providers to do within that timeline. And so if you want to get it right I think that the effort should be expended to do so.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Well, we can perhaps learn from the CCHIT experience and there may have been, you know, a much superior approach to the one that we took as an Implementation Workgroup, but we spent quite a significant amount of time on phone calls and then staff work behind so clearly if we're going to try it again we want to learn from more positive experience than what this Workgroup had in the past.

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

Yeah and Cris, this is John, as I recall that effort was not done with any necessarily regulatory timeframe because we actually took that up after certification had...I think that was like the fall of 2013.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, it was between 1 and 2 and we were trying to get ready for 2. We were not, you know, working under a, you know, cliff event kind of deadline and even that with weekly calls, you know, we just didn't crack that nut. So, sorry, John, I don't mean to interrupt...

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

This is Alicia...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

But, you know, it was a challenging task.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Yeah, so it's Alicia and I think you guys heard about the open test method development pilot project for two criterion that also was not...did not have the timeframe of needing to meet any launch date or, you know, active certification against those so they had the benefit of time, that was a very heavy lift on ONC's part and the very small handful of participants and what they developed wasn't scenario-based, I'm not quite sure whether...it was before my time, but also wasn't dramatically different than what... then the current test procedure.

So, if this is something that the Workgroup feels strongly about, about ONC investigating the development of scenario best test procedures versus, you know, the unit-based test procedures that we have now, which we're looking to streamline even more and really be more strongly tied to what the policy intent was and what our expected outcome is and less about the 40 pages of steps we want to take you through knowing that the ATLS all have their own test scripts in which they leverage during their test process with you, then please, you know, forward your suggestions on how that would happen based on the experiences that you've had to date to help inform us and give us some recommendations on how you think we could make that work and the pros and cons and who it would benefit and how that would be welcome.

**Rick Moore, PhD, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Healthcare IT Executive – National Committee for Quality Assurance**

This is Rick, I agree there is a balance here to be stricken or struck here and to the extent that we need to have the prioritization that was focused on in the beginning, if interoperability is a priority and usability are a priority it seems like those might be two areas that we would focus on for these scenarios.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Some good conversation here, but looking at the clock we have about 10 minutes and maybe three or four more slides to cover so we'll have to start to move on. So, moving onto slide eight we have some recommendations to improve guidance particularly around audits, implementation systems, as well as the review of guidance of stakeholders prior to release to determine if any retesting would be required. Also on this slide we have recommendations to reduce variation in implementation through tightening certification specs and performing testing on real world implementations and then pursuing parsimony so minimizing certification and attestation requirements to a few key priority areas, and wanting ONC to be parsimonious in terms of being prescriptive on what a vendor must do to meet certification.

So, I'll again turn it over to Alicia and then maybe ask the Workgroup to comment quickly and I think if we spend the next maybe 2, 3, 4 minutes on each of the next couple of slides, which I know doesn't leave much time, that will keep us on track to adjourn by 10:30 and we'll still have time for public comment.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

So, it's Alicia, I haven't really had a chance to digest these before today so I apologize, so these are all off the cuff. I guess, for me, I appreciate these comments and, you know, I know that we ask a lot of everyone when we put things out for public comment and we seem to hit you with a lot of things at once, but there is an opportunity every time we develop test procedures for public comment and so I really do look forward to in the future getting public comment on the areas in which we could be more explicit or, you know, tighten up the certification specifications, ensure that we're not introducing anything in our test procedures that take away from the validity or impose some sort of workflow or add additional, you know, confusion or make it cumbersome. We really do look to you guys and now that you've had several cycles of this, you know, going forward, I think we'll all make these much easier and more applicable.

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

This is John Travis if I were to say one thing off this slide, and it is very procedural and technical, it's probably the...under the improve guidance the part of the process that's difficult for vendors to get a handle on is the interpretive guidance that goes from ONC to the ATLS and while, you know, we recognize you don't want to be prescriptive there is an importance of consistency in that guidance over time.

You can't be clairvoyant, certainly understand that, but maybe there is an element of the process that gets towards being able to have more transparency around that guidance because that's really where some of the things have come to light especially with surveillance retesting where the feel of material change over time comes into play when a vendor is...there is a large time gap between the original testing and retesting.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

That's good helpful insight thanks for that. We...I don't think we can avoid that happening especially when we have these, you know, two and three year cycles of products certified with the same criterion out there and as you mentioned lessons learned.

You know things come up and we were required to make some interpretations and maybe tighten things up or lessen things, but I think we could definitely put something in place where we make sure everybody is aware of these when they happen and it's shared with the whole industry not just the ATLS.

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

Yeah.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

So no one is surprised when they show up to have a product retested or have to perform some sort of retesting under surveillance.

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

Yes.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

Thanks for that.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, on the last, this is Liz, on the last comments on parsimony, I'm not sure Brett exactly where those came from but I was, like Alicia, I was trying to understand those. Exactly what was the commenter or commenting group looking for?

Because in the past we've almost...you know, the prescriptive words have been ones that we always have a difficult time coming to the right level of being prescriptive. We want it to be understandable and we want it to be where we don't have to do over testing in so many different ways to be able to meet the requirement. Is that what we're getting at there anybody know?

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

Well, this is Sarah, I can give some examples of where being prescriptive has resulted in decreased usability and that would relate to the tobacco requirements for vendors.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

We have requirements for collecting cigarette smoking with SNOMED codes associated to it and quality measures that have requirements for tobacco...

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

Again with different SNOMED codes and the way and the phrasing of how you collect this information is not standard language that physicians have used things like current some day smoker, current every day smoker and physicians tend to always collect tobacco not smoking but these prescriptive requirements required all of us to spend a lot of time and effort retooling how we collected tobacco use information in a way that did not improve usability and I know the thinking was that public health wanted information specific to smoking, etcetera, but I think it was overly prescriptive and it resulted in decreased usability for our end users of products.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, thank you, that's helpful to understand where we're going. I think what we also run into is the fact that we don't have harmonious kinds of requirements from far beyond just ONC, you know, that we're reporting to lots of regulatory bodies who have interpreted, and smoking is a great example, what they want to collect slightly differently which creates many challenges at the end of the day.

Not sure...and I think this is where we get into that tough line of, you know, if we're looking specifically at ONC, certification related to MU that's when we have our difficulties because we know that we don't live in a world that is strictly driven by those requirements.

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**

This is Steven and one of the things that I heard in the provider panel that's kind of related to this you talked about kind of external reporting requirements. I think there are also some internal reporting requirements for Meaningful Use. Several of the providers talked about the fact that they had to do a particular workflow a particular way "the vendor developed and implemented" or it wouldn't get counted...

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**

In their numerator and denominator yet they had an established way to accomplish that and were doing quite well, but they had to retool everything...

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**

Because it wasn't getting counted.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right because the reporting tools were built on the way that they built their tool understanding clearly, thank you. Alicia I don't know if that helps you? I was just having a little bit of a challenge as I read through these slides last week of understanding what that meant.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

I'm sympathetic to what I heard and I understand.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Good.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

The requirements for certification of course are driven by the policy which the opportunity to impact that is during the rulemaking process. If it becomes a criterion that's something we have to have certification against.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Agree and you're right and that's why, you know, as we've often talked about in the past when the opportunity comes up and we have an NPRM for the next round it gives us an opportunity...because once it is rule it has to be certified against, you're absolutely right.

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**

But I think the intent of this is not to be prescriptive in how the vendor has to design the interface and where...

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**

It has to be on the interface and how the workflow has to be adjusted to collect the data element. It's that the system architecture must meet the criteria in a way that suffices, as you put out, the policy.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah.

**Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians**

I think what's happened is it's been literally implemented in such ways that have been very non-conducive to good workflow. I think that's been a resounding feedback from the field.

**Alicia Morton, DNP, RN-BC – Director, Health IT Certification Program – Office of the National Coordinator for Health Information Technology**

So, in the smoking example, we're not prescriptive in certification on how that's presented to the end user and where in the workflow it is, so those are developer decisions. I mean, the criterion is that it must be able to be collected and shared in that manner but how and workflow, and user centered design and all that isn't something we're prescriptive about.

So, if there are places in our draft test procedures where you think we're over stepping the policy intent by requiring an illogical workflow or a cumbersome workflow going above and beyond what the end goal is then please let us know, because it's not something that we want to do. It's frustrating, it stifles innovation and everything else. So, I hope to not do that in the future. If that's been done in the past let me know.

I mean we can take a look at the test procedures we have out there and if there are things that we've done within our test procedures that have sent a signal to the market this is what we...this is how we intend you to implement workflow or develop your system then we can look at refining those because it's not what we should be doing.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, shall we move on Brett?

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Yeah, I was just looking at the time its 10:16 do we want to try to power through the last couple of slides here?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Let's try.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

All right, so testing procedures, comments here, there are some recommendations to improve efficiency, increase clarity and enhance quality and I'll let folk's kind of read through the individual comments just in the interest of time. Alicia any initial feedback or comments back?

**Scott Purnell-Saunders – Program Analyst – US Department of Health and Human Services**

Alicia, this is Scott I'll jump in, so with the comments around the expanding tools, tool sets we certainly heard that throughout, you know, the hearing as well as post that and to work and to try to ensure that the tools that we're using and leveraging in the program can be used and leveraged in such a way that it's not really cumbersome to the end user and developer so that information has to be re-entered and testing and certification to try to make that a much more enjoyable process.

And also, updates to the CHPL as has been discussed and described are things that we're working on as well. Certainly we have to use a little bit of the presentation tools as well just as much as you guys do. So, we're definitely sympathetic to some of the complexities of the program and are actively working to try to make some changes to try to improve that, the usability of those tools and systems that the program displays.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

From the Workgroup themselves any other comments, expansion on these recommendations that we want to add for the benefit of the ONC?

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

This is John Travis...

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

I do think it's critically, this is Sarah, critically important to pilot test any tools that are used...

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

Yeah.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

During this.

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

I was going to make the same comment, this is John.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Good.

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare, Inc.**

Yeah, Udayan, the same comment here, yeah.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.**

This is Kyle Meadors, Drummond Group, and I do want to comment regarding the pilot because there is...I mean, this is going back into timeframes and stuff, but there is a challenge in terms of doing that, in terms of how it impacts the other deadlines and, you know, for example, 2014 edition, you know, which was finalized toward the end of 2012, started testing 2013, but of course with the NPRM they talked about Direct, which we actually had the Cypress tool available, and we spent that year trying to do some pilot testing of both proctor sheets as well as testing with some of the tools and we really didn't have anyone available, no one really had that functionality...the feedback we heard was "we're waiting until these are finalized before we, you know, finish our development or push the last part."

And I'm not saying we don't need a pilot activity but if we did one, going back to the 2014 edition, that pilot testing I guess would have occurred the first quarter, two quarters of 2013 at which point then after the piloting then you would officially, I guess, truly finalized the material, the tools and then launch it.

So, I think if you're going to talk about piloting you have to factor in a calendar aspect of it and the fact that it's...honestly, we're struggling to get people ready to develop and implement until now they know it's final, because that was again, you know, we couldn't get anyone to test Cypress, they didn't want to test the Direct it just...they were just waiting.

And so it's kind of a chicken and the egg thing. I just want to bring that up when we talk about piloting. We pursued that and there have just been some problems and then you get into the whole scheduling of, well, we've got to get this tested as soon as possible and a pilot would inherently delay the launch of the official certification program.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

So, this is Sarah, once again, I'll just point out that we shouldn't have artificial timelines that don't allow us to accurately and thoroughly test our tools that we're certifying people for because without a pilot what happened is that those vendors who certified early were basically the pilot and if the tool didn't work they were punished by having to do redevelopment work, etcetera.

**Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.**

Well, and they would be punished in that sense anyway because they would be the pilot person to develop it and test it.

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

Oh, but pilots...

**Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.**

And then they would...

**Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems**

Pilots generally volunteer as opposed to people going for certification who expect that when they're testing that the tools will be ready for testing.

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

Well and this is John, the other affect and the effect no one wants, but it did happen and I think every vendor could cite experiences, is we all got abeyance on requirements where we got a false positive on a conformance test or a false negative that was an incorrect result and, you know, then it's a balance of waiting for the tool developer to get that result or going through testing with basically a forgiveness on that result or a hold harmless on that result and I don't...that's where the concern more enters in is that now the test validity is in question in part.

So, you know, I think that's our greater point is we don't want...no one wants to have a situation where we have, you know, basically hold harmless aspects of going through a conformance test because then what's the value of the test.

**David Kates – Senior Vice President Clinical Strategy – NaviNet**

And let me...this is Dave Kates, just to add onto John's comment a little bit, I mean, I didn't see any comments about this, but the notion of the need for inspection or surveillance because the products that are actually out in production in the field that the versions of which have gone through certification were often times mentioned the C-CDA and the nonconformance of actual C-CDAs in the field as a specific example and I think that may in part be an effective, you know, the wiggle room in the testing tools and the like.

So, you know, back to Sarah's comment about, you know, whether we have to back in and leave adequate time for a process that provides integrity or not I think...I mean, you're hearing loud and clear that it's crucial that we look at that.

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

Well, and I think the other thing, and this is getting a little off topic, David, it goes to what you said, this is John again, the implementation...the wiggle room in the conformance tools is welcome in a way but at the same time I think the other side of that comment that I know we've heard is there is a variance in the implementation specification around things that turn out to matter and we almost have some of the issues in the standards used for Meaningful Use that hip of EDI had that led to the need for operating rules.

So, you know, that's a bigger issue and a different policy point but I think that as we go and think about barriers to interoperability one of them is, is there too much latitude in some of the specifications in terms of what vendors may do to develop their flavor of that implementation.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Hey, Brett, we...I hate cutting off a conversation that's so helpful, I think we're out of time though and we probably ought to talk about kind of where we're going to the next one then go to public comment. I don't know...

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Sure, yeah.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay and again, I apologize to the Workgroup because the conversations that we get going are...really are informative and I think will lead to a better outcome in the end. So, where do we go from here Brett? And then we want to go to public comment.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Yeah.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, Liz, this is Cris, just before Brett comments, I agree with you completely and I think we should work with the team to figure out how do we bring this topic back so we can complete it, because I don't think we are quite done yet.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So, with that in mind let's go to Brett and public comment.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Right, so I think first of all the baseline for a lot of this was looking at ways in general that we could, as a Workgroup find recommendations that could be put forth to ONC on ways to kind of streamline the certification program in general while also using these comments and recommendations as kind of a baseline for when we do start looking at the certification rule as I know that this Workgroup will be charged with commenting on a lot of that rule and making recommendations forward.

So, part of it is thinking for specific recommendations and finding some points where there may be some easy wins and putting those forward and the other part is kind of to keep in our back pocket to remember and reference as we are commenting on the actual rule. So, Cris, Liz I will catch up with you at our next planning call to kind of figure out exactly what those next steps look like, but does that make sense?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yes.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Cris and I will be there for you.

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

Excellent.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

All right, should we go to public comment, please?

**Brett Andriesen – Project Officer – Office of the National Coordinator for Health Information Technology**

I think we're ready.

**Public Comment**

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Operator can we please open the lines?

**Lonnie Moore – Meetings Coordinator – 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 telephone and would like to make a public comment, please press \*1 at this time.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

We have Eric Heflin from HealtheWay.

**Eric Heflin – Chief Technology Officer – HealtheWay, Inc.; Chief Technology Officer – Texas Health Services Authority**

Thank you, good afternoon, good morning, thank you for the opportunity to speak to you briefly. As you know the eHealth Exchange has a certification testing program or evaluation program that has right now probably certified close to 100 organizations representing about 100 million patients worth of data that's being exchanged. So, we actually have significant, in the trenches world, real experience with some interoperability challenges.

To the initial ONC discussion topic at the very beginning of this phone call regarding their new report to congress, I'd like to suggest that current barriers to interoperability also include significant vendor delays in implementations often measured in timeframes of three to nine months where everything is in place we're just waiting for the vendor to actually implement the interface and so on.

Also, another barrier is pricing models from EMR and HIT, and HIE vendors that are not tenable for hospitals or physicians. I would ask that the ONC find a way to address this issue or these issues without direct regulation perhaps such as increasing transparency of interface pricing models and implementation timeline barriers that are effecting the marketplace.

Secondarily, another area that I think should be addressed is adequate content testing. Most of the discussion today on the call seemed to be focused on, you know, use cases and workflows but the content itself and the content testing today we've found to be very much inadequate.

Many of the current national and current challenges we're facing today are due to variations in content and I'd urge the ONC to work with the industry as a convener and a contributor but not as a regulator to help fix the content standards so they are rigorous and then provide appropriate tooling and testing programs.

And I do agree with the piloting concept as well it's critical and absolutely mission critical. But, again, I urge this to be done with the standards development community.

An example of a similar successful collaboration is where the ONC recently worked with the industry on the new healthcare provider directory federation and international standard which solved a huge industry problem for Direct, the eHealth Exchange, SOAP-based web services for HIE transmissions and interoperability as well as most likely I think FHIR and other similar efforts could probably leverage the same standard. In that case the ONC worked with IHE international, IHE USA, HIMSS, the eHealth Exchange, the Interoperability Workgroup and many other industry bodies, again not as a regulator but they provided resources, provided tooling and essentially the problem was successfully solved and now moving into production. So, thank you for the opportunity to speak to you today.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Thank you. We have no more public comment at this time.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, I'd just like to thank the Workgroup it's obvious that we've chosen and had great response from the right group of people and so very appreciative of the work and the time it takes to put...you know collect your thoughts and then provide them to the ONC, it's very, very helpful. So, thank you very much and Cris final comments?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Agree with exactly the same thing. Clearly we've got some more work to be done here. I also appreciate the comments that others have had different experience than this Workgroup did around doing some certification, scripting and other activities and we can certainly learn from that. And it's the value of having new members become part of this Workgroup. So, I'm grateful for everyone's engagement and a good discussion.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

And thank you to ONC for helping us get prepared and everybody have a terrific day.

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

Thank you.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

All right, good bye.

**Kimberly Wilson – Office of the National Coordinator for Health Information Technology**

Thank you.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Thank you, all.

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare, Inc.**

Yes, thank you, goodbye.

**Public Comment Received During the Meeting**

1. To the initial ONC comments regarding their new report to congress on decertification. Current barriers include significant vendor delays in implementations, often measured in time frames of 3-9 months, and pricing models that are not viable for physicians and hospitals. I would ask that the ONC find a way to address this issue without direct regulation, such as by increasing transparency of pricing barriers and implementation timeliness barriers that both EMR and HIE vendors take to implement.
2. Also one area that needs to be addressed is adequate testing of content. Many of the current national interoperability challenges are due to the variations in content. I would urge the ONC to work with industry as a convener and a contributor, but not as regulator, to help fix content standards so they are rigorous and then provide tooling and testing. But again, I urge that this be done with the standards development community.
3. An example of similar successful collaboration is with the recent work the ONC did in coordination with industry on Healthcare Provider Directory/Federated (IHE HPD/Federated) which solved a large industry problem with both Direct, eHealth Exchange, SOAP and possibly FHIR based approaches without regulation.