



## HIT Standards Committee Implementation, Certification & Testing Workgroup Final Transcript February 13, 2015

### Presentation

#### Operator

Lines are bridged with the public.

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

Thank you, good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Standards Committee's Implementation, Certification and Testing Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Cris Ross?

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

Here.

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

Hi, Cris. Liz Johnson?

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

Here.

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

Hi, Liz. Andrey Ostrovsky? Danny Rosenthal? David Kates?

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

Here.

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

Hi, David. John Travis? Kyle Meadors?

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

Here.

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

Hi, Kyle. Rick Moore?

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

Here.

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

Hi, Rick. Sarah Corley? Steven Waldren? Udayan Mandavia? And Zabrina Gonzaga?

**Zabrina Gonzaga, MSN, RN, cPNP – Senior Nurse Informaticist – Lantana Consulting Group**

Here.

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

And from ONC do we have Scott Purnell-Saunders?

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

Here.

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

Anyone else from ONC on the line? Okay with that I will turn it over to you Liz and Cris.

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

Okay, well, I'll get started and Cris can end it. I think, you know, obviously Michelle and Cris also talked about what our real goal is, is to get a quick overview from the ONC as to the...on the portion of the interoperability roadmap where we've been asked by the Standards Committee to do a review and provide comments and I believe the April meeting.

And the roadmap itself is very comprehensive it's 166 pages long, for those who have not had a chance to at least scan it I would recommend that, but also the slides that were provided during the Standards Committee that Erica provided I think were very, very good and the speaker's notes are attached and they're very helpful in understanding the concepts that were presented. So, if you've not had the chance to do that I would recommend that do it I think it will give you context to the overarching ideas around interoperability.

I can certainly assure you that this is going to be a major focus over the next year or so, I mean, I think we all clearly understand why it's important and the kind of robustness it could add to the way that we deliver information to our constituents in and outside of our organizations and to our consumers and so on, and our patients, but I think, you know, in order to get us focused what Cris and I talked about was we certainly need to look at the portion of the roadmap that was provided to us to comment on, we need to answer the questions that have been asked of us and there may be others we want to answer and then in the past, and Michelle I'm certainly looking towards you and, as Cris and I talked about this, as the Workgroup reads the rest of the roadmap in the past we've always allowed, you know, sort of a final slide and the other comments that were pertinent to the standards portion related to the overall interoperability roadmap and certainly if that happens we would want to do that again. That will not be the primary focus of the work that we're doing.

So, today I think we're going to...Scott is going to go through the portion of the roadmap that we are to comment on and then I think Cris and I hope to get us organized and divide the work into some groups that would then come back with comments, educate us on the portion of the roadmap that they looked at and the comments that were made and why and then get the feedback from the Workgroup as a whole leading toward being ready for a presentation of our input in April. Cris and Michelle?

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

Liz, I think you summarized it extremely well. I would note that I'm appreciative of the fact that ONC staff did a great job summarizing the material but in particular I would note I think they did a very nice job of teeing up for us the right questions to ask and in a good context for us to collect those questions, it may sound pedestrian to sort of focus on the mechanics of this, but I think we will appreciate the framework for responding will help us focus our comments which is great.

On the other hand there maybe questions and issues that Workgroup members want to raise that are not easily encapsulated in one of those question areas and of course we want to accommodate that as well too. A lot of work to do in the next six weeks getting ready for April, actually more like about four if we include preparation of materials. But I think we can get it done.

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

Yes and Michelle did we appropriately put forward the work statement? Michelle?

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

I'm sorry, Liz, I didn't hear what you said.

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

That's all right; I just wanted to make sure that Cris and I are appropriately describing the work before the Workgroup?

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

Yes, no, I thought that was perfect and thank you so much.

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

Okay, good, okay.

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

Okay, so, I'll just walk through the next few slides which you've pretty much already covered but I'll just reiterate a few key points. If you could keep going, one more. All right, so just a reminder as Liz said, the roadmap was released I think a couple of weeks ago now. At Tuesday's Joint Standards Committee and Policy Committee meeting Erica Galvez ran through an overview of the different sections of the roadmap. We did share that with all of the Workgroups, a link to where to find those resources, but we can certainly share that again. I hope others of you were able to actually listen to the call I think it was a very good conversation and really helped provide a lot of context around our thinking around the roadmap.

So, all of the Workgroups were charged at Tuesday's meeting or at least all of the Workgroups that will be assigned were charged at Tuesday's meeting with responding and then we are planning to have the Chairs, Liz and Cris, bring back their recommendations from this group at the April 22<sup>nd</sup> Standards Committee meeting.

Also, something to keep in mind is at some point we will see the certification NPRM, we're not quite sure when that will fall but there certainly is going to be some work for this group to do around that as well, so we're trying to stagger the work as much as possible and hopefully everything will work out in the timeline that won't be too much of a burden on everyone but we'll get through this next couple of months and it will be very busy just setting expectations, but lots to look forward to. Next slide. And this just kind of reiterates what I just said, so next slide.

So, just to clarify as Liz had already mentioned, the interoperability roadmap is quite long, pretty detailed so what ONC has decided to do is to assign different sections of the roadmap to different Workgroups. So, this group is being assigned Section I in the roadmap which is stakeholder assurance that technology can interoperate.

And you're being asked to answer general questions. These general questions are included in the roadmap to be asked overall but we're hoping that you can look at these questions as they relate to this section that you're being assigned. And then you're also being asked a specific question related to the section that you're being assigned, which is, in what ways can semantic interoperability be best tested?

So, this is our charge for the next few weeks. As Liz and Cris have both mentioned we are hoping that you will focus your attention on this specific charge, but if there are other items that you'd like to include we can certainly include those as well. Hopefully there will be time for discussion of those as well. Next slide. Next slide.

So, the next few slides are just a quick overview of the roadmap. I'm not really going to read them to you. I think you can go back and listen to the meeting, we can certainly share them in other ways, as Liz mentioned the notes are there as well, but I did want to see if there are any additional comments from Cris and Liz who were at the meeting and any others who may have listened in, if you have additional comments. Next slide. Next slide and next slide.

Lonnie, can you just go to the part where we go to Section J, I'm sorry, Section I, thank you. So, Liz and Cris are there any other comments related to the roadmap that you wanted to share that maybe came up at Tuesday's meeting before we go into Section I specifically.

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

Not for me I don't think, I mean, other than what I said earlier is just familiarity with the overall path I think will help make the part that we're looking at feel more like we're on the building blocks other than feeling kind of out of context. I do think the context is helpful. Cris?

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

I really don't otherwise we'd repeat a lot from the other day.

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

Exactly.

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

Yeah, okay.

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

Exactly.

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

That's what I figured but I just...before I moved on wanted to make sure.

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

Thanks, Michelle.

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

So, Scott is going to walk through Section I. I will say that unfortunately Erica and Julie who helped Erica quite a bit with the roadmap weren't available to review this with you and they are the ones who actually wrote this. So, Scott is going to do the best that he can to review this at a high-level. Any questions that you have we can certainly bring back and make sure that we have answers to them, especially as we dig deeper to start to respond to this section.

Something else to keep in mind, rather than discussing comments now let's just do this quick overview first and then we can talk about process and if we have time and people are interested we could start a discussion on this specific section if we want to. So, I'm going to turn it over to Scott to walk through Section I.

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

Thanks, Michelle. Next slide, please. So, this slide basically covers, you know, what the overall goal of the Roadmap Section I is and that's the stakeholder's assurance that Health IT is interoperable. So, I'll pause here to kind of give everybody a frame of reference.

First the section of the roadmap with which Section I begins is on page 74, so you don't have to dig through the entire 186 page document including appendices, start on page 74, you can read down to kind of get, you know, some additional background information on this section with additional call outs to specific information relating to the testing tools and certification program and then the core technical standards and functions as we move forward. So, this will give you a brief overview of that, but like I said, begin on page 74 of the nationwide interoperability roadmap to get additional details as we move forward. Back to the slide deck.

So, the idea with the learning health system requirement is that stakeholders that purchased and use Health IT must have a reasonable assurance that what they're purchasing can interoperate with other systems. Ideally for these four objectives to support the Health IT strategic plan, one increase Health IT.

Two, increase the user market confidence and the safety that safe use of Health IT product systems and services.

Three, to accelerate adoption and development of the innovations and strategies that are currently using those applications.

And four, to make sure that this particular piece of software application and program is in adherence with technical standards that have been approved and listed in our regulations processes and we also understand that the goal with this, as a whole, is to try to move the industry forward as we take this, you know, large step into the future with certified EHR technology. Next slide, please.

Great, so again, the first charge question is in what ways can semantic interoperability be best tested? The four questions that are listed here as general questions for Workgroup discussions are one, are the actions the right actions for improving interoperability nationwide in the near-term while working towards a learning path health system in the long-term?

Second, what if any gaps can be addressed?

Third is the timing of a specific action appropriate?

And four, are the right actor and stakeholders associated with critical actions being engaged in this effort?

You know I'll start looking at the first question significantly now, we are at a place in time where we're trying to think of a view of the program to date, you know certainly we've been at certification for a while and interoperability is of significant importance as we move forward to make sure that the systems that have been deployed across the country one, can communicate with each other as we move forward to a broader network. So, certainly looking at the other questions we're trying to determine the balance between ensuring that we can, you know, accelerate at the proper pace and time towards that end goal but to make sure that we don't lose anything along the way.

The other thing in making sure that the appropriate actors and stakeholders associated with critical access are engaged is because we deal with a lot of standards as we've been talking about this in more detail. So, if there are other organizations or persons that need to be addressed or identified with this or engaged we need to be notified of that as we move forward to make sure that we can, you know, get the right people at the table at the right time to answer these questions.

Looking at the bottom of the slide, certainly looking at testing tools, certainly ONC, NIST and other HIT stakeholders will engage in developing the right testing tools for certification criteria from between 2015 to 2017. As we move into 2018 to 2020, you know, expanding interoperable Health IT and users ONC and NIST again will update those testing tools.

I'll pause here for a second now because we had, you know, recent continuous quality improvement testing at ONC addressing some of this specifically also working with, you know, other organizations other than the identified stakeholders here to expand, you know, testing tools operations as well. So, again moving back to the other statement, you know, if there are others that are engaging in this space that can be...and can provide some significant contributions please let us know because certainly this is a roadmap but not exactly the detailed path moving forward. So, if there are comments or other folks you want to suggest please bring those up. And again as we move into these...

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

So...

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

I'll pause here.

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

Scott what might help us here, and not for this meeting, but...and I should note if we had a representation of what that was and who those stakeholders were it would certainly help me from a contextual perspective.

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

Yeah, we're certainly...

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

Because this is really generic and it actually should be but it makes it harder when you start taking...thinking about making suggestions about who else might be included having the foundation list would be helpful.

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

Okay. We'll also take that back and we'll work to get those specific actors engaged...

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

Okay.

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

As we move forward.

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

Right.

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

And as we move to 2021 and 2024, you know, achieving a nationwide learning health system in ONC, NIST and other HIT stakeholders providing updated information on those tools looking at, you know, two through five, HIT developers, SDOs or the Standards Development Organizations and government to accelerate testing tool suites for use by implementers post implementation to ensure and maintain interoperability. This was added given a lot of the feedback that we received in the last...in a couple of years or so looking at what can we do to enhance certification past where it currently is.

Certainly there have been a lot of interest in this particular portion to ensure that one, products that are developed are certified at one particular portion but once they left and implementation are in use in the environment in the real world to make sure that they are adhering to standards as we've designed them to be or hope they would be.

And then third, the SDOs begin to develop and maintain additional testing tools to support more stringent testing of standards. That is a natural progression to ensure that testing becomes stronger and stricter and more aggressive as you move forward certainly as the systems become more advanced and as folks become more used to the program and project as a whole.

Again the 2020...developers and SDOs will, you know, again expand that same testing suite that we talked about from 2015 to 2017 and then developers will regularly use those testing tools to maintain interoperability. This is a natural outgrowth of the other thing we talked about which is as we expand the rigor and strength of testing the tools need to expand as well and the support of interoperability is necessary throughout. I'll pause here for any general questions before we move forward.

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

Hey, this is Dave Kates, just one general question that's definitional. Is the operative word in this section semantic interoperability meaning sort of terminology and nomenclature or is it broadly the testing of interoperability at large?

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

It's the testing of interoperability at large. It's interesting you bring that up. Steve Posnack and I kind of...we had a meeting yesterday and the term semantic interoperability was what a lot of people are settling on to mean general interoperability so not just the nomenclature but ensuring that the systems themselves can actually communicate in an effective manner to one another.

But there is also this idea of post interoperability as well, so once the systems are communicating, so to make sure that the information passes from one system to another that this information can be acted upon so it's kind of post interoperability what happens next and that's where, you know, what I think the semantic term in this case comes from to make sure that something can be done with that information it just doesn't hit the other system and sit there and can't be acted upon.

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

This is Steve Waldren; sorry I had to join a little bit late so if this comment is not appropriate to where we're at that's fine, but, when I think about the certification you mentioned kind of in the overall scheme of things too, I hope that we don't just focus on the actual certification itself.

For example, if we think about what are the breakdowns to interoperability in the real world and how can we have a process to identify those so that can feed back into the certification process. So, just like if you're developing any other software as bugs come up you identify them, you create fixes and you create unit-based testing to support those. I'd hope that we kind of think again just beyond just kind of the traditional type of certification that we've done thus far.

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

Yeah, certainly that's the goal as we expand this out moving forward is to try to take certification passed where it's been and that kind of gets to, you know, the statements that were, you know, kind of listed with numbers two and three and then five and six as we try to expand the testing tools we need to support that.

So, certainly, you know, as we looked at this the testing tools are one portion and one part of testing but because they play a significant part the statement was to try to start there first and make sure that, you know, one the tools can support the kind of testing that we're looking to do in support of the certification and to make sure that interoperability is something that we can test and ensure moving forward.

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

Scott, this is Cris, Steven I think your point is really excellent and we want to have a discussion when we provide feedback around the difference between tools and perhaps operating frameworks or test-beds which is what you're talking about I think. That's a good topic for conversation in my opinion. I just want to second your view-point.

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

Yeah, I agree and I would say, because when I was listening to Steve I was thinking about use cases, similar concept. Can I...on the interoperability, semantics interoperability so, what...the way that it's being defined as you and Steve Posnack spoke is really about just the ability of computer systems to exchange data that have...you know, it's unambiguous, it's the ability to exchange information data clearly it is really not about data normalization. Is that a correct interpretation?

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

Yes.

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

I mean, not that data normalization isn't a toolbar which we would get there...I'm just trying to, you know...I think Dave Kates question was very good too. Okay.

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

No and it's not just looking at that single path but ensuring that, like I said, once the information has transitioned or, you know, interoperability has occurred between one system and another that information can be used in some way now, that doesn't mean that, you know, normalization of standardization doesn't have to occur before that, you know, interoperability exchange...

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

Right.

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

Happens...

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

Right.

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

But that certainly is looking at that in the scheme of other things as well.

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

Got it and we may want to, in our work, we may want to clearly announce that and give some...I'd have to go back and look at the specific section but give some context around the language of semantics interoperability so that we understand that it's about being computable and usable, and so on not just about the words being exactly translated the same. That's a portion of it.

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

Yeah and I'll certainly as we go back to make revisions as we start to kind of have these discussions in more detail to make sure we can provide concrete examples of what that means.

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

Right.

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

And like I said, semantics interoperability as interoperability as a whole but then post the actual exchange to make sure that all of that is encompassed in what we're describing.

**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**

Yes, okay.

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

And its Dave Kates again, I mean, I think being expansive there so to your point of it being actionable whatever...

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

Right.

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

Context is necessary like patient identity, whatever, you know, workflow relevance attributes in order for it to be actionable, I mean, let's just think broadly.

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

Yes.

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

Right, thank you.

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

Good.

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

Great, any other questions here? Great, next slide, please. So, this charge question is in what ways can semantic interoperability be tested, you know, for example C-CDA content and semantics?

The general questions for the Workgroup are, are the actions the right actions to improve interoperability nationwide in the near-term or working towards a long-term learning health system, what if any gaps can be addressed, the timing, again, as we talked about are the right actors and stakeholders associated with the critical actions? Again here this takes what we described in the first slide and kind of takes it a step further.

So, once we can kind of determine what needs to be included in the test tools let's ensure that they can in fact be tested properly. So, looking at the near-term so 2015 to 2017 sending, receiving and finding, and using a common clinical dataset so we want HIT developers, ACBs and ATs, which are our certification bodies and test labs, and other stakeholders recommending certification criteria to add to the certification program so this goes back to what we kind of described previously, ensuring that the certification program as a whole can be reviewed and updated as necessary to support this effort as a whole.

Certainly, and I'll pause for a second, we expanded the program since we began with the temporary certification program and moving into the permanent one, but the goal with interoperability has been something that we've been working towards for the last, you know, few years or so and this just gives us a great groundwork to kind of set a framework to try and get that done. Certainly it's not going to happen immediately but we'll work towards that as best we can moving forward.

Again, the criteria for accessibility and usability, and then the criteria to expand HIT into more care settings for example long-term post-acute care which we've addressed here before, home and community-based services, and non-institutional settings and then behavioral health settings.

So, those, you know, non...those other care settings as we're talking about here have been things that we've addressed and kind of mentioned in this Workgroup and the other Workgroups as well on the policy side but certainly making sure we call that out here as we work towards getting that to reality is of significant importance here.

And as we look at 2018 to 2020, you know, expanding the interoperable Health IT and its users, the developers, ALTs, ACBs again to continue to provide feedback on these types of certification criteria and other things.

I would say here that these suggestions aren't the only things that can be addressed here, certainly, you know, as I mentioned we had our program review and other methods to provide feedback to our program to increase and improve certification, so certainly don't just think within the confines of what is listed here, but if there are other suggestions that can be...that we can leverage as a certification program as a whole to get additional feedback to provide, you know, to be more agile and to add additional rigor or optionality in the program moving forward, you know, we would certainly be more than willing to take that feedback and then try to move forward with it. So, I'll pause here for any questions or comments.

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

I just think one of the things that we'll want to talk about as we move forward is we could probably put an enormous amount of things all in the 2015 to 2017 range and what we want to do is think about our ability to implement what we, you know, sort of, as they say, you've cooked the meal you've got to eat the meal. So we need to think about not only the creativity of what could it be but what the timeline needs to look like in terms of the availability of the...and the capacity of the providers to be able to do the work that we're suggesting. That would be us, so, you know, that's part of why we're the group that we are is to really think about how does this fit across this timeline.

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

And I would also add if you could, you know, providing us feedback on what seems reasonable. So, you know, we certainly understand that, you know, our goals are to try to, you know, get this implemented as best we can but sometimes what is decided on one side may, you know, be something that can happen at a certain timeframe but folks may not be ready for it and we may miss an opportunity.

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

This is Steven, two quick comments, one, as we think about scoping out of the testing and the certification I think, you know, having explicit discussion about what's the end point in that so is it, you know, at the point that the system generates a message and that message is received on the other side, is it that it's part of the creation process and the import process or is it all the way out to the actual interface with the user. So, the user sees a set of information that is interoperated across to another system, to another physician or another clinician, it's looked at, modified and sent back, you know, where do we want to do that? Because, I think anything short of that kind of full user to user testing we're going to have a potential breakdown from the certification to how it's implemented in the marketplace.

The other thing I think about, whenever I hear about interoperability and usability I think one of the challenges is that we don't yet really understand what data is important and what data is not important in regards to what context we're talking about and asking what data needs to be pushed to the end user and what's the data that they could pull back and I think what we end up doing is sending them a bunch of data because we want to...because we don't know what should be pushed and then we kind of overload the system and the user.

So, I certainly know we're not going to have a fully implemented semantic model of all clinical data by 2020 so we probably need to have some discussion around, you know, how do you prioritize that data with the right context if we want to talk about certification as usability and interoperability.

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

Agree and, I, like yourself, I always worry about, and it came up a little bit in the Certification Workgroup, and the question I was talking about last time, the real issue becomes how far can we take this and does interoperability being outside the four walls and how do you really certify for that, because in the past we've certified for its functionality not for the...and there's lots of...and we'll get into this in the Workgroup, but there's lots of reasons where there are limitations as to what you can do which you're right, how do you tell the end user this is really going to work if you never certify it with the end user. Very good point.

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

This is Cris, not to pile on, but I think Steven opened up a great point. The end to end testing when we're talking about sort of transactional functionality and other kinds of things is fine but if we're talking about semantic interoperability it gets to the point where human beings are reading it number one. And number two, it will begin to affect the ability of an eligible hospital or eligible provider to attest based...

**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**

On the quality of the data and usefulness of it. So, this is, I think an area that is going to end up spanning both vendor certification and provider attestation. So, I think it's of particular importance that it work well across both those domains.

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

I agree. Okay other comments?

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

Very good comments and we'll take those back.

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

And Dave Kates real quick, just, I mean, I think, in addition to the usability and the human interactions we would also be inclusive of use cases where there is clinical decision support or external applications that are due in a population-based quality measures and things like that. So, having that as part of the context in addition to the patient specific consumer or provider-facing usability things is something that ought to be considered.

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

David, I think...again, I think you're absolutely right and as we go forward in the Workgroup and then we need to talk about timing and the market readiness and the vendor readiness so that we get to the end point that we want but we look at the timeline where it is possible. So, and I don't mean possible in terms of the technology available I'm talking about, you know, what I'm talking about just the penetration in the market and, you know, how well they're going to be ready to see that fully knowing it's the end game. Okay, Scott, do you want to...

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

I would agree with Dave's comment and also Liz your comment about, you know, what's feasible.

**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**

Also, I think, you know, it's important to identify what's the problem...

**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**

We may not be able to solve it all but at least, you know, the market knows that this is not going to be part of certification but it's important as you think about how to be interoperable kind of moving forward. So, I don't think we have to solve it all but I think being able to identify it would go a long way.

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

I agree.

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

Yes, my other additional comment was that in this case we need to...we rely upon your feedback in that certainly understanding that, you know, as we talked about what's possible but also kind of looking at best practices certainly some of that may not be able to be implemented or included in certification as it is today or within the next two years, but if we can work towards, you know, common, you know, set of what works best in the environment and kind of socialize that we may be able to kind of push the needle forward as well.

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

Those are good comments all around.

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

Next slide. Great, so, last, I think this is the last question, yeah, last question is in what ways can semantic interoperability, you know, be best tested kind of continued from the last one, the same for group discussion questions, you know, other...leveraging other industry certification programs will continue to complement ONC's certification program to ensure that different aspects of Health IT conform to the technical standards necessary for interoperability.

Next comment, with FACAs recommend standards and certification criteria for ONC's program moving forward and that's in the near-term. I'll pause there. The number two comment was really based in looking at how we can look to other industry programs to help us kind of move this forward, certainly, you know, that's been discussed here and described in the past of what...you know, there are some other certification programs or other testing programs that have been used and are in use in our field, but to date we haven't leveraged those as best we can or in the easiest way moving forward. So, I think that was...it was listed here to ensure that we keep that in mind so that if there are other testing tools or other certification programs which can be leveraged and support our program in any way or augment our program that we make sure that those are available and that we cover those kind of looking to that.

For 2018 and 2020, you know, looking at other testing options to include some manual-based testing and post implementation testing as we've covered before, and then looking in 2021 to 2024 to achieve a nationwide learning health system, you know, ONC and other certification programs need to update the certification criteria which will also support learning health system needs, new standards and expanded program scope and also I would add the lessons learned that we've gotten and have been able to kind of capture through the last five or six years to include those but also some others.

So, you know, there are other certification programs that can be, you know, leveraged as we just talked about to expand ours to support this we certainly want to make sure that, you know, we can have some synergy between them. So, I'll pause there for any additional questions.

Great, so I'll move onto the next slide, I know Michelle you want to kind of talk about this so I'll let you go ahead.

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

Thanks, Scott. So, Liz and Cris you have been through a number of comment processes with us in the past we've commented on a number of things with you as the Chair. So, I'm going to defer to you and also the Workgroup on what approach will be best but we did attach to today's meeting a template for responding to these questions that we're asking. I'm kind of proposing two ideas, but obviously welcome to other ideas if people have them.

We could either form teams that respond to different parts of what we're asking you to respond to or we could ask each Workgroup member to provide a response to all the questions that are being asked and then ONC, whatever way we decide to go, will synthesize all the feedback that we receive and then bring it back for discussion during future meetings.

We always find, I think, at least in my opinion, that it works better to have something to react to and discuss during the future calls rather than doing the work on the call itself. So, I'm not sure if either of you have an opinion or thoughts on how you think it will be best to move forward, but we're certainly open to ideas.

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

So, I would respond to the second comment first interestingly enough, I 100% agree and for the Workgroup...and those who aren't today that we'll need to reach out to, it is critical that we come without a blank sheet of paper because we will get a tremendous amount of input from all of you regardless but if we have a framework and we cannot spend as much time trying to filter comments and coalesce those comments into more common themes we will work faster.

I know that Cris and I talked about it, and Cris I certainly want to hear from you, that, you know, we can go either way you're right where we certainly will get individual comments. We also though are interested in the collaborative piece of, you know, if you have a...if it's possible to meet off-line with another person or another couple of people the output of that is extremely good because sometimes then the ideas begin to move from your, you know, cognitive and the way you're thinking about something to where you're having the group interaction off-line and you get a...the concepts grow and become more clearly formed before coming into the Workgroup for further definition. Cris, what are you thinking?

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

I agree with everything you're saying so far and I think the only comment that I would add would be around what approach do we want to take. I actually think that our group is small enough, Liz, this is the only topic we didn't talk about last night, I think we should take comments from anyone on any subject...

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

Absolutely.

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

To do teams, Michelle, unless you have a strong feeling I think we'll get the best input that way.

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

Okay.

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

And then we could depend on you folks to help us collapse those...and I don't mean, but you know what I'm saying, collapse...

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

Yes.

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

Consolidate, whatever.

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

Yes.

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

Together so that...

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

We'll synthesize the comments and...

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

Great.

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

And hopefully bring something back to the group that will be easier to respond to.

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

And then do we want to...what we've done before is...and depending on the size of this assignment obviously this will be...we'll have to get very prescriptive during the certification because there will be so much to comment on, do we want to take one of the three questions for each of the next three meetings recognizing that we have to have time to get...to sort of do that end meeting where everything comes together and it becomes hopefully close to review of what Cris and I would be presenting in April so that the Workgroup has an opportunity if possible to give sort of that final feedback on did we miss something or leave out something, not emphasize something that was very important to the Workgroup.

So, Cris, do we want to...and Michelle and Scott, do we want to try and assign everybody to make comments on all three sections now or just to take the questions or just to take the first one for the next meeting which is very soon? Where would that...

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

...

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

Go ahead?

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

Liz, this is Michelle, I'll give my opinion and then Cris...

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

Absolutely.

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

You can tell me no.

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

...

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

So, I was going to propose that we have everybody try and respond, you know, maybe we give them until the Wednesday before the next meeting, so Wednesday the 25<sup>th</sup> I think it would be.

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

...

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

That will give people a good deal of time to respond. We all know that we sometimes wait until the last minute to do it anyway, but that will give people some time to thoughtfully respond to the questions and we can synthesize it for the first meeting. We'll probably need to break up the conversation anyway.

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

Okay.

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

But, maybe depending upon the comments that we receive we could prioritize items, maybe we want it to be due a little bit earlier, we'll have to figure out the timing exactly and we'll follow-up with the Workgroup, but that would be my proposal.

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

Michelle, I agree completely with that, but I'm noting the slide that is up has a due date for comments on February 19<sup>th</sup> I think you just said the 26<sup>th</sup>?

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

Yeah, I think the 19<sup>th</sup> might be too soon.

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

Yeah.

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

I do too that's only six working days. I mean, it would...

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

I guess my only question was do you want to receive it...is there any value to the ONC staff, and if you guys are rolling your eyes please say out loud "no, God, no don't make us do it" but if you were to get comments as we go would it be worthwhile to try to summarize those and send those out to the Workgroup because I sometimes find the comments prime the pump for more comments.

So, I'm suggesting, unless the ONC staff objects, and it's fine if you do, that we have a deadline of the 19<sup>th</sup> and the 26<sup>th</sup> and if there is a way to get feedback on the comments you received as of the 19<sup>th</sup> I think that would be helpful, because we would begin to share our thinking with each other.

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

Cris, can I make a modification to that maybe?

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

Of course, of course.

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

Maybe we could have the group reply all so that when they share their comments everyone can see them.

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

Yes that's fine too, that's fine too.

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

And then we...I think maybe I'm just kind of thinking realistically, is we could have all comments due by the 23<sup>rd</sup> that will give ONC time to synthesize comments and decide, you know, where the most discussion will be and then prioritize the discussion for future meetings that way.

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

Could I ask a question about the reply all? I have no problem with the concept I think it's a good idea, I like Cris's idea that often it is we're reading what other people are thinking it either brings up a slightly different version of that or a new thought altogether, are you talking about reply all to the, I don't know 60 people that are on the e-mail?

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

Just the Workgroup.

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

Okay, got it, I don't...

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

Yeah.

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

It's not at all that...and obviously...because all of the comments will become public but I'm just trying to make sure that...okay, that's what I'm looking for is the Workgroup.

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

Yes and I...

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

Okay.

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

If you all have noticed I've limited the e-mail distribution...

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

Yeah.

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

So it is harder...

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

Yeah.

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

To reply all now but if that's a route we want to go we can certainly do that.

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

Yeah. I'm absolutely...I think that's a really good idea and that would give us again the opportunity to keep up with what other people are working on and thinking and help grow that and if we can...we just need to commit that we would get that whole process and that people recognize it if you get your comment and add to that it won't be included in the meeting on the 25<sup>th</sup> just...it's just a matter of logistics of trying to make sure that we have time, the ONC staff has time to actually consolidate remarks and get us something to work with on the 25<sup>th</sup>. I think that works well.

**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**

I think what we need Michelle is a description out to the Workgroup members that weren't able to be here so they understand the task at hand and then they can certainly reply all and we can help, you know, answer questions even about the work and certainly you could as well so that people understand what it is that want to do by the 23<sup>rd</sup> so that when we have the meeting on the 23<sup>rd</sup>, you know, or the 25<sup>th</sup> they're caught up so to speak, they've contributed and they're caught up with what the Workgroup has been doing.

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

We will certainly do that and...

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

And...

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

Sorry, Cris?

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

No, this was John Travis, I joined Michelle, is the assignment...I missed the part that was probably descriptive of the nature of the assignment, but is it to develop the comments by section as in say look at...because I actually have read the darn thing, like section would be verifiable identity and authentication that would be a section?

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

So, this Workgroup has been assigned a specific section to respond here.

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

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
So, they've been assigned Section I.

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

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
But we will certainly detail that in our follow-up e-mail.

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

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
To make sure everyone has the background.

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**  
Yeah I didn't want to jump in out of turn and say, I'll volunteer for something we haven't even been assigned to.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
Yeah, well, and John they even went to the place and saying, you know, go to page 74 in the 166 page document and that's where you start...

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

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
And here are your questions.

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

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**  
Would we be surprised if John Travis had read the whole dang thing?

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
No, yeah, we're just shocked beyond belief.

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

I know, yes, I have and for our own comment purposes I...

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

And we're so glad you're on the group.

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

I have one question...

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

Go ahead?

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

Sorry, I have a question for Scott and Scott you can yell at me off line for putting you on the spot and you don't have to answer now, but I know that we had the Kaizen earlier this week. I'm wondering if on a future call if it might be worthwhile just to give a 30 minute update on what was discussed and, you know, what your thinking will come out of the meeting, I know you won't be able to share everything, but that could possibly help inform the group as they're commenting. So, Scott you can answer me later or say that this might be something that's possible for us to do as we go through that process.

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

No that's already something that we planned in our process, so, just trying to figure out at this point when the appropriate meeting will be. I certainly understand that because we're commenting on the roadmap, you know, what we did this week with our Kaizen will certainly help. So, we'll try to get that together as quickly as we can but, you know, with really in a sense, you know, two day process that we literally just got out of yesterday afternoon is we have to take some time to try to synthesize it and come up with some, you know, some significant take aways, but obviously because the, you know, this Workgroup was pivotal in suggesting that last year during the joint hearing bringing that back to folks who were not able to attend is certainly something we are more than willing to do and are excited to do moving forward.

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

That would be very...I'm sure most of us were aware that was going on and so it would be very helpful and it also I think again like Cris had mentioned earlier it gives us the ability to think with our colleagues in, you know, in a virtual way that I think helps get to a better answer at the end.

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

Yeah, this is John, I'll speak, it was an excellent session, Sarah and I were both present.

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

Good.

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

So, I'll affirm that it seemed to go very well.

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

Excellent.

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

Thanks, John.

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

Well, from my perspective and Cris this is the work that I think we had hoped to get done today and if there aren't other questions we know that you know what our next steps are we could open it up to public comment and come back and make sure that we're all on exactly the same page as far as next steps and complete the call. Cris a different approach from you?

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

I don't think so, my only question was we received two slide decks and was there anything...

**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**

I think we haven't touched the second one yet, is there anything in that one that we should draw attention to?

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

The second deck was what we were proposing to use as a comment template.

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

Yeah.

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

But we'll probably...I will review if one more time just to see if there is anything that we need to change based upon today's discussion, but when we follow-up with the Workgroup on next steps we'll share that again.

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

All right, so rather than having someone read through it I guess we want to have Workgroup members look at the specific...I gave praise for this at the beginning of the conversation because I thought it was so well done. I just think, you know, slide three through the end layout specific questions and categories that I thought were very helpful and I think we want to encourage everybody to look through those.

**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**

I think we're ready to go to comment as far as I'm concerned.

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

Good, perfect.

#### **Public Comment**

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

Okay, Lonnie, can you please open the lines?

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

Yes. 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.

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

So, while we wait for public comment just to follow-up we'll be following up with an e-mail just giving everyone an outline of next steps and exactly what we're expecting for them to do. And we'll ask for them to reply all with their responses so people can see the discussion as it's formed. And the final deadline will be Monday the 23<sup>rd</sup>.

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

And in that e-mail for those who weren't in attendance, Michelle, can I suggest that you reaffirm...

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

Yes.

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

This to this...because I do think if you read the slide deck that, you know, you may not get all the comments that were made during our questions around it but they could certainly ask them via e-mail, but I think you can get a sense of like John's question, this is where we're focusing so start here with your focus and your comments and that will I think will get...it's not the world of the entire interoperability roadmap it's very specifically, you know, Section I and here are the questions we need to answer and here is the proposed timeframe in terms of years that would give...I just think that would be easier if you didn't...if you weren't able to attend today to understand what the assignment is.

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

Will do and we'll also attach a link to the roadmap as well just to make sure everybody knows where to get that.

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

Perfect.

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

All right, it doesn't look like we have any public comment. So, if there isn't any other comment I think that we can be adjourned.

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

That works for me. Anything from any of the Workgroup members you'd like to leave for the benefit of all of us before we close the call.

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

Liz, Dave Kates, quick question, just maybe you said it but just to be crisp, so the deck that Michelle prepared and the ONC prepared which was fantastic, we want to get first drafts of input from each Workgroup member by when?

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

By the 19<sup>th</sup>, correct, Michelle?

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

We're going to give them a little more time until the 23<sup>rd</sup>.

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

The 23<sup>rd</sup>, I'm sorry, that's right the 19<sup>th</sup> was the original date, the 23<sup>rd</sup> then they will synthesize the information and we will review it on the 25<sup>th</sup>.

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

The 27<sup>th</sup>.

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

Okay.

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

The 27<sup>th</sup>, okay, obviously you don't ask me today because I have no clue. Michelle, please go around me to answer, the question is wrong. Anyway, okay. Good question, David. So, to reiterate it's the 23<sup>rd</sup> and 27<sup>th</sup> is that correct Michelle?

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

Yes.

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

Okay, 23<sup>rd</sup> comments in, 27<sup>th</sup> we meet as a group to review them. And in the meantime we're doing reply all so that we're able to get the benefit of everybody's thinking. Great. Cris?

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

I have nothing else to add I think our deadlines are straight and hopefully our team is ready to go.

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

I think we are.

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

Yes.

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

Thank you, guys.

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

And we've been feedback for the other teams that's all I'm saying, so, you know...

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

Absolutely, because we're not the least bit competitive.

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

In the least.

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

And thank you guys, thanks to Michelle, Scott thanks for all the work that ONC did to help us get ready and for everybody for taking time we know how busy everybody is and Cris and I more than appreciate not only all the intellectual capital but the time commitment that you make it's what makes the work really good. So, everybody have a terrific weekend and we'll talk to you very shortly.

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

Thank you.

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

Thank you, everyone.

**W**

Thank you.

**M**

Thank you.

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

Have a nice weekend.

**M**

Yes, you too.

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

All right, bye now.

**M**

Bye-bye.

**Public Comment Received During the Meeting**

1. Interoperability not only is the exchange of data, but the ability of the receiver of the data to be able to meaningfully use the data [received] as part of their workflow.