



**HIT Standards Committee
Implementation, Certification and Testing Workgroup
Final Transcript
March 13, 2015**

Presentation

Operator

All lines are bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the 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 call is being transcribed and recorded. I'll 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.

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

Hey, Liz. 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. Andrey Ostrovsky?

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

Here.

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

Hello. Brett Andriesen from ONC?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Brett. Danny Rosenthal? David Kates?

David Kates – Director of Interoperability – The Advisory Board Company

Here.

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

Hi, David. John Travis?

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

Here.

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

Hi, John. Kevin Brady is a new member.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Here.

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

Hi, Kevin. 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, MS, PhD, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – 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?

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

Here.

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

Hi, Sarah. Steve Waldren?

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

Here.

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

Hi, Steve. Udayan Mandavia?

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

Here.

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

And Zabrina Gonzaga?

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

Here.

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

Almost have a full group today. So from ONC, are there any other...Scott Purnell-Saunders is on, correct?

Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services

Yes, I'm here.

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

And Mazen Yacoub?

Mazen Yacoub, MBA – Healthcare Management Consultant

Yes, I'm here.

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

Any other ONC staff members on the line? Okay...

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

Brett's on the line, right Michelle?

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

Who, I'm sorry, Brett?

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

Brett, uh huh.

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

Yes, Brett's on the line.

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

Okay, great. Oh, Brett is he on the line?

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

He is.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes, Brett's here.

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

And now I'll turn it back 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, I'll start Cris and then join...I just want to say thank you, I'm sorry I couldn't be with you last time so I certainly want Cris to take the lead here because he will be more familiar with the work. But looking at the work that was completed and the...a very special thank you to Sarah, David and John for their work on C-CDA, really, really looking forward to having that conversation followed by a continuation of trying to get through all of the comments that we got on the interoperability roadmap.

And certainly want to say to you that Cris and I are going to give a very brief update next week to the Standards Committee, fully acknowledging that that won't be our final report, but want to give them an update on the work we've gotten done today. And would certainly say what you have gotten done and your input have been very valuable and I know you're busy, it takes time so I'm in a similar situation, as is Cris. We want to always express that, thank you. And then secondarily, of course, to ONC who helps us pull it all together, thank God. Anyway, Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well, I would say that the Implementation, Certification and Testing Workgroup, clearly we're the best workgroup, as you know...

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

...yeah. And the evidence of this is last time we got about two-thirds of the way through I1 and hopefully today we'll complete that and get through I2 so that we can have good recommendations for the...for summary for the Standards Committee in two weeks. Somebody's got a lot of noise in the background, if you could mute your line that would be great. Thank you.

The other thing that happened last time is that we said that we needed to have a quick look again at C-CDA constraint. We put together this fantastic group of volunteers of Sarah, David and John; I think maybe others participated as well. It's a really impressive piece of work that was turned around in two weeks.

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

Great.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, I think we...Liz, I think we want to aspire to try to hear the recommendations from the C-CDA group where we're highlighting issues that...where there are additional questions and so on and then see if we can stick to our calendar and get through the workgroup comments...

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

...by 12:25, otherwise we're going to run out of gas there. But I hope...our target is to do a quick highlight to Standards Committee in 2 weeks on both the C-CDA constraint issue as well as I1 and I2.

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

Okay, I just want to correct you Cris and so forgive me but the...unless the date has changed, I think we meet on March 18.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm sorry, yup, yup, yup...until next week, yeah. Yeah. Thanks.

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

So just for you guy...it's not a problem, just so you guys know, again it will be a summary document, but we want to get...the more that we can get through today, the better job we can do of kind of giving a high level summary knowing that we'll have another opportunity in April. So Cris, with that, should we turn the floor over, and I'm not sure who, Michelle, who's going to lead from C-CDA to get us through that document.

David Kates – Director of Interoperability – The Advisory Board Company

Its Dave...this is Dave Kates, I can highlight what the workgroup...the subgroup did for the rest of the group and can...unless you have any...

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

No, I think the only thing I would ask is that we start moving forward on the slides that are on the screen to the WebEx. There we are.

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

...I think we're going to start with the other deck if David Kates is going to go first, the constraining C-CDA.

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

Yeah.

David Kates – Director of Interoperability – The Advisory Board Company

And just to preview what we're going to do in the next few minutes is not go line by line or word for word through the deck, but as previewed by Cris and by Liz, at the last meeting one of the feedback items that this workgroup as a whole has observed and that came up in the discussion last week was that the C-CDA still is inconsistently implemented by certified EHR technologies for MU2 and we've often times commented about how there needs to be more specificity and constraint to the C-CDA in terms of addressing that concern, addressing the incompatibility and the resulting lack of usability in certain situations.

So, in short, we volunteered or were volunteered by Cris, we'll have to go back through the record.

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

Sarah Corley volunteered me, I recall that.

David Kates – Director of Interoperability – The Advisory Board Company

And I believe I volunteered me and Sarah.

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

And Dave volunteered me, so.

David Kates – Director of Interoperability – The Advisory Board Company

Exactly, that was on purpose.

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

...some arm twisting, Sarah did some arm-twisting.

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

I'm just thankful somebody got volunteered so we got the work...how about that.

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

There you go...

David Kates – Director of Interoperability – The Advisory Board Company

The bottom line was that the three of us pulled back and tried to organize collected input rather than just a broad C-CDA is imperfect types of feedback, wanted to get to some specific comments and recommendations around what specific areas need to be addressed in order to constrain the C-CDA in order to address the concern I just outlined.

So, the deck that was distributed earlier in the week and then updated this morning includes an outline of a set of general recommendations in the first three pages followed by a set of recommendations section by section for the Meaningful Use required sections of the C-CDA. And then also included in the last section of the deck was recommendations related to other areas that may not be part of MU2 certification for either transitions of care or consumer access, patient access, but are still part of the C-CDA stack and are widely used in the industry and their refinement and constraint.

So basically we're offering the feedback that the group, Sarah, myself, John and a host of other people from our respective organizations and elsewhere that we compiled to provide a set of specific recommendations; bring that back to the broader workgroup for folks to review. I don't think it's productive to go through this online, there's a lot of material here and the question back to Liz and Cris, I'll turn it back to Sarah and John if they want to add anything, but then back to Cris and Liz, whether there's anything besides getting additional input from the workgroup before the next meeting that needs to be done in terms of potentially summarizing this or any other next steps to bring this back to the Standards Committee. So before you answer that, Sarah or John, anything else you want to add to the overview of what we've presented here?

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

No, I just think that we looked at this mostly with the vendor perspective, although also with the perspective of feedback from our clients but I think it would benefit from additional stakeholders reviewing it and adding to it.

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

Yeah, I would agree. I think that your experience is going to inform your perspective as a user of this probably based on the types of use cases you attempted to use it for, that's the other general principle.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Liz, this is Cris, let me take a shot at this first, if that's alright.

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

Sure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I guess my question would be...two; number one is, how...if we were to accept all these recommendations, from your perspective would this be modest improvement in C-CDA or large improvement in C-CDA. And from your customer's perspective and vendor perspective, could this get us most of the way to ideal state or only part way is sort of question number one. Do these recommendations get us to a good state?

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

So this is Sarah. I would certainly say that these recommendations would make a huge improvement in the functionality of the C-CDA for the end user. Many of them, it would allow for consistency across vendors in what we're displaying, particularly when we're talking about constraining timelines.

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

Yeah.

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

There are still some issues that my interoperability team identified around transport that we didn't really put in here because we were talking about constraining the C-CDA, not talking about transport. That if those issues were addressed could, from a technical standpoint, reduce the amount of work and improve the ability to parse data discretely from one system to another. But this...if these were implemented, it would make a big difference, in my opinion.

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

And so when you...

David Kates – Director of Interoperability – The Advisory Board Company

And I'll add to what Sarah...this is Dave. I agree with everything Sarah said. To your question, Cris, we did not try and get every nit and the I dottings and crossing type of list in here, so it was geared towards what are the Pareto 80/20 stuff that if we can...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

David Kates – Director of Interoperability – The Advisory Board Company

...address these things, this will make a substantial difference, but not attempting to go and get everything that has ever been concerns raised about the C-CDA captured in this document.

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

This is John, I agree with the points raised and can't emphasize the timeframe of a lot of the recommendations were constrained to the latest iteration or version of something. And the biggest complaint we hear, which creates really a shadow process, one to meet the Meaningful Use transitions of care measure, too and the other to really send the thing that's useful for transitions of care between sending provider and receiving provider is the size of the thing and the volume of the thing. And, yeah, I think that's probably the top complaint we hear about the usability of it as it is.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And did these address that, John?

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

If you...again, if you look through there, there are a lot of recommendations data...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

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

...type by data type basically to say that. And then I think as a general matter we ma...that's one of our general guiding principle feedback items as well.

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

Yeah, you'll see that we're constraining to either the most recent or active list on almost everything.

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. I guess...that's great. The other question that I had was on G3, repre...

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

Hey, can I...I just want to, and I don't know if you're going to get there Cris, so I will certainly wait if you do, I just want to make sure we get back to the comment about the...being from the vendor perspective. So please go ahead and then we can go back to your comment.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Oh, yeah. Let me ask one more Liz and then that makes tons of sense.

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

Sure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So these questions are all from admiration from this work, by the way, I think this is really, really helpful.

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

Oh absolutely.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I guess my question was maybe on G3, the transition of care where there's the note under the recommendation that says we need to be explicit about specific use cases, because your recommendation has specific use cases for different kinds of transitions of care. Do you have ideas about what...where that work should happen or any other follow on work from this? So, these are smart recommendations, where should they go? Who's supposed to pick them up? Are these just consensus put out in the air with the hope that vendors will pick it up or...I'm trying to ask the question in kind of a pointed way.

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

Well this is Sarah, I...you know, some of these are going to require stakeholder feedback among all stakeholders, so the use cases...I mean, we've clearly identified some examples where there are very

different needs between a hospital discharge, a referral to another physician or having a patient generate the C-CDA from the patient portal.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

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

So they're very different use cases and I think that as vendors, we can identify some, but I think that when you're talking about that, it would be useful to involve all stakeholders in the discussion...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...and come to consensus about both the volume of information that you want, for example, on a hospital discharge it's unlikely that you want every single vital sign and every single lab that was done during the hospital stay. So, you would wa...you would seek consensus among providers and hospitals as to what the valuable subset of that data is.

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

This is John; Cris, let me give you a real strong example and it seems like a minor point but it depicts that very well. The care team element; when we're speaking of a hospital discharge, I mean taken quite literally, and we did run into this, it may result in pulling in just innumerable care team members who were involved in the direct patient care to the patient, especially in a nursing role, throughout an extended admission. Our clients resoundingly didn't want that...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

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

...for an inpatient discharge. Now, from an ambulatory perspective where you have the physician and their primary care nurse practitioner and that's the extent of the care team, it makes perfect sense and you pull in all relationships to the patient that may prevail for that encounter, and it's a small set. So the business rules about what's useful are going to differ based on the circumstance.

The standard that we have doesn't recognize that and is really...yeah you could say common sense implementation guidance, but it...we're saying yeah, the common sense is differentiated by the use case as to what common sense prevails, depending on the kind of transition it is. And we...no one...so I go back to John from the long-term care perspective always arguing that we need to make sure what we're doing for transition of care is useful, so, there might be an LTPAC orientation, that's a profile, there might be a home health one, there might be other perspectives and I think that work does go out to people who are subject matter experts that can represent those stakeholder interests.

David Kates – Director of Interoperability – The Advisory Board Company

And Cris, it's Dave again. The...let me ask you a question to your question; once we get the other stakeholders input and not just from a vendor perspective but other constituencies, I don't know what the list of options are of who can act on this...on these recommendations. I mean it seems like it's either HL7 as the author of the C-CDA as an SDO or it's us, that we then have to create a companion guide or

ONC, create a implementation or companion guide to the C-CDA to say, for purposes of Meaningful Use or certification or whatever that these are further...these are constrained in the C-CDA by HL7 or ONC or us, unless there's somebody else that I'm not thinking about that could actually...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well, and we've got to get back to Liz's question, but Scott Purnell-Saunders might know the answer to this, Liz might remember, Michelle might remember, Brett as well; this workgroup was asked last summer, if I've got my timing right, or it may have been late last spring, to look at C-CDA constraints. And frankly we tried to do this work as a workgroup; we didn't make near as much progress as you guys did in the last what, week and a half, to get this work done.

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

Uh, four days actually, but...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, there you go, yeah, okay.

David Kates – Director of Interoperability – The Advisory Board Company

Don't tell all our secrets.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. I mean, you guys made unbelievable progress. What happened before is we took a shot at it and it simply took too long to plow through it, which is my recollection, and at some point, HL7 raised their hand or a representative of HL7 or participant raised their hand and said, we can probably take this on. And I think it became a little bit problematic there. I think, David you probably know as well as anybody, but I would make the case that these recommendations are concise and powerful enough that we ought to see if we can frame them in the form of guidance to HL7. Maybe someone else can improve that, but I think this actually represents design work.

David Kates – Director of Interoperability – The Advisory Board Company

I think that's right, I think it's a combination of we can boil them into a set of recommendations to HL7 and then I'll put it back to the ONC folks. But at some point we want to get back to the other topic, but how do we then incorporate this into certification testing related to CCK...maybe that's a given once they're in place.

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

This is Michelle, so I have a couple of questions, maybe this could come up as part of your comments on the interoperability roadmap and Cris and Liz, I expect that you'll bring this up during the Standards Committee next week and then they could provide some guidance. I'll also say that there's a certification rule that is expected to be released soon, too; so that could alter or maybe hopefully answer some questions, I don't know. And so I'm not sure if we want to wait and see what happens with that and respond to that as well. Just some ideas and I welcome feedback on how best to proceed.

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

This is Sarah, I think certainly it's best to go to the SDO and ask them to make the effort to look at these recommendations, but for quick progress, if ONC as part of certification clarified what constraints they wanted to see...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...at least the vendors who are getting certified, their products are then going to be consistent and we based these comments, because certainly John and I are getting a lot of feedback from our end user clients, the provider community, about what they want and don't want out of a C-CDA. And I think we have a lot now of real world experience that we might not have had last summer because people have been, for Stage 2 Meaningful Use, doing a lot more exchange and use of these documents. But I think the fastest way is to put the constraints in an implementation guide for certification.

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

This is Kyle and I'd add to from a certification standpoint, observing a lot of products that from what I can gather from vendors, it's...some of the confusion that's out there is certainly not by anyone's intent to muddle the market, it's just the spec allows for a lot of options and they're not always really sure on what to do. And as John alluded to, there are a lot of different needs for things and some people come from their customer standpoint and so some things include a lot, some a little.

And so I think, as far as a first step or something we could do is even if we just had like a guidance document that maybe kind of focuses on some, especially some of the main points here, maybe also some examples as, again, not even saying this is what everyone has to do in terms of its part of the spec, but here's a good way of doing it right now. I know we kind of have a companion guide already for MU, but I'm not really sure it quite goes to the level that this does. And I think that would just help just from a...I think vendors, a lot of them are simply seeking, I'd like some general direction...

M

Yeah.

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

...and here it is and we're not holding you to it, but I think most will take it because they're wanting to do it right and they...have that structure yet necessarily. So that may be something, a quick value add that we can do if we can put this together without making it quote unquote official, but still from the ONC...

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

Well you have to guide the certifying...the testers because when we get tested, we have to include every single piece of data.

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

Yeah, that's where I was going to go, Sarah is that while I absolutely agree with what you just said, Kyle, I think it's really critical that we understand there is no and...there is no or when it comes to certification, it's all and...

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

Yeah.

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

...and that makes it really tough. I think I...the practicality of it is from a provider, meaning the person who uses the tools, we have all kinds of ideas about the way it would work much better in our given environments and I think that you all did a really nice job of capturing some of that. But I think unfortunately when it comes to certification, if I went one way and Cris went a different way and John you and Sarah have heard from other customers that want it yet a different way, we end up with a vendor situation where they...if it goes into the rules, they have to do it all ways.

So I think what we're looking for...I think the word constraining is critical and what we ran into, what Cris is referring to is when we tri...when we actually looked at the reg and kind of threw our hands up and you did a remarkable job here, was because there were so much "if" or "or" I should say, or this or that or that or that, we kind of got to the place of, how can we sit in a position with enough knowledge that if we...an or, meaning we're saying that's not important, do we have sufficient enough background to be able to make that decision or are we just about to throw somebody out into the cold day with no lifejacket because we didn't realize the reason that "or" is important is because of them. I would love to see it constrained.

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

...I'm sorry Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I...so this is Cris, let me see if we...I mean it feels like we're getting to something of a consensus from a process standpoint; I don't mean to interrupt this, but it feels like we ought to make our report next week ought to...with respect to this deck ought to include that we think that these constraints are actionable, that we want to propose to the Standards Committee that they be communicated to ONC to include in the appropriate guides that Michelle just listed.

And that in addition we want to communicate these recommendations to HL7 for their consideration and balloting at the appropriate pace. And I think we also want to call out, wherever appropriate, here are some remaining gaps that would need to be done to take these recommendations all the way home. And I have a particular interest and bias around G3, the vendors are speaking for at least this provider in this instance; we really struggle with one C-CDA for all use cases and if there were an effective way to get this in profiles based on specific use, this thing would make a huge difference for physicians and Sarah knows, she's a physician. But, these things are challenging to deal with today, as is.

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

They absolutely are and we...IHE has profiles, there's no reason we can't have a profile for these.

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

Yeah. I keep...this is John, I keep...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

What do you all think of that recommendation for next week?

David Kates – Director of Interoperability – The Advisory Board Company

Yeah.

Rick Moore, MS, PhD, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

I like it; this is Rick that sounds very inclusive.

David Kates – Director of Interoperability – The Advisory Board Company

And then if there's follow up back to the subgroup like to define what the profiles are and what not, then if you can bring that back, then we can take on some additional fleshing out of this.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I hear David Kates volunteering for more work.

David Kates – Director of Interoperability – The Advisory Board Company

And now explicitly...

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

Yeah.

David Kates – Director of Interoperability – The Advisory Board Company

I was being preemptive before you volunteered me.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Oh my goodness.

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

Okay, I'm just waiting to hear him volunteer...

David Kates – Director of Interoperability – The Advisory Board Company

Sarah, you could hear I was coming.

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

Sarah, you know, you know you're...come on.

David Kates – Director of Interoperability – The Advisory Board Company

You're always part of that.

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

Cris this is Steve Waldren...

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

And John, I was going to say, and John, don't think you're getting off.

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

No, I'm not. I'm going to offer two other points and I keep...because my longtime day job has been to be in the healthcare financial management and revenue cycle side of things, but it might help to illustrate

the point when you talk about it Cris. To me this is the equivalent of what had to happen with HIPAA EDI in the operating rules.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Absolutely.

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

I mean, what we're seeing here is a replay on the clinical side of what happened with companion guides on the payer side and claims. The other point, and it would be an interesting point of feedback is when ONC, and I think it's this month, Michelle may know, that ONC is supposed to report out as directed by Congress about barriers to interoperability, or at least I guess the plan for how you're going to assess those barriers, this is going to be one of them.

I mean the frustration level that our clients have expressed, and that's where I think you have to take great care of intentional barrier versus just the fact on the ground of what happens when you have unconstrained behavior, as it were. It would be interesting to see how that gets reported out and represented and if any of what we're expressing here is at least a core element of that.

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

This is Steve Waldren. I...there was some comment earlier about the certification is always an "and," so if we end up creating a bunch of profiles, they're all going to be "and" so we're going to be in the same kind of boat that we're in right now except there are going to be multiple profiles. I think the work to create these profiles is going to be significant, or that's the number of profiles.

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

I wonder about two things to add to the conversation; one, if we can have ONC and CMS be very clear the difference between what's required for certification, meaning that you have to show that you can export all the needed data inside a Consolidated CDA versus what actually has to be transmitted to fulfill the thing for the eligible professional or the eligible hospital. And that those profiles or a subset of that are completely valid.

The other thing is I wonder if we think about this notion of kind of add-on certification. So are these profiles things that need to be...have an additional certification. So, what I'm really saying, okay, as a consumer, you be able to know which profiles does your EMR be able to support on export.

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

I like that.

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

I understand...I think that's a challenge in this case because if the person submitting the information and the physician receiving the information, the guy receiving is the one that's kind of purchasing the

system. So, it's not quite exactly market, because the purchaser and the submitter of the data is kind of different. But that may be one thing.

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

I think...this is Sarah. I don't think it's as, well, obviously if you have a million different use cases then it would be a lot of work, but we're basically talking about different data elements that would be populating the C-CDAs or different, in the case of the care team, perhaps constraining that to the physicians that were caring for the patient on a...in the use case for a hospital discharge.

But I think certainly you could say every vendor needs to meet the profile for a C-CDA for the patient to download from their portal that would have the information the patient would want and the referral C-CDA, those components because no matter what your specialty, you're going to need to send it to a patient and you're going to need to be able to refer to another physician. And then you could have add-on certifications depending upon the market that you served in terms of long-term care or a hospital discharge.

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

And I would agree that...again, going back to the 80/20 rule, that you're right and it's the amount of work. But I know that when we did the work on data sets that we tried to create some of those use cases and we couldn't get the providers to kind of agree. The other thing I wonder about is there ability in the certification to talk about the ability to create the Consolidated CDA and that there's a rule-based, and I'll just say rule-based, it doesn't necessarily have to be rule-based, but is there a programmatically way that you can determine and create a profile? So if EMR can write a profile in, then it really doesn't matter what the profile is as long as it's part of the data set that's in the larger Consolidated CDA.

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

Well...

Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services

This is Scott...just...

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

Can I, just for a second Scott. As much as I am dying to jump in on this because I like Cris and all of...many of you on this call, I deal with this every single day and calls just virtually every day about getting information that's not usable. But I am very concerned that we have to make a choice right here. We either need to continue our conversation and dig in deeper on the C-CDA and the kinds of things that I think we could add incredible knowledge and direction on or we have to move on to the next part of this.

And I'm okay with either decision Cris, but I think we've got to acknowledge that most of us are very passionate about this because it has impacted our lives significantly, and not in the way that we had hoped which was that we would get better information to our care providers to do better care. And so, I'm not...I'm kind of in a quandary because the information coming out and the ideas coming out are fantastic.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Liz, I agree with you. What would happen if we went to Standards next week, and I know we only have a limited time for update, but this may be one item where we ask for some specific feedback around...

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

...how aggressive or incremental approach we take, and we can indicate some of the issues like the ones that are just listed, but obviously we want to do constraints, the idea of profiles is attractive, but from a practical standpoint, what's the certification process look like against multiple profiles? I think we can surface some of those issues and get a little bit of a consensus from the group and then return to this issue.

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

Does that work for those of you who have been commenting actively on this?

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

Well I think...this is Sarah, I think that we can get a lot more information from those on the workgroup who didn't participate in the subgroup...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...and it's best to do that offline and then take it up either via email or at a future meeting to...once everybody's had a chance to provide their comments and add additional comments and recommendations based on what we've already discussed.

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

Yeah, and this is Zabrina from Lantana. So this looks like...the analysis looks like it was based on the Consolidated CDA version R1.1, which was cited in Meaningful Use Stage 3. And since then there's been a version 2 that's been published, I think it was in December of last year and it actually addresses a lot of the areas in here.

So for example, the G3, the transition; there was a workgroup that met, the S&I workgroup, the Longitudinal Care Coordination Workgroup who actually helped vet some of the templates that were added to R2, so the transition summary, there's a new referral summary and there also was a group that met to create a care plan document; so all those are in the most recent version of C-CDA R2. There's also a new advance directive section, the functional and cognitive status sections have been split apart and it's now a functional and mental status section.

So I think what I'm...what we could also do is take a look at the details which are excellent in this presentation and then compare it to what was currently published in C-CDA R2. And then from a vendor perspective, I don't know if you could take a look and see whether or not some of the further constraints provided in C-CDA R2 address some of the recommendations. It's just a thought.

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

Good point.

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

And I'd be happy to help with that, because I worked very closely with that particular standard. So I know the POLST, for example, was vetted and incorporated into the advance directives and/or considered. So, I'm happy to go through this with...however we need to proceed to help with the analysis.

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

So given...yeah, wow. So given that information, I think Cris your approach was exactly right and I absolutely want to bring forward some of the information because this group...subgroup did a fantastic job. Given the comments that were just made, do we want to look for overall direction...do you want to go with these specific recommendations or do we want to go and say, as part of the byproduct of our work, we have done some...created some recommendations around C-CDA that we'd like to come back and share and we'd like to know the context in which we should be sharing them and how you see that moving forward in the certification group. Does that feel right to the group and to Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

It feels right to me. It would be extremely helpful if there was some way to put at least some annotations on this document going into next week that would indicate...

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

...whether these have been addressed fully or partially in the R2 spec.

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

Exactly. Because I wouldn't want to go in, and we really appreciate that information; I know that Sarah, David and John you probably...I assume you didn't look at the version 2 and so...and it may or may not have met the need as you saw it. So it's certainly not to say that one way or the other, but even if we knew there was another cross-reference we need to...a set of work we needed to do.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm just curious David, Sarah and John, do you have any comment on the difference between R1 and R2?

David Kates – Director of Interoperability – The Advisory Board Company

So, this is David, the...we...I did not look at the R2 stuff so I think the recommendation that workgroup members that have done that and can annotate this to reflect the areas that might in whole or in part be addressed by R2, I think that would be helpful with the general recommendation that you suggested Cris and Liz to the Standards Committee. To present this as an area where there's a lot of focus and adding the R2 stuff will just make it look more informed and prevent people saying, well, this is already all addressed in R2 that we...speak to that.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

David Kates – Director of Interoperability – The Advisory Board Company

And I think your approach still stands...

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

Exactly. Yeah.

David Kates – Director of Interoperability – The Advisory Board Company

...in terms of going into the group.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah and I don't think we're...

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

Oh no, it doesn't stop us, yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I mean, since this is just a preliminary update, we still have another opportunity to take another bite at this. But it would be good to get some feedback from the broader committee.

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

So who could annotate it for us so that we would know that this was...that we're not...I think you said it right, David, we're not saying whether or not it was in R2, taken to the place that we want to be taken to, we're acknowledging that R2 addressed the issue and further research is required.

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

Yeah, and this is Zabrina from Lantana; I'd be happy to go through the slide presentation and annotate the categories, because it's so well organized that it would be very easy for me to select a...or point you to the templates that are new, like the advance directives and maybe put a quick summary of the change that was made for the items on the slides. So, I'm happy to do that.

David Kates – Director of Interoperability – The Advisory Board Company

Yeah, Zabrina, I can work with you and I think we can either be specific and point to R2 sections or even just color code it in some way to say this is...

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

Yeah, because I don't think R2 takes into consideration like our request to only include active medications and active allergies, right?

David Kates – Director of Interoperability – The Advisory Board Company

But if you just want to take a cut at it Zabrina and run with it...

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

Yeah, that would be great.

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

Yeah, that's fantastic.

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

I'll be happy to do that.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Michelle?

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

And that would get, I think, what we need Cris to be able to speak to this and take advantage of all of the intelligence on this group.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, sensibly. Michelle, when do we need to have documents ready to get...to be submitted for the packet next week?

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

Monday, close of business is what I ask for, but...you know how that goes.

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

I was wondering if you were smiling while you were saying that. So how does that fit for you guys in terms of just adding some annotations for those people who will be doing the work?

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

So, this is Zabrina; I'll do that by Monday, close of business day. Is that Eastern time or Pacific time?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well I think we give her Hawaii time.

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

I think that...

Zabrina Gonzaga, MSN, RN, cPNP – Senior Nurse Informaticist – Lantana Consulting Group but yeah, I'd like to do that and then certainly if anybody has questions about the annotations...

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

Yeah, if you could...Zabrina, if you could certainly send them to...here I go volunteering David and John again, but at least the three of us so that we can take a look and make sure that what changed in R2 is still meeting what we...what we're concerned about based on the real life use of these products that would be great.

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

Yes, absolutely.

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

So can we...we can talk about guys, just for logistics sake and so that we are sure that we're representing you well, if you guys can kind of work out a timeline and really we...one, obviously in deference to Michelle so she can get the documents out and two, so that Cris and I can kind of take a quick look at it before...I feel that we can say, as long as the annotations are there, we're not going to go through the document in detail, we can certainly point out that we have those annotations in place and we're really looking for guidance to move forward rather than discussing specific details. Is that what you're thinking Cris?

David Kates – Director of Interoperability – The Advisory Board Company

I mean, since...go ahead Cris, I was going to suggest a timeline.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I totally agree, go David.

David Kates – Director of Interoperability – The Advisory Board Company

Okay. So I'd say Zabrina if you can do as best you can under...time box it to having it done by noon on Monday Eastern time...

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

Okay.

David Kates – Director of Interoperability – The Advisory Board Company

...and then get that out to the...at least to John, Sarah and myself and copy Cris and Liz and ONC; no, you can just send it to the whole workgroup but then John and I'll volunteer John and Sarah and I to get it turned around by 3 o'clock Eastern time, so then by end of business you guys can have something to put into the package.

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

I'm going to be gone next week guys, on a beach, so I will defer my...to David and Sarah.

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

And I'm on a vacation next week just because I've stopped accruing vacation time, but I will be working on it so I can meet that timeline.

David Kates – Director of Interoperability – The Advisory Board Company

Okay, does that work Cris and Liz and Michelle and everybody.

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

It works for me and it works for Michelle. Does it work for you, Cris, is that okay?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup, sure does. Michelle?

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

Okay.

David Kates – Director of Interoperability – The Advisory Board Company

All right.

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

And hi, this is Udayan and we also have collected some feedback from field experiences so I would be happy to submit my inputs on the same slides, the annotated slide deck by Monday.

David Kates – Director of Interoperability – The Advisory Board Company

Fantastic.

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

Great. Excellent...again, we went over our time limit, but I think it was worth every minute of it. Cris, I'd like to go ahead and go to Brett and go on down our...get as far as we can in the 45 minutes we've got left.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I think we should turn it over to Brett to lead us through it.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

All right, so I think we left off on slide number 14, which is question 6 of I1; so if we could jump there. Thank you. And just so folks know, I've updated the other slides in the set here to include some conversation from our previous meeting. Please take a look at those, if there's anything that you feel is not represented here from...please let us know and we'll make sure to include that but we did our best to capture everyone's comments and thoughts.

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

Okay, so we're on slide 15 now...there we go.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

...the slide deck. There we go. So some comments that we thought for the question 6 or the section 6 here, this part of it, where it would be a good idea for vendors to be able to use tools within their own development lifecycle and then consider if that satisfies any given retesting needs or if it could be a source for surveillance evidence. We saw comments that there may also need to be an ability to provide for public reporting on any such testing results, it could be voluntary or even future mandated. Make internal quality testing, certification and production-deployed testing more aligned. And then the request to define “regularly use” testing tools; the question is that intended to mean developers should iteratively use a testing tool to meet those requirements. So we can pause here and see if there are additional comments or discussion points from the workgroup before moving on.

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

So this is Sarah. So the testing tools question is what regularly means and why you would need to use them regularly if you weren't doing new development...

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

Yeah.

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

...or making changes to existing development. So certainly vendors use tools that either they've created or exist if they reflect how the product is going to function in the real world environment. They'll use those when they're doing new development and they'll use those tools when they are making changes to the product; however, the testing tools that have been used in the past for certification don't, in general, reflect real world performance of the functionality and so vendors would be using their own testing tools.

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

Yeah, I think you've hit it on the head, Sarah when we ask what the word regularly means. I think that's the crux of the question here, right? I mean the world's changing all the time and so are we asking the vendors...are we suggesting in the interoperability roadmap that we are somehow dynamic, even without new development or are we...I'm not sure what the purpose of it...again, I think you hit it, regularly, what does regularly use mean.

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

This is John; that kind of raises a question about defining a threshold of when that's required and gets you into...

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

Year.

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

...that needed for update or does it become a means of surveillance activity when criteria are included in surveillance that are related to really any manner of interoperability testing such that a vendor could even do it for themselves as long as there are conditions of how that evidence is documented and captured. This, as Sarah will recall, kind of echoed some things we discussed at certification Kaizen with

ONC about the role of...the utility of the conformance testing tools for other uses than live testing. And that may open up their ability to be used for other methods of satisfying certification test procedures.

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

Right. This is Sarah. The...I'm sure the idea behind this is that a purchaser of health information technology expects that something that was certified, a function that was certified, will actually work without any further development once they purchase it, which is not currently the case in terms of things like immunization registries or syndromic surveillance, simply because the partners in data exchange don't all follow a uniform...they don't follow the process that the vendors are certified to. So in that case, those testing tools do not reflect that you are purchasing the product will mean that you will automatically be able to transmit data to whatever registry or public health agency you want to.

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

And is this...so help me, Sarah, you're being very specific about syndromic surveillance; is this specific to that or is that just an example.

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

No, this is an example, it's every...

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

Okay, got it.

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

...interface, unless the partners in the data exchange follow the exact same requirements...

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

...so it's labs, it's syndromic, it's immunization, it's specialty registries; all of them, what we certify to does not reflect real world. And even in the case of ePrescribing, that certification did not reflect real world because at the time, Surescripts did not follow 10.6 exactly and we were required to certify to it and if we had put that into production, all of our ePrescribing would have ground to a halt.

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

So we created code that was not useful to any of our clients.

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

I got it.

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

Yup.

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

Yup, absolutely. So to me, Cris and the whole team, the crux is really around the language itself, it's something we just got...you all just got to talking about semantic interoperability but here we are. I suspect this is supposed to keep us kind of back to their original goals of being a learning organization, but not really recognizing the translation of that into a real world where we have to make changes and updates just based on something that's clearly undefined.

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

This is Kyle...

Rick Moore, MS, PhD, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

This is Rick...

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

...going back to something, what can you control even in certification and I think as some people alluded to, when thinking about the registries and other entities really a...the par...it's unbalanced whereas the EHR is within the certification program, these other groups are not and so it's hard to make...the vendor has to do something that the other party is not really complied...has to comply with.

So...recognize but I do think in areas at least like transitions of care, C-CDAs, stuff like that, there may be ways...I mean, those are things where both parties, typically EHR-to-EHR are within the program. I think that may be things...to me, at least that's where I kind of looked at more with this document, the similar approaches, that's stuff we can focus on. I agree with the registries...and labs which are kind of, to some degree, out of our control and we need to be judicial in how we...how prescriptive we make those requirements for interoperability.

Rick Moore, MS, PhD, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

So this is Rick, this discussion has been fairly informative to the extent that we know we have these gaps, or at least ONC should know that they have these gaps when they put forward these sort of objectives. There should be some edict from the process that states that ONC would check with these participating organizations to ensure compliance would be...is what's achievable not that we just put a standard out and say, go forward and conquer at the EHR level and not take into consideration the participating parties, or at least that's what's implied here.

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

Yeah and I...this is Sarah, I address that in my comments where I felt before or I thought that before they put out a requirement for a standard that they discuss it with the partners in data exchange and get consensus to it. In terms of this particular item that we're discussing, I would say that they need to change their wording to define what they mean by regularly and I would suggest they change it to say that vendors will use testing tools that...you know, mature testing tools that reflect the performance of whatever's being tested in the real world environment be used with initial development and changes or enhancements to that development to assure the purchaser of that product that the product will do

what it was certified to do. But we need to constrain the requirement for using these testing tools to only those that do reflect that both partners in data exchange are going to follow them. So you could constrain that to, right now, ePrescribing, now that we are actually...got Surescripts and certification all on the same page to ePrescribing. And then too, the C-CDA one, we further constrain the C-CDA so that we are sending apples to be parsed into apples.

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

This is John. We've run into this very recently and I'll echo strongly on the syndromic surveillance where we're having states who are requiring particular submission modes and timeframes and look back periods for how quickly you report something identified as a condition. I'll characterize it slightly differently, it's a bit as if the federal government is, by regulation, mandating a standard that is a fundamental matter of state law.

And there's probably reserved for public comment on the upcoming rule in there, but the fact of the matter is, unless the states have had a sufficient level adoption, this has got to be part of Dixie's criteria for mature standard, when you're intending it's for regulatory purpose that the states are the designated authority to have the jurisdiction over. It's a folly to get into the situation we find ourselves in where they may be lagging at that; it's probably aiming at the wrong entity; it echoes the comment about the key parties here are not part of the certification or subject to the use requirement and yet they have little control over what the states may do at variance with what the federal specification is.

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

This is Steve Waldren, this...the...has made that along with many other comments since the start of Meaningful Use and...they don't have the authority and the statute to move...to require anybody other than certified EHR technology to use these type of standards. So I don't know that they'll change anything, but I would, in turn just continue to make those comments.

I do want to know about this...the testing tools. The ability to pass original certification, I think the ability to use comparable development tooling by the vendor makes sense. I mean, if they're thinking about doing this HIT Safety Center, now is their ability to say that vendors should use their own tooling or they can routinely check with the tooling that's made...that's part of the certification process.

But only when there is an issue brought up by the user community that appears they're not fulfilling the certification requirement, then...is there then the time for ONC to request that the vendor relook at, and I'm not going to say recertify, but relook at using those same types of certification tools at that point in time. Because I think that's the problem is that if it's not being interoperable like it's supposed to be or not fulfilling the requirements that it's supposed to, that's when people need to go back and take a look. But if you're doing that and the marketplace is working, what do we care.

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

I was going to say, so when you think about Sarah's question, which I think is the right one about whether...the other part of the statement itself, it's just a troublesome statement. I think the intent is meaning...is meant to be helpful, but it's also maintaining interoperability which is not well defined and it's while health IT is in use; I don't know at all what that means. I mean I could make all kinds of guesses, but the whole...the statement in general is, I think all of you all covered it, it's are you asking us to do things while we watch the train go by? Is that not our question? Do you know what I mean? So

sort of, you're running beside the train, it's passing you by and they're asking us to continue to make updating, retesting how well is our...

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

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation
...yeah, is our product working in the changing environment? And I think if we got a definition of regular use, then we might be able to get to the rest of the question.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation
Yeah, I mean and that gets at some other questions...this is John, about when would you do that based on something...

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

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation
...practical. So, major releases, minor updates, periodically under surveillance, yeah.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation
Right. Well and that's why I said when they use the...when the terminology is used, while health IT is in use, I mean I guess my assumption is we're all in use of health IT every day and that's why we need to have it constrained to when would we do it. So if you get regularly te...use, I think again you'll get to the...we should get to the second part of the question. So from a workgroup perspective, are there other...comments you want to add Brett or anyone on the workgroup?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems
I think we've covered it.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation
Yeah, me too. If we don't hear anything, we might want to move on to 7.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology
All right...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic
Liz, I was trying to get off mute, I think...I totally agree Liz. Sorry, I just couldn't get off mute.

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

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

All right, so 7 and 8, I think we can probably tackle at once and deal with. Comments related to updating testing tools as well as tools that can be used by implementers after implementation to ensure interoperability. So, 7 here's a comment that wasn't in the questions, but looking at a goal to provide appropriate levels of piloting, testing of new tools and that being a must. That criteria and testing requirements change a question on what the update cycle for that is and how do though changes get introduced. And then we saw several no comments or reference to previous remarks.

And then on section 8, we saw comments around supporting interoperability of production systems...could drive out what may be attributable to localization implementation versus standard capabilities; requiring settling what to do about segments that could be optional or conditional. Comments on post-implementation tools and how it's unclear what...would those be different from tools that were used for certification? Could the strategy provide more guidance on the difference there? And then an additional comment on once interfaces are in production and functioning, the only use for testing would be if changes were being made and recommendation there.

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

So I think this is the same issue we discussed before...

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

Yes.

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

...you know, not to beat a dead horse but, testing tools need to be updated when methods change; if standards change you move from one ePrescribing standard to another or one version of the C-CDA to another; the tools need to be updated and they need to then be used. But we would prefer that testi...that the effort to develop testing tools and the requirements to test would be something that would actually be meaningful in the real world so that you knew that if...again, if you tested it the buyer of the product would have certific...would have confidence that it would work once they purchased it.

And that means you are limiting your testing tools to something where you know there is a real life partner for that data exchange and you could communicate that this passed doing such and such. And in the case of all the things we've mentioned before, if there was a state or public health agency that actually used the exact same implementation guide that vendors were certified to, we could list this state or this public health agency complies with the exact same standard that your vendor certified to. So if you purchased this interface, you know that it will not require any additional development work or time to develop because it works. And you know, from my standpoint, I think it would be more helpful to be provider and community, and I include hospitals under that, to have a list of...by vendor of what they actually do support until we start seeing some consistency in what the partners in data exchange accept.

So, I think it would be more useful to have a list of existing lab interfaces, existing syndromic and immunization and specialty registries that the vendor supports. But the testing tools, if they're not...if there's not a single partner in data exchange that somebody purchasing these tools would use that is using the same standard, it's meaningless.

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

So I would say, and when I read it Sarah, similar to you, I...when I looked at this early on, I thought to me it inferred that post-implementation was going to be different than what we certified to therefore our product wouldn't work. Therefore as a provider, the product that we thought would not work in even the current environment, and I don't think that's where we are.

I think if we said to them, post-implementation should be reflective of what the current state...what we need, right? And that exchanges come, then we need test again and not that we would...I mean, to me your testing tools would work. If there's a change in the environment, we have to be interoperability in and we have to do an update, then we would test that update. It's...in the simplest of terms is that a fair assumption for the group? I mean, that's what I read it, I kind of went...that the world's changing and we'll make no changes or does it infer that it wasn't interoperability in the...it was not interoperable in the first place.

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

This is Kyle, I mean, one thing to take into account when we use the word interoperable that it's a relational term...

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

Right.

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

...and so even I was interoperable with you and then...but then the you over there makes some changes to be interoperable with somebody else...

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

Right.

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

...then apparently that breaks interoperability. So I mean there is something to be said about a lifecycle type of view of that I can't just be one and done and in some sense there is a continual evolution of it. I think the way, how do maintain that...I mean, one thing I did think about on this, and I know Kevin Brady's on the call and it's easy to say...to imagine all these great test tools out there and then people actually have to develop them and do them, but is there a way to kind of, if you will, when the tools come out that there's kind of a base level?

We kind of talked earlier about kind of profiles almost, but kind of the base of, this is what we do and that's when new programs come out or new editions or criteria or whatever, this is kind of the standard. But then could there be something on top of that that kind of...and I think we kind of eluded earlier like even different types of like state agencies maybe here's a version that supports over here, but...what I guess I'm trying to get at is...we can't just think the tools there and we're good that...and I haven't changed my product therefore I'm good. And it's just not that way. I mean things do evolve and there's just a balance there and there's no perfect answer to it, but we do have to be aware that tools are...it's just a product, you have to support it, it has to...new issues come in, they have to make updates. And we have to kind of everyone has to kind of follow along. So...

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

So you're saying that as an implementer, because that's what I would be, I would have access to a set of tools that as my environment changed or I added a new person to be an organization or provider, whomever, regulatory body, registry, that I would be able to go to this set of tools that was provided by the health IT developers, SDOs and government that would allow me to test that new connection?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, so Liz...well Kyle, you may want to answer, but I think actually the precedent here was given by John Travis a little while ago when the HIPAA claims transaction sets went in place, the X12 community did a really good job of setting up these kinds of environments that were completely unrelated to certification. They were just around validation of ongoing operation and they were extremely helpful. I think if we take the position that whatever's done in this place, strictly is separate from certification but is around assurance of ongoing interoperability and it's there for the community to use as they see fit.

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

To use, right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think we avoid the problem that this becomes, surveillance or shadow certification.

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

And I was kind of getting...that's kind of where I was going a little bit is that where certification is...kind of you're setting the floor but you're not trying to make...put the ceiling up there, so to speak. And so we have requirements, we're all on board, we're all this, but if there are some other features out there that people can do that maybe reflect kind of those who...let's be frank here, are further along, you know; I mean, not everyone is this far along on certain things, that could be an option there.

And try to...again, because I just think that when we do certification, we go about that, this formal program from the ONC, that's kind of a big bang kind of launch activity and then we're going through there. But once the first people through, and we have a lot of people on the call who are like that, there suddenly out there now using it, they're learning things and they're getting feedback in and suddenly they're a lot further along than those who are coming around 18 months later.

So, I mean I'm just trying to find a way to reflect the fact that we're trying to help people as these things matures, even though the program itself from certification is a 2-3 year, maybe 4 year kind of cycle that goes through so how can we kind of set a floor that everyone's on board, we all agree we can do this. But in the industry there are some things that people are further along on, how can we help them maintain that or growing and advancing that?

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

Well we have to have tools though that reflect the data exchange partners, so where are we going to get those tools because we've already beaten that dead horse. That the fact that the ones that are required for certification, the only ones that are following the standard are...is ePrescribing.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

This is Kevin from NIST. I think the problem with some of the tools, especially in immunization is they're following the federal standard, but then the states put on their requirements...

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

Right.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

...on top of that. So they're not not following the standard, they're just adding more requirements so that the base tool is doing what it's supposed to do.

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

And I think what you were suggesting, Cris, sort of the origin being John's comment is that, and Sarah, I hear you're concern about who will do it but the concept, I really think you're right. The concept is the groups that came up with HIPAA, I don't know where we find them, but I think the concept is strong and we should take it back and say, this is not part of the certification process. I mean, I don't see that in our comments and I think we're saying it's not part of the certification process, it is indeed an add-on service so to speak.

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

Well, and this is John, and it may well help a lot, to me, the reality of what Sarah raised, I can't take this out of the box and implement it and it debunks one class of interoperability barrier that is, if anybody stopped to think about it, a natural occurrence because you're adopting something as a hope, in effect, for your certification criteria that are either being amplified by states or kind of the same things we were talking about with C-CDA, they're doing things that are permitted by the standard and specification because they're optional, but...or they're conditional, but they're mandated by that state.

And it puts the vendor in a custom development mode and I'm very sure Sarah and I find ourselves there and I had a conversation just two days ago about one of the states over syndromic surveillance on that very issue. And we're left in a rock and a hard place because somebody could perceive that as being an implementation barrier and get greatly frustrated by it, but it's kind of a, well, this is what happens when you do the field of dreams thing and yet nobody comes. So, it's...

M

Right and the tools aren't going to help you because we would have to build a federal tool and then have 50 state plug-ins.

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

Sixty-four remember, it's not even by state.

M

Right and even more, but I mean we cannot do that, yeah.

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

Right. Yeah, and we've had that conversation many times around reporting for example in California it's by county.

M

Right.

Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services

And this Scott from ONC and I think I wanted to echo Kyle and Kevin's sentiments on this in that we are looking for alternative ways to try to support this functionality. We certainly understand that there are varying requirements depending on state, county, you know, requirements and then the federal requirements as a whole from CMS. So we get it, we're working with our federal partners to try to come up with something that works for this and understand that in our current mode of testing kind of in a vacuum at one time and one place in time is just that. And we're looking to try to figure out if there are ways that we can leverage more continuous testing, maybe it's not particularly certification as is currently seen, but something that works to engage folks on a more continuous basis.

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

Yeah, I mean I think what...this is Sarah, that I would say is that reflecting the real world is going to be present at least for the foreseeable future that we're going to have these differences by state, county, etcetera is that we should just say, we expect that all partners in data exchange will share information with their partners in exchange when they plan on making a change to their software that could have an impact on that data exchange.

Understanding that it's not just the vendor making a change, but the device manufacturer that makes a change to their echo machine that breaks an interface, etcetera, that we really have to communicate to everyone that it's critically important once you've developed an interface to discuss changes to your software with others so that we can make sure that the testing occurs so that the end users of the product don't take one upgrade one day and suddenly discover that their interface is broken. It's not a certification criteria, it's just an expectation that it's a responsibility of all partners in data exchange to behave this way.

Kevin Brady, MS – Group Leader, IITL Interoperability Group – National Institute of Standards and Technology

Right, and this is Kevin from NIST again, I would just say also that the NIST tools are available after you certify, and you can use them any time. The only restriction we have is don't send us real data from patients. You can always pull down a version of our tool and run it locally if you have to use real data, but they're available all the time.

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

Yeah. I think we, as usual, well, such an incredible amount of information and I think we've gotten some very, very strong comments and suggestions back to ONC on this one. Now I think...and to the Standards Committee. According to the agenda, we've got just a few minutes before we go to comment; do we want to try and open up 12 or do we...what do we want to do here? Because I...and thank you, it just goes to show the amount of...

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

What is 12, I don't have Internet access where I am today?

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

Is it something we can quickly...

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

This is Udayan...

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

The certification program's entire section on the interoperability roadmap; there's...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

It's just a little tiny thing.

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

But as I recall, it had just pretty much the same answers we had for this as we had for others, didn't we?

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

I was looking, too, Sarah. Hang on just a second...

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

Because I know by the time I was getting to the end I'm like, well that's the same thing.

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

I just answered that, right?

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

Yup. Ditto, ditto.

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

Ditto, ditto, see previous comments.

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

Yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well Liz, we can do one...two things, maybe we could go on to 12, which is the first thing in I2 or we could try to have a little bit of wrap-up on our comments on I1 and C-CDA, just so we're clear as a workgroup what we're going to take to the committee...

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

Yeah, that would be my preference. I would rather see...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...next week. Next week, I'll remember it now. Next week.

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

That would be my desire because I really always feel better if the workgroup knows kind of what we're going forward with and recognizing it's an interim report, but I would rather say Brett, can you...I know I'm asking a lot, can we kind of wrap on where we might...what we're taking next week and then we'll get to 12 at the next meeting.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I think that makes sense.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I think we can do that.

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

Okay. Let's...

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

And this is Sarah, I'm going to sign off now, I did reschedule one patient but my next one's here, so thanks, I'll talk to you all next week.

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

And thank you Sarah.

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

Bye, bye.

Multiple speakers

Thank you, Sarah.

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

Okay, Brett, I don't know if there's an easy way to kind of wrap us so that we can talk about our plan for what we'll be showing...I think, let me throw it out to the group; I think we're clear on what we're going to do with C-CDA. I think that there would be more question on what we will be bringing on section 1, is that fair to everybody. I think we did a pretty good job of communicating back and forth on what we would be taking related to C-CDA, in fact, even to the point that you guys have volunteered to give us some even updated, annotated kind of comments that we'll take forward.

David Kates – Director of Interoperability – The Advisory Board Company

Yeah, I think...this is Dave, I think that's right and just to make a fine point, anybody on the workgroup that has additional refinements, thoughts, edits if you want to direct those back to Sarah, myself and John then we'll incorporate that by noon, and this is an interim thing so there will be other opportunities to refine it...

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

Absolutely.

David Kates – Director of Interoperability – The Advisory Board Company

...but in addition to what Zabrina's doing on the R2 stuff.

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

Right. So the section 1 was really on testing tools. So what would you envision from a scaled down, not that we couldn't take all the comments that we already have captured, but in kind of a scaled down, where would...is that what we'd do, Brett? Cris? But I think we need to simplify.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well let me tee it up for Brett perhaps maybe ease the charge. When we met last time, we were trying to look for...we thought we'd comment in two ways; one of which would be the kind of encyclopedic comments that would go back to the staff at ONC and they would use their intelligence and judgment about how to do that. And the second one was if we thought there were any larger themes that really deserved attention, because they had kind of a directional or a policy kind of component to it, so we'd want to bring those to the attention of the workgroup when we did our eventual report out. And I think last time we met we did have a couple of those sort of things that we thought should be surfaced for higher level of attention when we talked last week. Maybe we could identify what some of those are. Brett, does that sound at all familiar with our conversation two weeks ago?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

It does. I'm trying to think through what some of those kind of higher level ones are here. Certainly there was the concept of deeming that came up I know a number of times. And again, we did update some of these slides...in front of them to include some of the additional discussion points that weren't included before. I'm not sure that we actually did pull out some of those higher level ones at this point, but we certainly can do that...

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

Well maybe what we could...yeah...on the timing involved and Brett your time obviously, if we could pull out central things and then...and pull those kind of to the top of the deck so to speak. And even depending on what we think our real time is and how much people...time people can actually have to look at them, circulate them or again, recognizing this is an interim report, we'll just...those themes forward. And if you have them identified, great; if you need a minute or more than a minute to think about them, we could circulate them. I just don't know when you have time to put them together.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah I think some of the themes that we talked about last time that were common with this time was the need to have testing tools separate from the certification process that would be supportive of the interoperability agenda. I always think that our comments are going to be most impactful if we can relate them to the interoperability viewpoint. I know it's not separate at all from certification and our Meaningful Use but, in some ways it's a different emphasis by ONC and they've got a roadmap around it. So, our viewpoint around okay, how do we make this viewpo...this roadmap actionable? The conversation today and the conversation last week was practical, effective, industry run, simplified but not over simplified, non-certification oriented tool will help manage interoperability on an ongoing basis. And I think there's a lot of comments that related to both 1-4.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

This is Kevin, what kind of tool...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm sorry.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

What kind of differences would you see between a certification tool and an interoperability tool?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well that's...Kevin, that's a great question. I think it's the conversation we just had which was the certification tool to some degree has to be prescriptive in some ways and representative of the actual current regulation whereas an interoperability testing tool might manage things like variation in content type or data type that emerges over time outside the tempo of the regulatory and certification process. That's been the flavor of the conversation...

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Can you give me an example of that? Because I don't see a difference so I guess, could you give me an example?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

One could be addition of a new medication to the RxNorm set, you know I'm more familiar...

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

But that would be...that should be added in, I mean, I wouldn't see that as a failure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

...with certification would...

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

Kevin, this is John. Maybe it's kind of back to the idea of no doubt you have a root C-CDA template to certify and maybe this is confusing things, but the idea that there might be different transition of care use cases that would be optional to certification, if you included them at all, but be of great interest to use. So I really want to test an ambulatory transition of care implementation profile that supports going from ambulatory back to long term care or from inpatient discharge to long term care; that probably suggests different content interest. You might be constraining things more in the ambulatory scenario than the inpatient one. I don't know if that's a good example.

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

Yeah. Kevin, I would say kind of exactly what he's saying, maybe even at a higher level. If we know the tool...certification, we know the product that we bought has the capability of sending and receiving data, and I'm going to keep this real simple. But we know in our real life world that we have a whole variety of emerging scenarios where we need to exchange data and there are going to be...we're already doing it, we are already modifying our C-CDAs and adding other elements for the use of specific persons that we exchange data with. It's not required and it wasn't tested for; we test for it, to make sure it actually goes and comes.

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

Liz, if I may interrupt, let me give one that happened this morning. I'm never short of examples. QRDA, so certification was to whatever version...

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Can I stop you there, I just...we're not involved with that tool, that's the one tool we're not involved with. I wouldn't know the example, I'm sorry.

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

But Kevin, does it make sense to you that I have certified to...

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Well it sounds to me like you want a tool that's going to check things that aren't checked in certification is basically what you want.

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

Well...

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

But are implementation requirements.

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

Right.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Right, but that are not checked at certification time; so you're going beyond what's being checked at certification. So you want us to expand these tools to check for things that are "optional" now, but you may be using them out in the field.

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

Yeah.

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Okay.

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

Yes. That made sense?

Kevin Brady, MS – Group Leader, ITL Interoperability Group – National Institute of Standards and Technology

Yeah.

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

Okay, great.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I think that one has been a theme of our conversations, right, that that's something that has value, it's the kind of thing that's been called out in the interoperability roadmap.

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

It's the implementer interest, I think that's in here somewhere, it's...yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, it's well documented, I'm just trying to think what are the 2 or 3 or 4 things that we want to raise as sort of big themes when we do our brief report out next Wednesday.

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

And I'm just arguing that this is probably one of the largest sort of findings we have related to section 11.

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

I agree.

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

Well I think another one we talked about, Cris, was the whole idea of when or what triggering event necessitates their use from the vendor and implementer's standpoint. So that's when, are these things...I think that was your what does "regularly" mean or "in use" mean?

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

Yup.

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

Is it a major release, is it a surveillance use case, what have you.

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

Yeah.

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

Yup.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And Liz, I'm sorry we took so much time, I just need a time check, and we've got to go to comment.

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

Yeah, we need to go to public comment. I think we'll...if others have com...have big, high level, two or three themes that you think that don't include the certification versus interoperability tools and don't refer to the triggering event, the what does regularly mean; please send them to us. In the meantime I guess we'll have to...I know you'll have to...Brett and others and I try and figure how to get the major themes identified, recognizing this is an interim report. And with that, I think we should go to public comment.

Public Comment

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

Lonnie or Caitlin, 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. Thank you.

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

It looks like we have no public comment at this time.

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

Great. Thank you. Okay, so Cris I think we end with obviously thank you and great work to everybody and that's really sincere. I think we end with, we need to get busy and get major themes identified with our other...or member that wants to contribute as well, certainly ONC. Get the work on C-CDA done and get ready for a brief presentation on next Wednesday. Does that sound right?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sounds exactly right.

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

Okay. And other...anyone else, final comments or...okay. Well thanks everybody. Cris, leave it to you to close it up.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think this was a great call, when is our next meeting scheduled, Michelle?

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

March 23 maybe?

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

I'm checking, but if Altarum or Scott or Brett know, shout it out.

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes, the next meeting is Monday, March 23 at 3:30 p.m. Eastern time.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Perfect.

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

Thank you, Lonnie.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I think we'll pick up I2 at that time, won't we?

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

We will.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right.

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

Thanks everybody.

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

Thank you.

Public Comment Received During the Meeting

1. One caution about the CCD A R2 is the backwards compatibility with CCD A R1. This issue will be a big issue for vendors (senders and receivers) and the providers.
2. It is another real world issue that certified EHRs have been tested and certified to messages that some states will not receive. Many states have their own requirements for Immunization, Public Health and Syndromic Surveillance reporting that require changes to the MU certified messages. If vendors did not accommodate these requirements for their customers in those states, then those customers would be non-compliant to their state reporting requirements.