

**HIT Policy Committee
Information Exchange Workgroup
Transcript
March 6, 2014**

Presentation

Operator

Now joined with the public.

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

Thank you. Good afternoon everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Information Exchange Workgroup. This call is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. Our apologies to the public for starting a little bit late. I will now take roll. Micky Tripathi?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Here.

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

Deven McGraw?

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Here.

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

Hi Deven. Amy Zimmerman? Arien Malec?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I'm here.

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

Hi Arien. Chris Tashjian? Cris Ross? Dave Goetz? Elaine Hunolt?

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration

I'm here, thanks.

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

Can you say your last name for me again Elaine.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration

Sure, it's Elaine Hunolt with VA, thanks.

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

Hunolt, thank you. All right Gayle Harrell? Jamie Bennett? Jeff Donnell? Jonah Frohlich?

Jonah Frohlich, MPH – Managing Director, Manatt Health Solutions – Manatt, Phelps & Phillips, LLP
Here.

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

Hi Jonah. Larry Garber? Peter DeVault? Steven Stack? Ted Kremer? Thomas Greig? And is Kory Mertz on the line from ONC?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi Kory and I think Kim Wilson is on the line as well?

Kim Wilson – Health Communications Specialist – Center for Disease Control and Prevention

Yes.

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

Hi Kim.

Kim Wilson – Health Communications Specialist – Center for Disease Control and Prevention

Hi.

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

And with that I'll turn it back to you Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, thanks Michelle and welcome everyone. So today we're going to go over sort of the synthesis summary of the two, what I thought were excellent, listening sessions that we had with the vendor panels and provider panels related to the Meaningful Use Stage 2 requirements on transitions of care and view, download, transmit.

And I want to start by first off just giving a big thanks to Kory Mertz from ONC and to Michelle from ONC as well, these panels they always seem, once they're there it seems like, oh, what's the big deal get together five-to-ten people and everyone is interested and everyone is eager to share but I'm always amazed every time we do it how much work it takes to get these things together and to get the representation and the questions out and I thought they went really, really well so I just wanted to pause and thank both of you for all of your help there.

So, we have some summary slides, but I'm in the car, and both Deven and I thought it was good to defer to Kory to have him walk us through the, you know, sort of the summary and synthesis of what we heard and really with an eye toward getting the Workgroup's feedback on, you know, is this sort of roughly consistent with what you heard, are there any sort of tweaks or other things that we want to put in there because what we want to do is be able to present this to the Policy Committee I think the April Policy Committee meeting, correct Kory?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yes.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yes, April.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, you know, so I'm going to turn it over to Kory here in a second. I did think that the panels went extremely well both of them we got a lot of great feedback, a lot of candor.

From what I heard, especially on the transitions of care on the provider side were issues really, you know, about industry maturity and user maturity with respect to new types of communication channels being opened which I thought was, you know, very fascinating, but there was a lot of discussion both from the vendor and the provider side on that and it reminded me of when I worked in the Pentagon in a previous life and in 1985 I think we had someone from Rand Santa Monica come and work in our office in Washington and she was doing e-mail, which I guess was on ARPANET and I forget what it was, and we were all, you know, completely fascinated but had no idea what to do with it and all used her e-mail address because no one – there was never a thought than any of us would have e-mail addresses and, you know, God help us if anything important came via e-mail because we had no work flows for even checking it every day. So and it was just – and I was just reminded of that as I was listening to people talk about, you know, starting to incorporate this new channel of exchange in physician practices.

So, before I turn it over to Kory, Deven any other introductory comments that you'd like to add?

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

No, Micky I thought you put it really well in terms of thanking folks for the hard work in pulling the panels together and I too found it to be incredibly instructive and the summaries that they prepared were also helpful, the narrative summaries that helped me refresh my memory about what took place during those listening sessions, it was great.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Great, thanks, well Kory with that incredible introduction you can do us proud now in walking through the great stuff you put together.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

All right, I will do my best, thank you Micky and Deven.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Excellent, thanks.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Can we go to the next slide? Next slide. So, you know, this is a – we were going through the findings, if need be we have another call on the books for the 18th but I, you know, depending on how this goes we'll probably be able to cancel that, we'll have to see and then as Micky mentioned we're aiming for the presentation for the April 8th HIT Policy Committee meeting. So, next slide.

So, you know, we broke the findings into a set of slides on the ToC and the slides on the VDT so just for some overarching framing for everyone. So, you know, kind of the first set of items that, you know, I think we really heard as part of the listening sessions and please, you know, chime in as we're going we want to, you know, update the language, add things that were missed whatever makes the most sense for folks.

But, you know, I think really one of the things we heard was that finding trading partners for the early adopters that we were talking to, they've had some difficulties around that and they're worried about hitting that 10% electronic requirement, it sounds like, you know, in particular for rural providers this can be an issue where they, you know, where an eligible hospital for instance in a rural area is kind of the main organization and they have limited trading partners and they are mainly non-eligible providers, those providers, in particular in those rural areas seem to have some concerns about the 10% electronic requirement.

And I think we heard some interesting examples from providers of how they are kind of working with their referral partners to educate them and bring them up to speed on some of these requirements and how they can utilize some of the infrastructure that's being put in place around ToC and some of the standards in Meaningful Use to improve transitions of care and, you know, we kind of heard these examples of instances where provider's vendors are either going out directly contracting with referral partners who maybe don't have Direct addresses today and providing that kind of functionality and infrastructure to them.

And then I think we also heard examples where providers are purchasing Direct addresses for their referral partners, particularly Non-MU eligible referral partners to help meet that 10% electronic measure.

You know I think another thing that came through across a lot of the panelists kind of comments was this challenge of finding the electronic address information for other providers, particularly if they are outside of your kind of HISP infrastructure or your EHR vendors kind of infrastructure there are definitely some challenges out there today we heard around finding that address information for other providers. So, that's kind of –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah –

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Go ahead?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is Arien, I heard the same considerations I would add to the rural provider focus I would add that there was evidence that organizations that are primarily served by one EHR often are doing transitions of care not to eligible providers outside their EHR but often to LTPAC or other non-eligible providers.

So, there was both the rural provider issue on the only, you know, CAH and there just aren't that many people around me and then there is also the "I'm in a closed environment everyone is on the same EHR and the only people that I actually do transitions with are non-eligibles."

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, we can definitely better capture that in here.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah and add to bullet two.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, you see it as part of bullet two?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, there are two particular – two particular ecosystems that we heard about one was rural and the other was –

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Non-eligibles.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay. Okay, anything else on this one? I mean, we can obviously come back. Okay, next slide. So, I think one of the next areas we – and some of this plays into, you know, some of these kind of flow together obviously, but the HISP to HISP interoperability was another thing that came up from a variety of panelists.

You know I think we heard different approaches that people are taking to address some of those interoperability challenges. Some of the panelists mentioned participating in DirectTrust or other, you know, type of organizations like that and some talked about kind of taking one-off contract approaches to enabling exchange with disparate HISPs.

You know, again, I think in here the kind of provider directory piece comes up as, you know, there was a lack of common provider directory standards out there or kind of a common directory infrastructure to be able to find addressing information, you know, and one of the kind of unique twists on this that a few people brought up was the fact that providers are out there practicing in multiple organizations and often getting multiple Direct addresses as a result of that so that just kind of compounds this problem of finding the appropriate addressing information for a provider when they will likely have multiple Direct addresses. So, you know, it's kind of a subset of that directory need.

And I think one of the other things that seemed to come out in some of the panelists discussion was some confusion around what actually counts as a valid transition of care for the measure, so, you know, I think one panelist in particular was talking about, you know, how do I know that the other provider really received the message and, you know, does some of the technical infrastructure in place through the rule meet that or are there other things I need to be documenting for that and just a few other points like that where people just seemed to be uncertain about what counted for the ToC measure.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Your sub-bullet number two is fascinating. I don't even know the answer to that one. I would say – it seems to me that the strict answer would be “no” and that seems to be problematic.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah, I mean, one of the panelist in particular brought this up and it was in her testimony as well that they were having some challenges with historical data that was not mapped to SNOMED, you know, moving forward they weren't having any problems mapping things to SNOMED as they were entering it, but they had not gone back and mapped everything that they had captured historically, so they had some questions around that.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

By the way the, I don't know if this goes in the slides or not, but the multiple Direct addresses to different places of practices reminds me of the early days of ePrescribing when you had exactly the same problem of renewals going into the wrong practice location.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Oh.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

History repeating itself.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

How did they solve that problem out of curiosity?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

They – a lot of work –

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

All right.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Identifying which practice it came from, identifying, you know, making sure that you had specificity because there is often only one SPI number, Surescripts Provider Identifier number, and making sure that there was practice locality and all that stuff. So, it was not easy because it was a new business process.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah, I mean, I think, that goes back to Micky's point that, you know, some of the things we heard were just the early stages of this stuff and there is maturity that's going on kind of a cross –

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I don't know if I'm going ahead on your slide, but the most fascinating thing for me were providers saying, you know, we've never done structure referrals before.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

That's – you're leading right into the next slide.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Okay, I'll shut up.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

No, no, no. So, anything else on this one for folks? Okay, we'll jump to the next one and, you know, so this is the last of the ToC slides so this will be a good chance to step back and make sure we didn't, you know, miss any broad themes that folks want to see or, you know, any specifics in kind of the ToC content.

But, yeah, right to your point Arien, I think we heard a lot about workflow and some of the – and, you know, what's really required to kind of develop the appropriate workflows for transitions of care. You know I think we heard a wide range from folks talking about 30 days to do the workflow training up to kind of maybe some extreme cases of six months it sounded like to really map this out and do it appropriately for ToC.

Yeah, and I think, you know, we heard that some provider's don't have workflows for sending this information or receiving it electronically yet and really need to – you know and that's big part of what's, you know, kind of feeding into these timelines to develop these workflows and properly implement them.

One of the things we heard with the workflow piece was also making sure, you know, as you're meeting the requirements for ToC that aligns with requirements of other programs like ACOs and patient centered medical homes around some of the data elements and other processes pieces that came up.

And, you know, also just how do you integrate the transitions of care into kind of your existing referral relationships with your trading partners? One panelist in particular talked about instances where data was maybe going over to their referral partners multiple times, you know, early in the processes they were figuring out is this patient appropriate for your facility, can you take them and then, you know, when they had to send the transition of care information. So, you know, all those different elements that people have to think through as they're kind of reworking their workflow.

And then the – you know, also on the workflow piece, but really figuring out how to receive care summaries and route them to the appropriate party within, I think this was just kind of a theme we heard from a few different organizations of how they've started to think this through. So, we heard a few examples where they are creating central inboxes and then having their HIM Department for instance kind of then route the message to the appropriate provider within the organization.

And I think we – you know I think that also plays to the idea of, you know, where is the provider sending this information in the first place and sometimes it's not necessarily directly to another provider but it's rather "I'm referring this patient to an organization" and then that organization is figuring out the appropriate provider or place within their organization to actually send the information for the patient.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

One thing that I think should be in these slides is that the technology was not a major lift. I was so struck by Peter DeVault's testimony on it takes a couple of weeks to install the technology and then 6 months to do the training or something like that, that was I thought really – I was pleased by the fact that technology was not that big a lift but I was so struck by how much this is a new process for people.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay. Other thoughts on things we missed or should really be putting a finer point too for the ToC?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

It might be worth it to the Policy Committee, and obviously this is for Micky and Deven to decide, but, you know, when I just abstract out the whole findings it was – it's pretty much all about ecosystem and workflow that those were the two major, major themes that came through of do I have enough providers in my community, do they trust each other, what do I do if they're non-eligibles, what do I do if my system is primarily same EHR and then this workflow issue.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, what do I do if someone sent something to me?

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yes.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, absolutely.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

God forbid.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

You know I never asked a follow-up question, this is Deven, about whether they've actually gotten referrals and just never figured out where they were supposed to go like maybe they even came into the wrong inbox I don't know.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

What happens now with paper?

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Good question, I don't even know the answer to that.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, well we can certainly circle back to this but we'll go onto the next slide for VDT. So, you know, I think one of the overarching themes that we heard from this is that, you know, providers and vendors seem to have a pretty strong grasp of the view and download and, you know, the implementation was out there and folks seemed to get it and, you know, it was pretty straightforward.

The transmit requirement was where there was, you know, more attention and discussion during the hearing and seemed to be the area that was, you know, maybe most challenging for providers and vendors out in the community.

You know and I think we didn't hear a lot of – I think it seemed like people felt like this wasn't going to be a significant challenge for them in attesting for Meaningful Use Stage 2. You know I think also heard that panelists hadn't heard much demand from their patients yet around transmitting data to a third-party application.

You know I think in the VDT piece as well we heard the HISP to HISP interoperability challenges and heard some similar themes from what came up in the ToC, you know, patients not being able to find providers Direct addresses similar around kind of the directory pieces there, you know, I think the trust issues definitely came up in this space as well and, you know, I think with a little – obviously for patients it's going to be confusing if they're trying to send their information to a PHR or another end point that they want to and then because of, you know, lack of trust established between the HISPs it's not able to get there.

So, I think that was something we definitely heard providers and vendors were concerned about but no real world examples to date came up. And I think we also heard that panelists felt like there wasn't a clear national direction on how to address the trust issues.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

And this is Deven, this didn't come up at the listening session but this could potentially be a really big issue for providers because under HIPAA the patient has a right to have their data transmitted to the location of their choice as opposed to, you know, when you're talking about the HISP to HISP trust issues when it's provider to provider that's, you know, permissive data sharing and while there is an enormous incentive to make that work in order to hit your Meaningful Use numbers you don't have a legal violation if you can't get it done.

The inability to honor a patient's request to send somewhere because of a HISP to HISP trust issue is one that's probably going to need to be dug in on a bit by the regulators to think through what that means from a HIPAA stand-point, that's just an aside, it didn't come up during the listening sessions so it's probably not appropriate to include on these slides, but it is a question that occurs to me as I'm hearing, you know, as we're thinking about all of this.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah that's an interesting one.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yeah, so, you know, we may be in a – it may be advantageous that in fact this transmit functionality is not that widely used or requested, but the issues may be bigger than we realized.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Yeah, I'm also wondering whether this just raises a lot of questions, because I think from a policy perspective we want data to flow to where the patient wants to go to.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

There is an ecosystem problem of patients aren't going to use the name your personally controlled health record of your choice if there aren't means for data to flow and providers are at a complete loss here, EHR vendors are at a complete loss here and patients, you know, patients don't even know they have the option and providers aren't telling patients they have the option because they don't want to explain it to them.

I'm wondering whether, and this didn't come out of the hearings, but I'm wondering whether the pull approach will ultimately end up being a better story if you look at the stuff that the Blue Button community are doing around even simple things like screen scraping and holding passwords which kind of makes me cringe and also the work that Josh Mandel has done regarding Blue Button Pull and making that a much more automated process, but that this ultimately may be – this may just be so complicated from a – from a trust perspective that it may just be better to flip the problem around, but again that didn't come out of the hearings.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Right.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, next slide and I think the last piece we heard, the last few pieces on VDT I think a few folks seemed to, you know, mentioned in their commentary that they felt like the Consolidated CDA is a single content standard to really improve things for the view, download and transmit requirements this time and they were seeing, you know, in general things were working, they were certainly, you know, little issues that had to be worked out through, you know, actually usage but in general, you know, I think we heard this piece was working.

You know I think panelists also discussed that they really saw patient education from providers as kind of the key piece to really make sure people can meet the 5%...

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

This is a confusing, confusingly worded bullet because patient education is also an attestation requirement.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Oh.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Access to patient education. So, patient outreach, you know, what I heard was that if the provider in the office hones in on telling patients this option is available patients won't use it.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah that's definitely what was trying to be captured in that bullet so I will work to reword that.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

And then I don't know if we heard this in this session, I don't think we heard this in this session, but I heard out of a hospital at HIMSS saying we're having no problem meeting the ambulatory requirements but the acute care discharge requirements are problematic for us unless we literally catch them as they're leaving and get them to sign up and show them their record. But, again, I'm not sure that this came out of this session.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah, I don't think we heard a difference between the acute or ambulatory settings, but, you know, again we had to select a group of folks and it was their experiences so – and then the last issue I think in kind of, you know, interesting contrast maybe to the ToC the workflow issues didn't come up all that frequently, I think part of it too maybe because of the lack of experience with the transmission piece at this point, but kind of the two main items that came up around workflow were, you know, training for providers on really how to do that kind of outreach to patients and encouragement and explaining of how to use the portal. And the other piece was really developing workflows for when patients transmit data how that will be received and appropriately dealt with.

So, that was the last of the VDT slides as well, so again chance to, you know, anything else on the VDT side that we missed that we want to make sure was captured from the listening session?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

It seems like it covers it to me with the additions that Arien had. I wonder – just as I'm listening two things come to mind, things that I'm not sure are in the slides and I'm in a car so I can't tell, so you tell me, one was there – maybe this is in the context slide, but to Arien's point earlier, you know, technology did not come through as a problem but that was conditional on your having the technology.

So, and we deliberately, obviously stocked this with people who are in the middle of this so they already have the technology, but to the extent that, you know, that there are issues in fielding certified systems that could still be an issue and I don't know that we asked that explicitly, but I think that this may have been, you know, sort of a barrier embedded in the second point that I was going to raise, which was toward the end when Larry asked all of them, you know, what's your – I forget how he phrased it, but it was something like, what would you give as the odds that 50% of the providers in your community are going to be able to meet their Stage 2 requirements this year or something like that and people seemed to be somewhere in the 25-50%, you know, odds and that embedded obviously a whole bunch of issues, you know, the workflow issues, the ecosystems issues, maybe the technology diffusion issues.

So, you know, what do people, you know, what are people's thoughts on those two issues?

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

I don't think it's a bad idea to include that speculation. I mean, just in terms of – it's almost like an underscore of the challenge, right, like, you know, we have all of these sort of issues, many of them – for some reason I categorize them as soft issues but they're not soft in terms of their difficulty, but they're – you know, they're not technology issues that need to be resolved, they're not laws that need to be changed but they're sort of the day to day implementation hassles that are challenging and make this, you know, not an insignificant stretch for people.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I also do think it's a, you know, we've been asking providers in the Meaningful Use Program to do easyish things that are already part of what their EHRs do and what – they kind of know if you're not entering all the medications in the medication list that's kind of a problem, you might complain about it but you're not going to get much sympathy.

And in Stage 2 we are asking providers to change workflow in areas that I think everybody would say are completely reasonable like you should be able to accept the information electronically from other providers on a referral or discharge but end up being really, really hard because they're not things that they've already been set up to do and I think it's a real lesson that says, there are some things that you might – you know, I was so floored by how hard it was for providers to change their workflow to accept information from external sources, it's a real object lesson I think not just for this Stage of Meaningful Use but also thinking about recommendations for Stage 3.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, totally agree. So, is everyone comfortable with our adding, you know, sort of a bullet somewhere in there to, you know, the point that the providers as a whole, you know, had the sense that all of these things taken together are, you know, are barriers and, you know, could certainly effect a significant fraction of provider's ability to attest this year? Anyone opposed to adding something like that?

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

I'm not – again, I think it's a good idea but I think we should couch it in terms of, you know, that this was a speculative question given what's been seen to date.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, absolutely.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Because I think we have to be very careful about that not being rhetorically garbled.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right, right, right, right and it could make for a – yeah for a hyperbolic headline line or two.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

It sounds kind of stark the way you put it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I think it – you know, it's early indications this stuff is hard –

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yeah.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Is probably the fairer way to think about it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration

So, this is Elaine from VA and I just want to add that, you know, I think that we talked about what could be accomplished this year, the whole security issue is really important to us and I think it's impacting others as well, so, yes a patient can give you any e-mail they want to send a Direct message to but is it secure, you know, we certainly require exchange with other federally bridged compliant organizations which means that they have to go purchase a federally bridged compliant certificate.

So, the point is that many of those security issues and confidence of where that message goes to that you can maintain for privacy still are not fully worked out.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Thanks.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

I'm not sure that came out of the hearing but I know it's an issue, it's definitely, you know, is DirectTrust sufficient, how many organizations participate versus don't, of the ones that don't how do they negotiate a trust and then the issue Elaine that you're raising about and then what if you have to transition to and from a federal partner, I would agree that – and that's what I would put in the broader ecosystem challenge category.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yeah, I think we didn't – we were missing your expertise at listening session Elaine, no disrespect at all, but nobody asked the question about exchange with federal partners and certainly it didn't get directly raised.

Elaine Hunolt, FACHE, PMP, CPHIMS – Health Acting Program Manager, Health Interoperability Service, Virtual Lifetime Electronic Record (VLER) – Veterans Health Administration

Yeah, so that's not certainly everyone's universe and we recognize that, but the point is how is that limiting a patient who then receives care at multiple venues, how does that limit their ability to receive their entire medical record.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yes, yes. I wonder if we could have a slide of additional thoughts from the Workgroup in light of both what we learned and what we're also thinking about, what some of those comments have triggered in our own minds, I don't, you know –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, so it sounds like we have some specific edits, changes as well as, you know, perhaps an upfront, you know, I mean, I think we want to add an upfront slide that captures the high level theme.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

It seems like our, you know, really – that, you know, as I think Arien summarized earlier and we've, you know, sort of added onto here, that, you know, technology does not seem to be an issue, it did not come through as a major issue conditional on you're having the technology.

And that really it's these ecosystem challenges and workflow challenges down at the user level that appear to be, you know, sort of the barriers that got a lot of attention of the panelists both of the vendor side as well as the provider side, which I thought was also fascinating that both the vendors and the providers were kind of talking about the same things.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Does that sound right to everyone?

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

It does.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. All right, so I guess we can clean that up and redistribute it out, make sure that the entire Workgroup has a chance to look at it and weigh in and then I think we're done.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, so, Kory when is our next Workgroup meeting do you have that in front of you?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

So, there is one scheduled for March 18th from 1:00 to 2:30, so, we could certainly meet or not meet depending on what you think is necessary.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I mean, it doesn't sound like we need to meet for anything related to this.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

What in terms of the next work plan, the next item on our work plan do you recall what that is I'm sort of losing the order here?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I'd have to go back and look, I think it was –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah, I want to double check.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, sorry.

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

This is Michelle, I think it might actually be – maybe I might suggest canceling the next meeting from the Policy Committee perspective we are still working to refine the work plan and we've discussed that there might be some changes, so it might make sense to hold off until we get a little bit more direction from the Policy Committee.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay.

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

Rather than taking on additional work, that would be my suggestion, but obviously if you wanted to work we're not going to stop you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

All right, anyone volunteering for that? Okay, no I think that makes a lot of sense then.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, okay, so we can – Deven and Kory and I can work off line to finalize the slides and get them out to the Workgroup so that everyone has a chance to see what we will present in April to the Policy Committee and we will cancel the meeting on the 18th and we'll wait for further guidance from the Policy Committee.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Sounds good.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, Michelle, I think we can open it up for the public comment.

Public Comment

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

Great, operator can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. 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. We have no public comment at this time.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, well thanks everyone.

Deven McGraw, JD, MPH, LLM – Director – Center for Democracy & Technology

Thank you.

Arien Malec – Vice President Strategy & Product Marketing – RelayHealth Corporation

Thank you.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Thanks, bye.