



**HIT Policy Committee
Implementation, Usability & Safety Workgroup
Final Transcript
March 26, 2015**

Presentation

Operator

All lines are now bridged.

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

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

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Here.

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

Hi, David. Larry Wolf?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Here.

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

Hi, Larry. Alisa Ray? Bennett Lauber?

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

Hello, I am here.

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

Hi, Bennett. Bernadette Capili?

Bernadette Capili, DNSc, NP-C, MS – Assistant Professor, Associate Director, Division of Special Studies in Symptom Management – New York University

Here.

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

Hi, Bernadette. Betty Mims Johnson? Edwin Lomotan?

Edwin A. Lomotan, MD, FAAP – Pediatrician & Informatician – Health Resource Services Administration

Here.

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

Hi, Edwin. George Hernandez? Janey Barnes?

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

Hi, this is Janey.

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

Hi, Janey. Jeanie Scott?

Jeanie Scott, MT, ASCP – Director, Informatics Patient Safety, VHA Office of Informatics and Analytics/Health Informatics - U.S. Department of Veterans Affairs

Here.

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

Hi, Jeanie. Joan Ash?

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor & Vice Chair, Department of Medical Informatics & Clinical Epidemiology – School of Medicine – Oregon Health & Science University

I'm here.

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

Hi, Joan. John Berneike?

John A. Berneike, MD – Clinical Director & Family Physician, St. Mark's Family Medicine – Utah HealthCare Institute

Yes, I'm here.

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

Hi, John. Lana Lowry?

Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology

I'm here.

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

Hi, Lana. Megan Sawchuk or Anne? Mikey McGlynn? Michelle Dougherty?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Here.

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

Hi, Michelle. Mike Lardieri?

Michael Lardieri, LCSW, MSW – Assistant Vice President Strategic Program Development – North Shore-LIJ Health System

I'm here.

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

Hi, Mike. Paul Egerman? Robert Jarrin?

Robert Jarrin, JD – Senior Director, Government Affairs – Qualcomm Incorporated

Jarrin, here.

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

Hi, Robert. Steven Stack?

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

Here.

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

Hi, Steven. Tejal Gandhi?

Tejal K. Gandhi, MD, MPH, CPPS – President – National Patient Safety Foundation

Here.

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

Good morning and Terry Fairbanks? And from ONC do we have Ellen Makar?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi, Ellen. Any other ONC staff members on the line?

Kathy Kenyon, JD, MA – Senior Policy Analyst – Office of the National Coordinator for Health Information Technology

Kathy Kenyon.

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

Hi, Kathy. With that we'll turn it over to you David and Larry.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

So, thanks very much Michelle. We are excited now to have the NPRM available and our goals for today or the agenda for today is...will have a few framing remarks, we'll talk through the process for responding. Then the idea is to get people actually assigned to various groups, we'll talk through that a bit more, review the timeline and have time for public comment and then wrap up.

And there is obviously a lot in MU3. The focus of this particular stage is on improving patient outcomes and facilitating the exchange of patient data. There are a lot of changes in the rule but the main objectives of the program are to...at this stage are to protect PHI, to advance electronic prescribing, to move forward clinical decision support, to move forward also with computer resolution order entry, to work on patient access, to work on care coordination through patient engagement, to work on health information exchange and then to advance public health and clinical data registry reporting and there are a number of points within each of those areas where things have changed somewhat. Can we have the next slide?

So, this slide just shows our group and we want to welcome Anne Pollock from the CDC. Megan has gone off on special assignment to an Ebola related topic and will be away for the next 60 days. Anne are you on? She may not be.

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

Actually, I believe she came in, on mute maybe?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

I thought I heard her, are you there Anne?

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

The operator had announced her at one point so we'll find out what happened.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, I was just going to have her introduce herself briefly. Okay, can we have the next slide? So, with the federal regulations this is how things go. After a congressional bill becomes a law federal agencies are then responsible for putting those laws into action through regulations known as rules and the public plays a very important role in the rulemaking process by commenting on these rules. HHS does value public input. This action is what is called an NPRM and that is what we’re looking at. The proposed rule includes a 60 day comment period. So, the comment period will close on May 29th so that is kind of the deadline and we can work back from that to figure out what we need to do. Next slide.

So, basically, you know, today what we’re going to do is to talk a little bit about the NPRM, talk to our process we’ll try and make some assignments, we’ll go through the deadline then we’ll have small groups work as you’ll see there are a bunch of specific areas that we have been tasked with and members will draft comments and work with small groups to prepare consensus comments.

Then in the weeks between April 3rd and May 11th small groups will review the comments with the Workgroup, we’ll refine those comments and the finish line for us is the May 12th HIT Policy Committee meeting when we’ll brief the Policy Committee meeting about our suggestions.

Before we actually get into the specific groups Larry do you want to just say a few words and provide some context?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sure, so, David thanks for the introduction and for some of the Workgroup members we’ve been through this before and for those who are new welcome to actually, in many ways, some of the most important work that we do which is providing comments back on proposed rules because this is a time when ONC in the past has demonstrated that they really do want to hear from us and the comments we’ve made we’ve often seen reflected in recommendations...I should say have actually been reflected in the final rule.

So, this is really an important time for us to focus up on what the NPRM is asking and to give our best thoughts on how we think it should be responded to. So, with that said, in the past as we’ve gone through this there have been areas where there has been a lot of consensus sort of right out of the blocks among the Workgroup members and other areas where there has been a fair amount of divergence of opinion often very strongly held divergence.

And so as we go through this it is an opportunity to really highlight what we feel are the key issues and where there is differences of opinion among the Workgroup members and support for those differences of opinion not just opinion really that we should highlight that discussion to bring forward to the Policy Committee as a whole so that they understand our thinking and then as we come back together as a Workgroup to see if we can’t find common ground that really could wind up in single focused recommendations or where we want to actually report back that there is a fair amount of discussion on perhaps even controversy around some of the contents to the proposed rule and to do our best to clarify what the core issues are.

So, this is an opportunity for us to really work together, understand our different perspectives and look to see how we can really try to move ahead with modifications to the proposed rule that would better serve all of us. So, I think that was my highlight to this.

The other piece is for those who have been through this before it seemed like we had a lot more time in the past and this is really a very compressed timeline. So, I guess apologies to everybody we've had amazing support from Workgroup members up until now and so I would really hope that you can hang in there over the next really about six weeks as we make this sprint to get things pulled together.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

No and I would second that, this is really some of the most important work that we'll be doing. Can we go to the next slide? So, we're going to ask each of you to be thinking about which of these groups you would like to join and this is just the list of areas that each group will be tasked with.

As you can tell the document is a very long document and there are many items in it and one of the ways that ONC can ensure that they do get comments about all the various important things is by providing some annotation like this and asking for specific comments and they have gone through and identified the areas that they think we can provide the most useful input around.

So, Michelle, let me just then hand things over to you and you can take us through the process for responding.

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

So, we heard hoping and we can figure out what works best for the Workgroup, but because this group has been assigned a pretty heavy chunk of work and you all know the rule is fairly lengthy we thought it might be easiest to break into three groups to get the work done, we're hoping that you all will be willing to volunteer for the different groups that we've broken things into and you can do some work off line and then come back at meetings, which we can go through, and review the work that you've been assigned and the comments that you would like to make on this section and then the Workgroup can respond to those and hopefully develop consensus on the work that was done in that group.

And then we'll have one final meeting to consolidate, refine all recommendations or comments I should say from the three different groups in preparation for the Chairs to present to the Policy Committee on May 12th.

So, I think what we're hoping to do now is, you know, we took a stab at lumping things trying to even out the work a bit, trying to find any common themes if there were any and we're hoping to first see if anyone thinks things should be moved around to a different group and then see if people are willing to volunteer.

So, first let me see if anyone has...sees something that they think should really belong into a different group and go from there.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I wonder maybe as we get into that if you would actually walk us through even just the headings so we can make...people can actually engage their thinking about what's in the different groupings. Obviously we can view what's on the screen but I think it would be helpful if you just said it to us. Thanks.

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

Sorry, if I just what? I'm sorry Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

If you just read us what's on the screen, what's in each grouping?

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

Okay, sure.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I know it's sort of obvious we all can read but I think we need a little time to digest this.

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

Sure, I will let you all digest it and I can read it to you. So, the first two items are under the definition section and there was an error on the deck that was sent out to you all so hopefully you're looking at the one your screen.

So, the base EHR definition and then the CEHRT definition, and then the ONC Health IT Certification Program and Health IT module referencing the ONC Health IT Certification Program, design and performance, and then there is a whole section of principles of proper conduct for ONC ACBs and that includes surveillance and maintenance transparency and disclosure requirements, complaints reporting, open data certified Health IT product list (the CHPL), adaptations and updates of certified Health IT, and then the last is decertification. So, that is all in group one.

Group two we were thinking...we had some previous presentations that we thought aligned with some of the topic areas in group two. So, the first item is safety enhanced design and then summative testing, retesting, quality management system, accessibility, technology capability and accessibility centered design.

And then for three there is a section where there are a number of items that we're hoping different Workgroups can respond to. There is one particular question or a few questions that I will further refine for the group related to the pharmacogenomics data that we're hoping the group can respond to and then the ONC Health IT Certification Program Subpart E modifications to the program, removal of Meaningful Use measurement certification requirements and then lastly, types of care and practice settings.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

So, thanks Michelle and we've sort of loosely thought about the general themes for each of these. Group one sort of focuses primarily on process related things. Group two is more content and then group three is certification related things. Although I recognize that there is...it is a bit of potpourri and it's a little hard to be sure exactly which fits in which slot in some instances.

But just first of all, so thoughts or reactions about what belongs in which area and if we should have any reorganization around that?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Cerner Corporation

Hi, this is Mickey; I just actually have a broader question first. So, did ONC take or someone take the whole rule and then split it across the Workgroups? I don't mean our Workgroup I mean all of the Workgroups so the whole rule is covered and then this is what was allotted to our group?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Yeah.

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

Yeah.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Cerner Corporation

Okay.

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

This is Michelle, so as you know the rule is very long so we tried to assign work out where appropriate to different groups. There are a few things in here so just keeping in mind this is the policy side of things so as you go through and review we're hoping that you can focus on, you know, the policy and then for example on the standards side the Implementation Certification and Testing Workgroup has...there are a few areas where they overlap and so they will be focused more on the technical standards side of things if that makes sense.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Cerner Corporation

Okay and are both rules assigned out, the Meaningful Use and the CEHRT?

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

Yes.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Cerner Corporation

Okay, great, thanks.

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

Hi, this is Bennett Lauber, one quick question, it's fairly obvious to me which group I would belong in but I also have some ideas and suggestions for some of the items that are in the other groups so am I going to have the ability to comment on those as well?

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

Sure, so...

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Yes...

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

We will bring it back to the Workgroup. So, whoever gets assigned to group one for example they’ll bring back the discussions that they had off line in the meeting and then you’ll have an opportunity to share your insight in that meeting.

You could also share it with the Subgroup if you have, you know, some initial thinking that you want to make sure they keep in mind. You know either way works.

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

Okay, great.

John A. Berneike, MD – Clinical Director & Family Physician, St. Mark’s Family Medicine – Utah HealthCare Institute

Hey Michelle...

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

Thanks.

John A. Berneike, MD – Clinical Director & Family Physician, St. Mark’s Family Medicine – Utah HealthCare Institute

Sorry, Michelle, John Berneike, as a practicing provider I’m certainly quite interested in the usability portion of our mission and certainly in group two with safety and accessibility that kind of hits on usability but there doesn’t seem to be anything that’s hardcore usability focused in any of these groups.

Robert Jarrin, JD – Senior Director, Government Affairs – Qualcomm Incorporated

John, this is Robert Jarrin, you literally stole the words out of my mouth I was curious...we’re going to be able to add it in later or that ONC is not concerned with usability?

W

...

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

So, this is Janey, all of the usability stuff is under safety enhanced design so all of the things about user centered design, about formative usability testing and other formative activities and all of the usability stuff is safety enhanced design and the summative testing there.

John A. Berneike, MD – Clinical Director & Family Physician, St. Mark’s Family Medicine – Utah HealthCare Institute

Okay, thank you, so I guess I just played my hand there and told you which group I want to be in. We would...

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

...

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

So, this is Janey, and, you know, I guess, you know, the last two comments raises my question...all during the time that we've been together with all the presentations in preparation for this to me they all fit under group two and so as I'm sitting here I'm thinking a lot of this whole group is group two and I was kind of shocked to see the group one and the group three being assigned to us for comment.

And so can you just help me understand...if I'm thinking like who is going to volunteer for group one and three everybody is going to be volunteering for group two based off of the way that it is organized here.

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

This is Michelle, so remember the group is Implementation, Usability and Safety so a lot of the other things although it's about definitions there are implementation pieces to them. So, obviously, we'll have to limit...we need to disperse the work evenly so that not everyone is in group two.

So, I would ask when you volunteer that you keep in mind that we need some people to do groups one and three. And everyone will certainly have the opportunity to weigh in on group two though. Larry or David I don't know if you have other thoughts?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

No I think that's fair. We managed to do some...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And I...

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Yes?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

For those who have been through this before in the past the Workgroup that I Co-Chaired focused a lot on what's now in group one. So, there may be some folks who actually have been very involved with our discussions on safety and usability that actually have interest and expertise in the more structural elements of the certification program.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I've got two questions about exploring something because I haven't had as much time with the rules as I would like and maybe our ONC buddies can clarify a little bit. So, in group three, right, there is the ONC Certification Program on patients with a program removal of Meaningful Use measured criteria and types of care and practice settings.

So, my understanding is that the intent of this round of rulemaking is to separate the certification program...is to loosely couple it to Meaningful Use rather than tightly couple it to Meaningful Use and is that...so it looks like most of what's in group three addresses that in terms of removal of Meaningful Use and other types of care and practice settings, am I correct in that assumption?

Would you want to say anything about what's under those bullets I think that's a better way to ask the question?

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

This is Michelle; I don't think I know enough to say.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay.

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

I can confirm your assumption though that, yes we are...we're trying to emphasize the certification of Health IT as a whole and not just for the Meaningful Use Program.

Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

And Michelle, this is Lauren, if you can hear me, Lauren from ONC; I can confirm that what Larry basically stated is correct.

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

Thank you, Lauren.

Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

Sure.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Because I think structurally that actually raises a lot of really interesting questions for providers who are going...well, so what do I need, how do I know that what I'm...what software I need to have in place to meet whatever program I'm participating in, because the intention here was to allow other initiatives to reference certification.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, we might be looking for things...we might be asking questions about, so, you know, if I'm trying to be a Meaningful User how do I know I have the right software, there used to be a notion of a complete EHR which meant complete for purposes of Meaningful Use and that's changed.

Michael Lardieri, LCSW, MSW – Assistant Vice President Strategic Program Development – North Shore-LIJ Health System

Yeah, this is Mike, so I guess that I would look at it the other way, if I'm not a Meaningful User but I want to have technology that can communicate with other providers then what do I need? So, I think somehow that has to be clear.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, thanks, Mike.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

And this is Michelle Dougherty and one other thought just in terms of the group seeing your comment there of what's in group three with the other care and practice settings the definition of a base EHR, the definition of certified EHR technology could come into play and so we may need to...especially between groups one and three have, you know, some cohesiveness and comments or understanding what the groups are saying.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I'm wondering if in fact group one doesn't split naturally into two different things but the things that talk about definitions, EHRs, the ONC Certification Program and then some of the elements in group three, basically everything except the pharmacogenetics piece. And then there is all the work around what the ACBs are doing, right, the bullet and all the sub-bullets and decertification and those things.

So, I'm almost thinking that we could break one in half and join the top half of one with the bottom half of three and then I think pharmacogenetics is a loose piece that it could just wind up anywhere.

Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

This is Lauren again, I think that sounds reasonable Larry given that I think that would actually balance out the amount of reading for the groups because I do think that the principles of proper conduct and that decertification piece is fairly long text and there is a lot packed in there and what's currently listed for group three outside of pharmacogenetics is not actually that many pages and so if you were to combine them with the definition stuff and the stuff related to the certification program that actually makes a lot of sense.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Yeah, this is Michelle Dougherty again, having group one just work on things together and then split into Subgroups for specific areas may work best.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

So, Larry, let me just understand your proposal. You’re proposing taking the top five bullets from group one and moving them to group three?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I don’t know what design and performance...if that’s design and performance of the ACBs or if that’s design and performance of the CEHRT Program as a whole. So, that would be my only question about where to break it, but yes.

Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

That would probably fit in with group three if you are moving the top five bullets in with group three, it’s just basically a page, it’s kind of what we call the Paragraph G criteria it’s a bundle of criteria related to design and performance that include things like safety enhanced design quality management system, but the text there really talks about these conditional certification requirements.

So, for example, you know if you present certification to something like CPOE where we think there might be downstream safety, patient safety issues then you also have to come forward and certify for safety enhanced design. So, we kind of call those conditional certification requirements.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, where there might be cross linkage, so it’s really talking about the structure of the criteria.

Lauren Wu – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology – US Department of Health & Human Services

Yes, exactly.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, so I think that’s why I’m proposing that the top five bullets of group one and the group three bullets merge together and that the principles or proper conduct in decertification become their own group.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, well, let’s...so let’s leave...because it will be easier to think about it, let’s leave group one as group one but that will focus on the ACBs and the decertification and then group three will handle the rest of this. Does that seem okay?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, that works for me.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

I can...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Is it worth trying to do an on the fly edit so that everybody is clear what they’re signing up for? Can someone do a copy/paste or is that not possible?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Can you do that, Michelle?

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

It will take a minute, I mean, I can send it to Altarum but they’ll have to upload it so if you can bear with us we can do it.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Well, let’s...let’s make that change and in the interim let’s just start going through and ask people what they’re interested in if that’s okay and maybe I’ll just go around the call and ask people to volunteer. And I’m going to start in the middle of the alphabet just to change things up. So, Jarrin, do you want to go first?

Robert Jarrin, JD – Senior Director, Government Affairs – Qualcomm Incorporated

Group two, and as a second choice group one.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay. Mike are you on?

Michael Lardieri, LCSW, MSW – Assistant Vice President Strategic Program Development – North Shore-LIJ Health System

Yes. I think I would do group three and second choice would be group two.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great, somebody is presumably taking notes and will be able to tell us how balanced we are?

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

Yes.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Good.

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

Ellen, I hope you are too?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology

Yes, sure thing.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Good, okay, Bennett? Say again, Bennett?

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

Oh, sorry, I would say group two and the second choice would be one of the half groupings of group one about the decertification.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay. Alisa? I’m not sure if she’s on. Steven? Steven you were on, maybe...are you on mute? Okay, we will come back. Mickey?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Cerner Corporation

I would go group two as my first choice and then the remaining part of group one as my second choice.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great. Joan?

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor & Vice Chair, Department of Medical Informatics & Clinical Epidemiology – School of Medicine – Oregon Health & Science University

Yes, I’d much prefer group two and either group one or group three would be my second choice.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, Janey?

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

Group two as my first choice and group one as my second choice.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

John?

John A. Berneike, MD – Clinical Director & Family Physician, St. Mark’s Family Medicine – Utah HealthCare Institute

Group two and then group one.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great. Bernadette?

Bernadette Capili, DNSc, NP-C, MS – Assistant Professor, Associate Director, Division of Special Studies in Symptom Management – New York University

Group one or group three.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great. Michelle?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Group three is my first choice, group two is my second.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Paul? I haven’t heard Paul on today?

Paul Egerman – Businessman/Software Entrepreneur

Yeah, this is Paul; this is Paul Egerman I just joined late.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Have you heard what we’re doing? We’re asking people to volunteer for groups?

Paul Egerman – Businessman/Software Entrepreneur

I did not hear that either you can e-mail me or you could tell me right now what the groups are and I’ll volunteer for one.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

We’ll let you...

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

Paul, can you see the screen?

Paul Egerman – Businessman/Software Entrepreneur

I’m actually in a car so I can’t see the screen.

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

Okay.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay.

Paul Egerman – Businessman/Software Entrepreneur

If there is...

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

We’ll come back to you.

Paul Egerman – Businessman/Software Entrepreneur

Okay.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Terry?

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

I don’t think he was on.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

He was not on I guess, yeah. Tejal I think is not on.

Tejal K. Gandhi, MD, MPH, CPPS – President – National Patient Safety Foundation

No, I’m on David.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Oh, you are?

Tejal K. Gandhi, MD, MPH, CPPS – President – National Patient Safety Foundation

And I would go group two as a kind of stronger preference but then group one is a second choice.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great. George have you joined?

George Hernandez – Chief of Applications and Development – ICLOPS

Hello?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay...

George Hernandez – Chief of Applications and Development – ICLOPS

Hello?

Anne Pollock, MT (ASCP) – Health Scientist – Centers for Disease Control and Prevention

This is Anne Pollock, can you hear me?

George Hernandez – Chief of Applications and Development – ICLOPS

This is George, can you hear me?

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

We can hear...

Caitlin Chastain – Junior Project Manager – Altarum Institute

We can hear both of you but one of you needs to turn off your computer speakers.

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

One of you has a terrible echo.

Anne Pollock, MT (ASCP) – Health Scientist – Centers for Disease Control and Prevention

I know I've been having problems with...that's why I'm staying off but one or three if you can hear me.

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

Okay, thank you, Anne.

George Hernandez – Chief of Applications and Development – ICLOPS

Okay, this is George I'll go for group two and then group one.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Great and Svetlana? I haven't heard her on.

Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology

Group two, I'm very sorry.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Okay, no problem. Anne are you on?

Anne Pollock, MT (ASCP) – Health Scientist – Centers for Disease Control and Prevention

Can you hear me, sorry, I'm having real problems with the audio. One or three.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Great.

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

Yeah, I heard Anne but I didn't hear George.

George Hernandez – Chief of Applications and Development – ICLOPS

Group two and then group one.

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

Thank you.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Jeanie?

Jeanie Scott, MT, ASCP – Director, Informatics Patient Safety, VHA Office of Informatics and Analytics/Health Informatics – U.S. Department of Veterans Affairs

Group two and then group three.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Ed? Ed are you on?

Edwin A. Lomotan, MD, FAAP – Pediatrician & Informatician – Health Resource Services Administration

Sure, yeah, I’m sorry, I was on mute. Group two and then group three.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great, okay. Larry any preference?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, group three and then it sounds like we’ve got lots for group two so I’ll do group one as a backup.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

And I’ll say group one with group three as a backup, I’m reasonably...I’d be happy to fill in because we do have a lot in group two.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, now what? We’ve got...do we think it makes sense to have people do their first preference? And do we have enough...I guess if we look at group one and three those two sounded light.

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

One and three both have five people and group two has 10 as their first preference, 11 I’m sorry. There are a couple of folks not on but most are on.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I’m thinking that...

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

So...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

The question is...and, you know, five is probably sufficient to get some diversity of opinion on groups one and three. Is there a sense from the Workgroup of is 11 likely to overload group two or does that feel like a workable number to you guys?

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

This is Michelle, I think it's too many people personally, maybe there will be a few folks that will be willing to volunteer to move over to their second choice.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Well, let's just see if anybody is willing to do that?

Jeanie Scott, MT, ASCP – Director, Informatics Patient Safety, VHA Office of Informatics and Analytics/Health Informatics – U.S. Department of Veterans Affairs

Hi, it's Jeanie Scott, you could put me over in group three, I think we've got quite a lot of SMEs in group two.

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

Thank you.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Anybody else want to volunteer? You know of the people who have not yet been assigned I think we could reasonably put several of them in groups one or three, so I think we can get pretty close to having balance based on what we have and if anybody does want to volunteer to leave group two, 10 is not so large that I think you'll have trouble getting the work done.

We also would be interested in having people volunteer to lead these groups. Does anyone who is in group one...anyone who is in group one want to volunteer?

Let me...while you're thinking about it, let me just say that, you know, what's involved is basically being on a number of calls, finding out what people's reactions are and then having the group work together to come to consensus about this.

So one thing that's really important is just what your availability is in the relatively near-term. It is important if you agree to do this that you be available because the timeline is really short as Larry emphasized.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Maybe we should bring up the next slide that has the timeline so people can get a sense of what we're talking about?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Sure.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sorry the original...right the one after this one. Thank you. So, we’re really talking about the next group one is sort of under the gun now with basically two weeks and a little more time for groups two and three.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, well let’s, we’ll circle back to group one and let’s see if there is anyone who would be willing to lead group two?

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

Hey, this is Janey Barnes, I’m interested in leading group two but on the April 21st which is their report out I already know that I’m running a summative usability test that week so I don’t know that I would be available from 12:00 to 2:00 on that week but if somebody wants to co-lead and know that the responsibility is at that report out meeting I’m happy to be involved as the leader.

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

Hi, this is Bennett Lauber, Janey I can co-lead with you that’s not a problem and I don’t have a study that week.

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

Okay.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great, okay, how about group three?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

This is Michelle Dougherty, I would be able to facilitate that group.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Great and let’s come back to group one. If we don’t get a leader today it’s not critical we can...we’ll draft someone off line. We could for example assign Steven to do it if he...

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

This is Michelle, based upon the numbers I think Paul Egerman needs to go to group one as well, I hope he doesn’t mind.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Yes, Paul, I was thinking group one would be a good group for you and you also would be a good choice to lead it should you be willing to do so.

Paul Egerman – Businessman/Software Entrepreneur

First you have to tell me what group one is, I’m just listening on the audio?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Sure.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, we could run through the bullets one more time.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Yes.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

It’s principles of proper conduct for ONC, ACBs so it’s surveillance and maintenance, transparency and disclosure requirements, complaints reporting, open data certified HIT product list which is...the acronym there is CHPL and then it’s adaptations and updates of certified Health IT and decertification.

Paul Egerman – Businessman/Software Entrepreneur

Okay, well I’m happy to participate in group one, I kind of would prefer not to be the leader if somebody else could lead it.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, that’s fair. And again we can draft somebody if nobody is excited about stepping forward now. So, the next item on the agenda is individual Workgroup member assignments and we have not talked about exactly what we meant by that and I’m not sure. Larry do you know what is intended?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I think we just did that.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay.

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

Yes.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, all right, I thought maybe we were going to get even more granular which seems too granular to me to be getting at this point. Good. Okay. So, other general thoughts or reactions?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Cerner Corporation

This is Mickey, is there a schedule or will that be coordinated for the Sub-Workgroups to get together?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Yes, so there is the report dates are listed up here and the notion is that there will be some off line work but then the Subgroups probably do need to get together and talk before they actually present. Michelle do you want to...that’s what you’re thinking too I presume?

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

Yeah, so I think it would be up to the individual group to decide how they want to go about it, especially with some of the smaller groups once we identify a lead for all of the groups they could help coordinate what they want to happen, you know, maybe they want people to do some thinking beforehand and aggregate feedback or maybe they just want to have a call and talk through things, I’m not sure, but, you know, we’re hoping that work will happen off line and then we’ll bring the final consensus amongst the groups to those meetings assigned.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, Michelle, in terms of formal process I’m assuming that the activities of these Subgroups we could handle as administrative calls and so...

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

Correct.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It would be possible to have more flexibility in scheduling?

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

As long as the information gets brought back.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right, right.

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

So, this is Janey and so I assume that means that we can off line set up our own WebEx calls, we can use like Doodle calendar to get people’s schedules and things like that, we don’t have to run it back through some official administrator thing?

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

Correct.

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

Okay, thanks.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right, the goal is to have the public report out happen on the already scheduled dates and times. And so we want to encourage people to make the best use of their own time and not overburden the members or the Workgroups with other calls that they might be interested in joining...but focus on your own Subgroup.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Right, I mean, in the past when we’ve had really short timelines like this one tactic that we’ve employed is to assign individual members of the Workgroup a specific bullet or two and have them be the presenter for that, so that’s one way to...anyone can comment on anything and there will be some things that are of more interest to people than others, but if you have a specific thing and you’re looking at it and it means that you can say something meaningful and it’s just not too overwhelming in terms of the time commitment.

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

And is the deliverable back on, you know, the date listed in the timeline, is that a slide deck with the comments, is it paragraphs in a Word document, what’s the deliverable that is due back?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Typically, it’s been a slide deck is that correct, Michelle?

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

Yes, so we’re hoping that you could have some consensus, summary comments related to the items that you’ve been assigned.

We do have...so when we send out the assignments and remind everyone of what they’re being asked to do, we did put together some templates for responding to the specific items that each group has been assigned so you can use those to aggregate comments. They are in a Word document but we are hoping...it’s just easier to display during public calls to have a PowerPoint that’s certainly something that ONC can help with, but our preference typically for these calls is PowerPoint.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, given the timing let me suggest something to see if this makes sense to the Workgroup members and to the ONC folks. So, we’ve got basically, you know, a little over a week from now to April 3rd for group one to do some serious review of how the ACBs are going to do their job.

And so I'm imaging, given the time crunch, that they'll be still early in their thinking that we'll all get together, we'll review that and then there will be a chance for them to regroup and listen to what we all said and polish what they have in anticipation of a final review on May 11th and perhaps even depending on how much consensus we reach on April 3rd they might even have some relatively polished material to send back to the rest of us early.

And then we could have a little more of a gap until group two has to do their presentation so it might be more discussion among group two's members in advance of their April 21st presentation.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Okay. Other thoughts or comments? Well, this has been really pretty efficient, very shortly we'll go to public comment. Larry, any last thoughts before we do that?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

No other than people should start taking a look at their calendars and figuring out where they can block out time to do their own work and also where they might be able to get group time together.

And the folks who volunteered as Chairs to maybe work with ONC to kind of make sure that you've got contact information for everybody and start getting some group time scheduled.

George Hernandez – Chief of Applications and Development – ICLOPS

Can we get a final e-mail on how to...

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Yes, we should be able to that, correct, Michelle?

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

Yes, so Ellen will put together an e-mail that summarizes everything that we discussed today with the templates that we mentioned and the different groupings and we still we need a lead for group one. So, we'll also be soliciting for that.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Okay, Michelle, could we then go ahead and go to public comment?

Public Comment

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

Sure, Caitlin can you please open the lines?

Caitlin Chastain – Junior Project Manager – Altarum Institute

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

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

It looks like we do have a public comment. Oh, I'm sorry, there is no public comment.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Great.

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

So, thank you everyone and we will be following up via e-mail just to confirm the different groupings and your work assignments basically.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Great, all right, thank you, all.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, thanks, everybody.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology

Thank you.

Michael Lardieri, LCSW, MSW – Assistant Vice President Strategic Program Development – North Shore-LIJ Health System

Bye, thank you.

M

Bye, everybody.

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

Thanks, everyone.

George Hernandez – Chief of Applications and Development – ICLOPS

Bye now.