



**HIT Policy Committee
Certified Technology Comparison Task Force
Final Transcript
November 17, 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 the first meeting of the Health...of the joint Health IT Policy Committee and Standards Committee's Certified Technology Comparison Task Force. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Anita Somplasky?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

Present.

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

Hi, Anita. Cris Ross?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm here.

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

Hi, Cris. Christine Kennedy?

Christine Kennedy, RN, BSN, MA, CNOR – Nursing Informatics Coordinator – Lawrence and Memorial Hospital

Here.

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

Hi, Christine. Chris Tashjian?

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Present.

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

Hi, Chris.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Hi, Michelle.

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

David Schlossman? Liz Johnson?

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

I'm here.

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

Hi, Liz. Joe Wivoda?

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

I'm here.

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

Joe, did I pronounce your name wrong?

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

No, you did it right, Wivoda, Wivoda either way.

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

Okay, thank you. John Travis?

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

Here.

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

Hi, John. And 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.

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

Hi.

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

From ONC do we have Dawn Heisey-Grove yet? Anyone from ONC on the line?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yes, I'm here.

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

Hi, Dawn. Okay with that I will turn it over to you Anita and Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well good morning and welcome everyone who's here. Anita and I had a chance to get started on this and she's going to want to comment in a minute. Let me just say initially I'm so grateful for all of you putting in time on this limited duration, but important task force. We're going to hear a little bit more about the charge and some analysis of the situation that confronts us in a few minutes. Our work pla...we'll also, once we finish that going to get to a work plan that talks about the time commitment over the next couple of months.

So, this will be a great introductory session. Our goal is to get all this work done by January 20 and make our final recommendations to a joint meeting of the Health IT Policy Committee and Standards Committee, and we can look forward to that. Anita, do you want to add anything else to begin?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

No just thanks, I echo Cris' sentiments, thank you so much and I'm really excited with the wealth of experience that we have on the phone. Having worked down in the weeds with over 6000 providers who absolutely struggled with adopting HIT, I think that this group could really help make some great recommendations and make a difference.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That sounds great. So I think it would be helpful if we were to skip ahead here to...everyone can see the membership on slide 2, and we do have great representation here, representing provider organizations broadly through associations. We've got large and small healthcare organizations represented. We have vendor representation, quality viewpoint, all the rest.

So I think we're...we do have a great group. I think we want to turn it over to Dawn probably to begin on slide 3, to walk us through and make sure everyone understands what the task force charge is, and to address the questions that we need to consider. Maybe we could just walk through the next couple of slides and Dawn, if you wouldn't mind leading us through it that would be great.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Sure. So the task force is charged with providing recommendations on the feasibility study that ONC was charged with doing through MACRA. And we're basically looking for feedback and stakeholder input on what the different health IT needs for providers across the adoption and implementation spectrum might be. And you'll see a few slides on what we envision some of those buckets of spectrum might entail.

And then also, if it is determined that a tool is needed by this group, what would that tool look like and what kind of things should be included in it? Where are there gaps in the current marketplace? And so we're really looking for recommendations for the task force in those broad scoped areas. Next slide, please.

This is the language from MACRA and what we've done here is highlighted in orange the really key points. What we have been asked to do, we being ONC, is to create a feasibility study. Is it, you know, is a tool needed to compare certified technology? And you see that in...under (A) study, where it has certified EHR technology products is underlined; so that is one part of the scoping is that we're just looking at certified EHR technology. And is it feasible and is there a tool that is needed here?

Points (I) and (II) are suggestions from Congress about what the tool might look like. We can also expand on that or we can go with what they've suggested here. And then finally we need to have the benefits of a tool as well as the resources needed to develop it; are there costs involved? What are some of the benefits to having a tool in place? What are the bene...what might be the problems in not having a tool in place for the providers who are out there? Next slide.

So what we've put together for this slide are...it takes that MACRA language and puts it into questions. I always think that it's easier to start a process when you have questions in front of you. And so really the first main question for feasibility is, is such a tool necessary? And if it is, who could benefit from the tool? What kinds of resources are needed to develop and maintain the tool? Where are the gaps in the existing tools? Because we know that there are lots of different types of tools or comparison or information resources out there and if there are any gaps, we need to identify them. And then what role should the federal government take in implementing this tool in general?

And then the tool function, as was specified in the MACRA language that we just looked at is really, we need to have a tool that allows providers or users of the tool to compare and select different products. So not just read about the information about each product, but to look at those and compare them side-by-side. So, next slide.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Dawn, could we just pause...

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Sure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...here before we go into the tool pieces? This is Cris.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I think it would be helpful here, just so we're all on the same page, I don't want to put you on the spot, but clearly there was some legislative intent behind this language. Is it possible to just summarize briefly, what did Congress see as the problem? What are they trying to solve? What will be better if we do this?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

So my interpretation, and this is Dawn, but my interpretation is that they have been hearing that there are a lot of choices out in the marketplace and providers need guidance on how to select it. And, you know, working with the RECs, I'm sure that Anita can also comment on the fact that providers...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

...can be completely overwhelmed, oh sorry, did you want to say something?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

No, I was just agreeing. Keep going.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Okay. And so first, there are a lot of choices out in the marketplace and providers need some help in selecting them. Second, we hear a lot of complaints from providers about their current products and so if they have some resources on how to, you know pick products that better meet their needs, that this is somewhere where the tool can go. So I think that Congress was responding to a lot of the complaints that they have heard, as well as everybody else has heard, and seeing if a tool might help providers in making those choices.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So as I said, maybe pause here and just make sure we get input from committee members, where we start will kind of determine where we end to a large degree. So Anita, you might want to comment on this. Steve, you and I served on a task force to address usability on EHRs, tangential to this. I'd love to just get feedback from our whole group. Anita, I don't mean to be speaking so much, but I think you could really help us give context here, too.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

Nope, I'm ha...I love hearing you talk. The...we worked with and assisted over 6000 physicians across Pennsylvania, which really does have a cross-section representative of what you'll see around the country. And you've heard folks joke at Philadelphia, Pittsburgh and then Alabama in between; but we've got very rural, very urban, solo docs and then mega-size practices.

Those small, medium and even some of those practices that had...that have come together as physician groups really struggled making decisions about which vendor was going to work for them. What we ended up doing for them is we gave...we provided templates for them so that they could really do a side-by-side comparison of vendors, what was available.

The problem was, that was during Stage 1 and in Stage 1 there...although certified through the CHPL website, there were many products that just they were certified for one measure and we really struggled to help, well we didn't struggle...the practices really struggled to get through trying to report Meaningful Use. You know, it was one thing to go through and make the choices, but then the product that they ended up with in many cases and we're seeing is a lot of rip and replace. Had there been a better way to vet those vendors and really walk them through, you know we were doing one-on-one vendor demos, that kind of assistance it does not appear is going to be available going forward.

But...so, in lieu of that, there is going to need to be some more sophisticated way, rather than just checking KLAS ratings and, with all due respect to Cerner, taking the canned presentations that vendors have because they're not going to put out a presentation that isn't going to work. But what we found useful was during vendor demos we would take a pause and we'd let the vendors know that up front, we did have some walk out on us, was we would give them a real live scenario because in life and in practice, it's very common for a patient to do the, oh by the way as that physician has their hand on the door to leave.

So we took them through that and we saw how hard it was for them to transition from one, you know focused problem that that patient came in for to now be talking about the other big symptoms that the patient has and...but it was very telling to that practice. Because they needed something that was going to be able to accommodate what happened in their everyday life. So I do think that we need something to go beyond what's currently out there with the other tools that are available, some way of really being able to get into the functionality and not just the being able to view canned demos.

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

So Cris...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

So this is Steve.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Good morning.

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

In looking at the actual...good morning; in looking at the MACRA language, I guess there is the facet about helping to select, you know for EPs and EHs to select certified technology. The other part of it though I think is also, well is very important, the comparing part. And I think like the AMA's work with MedStar that we recently released showed...well first of all, one navigating the CHPL is not the easiest and for a regular person, just to try to use that as a way to make sense of it is not intuitive. And so the MedStar investigation into usability and what it took to comply with it and how many complied I think showed that there is some useful data in there and that in fact it's not terribly rigorous what the vendors had to do to comply with usability.

So I think part of this is not just to help vendor...the users of the technology to select it, part of it is actually to more clearly and accessibly shine light on the true state of the technology in a way that would help, I don't know if Consumer Reports is the right example, but something with a clarity not unlike their, you know bubble dot rating show where there are strengths and weaknesses, in an objective way, in order to drive improvement.

Because I don't think that those in the provider community who are compelled to buy the tools now feel that they have really much in the way of leverage to drive innovation and change. And this could perhaps make more clear some of the obstacles that are faced and perhaps spur or improve; you know the evolution and the development so that the tools are actually more tailored to help those whom they are intended to help.

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

So Cris, this is Liz. In the comments around our work obviously critical work that needs to be done. Are we tasked with developing the, forgive the term, questionnaire that then would be completed as a process of the selection process or actually populating it?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's a good question. I think our work is to recommend an approach but not actually decree a selection tool, if that's what you mean.

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

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I'm not even sure...I'm not sure our charge is to do anything other than make a recommendation about options.

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

Okay. Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I'd be curious to hear from others who've been working on this; we've got a great panel who's been involved in this and I guess I would tee up, how do we make sure that we're not fighting the last war but addressing, you know where is the market now? A lot of people have bought EHRs for better or ill and everybody's looking forward and seeing, you know, will there be more swap out? Will the late adopters be coming to the table? Questions about innovation and augmentation of technologies that Steve alluded to; would love to hear from people about what they see as the challenges ahead.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

This is Chris Tashjian, you know I've gone around the country and it amazes me how many people haven't done Stage 1 yet or even implemented an EHR. And so I think one of the things getting in the way is they have no way to evaluate it and now that the RECs gone, they're really kind of stuck. So I see them as using this, you know, there are still people who are still trying to choose their first.

The other thing that I see that really amazes me is all the people that chose the mom and pop EHRs are now struggling because their mom and pop EHRs can't keep up. They just can't keep up with all the changes in the requirements and so they're being, for lack of a better word, forced into choosing another one and they've already felt burned so they're looking for objective information on, you know where do we go next?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

This is Joe Wivoda. I have kind of a clarifying question, I'm wondering what is the scope in terms of which providers does this apply to? Is it just primary care or does it include specialists and chiropractic, behavioral health, hospitals? What is the scope?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Dawn, can you speak to that? I assume it's any eligible provider or eligible hospital that uses certified technology.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yes, that's correct. We're talking about any provider, including specialists, primary care, non-physician providers. We're focusing less on hospitals, just because their adoption rate is so much higher...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

...it's beyond 95% so there's little room that we can offer for assistance. But there are so many providers who have not adopted or are at different stages of adoption and need more help in this process. So we're really focusing on providers; but again, it doesn't have to be physicians, it can be beyond physicians to other providers and all types of specialties. Anybody who's using certified health IT. Sorry.

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

Okay, so with the 2015 certification rule and the prospect of behavioral health and long-term care being able to be certified technologies, those won't necessarily be a focus, right?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

No I would...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think she said they are, yeah.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yeah, I said I would think...

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

They are, okay.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

...should be, yes, definitely.

Joe Wivoda, MS, CHTS-IM – Chief Informatics Officer – National Rural Health Resource Center

That, I mean that's fantastic because those are the providers, many of the providers that need a lot of the help right now, but that really does expand it a lot in my mind.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yes it does, you guys have your work cut out for you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Good conversation so far. Is it...does anyone else want to add into kind of the purpose and scope here?

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

Cris this is...

M

...this is useful.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, hey John.

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

Yeah, this is John Travis. One thing and maybe it is a delineation of what we're considering in scope of the information and I don't mean to complicate the conversation but, we probably should at least account for what vendors are being now asked to disclose for surveillance purposes under the 2015 criteria edition rulemaking.

Now that's not necessarily comparative data, but you know, we probably need to understand how does the open CHPL play into what we're doing and also other information that's going to be made publically available as a result of surveillance requirements that will go into effect for activities next year that the certifying bodies will conduct. Because there's a lot more information requirements being stipulated to be made available through vendor website, you know publically accessible...not just client extranet communities and that sort of thing.

And I think some of that begs guidance development from ONC to know just what are the things; it's hard to...it kind of feels like a you know it when you see it sort of a description that's in the rule, but clearly there's additional information that would probably fit into what we're doing. So for example, the big emphasis on anything that is an outright dependence on the vendor to have to do to support the implementation for full use; I think a lot more specificity around types of costs. You know, so there is definitely information in there you'd probably conclude belongs in scope of what we're doing. It would be...

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

This is Anita; I absolutely agree. I've actually been on two calls with folks from the CDC in the last week related to syndromic surveillance reporting, the specialty registries and what we are finding is the cost impact to, again, it's the small, non-owned by health system practices who just can't afford \$2500 dollars per doc to hook up to a state syndromic surveillance.

So the CDC has been very helpful working and having folks from both ONC and CMS on the phone to really try and work through how it is states for this year can change their language and what it is that we can do going forward. But it absolutely has to be part of the comparison because these additional costs and the burden on both, you know, it's a burden absolutely for the vendor as well, but this has been a real curve ball for practices out there for the requirements for...to meet for 2015 even.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's a great point Anita. And then the other thing I guess that I'd underline, I think John and what you're saying is, sometimes more signal just creates noise and if we've got five different ways that vendors need to report and they're not consistent, we have the risk, I think, of potentially confusing vendors. You know CHPL says this, whatever tool comes out of this conversation says something different and then people don't know where to go. So, it feels like we need to be cognizant of what are the other information sources that we expect that the intended consumers will be looking at and how will they take this work into account with other things.

So Anita, I think we're at the bottom of the hour; unless anyone has any additional comments, I think maybe we should ask Dawn to walk us through the rest of the deck. But I thought it was really important to get everybody on the same page here around what are we doing and why and what were the reasons for this and what would success look like? Is there anyone who wants to add anything else? Again, I'm sorry to be dominating so much, but should we...other comments or should we move on? Hearing none, Anita, if it works for you, should we ask Dawn to go through the next section for us?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

Yes please.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Okay. So this next section talks about just general adoption trends and it's using some data that I'm sure you all have seen in the past, but we just wanted to make sure that everybody's on the same page in terms of, and it sounds like this workgroup completely is, that not everybody, even among physicians, has adopted. We know that those rates are overall high, but there are currently some disparities.

So here we see, and this was reflected in the earlier conversation, solo practice physicians, for example, only 55% have adopted through 2014, have adopted some sort of certified EHR. And then specialists had lower rates than primary care and depending on the ownership of the practice. Physician and group owned practices have lower rates of adoption than those that are owned by HMOs or anything like that. So...and we do see, the last bar, the purple bars at the top; this is important to highlight, is that non...that physicians who are not participating in Meaningful Use Program have been adopting the certified technology, although it's not as high as those obviously who are participating or plan to participate in the program. Next slide.

So this is using the EHR Incentive Program data for...through 2014 again and this is among registered hospitals and physicians; so it only includes those...the denominator only includes those providers who have registered with either the Medicare or the Medicaid Program. And this is not the universe of different provider types that are in there, but it shows that there's a real disparity among physicians, nurse practitioners and physician assistants who have registered for the Meaningful Use Program, who have not then achieved Meaningful Use.

So remember that nurse practitioners and physician assistants are only eligible for Medicaid Meaningful Use, so these providers, most of them have received a payment for adopt, implement or upgrade, but they have not progressed to Meaningful Use and only half of our physicians who have registered have progressed to Meaningful Use, using the registered providers as our denominator. Hospitals, however, are upwards past 90%; so the vast majority of them, even our small rural and critical access hospitals have achieved Meaningful Use, among those that have registered. Next slide.

So as I promised earlier, these are some of the buckets that we had considered when we were thinking about scoping the feasibility report in terms of who might be using these tools. Providers who are...who don't have an EHR is the first group; that's that new adoption. So they're completely paper-based in their practice right now; they obviously need a tool that will help them pick their...the first EHR that they're going to use and compare and contrast those tools.

Implementation is another stage of adoption; once you've plopped that EHR in your practice, you obviously need to implement it, change workflows and everything else like that. We don't see that as part of the scope of this tool; it's to compare and contrast and help you select the product itself. But then there are other groups; those who need to upgrade or supplement their existing technology. Maybe they have an EHR but they need to add a patient portal or they need to work towards doing syndromic surveillance, which was cited earlier. That would be the third row in the table.

And then finally those who may need to, somebody mentioned mom and pop EHR and they need to switch over to a different EHR because they can't get to the next stage of Meaningful Use or something like that; those who need to replace their existing technology would be the final bucket. So each of these groups, the three that we see are as in-scope for this project has different needs, different requirements and different ways that they might be using the tool. Next slide.

And so what we have done at ONC so far is we did a little bit of a scan on the environmental...on the tools that we saw that were in the marketplace now...sorry, excuse me. So the next slide goes through how we've decided...we created buckets for the different types of tools that we see that are out there. The first are comparison tools and this actually lets a consumer select products from a list and compare their features. And the comparison tool is what we think that we were...and I think folks in this workgroup have mentioned as well is that's really what Congress has asked for is a comparison tool.

Then the second group is informational tools; you can pull up a list of products, click on one of the products and learn all about that product with amazing detail, but it doesn't allow you to compare across the different products, the functionalities across those products. And then there are selection tools like checklists and things like that, which are not necessarily dynamic and we consider those to be out of scope of the project. So the next few slides are examples of each of these buckets. They are not the full range, We are not advocating for any of them by putting them on a list, it's just an example to give you a sense of what we were thinking when we created these different tool types and groups in our mind. So, next slide.

So this is an example of some existing comparison tools. There are links here, if you haven't already explored these you can go in and check them out. But these allow, again, for the consumer to select, you know two or sometimes more, different products and then look to see what's inside. But you can see, as with all of these tools, there's limitation and there are gaps. If they were perfect, Congress probably wouldn't have asked ONC to do a feasibility study on this situation. And so there's some information there on these two things. So, next slide.

This is a list of some of the informational tools; you'll see CHPL is on there and we've...you all have highlighted some of the pros and cons of CHPL, but also the KLAS reports and some other major players here. And some of these are free and some of them are cost...have costs associated with them, and that's something else that you would have to consider in terms of that as well. Next slide.

And then finally some examples of existing selection tools; HealthIT.gov has a lot. A lot of our RECs have different forms of selection tools on them. HIMSS has some selection tools as well. And again, this would be out of scope for the report, but we wanted to put those on there so you had a sense of what we were talking about when we're talking about selection tools. And I think that's it; next slide? Okay, so I will stop here.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right. Any comments, questions...

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

Cris...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...feedback on the environmental scan? Yeah.

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

So this is Steve; so try and discipline myself as to the scope of what we're here to do and not the breadth of the entire landscape on EHRs and Meaningful Use. But to the slides, I think they were 7 and 8 in this, but where the graphs were. This is where I don't recall necessarily...I mean, someone else who's a historian of technology adoption across different industries might be able to quickly refute or sustain what I'm about to say.

I think if you bought the first FAX machine it was probably not lots of individual sole proprietors initially; it was probably businesses that had a clear case value...or business case to use it or resources to do so. And think about other expensive technologies that cost a lot at the beginning and as the network effect got built out and there were more and more people on it, it was more valuable and then the cost of ownership decreased, then more and more people got involved.

So I think when you look at those bar graphs for who's participating and not, it's not surprising that large health systems that have revenue streams of billions of dollars would be the first to leap forward and do things like this and then the rest would trickle down. And the reason I say this is you look at the second bar graph where they show all eligible hospitals and then the small rural, critical access, physicians, nurses and physician assistants.

As you go through that progression, I think one of the values of this project we're here doing would be, and I don't know how easy this would be, but if it is able to demonstrate true cost of ownership, true experience or at least...when I saw true, I realize that varies, I guess in the field experience with the products; what it costs to own them? Where there are barriers or challenges? What the real positive experiences are and also the true obstacles are to ownership?

Because I think what the smaller participants in the marketplace are feeling is that the tools are not generally, I mean there are instances where they clearly help, but they are not generally facilitating their efficiency, they're impeding it; that there's not responsiveness to the concerns raised. And then, of course, the regulatory scheme that they are attempting to comply with brings with it inordinate costs, I think from their perspective that they can't meet. And perhaps shining light on that in a way hopefully that is as objective as we can make it would help to demonstrate where there's opportunity for improvement, not only help them select tools. Because I think the problem is not just that they don't know how to select; that is a problem, but that what's out there to select from is either outside their reach and/or doesn't meet their needs.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

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

So again, I keep teasing out the two purposes here; one to educate a workforce, you know, a purchasing marketplace, but the other one to drive change in the marketplace by making more clear what the obstacles are.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, totally fair points. Other comments? I mean Steve, this is Cris; the one thing I might note is if you look at slide 7 around practice size, I know this data is for 2014, but there's a big drop-off between a group and a solo physician and that the solo physician is, you know, notable. And this is about certified EHR adoption.

And then you go to the next slide that compares and contrasts eligible hospitals both all plus small rural and critical access and you see the physician number, you know, half of that of a small rural and critical access hospital. The dates are a little bit different, but they're...if you put those two data points together, you have to say that the reason why the physician adoption is lagging the hospital adoption is largely an artifact of practice size and that the solo physician is the one who's struggling. Struggling has a sort of connotation to it that I don't intend; the solo physician clearly has some challenges here that are keeping them from being able to adopt.

The other thing that I would note, given the fact that I am in the middle of a process right now of getting our organization converged onto...from multiple EMRs to one, the challenges in hospital are very different than the challenges in outpatient practice. Outpatient practice is much more time-bound, you know the visit times are short; the amount of documentation relative to visit time is very high. A hospital stay is or event is typically longer, there are more people involved in delivery of care and therefore the work can be spread amongst multiple people. There are a whole bunch of reasons conceivably why we're seeing these kinds of disparities. And as you said, we can't probably address absolutely every single question under the sun, but be aware of some of that as we're putting together these tools. It feels like the sweet spot is to some degree physicians in smaller sized practices, not the only focus, but it's clearly a focus.

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

And of course, just to think...this is Steve; and I would agree. I think even though the big participants in the marketplace would...will on some level benefit from this from the standpoint, and you're in an obviously much better position than I, because that's the world you live in. Because these large enterprises who did leap out earlier for a number of reasons, and I won't postulate mine because I don't want to, but for a number of reasons leapt out earlier, are now in the process of having to go through assimilation, right? So there is the...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes...

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

...now to turn it into a tool that actually advances their efficiency and work if we're going to achieve the things we try to achieve with other delivery reform and payment reform. So, in that assimilation phase, they will exert market force and/or they'll determine whether the trajectory they are trying to comply with, through the federal program or some other trajectory is the one they have to pursue. So, I think this has benefits for all the participants in the marketplace, but I think you're right it has differential or subtly different types of benefits, depending on where you are or what type of consumer you are. So, it'll be interesting to see.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And that's right. Well I'm happy that Liz Johnson was able to join us; I think she's the poster person for assimilation and consolidation in her role at Tenet...

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

For sure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...during her day job. Other comments from other folks and Anita, I'm sorry, again I'm sort of talking too much trying to drive us forward a little bit.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

No problem. No problem.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Well again, this is Chris Tashjian. I am one of the small, independent providers and...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

...in a relatively small group. What I've seen when I've gone out and talked to my colleagues; now we chose through our REC and we don't have any problems, but I see most of the people who haven't chosen yet, the people who are still trying to figure out what they're going to buy, they have no idea what to do. And so I think a tool like this is...be very clearly, but they truly don't understand it but realize they can't put it off any more.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

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

This is Liz and I would say, thank you for the comment but the reality that even we're facing is that as we have acquired more practices and more hospitals, we've gone from a fairly singular vendor approach to now, once again helping, as you said employ every...essentially and with our practices I think the sentiments that have been expressed are exactly correct. I mean, when we find the solo practitioners, they simply are not able to...it. They're absolutely interested and understand the value, particularly if we can create an interoperable world.

So I think the work that's in front of us has benefits across the complete environment. So it's...I think...are very telling and very well thought out in terms of the complexities and difficulties that people were trying to get through and making the right choice is critical because the idea of ripping and replacing is, for us and I think everybody, is very daunting. The cost is just overwhelming...

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Well for these small practices...I'm sorry, but for the small practice it will put them under. It will kill them.

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

It will.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Christopher H. Tashjian, MD, FAAFP, FHIT – Vibrant Health Family Clinics

Yeah, yeah.

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

Well and with small hospitals we're hearing the same thing, for the small rural hospitals, they simply cannot do it, just like if they miss an incentive payment, unfortunately it has such a significant impact to the bottom line, it's really scary. So I think the work is absolutely critical.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So we all seem to be in pretty violent agreement about the need and so on. Shall we go on to the work plan and the panels? Dawn or Michelle, can you take us to the work plan and the panels?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

It looks like the work plan is up, did you want to talk through this or do you want me to talk through it?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um, would you guys mind just walking through the work plan as you see it?

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Okay. So we have several calls scheduled between now and our first hearing. We, through those calls and our next meeting is scheduled for the first of December, we're going to be talking about the provider and vendor needs. And the questions that we might try to address or this group might try to address are listed there, but they're basically the questions that we pulled from the earlier slide and I just lost my screen; sorry.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I hate when that happens.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Then we will have an administrative call sometime in early December as well so that we can talk through the virtual hearing format, talk individually about some of the people we might want to have in for those virtual hearings. And then we'll have some draft recommendations that we'll start working through based on the discussion from the first meeting.

The virtual hearings are scheduled for January, I think January 7 and January 15 and those, in the previous slide which we can go back to in a sec, were...we have some thoughts about who...who those panels might be. And the idea behind those panels is we have three to four representatives come and speak to certain questions that you have. Those questions will be developed over the course of the December meetings as well. And then after we hear from those panels, you'll be refining your recommendations and the final recommendations need to be pretty close to done by January 19, when they will be presented to HITPC...the joint HITSC, HITPC meeting on January 20.

So if you go back one slide, we've had some discussions, and these are five of the proposed panels; so we have two hearing dates scheduled which would allow us to have maybe three to four panels for each hearing date that we have scheduled. And these are some of the thoughts; so obviously we need to talk, to hear from physicians. We'd also like to hear from the non-physician healthcare providers. We already talked about this a little bit earlier that, you know behavioral health and other types of healthcare providers who are not physicians need to be thinking about EHR adoption or selection and improvement of their technology.

Then we need to hear from the EHR developers themselves, also the people...the current landscape of vendors who are creating comparison and/or informational tools. We'd like to hear from them about their perspective on what's needed, what they can't get. And then finally, this one is a little bit different, but Anita and Cris thought it was very important, and I agree; a lot of information about clinical quality measures and other needs for advanced payment models and all of the different things that are coming up in terms of additional requirements for certified technology. We need to hear from people, developers, providers about their experiences in trying to find a product that allows them to meet these needs. And I'm going to pause there.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I think the schedule is what the schedule is; let's hear from everybody about the panels and what you all think. Are these the right panels? Do we have the right representation? Anybody see any omissions or any things you want to make absolutely sure we include?

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

Cris, from my perspective you've done a very...you and Anita have done a very nice job of describing some of the things that we could get some additional information based on the three panels.

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

And this is Steve; I concur, I think you've done a nice job here.

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

This is John; I think it's pretty complete, I'm just wondering back to what I raised, it may not be a panel to convene so much as a presentation of what is in the surveillance program; so maybe ONC has an...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I think that's a good point.

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

...maybe we do that out of band of the panels, but have a presentation by ONC of what's in the surveillance program, based on the 2015 edition rule; I think that might help put the...in context.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yeah, I can explore making that happen.

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

Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

John, I wonder if it might even be helpful in our meeting on December 1 to just get an overview of what those things are and if there's any way you can work with the ONC folks to make sure we have a good viewpoint of that that would be helpful. You're closer to it than I think anybody else on this call.

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

Yeah, I can certainly do that. Who would be the best contact for that because I can kind of shape what it is, it's pretty elemental, but I think it's...there is information being asked of vendors to disclose that would be very useful to the purpose of comparison that I think it would be helpful for this group to understand.

So it's probably as simple as that but if there's someone I can just kind of offline have a short call with, talk to and maybe also if I could coax in the person who is our...who leads the certification efforts of our certifying body might be good. I don't know if I can talk him into it or not; I'm thinking of Amit...but Amit is very, very knowledgeable and but it's probably more ONC since it's relatively new final rulemaking.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

I can work with you on that, get you to talk to the people you need.

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

Okay.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

So if you can shoot me an e-mail with some times and I'll see...and maybe we just chat offline about setting something up and I'll make sure that the right people are involved.

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

And that's Anita or, I'm sorry...

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

This is Dawn.

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

That was dawn and John, this is Michelle; you can always go through me and I can connect everybody.

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

Okay; Michelle, I'll send you an e-mail now because Dawn I don't...I probably can get your e-mail off the meeting invite; I'll send it to you both.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Okay, thanks.

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

Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Anita, what else are we forgetting here that we want to make sure we raise in the last couple of minutes?

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

Ahh, nothing that I can think of right now. And I was wondering, to John's point, if panel five could also...well, for the surveillance if that's something within that panel or if it should just remain a separate item.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Do you think we could include that in that panel? Is that what you were suggesting, Anita?

Anita Somplasky, RN, CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

That's what I was thinking because from having been out there, it all kind...that's where with the problems reporting the clinical quality measures, trying to tease out what's needed, whether you're doing G-PRO, ACO, reporting straight PQRS or specialty registry reporting; it all kind of falls under that and that's where the problems we've had around the syndromic surveillance, immunization and registry reporting has also fallen.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Um hmm.

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

This is Michelle; I'm going to speak out of turn but, we have the public comment and David Tao makes a good point and it's probably a miss on our part that we should probably make sure that we include a panel...some...on one of the panels, the ACBs or the ATLS who are currently generating the data in CHPL. So I think that's a miss on our part, so we'll need to figure out where they go as well.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's a good point. Do you think they could be included in one of the other panels, Michelle?

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

I think so possibly; if not, maybe we have a catch-all panel with kind of the things that we may have missed in the other panels. We'll have to think through that, but.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. I guess the other thing we should do is just if everyone on this workgroup could look at the calendar and make sure that you're available for these dates and if not, let Michelle know as soon as possible; but hopefully these dates will work for everyone. And then the other piece would be to begin to think about potential candidates to participate in these panels, people you know and respect. I think the time we're going to be talking about putting the panels together is what, probably our administrative call in December, right?

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

Yes, so thank you Cris, I was actually just about to say the same thing.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right.

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

So if there are people that you think would be good for one of the panels, if you could start to share the names, that would be very helpful and so we can start to put, you know, form a straw man that we'll review during that administrative call that has yet to be scheduled. But it's always nicer to have some names to look at. So, this is Michelle; I think everybody has my contact information, so you can start by sending names to me and that would be lovely. Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All sounds good. What else do we need to cover in this meeting? This is intended to kind of get us organized and on the same page. Anita, what are we forgetting that we want to make sure we cover before we end the call? And I assume we're going to go to public comment today, too?

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

Yes.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

Cris, nothing from my perspective.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. I think this is really well framed; I think Dawn, Michelle and everybody else who worked on this, thanks very much. I think this nicely laid out.

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

It will be fast work, but we'll get it all done somehow, we always do.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

There you go. One last question, how long do you think the panels will be on the dates in January? You've got a starting time, but are these going to be half days? Are they going to be a couple of hours? What are your thoughts?

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

I think we blocked four hours; I'll have to check on the calendar...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...for the two virtual hearings. What we typically do, and we can talk through it on the administrative call if we want to change the format, but we typically give everybody 5 minutes on the panel, so if there were four people on the panel that would be 20 minutes and then we open it up to discussion. We have found that it is in that discussion that we're able to dig a little bit deeper, make sure that we get all of the questions answered; those discussions are usually extremely helpful. So it's probably about an hour per panel, maybe a little more, maybe a little less depending upon the number of people on the panel.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sounds good. All right, well if we don't have anything else, Anita if you can't think of anything else, I think we should probably go to public comment.

Public Comment

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

All right, Lonnie or Marcus, can you please open the lines?

Marcus Hudson, MS – Project Coordinator – Altarum Institute

If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the phone 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

While we wait for public comment, we did have some public comment via the chat from David Tao. In addition to the comment that I did bring up, he also mentioned that the task force scope should be clarified to include a statement on whether the tool must be free (no cost) to providers or whether a fee is permissible. If a fee can be charged, is there a maximum limit; this would impact who might provide such a tool, commercial versus government funded. And we will also share David's comments via e-mail with the workgroup, or the task force I should say.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

A good point.

Dawn Heisey-Grove, MPH – Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Yeah.

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

And it looks like we have no public comment. So thank you everyone, we really appreciate you joining this group and enjoy the rest of your day.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right, thanks everybody.

Anita Somplasky, RN CHTS-CP, CHTS-PW – Director, Transformation and Development Services – Quality Insights of Pennsylvania

Bye.

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

Bye.

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

Thanks everyone.

Public Comment Received During the Meeting

1. David Tao, ICSA Labs. The TF scope should be clarified to include a statement on whether the Tool must be FREE (no cost) to providers, or whether a fee is permissible. If a fee can be charged, is there a maximum limit? This would impact who might provide such a tool (commercial vs government-funded).
2. David Tao (ICSA Labs): should the panels include testimony from ACBs/ATLs, who are currently generators of the data in the CHPL?