

**HIT Policy Committee
Certification & Adoption Workgroup
Transcript
March 25, 2013**

Presentation

MacKenzie Robertson – Office of the National Coordinator

Good morning/afternoon everybody. This is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Policy Committee's Certification & Adoption Workgroup. This is a public call and there is time for public comment built into the agenda. The call is also being transcribed so please make sure you identify yourself when speaking. I will now go through the roll call for the Certification & Adoption Workgroup. Marc Probst? Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I'm on.

MacKenzie Robertson – Office of the National Coordinator

Thanks Larry. Joan Ash?

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Joan. Carl Dvorak? Paul Eggerman? Joe Heyman I know is unable to attend. George Hripcsak? Liz Johnson? Charles Kennedy? Donald Rucker?

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Donald. Paul Tang? Micky Tripathi? Scott White?

Scott White – 1199 SEIU United Healthcare Workers East

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Scott. And Marty Rice? And any ONC staff members on the line?

Chitra Mohla – Office of the National Coordinator

This is Chitra Mohla from ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks Chitra.

Mike Lipinski – Office of the National Coordinator

Mike Lipinski.

MacKenzie Robertson – Office of the National Coordinator

Thanks Mike. And I do know – I want you to know that we do also have some subgroup members on the line as well. So with that, I will turn it over to you Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. I'd like to welcome everybody. We've had a pretty interesting few months of discussions in a sub-workgroup looking at the Health IT workforce, and felt like we were ready to bring some major, I don't want to overemphasize them, some recommendations to the larger workgroup and given your support at the workgroup level, to then bring them on to the Policy Committee as a whole. So that's sort of the plan for today in specific, then to walk through a set of slides that summarize what we've learned and what we are recommending. Any questions from the workgroup before we get started on the details?

MacKenzie Robertson – Office of the National Coordinator

And this is MacKenzie, I'll just add on to what Larry was saying. The next Policy Committee is April 3rd, so should the recommendations from the sub-group be approved by the workgroup today, the plan is to present back to the Policy Committee on April 3rd.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Great, I'm glad someone's looking at the calendar for us. And actually, at least one of these has an external clock ticking, and I don't know specifically the schedule on it, but we'll come across it as we go through the recommendations. Okay. Well, let's go on to the recommendation slide, I'm sorry, not the rec – the, thank you. Let's start walking through the slide deck that present the background. Great. Thank you. So Scott and I had a great time working together, I think he'll agree and anything you want to add in general Scott, before we dive into the slides?

Scott White – 1199 SEIU United Healthcare Workers East

No. I would just like to thank the whole group for contributing their time and it truly has been a pleasure working with you Larry on this. I'm just getting myself situated, so I'll catch up to you in two seconds.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Very good. So, let's go on to the next slide. So you can see we had a reasonable size group, not too big, not too small. We had quite a mix of backgrounds represented and we had some help from our friends in some other federal agencies. Much to my personal surprise, the Department of Energy actually has been doing a lot on training and hosted a website with resource materials broadly for workforce training, some of which we thought was specifically useful to our efforts. We have some of those links at the end of the slide deck.

So, let's go on to the next slide. We had both a broad and a specific charge to look for recommendations to bring back to the Policy Committee, to provide Health IT education for all health care workers. And then a more specific, to do that within a year, looking at training needs and competencies. Let's go on to the next slide. Thank you. So maybe it was obvious, but these three numbered bullets actually seem like they were very useful, that we not forget that we're looking at three sets of workers. That we have the folks who are actually providing the health care. We have the folks who are doing the IT jobs that are directly related to health care and health care specific expertise. So the folks who often have an informatics label, either in their title or in their self-descriptions and job descriptions, everything from chief medical information officers to informatics analysis and vocabulary managers and maybe project managers with specific expertise in rolling out clinical systems. And then a third set of workers that are information systems at their core.

So these are really the folks who run the data centers, who do the tech part of actually building applications and things like that. If you will, the first one and the third one are traditional jobs that have existed, the one in health care, for as long as there has been health care and the third, as long as there have been information systems. And it's really the intersection that felt like it was a hole of some kind, as well as the direct application within the Health IT workforce, within the health workforce rather. And then for each of these, there are issues of what to do about existing workers who need training in new things as well as developing new people through kind of workforce development, traditional go to school, take classes kind of model.

So let's go on to the next slide. I've heard some beefs. Did we have some other folks join us? I guess not. Okay, so priority areas of looking at current workforce, and what it takes for that. One of the things that we say that was actually pretty interesting, AHIMA has developed a very nice interactive graph that shows – network kind of graph, connectivity graph that shows how people got to their current job. So instead of trying to look ahead, what do I need to do for my next steps, it looks backwards and says, the people currently in this job, how did they get there, what was their history of different jobs that they've transitioned through? And I think it's actually a pretty robust way of encouraging people to look broadly at how they might advance their own career.

And a lot of our discussion really revolved around the key soft skills that we think people need. Some of these obviously blend into harder skills, but they're things about if we're looking to build a learning health system, what do we really need to do to teach folks how to do that? And the communication that's needed amongst staff and leadership, for example. How to work with new technologies? So this is both the hands on, how to use the technology, but also how do you use what the technology enables. So we're now moving into a world where there's a lot of data available in health care and emerging analytics to support that data, but how do you actually use that to better manage a patient population? Staff engagement of patients.

We've heard in various hearings over the months, there are good ways and bad ways to bring computer technology into the interaction between a clinician and a patient. But what can we do to do that better? And those are also soft skill – no there's a hard skill of where do you put equipment and the kind of equipment you use, and there are hard, soft skills, rather, around actually developing the skills to have the interaction in a way that really engages the individuals, and doesn't put the technology in between people when they're having really important conversations to their lives. And then we have the changing model of health care as a whole of as we're shifting from payments for volume, fee for service to payments for value. IT enables a lot of things, which can be very helpful, how do we actually turn those from theory into practice? And a lot of that again is issues around soft skills. I think that's the highlights for our priorities. Go on to the next slide. So actually, why don't we back up for just a second. So, are there any questions or comments about setting the stage for this discussion at this point?

Okay. I'll take silence as consent and let's move on to the recommendations. So I think in terms of walking through these that I'll briefly identify each of the recommendations on this on the next slide. And then we'll actually take some time for discussion to walk through them in more detail as a workgroup. There's also a word document that has further expansion on each of these recommendations. And I think it's probably worth pointing out that many of these are actually looking to ONC to do some work. So, let's take this very first one. So the sub-workgroup started some discussions about what are the key competencies we need. And it became clear that that was not a part-time effort that workgroup members could take on as a workgroup, but actually would be a major undertaking. And so we have some thoughts about that, but the first thought was that we need to identify what the competencies are and to support that with some validation effort.

And then the next recommendation of as those get known, to broadly disseminate what that span of competencies are, so that folks whether they're in educational situations like secondary and post-secondary schools, whether they're in federal or state agencies, whether they're in provider organizations or any of the many, many other organizations that all touch workforce, that the things we're learning get disseminated. Because the feeling was that resources were being brought into our discussion as a workgroup that we felt needed to be known more broadly. The third recommendation really touched on two themes that we felt kept recurring as we were having our discussions. And one is that there's a shift to team-based care, and this is both the physical teams that happen in provider organizations and the virtual teams that happen across organizations that get facilitated by health IT. So how do we actually start to build the skills to manage those teams, to take best advantage of those teams and to shape our technology to support those teams? And similarly with population health. That's been sort of one of those more arcane things that a few people worried about, and now we're really asking every person who's involved with health care to consider the population impact of what they're doing. And when they start their day, it's don't just respond to what's in your inbox, but start to look at how you are managing the population that comes into your purview.

ONC – so number 4, ONC has already invested in several workforce initiatives, and so we are looking for a report back, what's worked, what hasn't worked? What can we learn from those programs? How could they advise other things heading into the future? And looking broadly, there's a lot of other initiatives in the federal government as well as other initiatives in the training area, and so the answer might not only be ONC, but certainly to learn from what ONC has already done, so, that was the main thrust on number 4. Let's go on to the next slide.

So number 5 is saying, let's not just look at where we are, let's look at where we think we're going. And so, where do we think health cares headed, where's the technology going to be? We know there's a – we're hearing the human cry of folks needing to do Meaningful Use Stage 1 and getting ready for Stage 2, but recognizing that just like implementing technology takes time. Implementing training programs and getting workers up to speed takes time, so we need to be looking ahead at where do we think we're going to be in a few years and what's that going to require? So additional outreach to make sure that people know what training programs and resources are available and what best practices have been identified.

Number 7 is – in some ways gets back to that initial list of the three different sets of workers. So the Department of Labor Statistics has standard occupational classifications that cover health care reasonably well and cover IT reasonably well. But there's virtually nothing that covers the intersection. The closest you can get is the medical records job, but as much as that job is evolving, it's really only a tiny piece of the people who work in health care, doing jobs that are not strictly IT jobs and are not strictly health care jobs. And this is one of those outside timelines. So, the SOC is getting it's every 10 year refresh right now, so if we're going to actually influence that process, we're going to need to jump in pretty quickly, or recommend that somebody jump in pretty quickly for what those additional health IT roles ought to be. And finally, to look at what's the impact of health IT on workforce. How are we changing the job requirements by having IT in the workplace and what should that be – how can we learn better from that experience and use it to inform what we do in the future?

So I think that that's useful, hopefully useful, quick run through. Maybe we can back up to the prior slide and we can start walking through these more for discussion. Thanks. Let me toss this back to the workgroup. You guys are not usually this quiet.

Scott White – 1199 SEIU United Healthcare Workers East

Either that or you've done such a fantastic job Larry that you've left them speechless.

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

Well, it's Don Rucker I'll say something. So, I don't know if we're – maybe this is for item 3 more, but one thing that's sort of always struck me in the conversations with folks who haven't really sort of lived in this space or had formal computer science training, is the issue of within the data, especially for team-based care where you're communicating aka interoperability for population health, sort of the deep details on what data you could get and how you would have to get that. In particular the difference between structured and free text data. And then I think some of the things around vocabulary, because it strikes me that a lot of the conversations that folks who are just sort of getting into it, they don't really understand what data fields come from where, how accurate those data fields are. So you hear a lot of stuff, well, this doesn't interoperate with that, and then when you inquire, you find out that it interoperates perfectly fine when the data's machine generated data like lab results or DICOM, but when it's something that has huge workflow issues, like a problem list, that's really where the problems sort of come in. So I think something in this training, and it's not probably technical, but something on the nature of the different types of health care data, their reliability, how they're captured and how they're described through vocabulary might be a specific thing to put into the recommendation.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um hmm. So a specific area where ...

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

An underlying component skill to these other things that, like a sub, like a base skill like you need to be able to read and write to analyze, I don't know, psychology or something.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, yeah. So, some sort of around terminologies and informatics and how the information is structured and ...

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

Right, the data structure in particular I think. The single biggest confusion I often see is free text versus structured data, it's usually more subtle than that, but I mean that has struck me over the years that that's sort of an area that people don't – where people really need to get some training.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

And this is Joan, I'm really glad you brought up the team-based care issue and Larry mentioned the population health issue. But, it seems to me when, and I really love the fact that the subgroup honed in on those, but it seems to me those are things that we don't yet know quite how to teach. And there is a whole other group of skills and competencies we know really well how to teach. So that in a way, the list of recommendations, and this was my other question was, if it could be prioritized in some way, either by low hanging fruit versus what's more difficult or by what we do know and can teach versus what we still need to know more about.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um hmm.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

And I had another question on top of that which was, the competencies, and I guess this goes to recommendation number 4, which is, I'm a little unclear what we do and do not yet know about the competencies. Which goes along with what I said was, some of that is open to more work and research and some of that's sort of a done deal. And I know with number 4, the workforce initiatives have been wonderful and very successful and I – and if there's a sub-workgroup member who can speak to this and answer my question about how much have the competencies already been identified? Because certainly for the community college efforts and the university-based training efforts, they have been going on for several years now and they've been focused on certain competencies and I'm wondering if we haven't already done number 1?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So that's actually a pretty good point, in terms of whether we already did number 1, and hopefully the experience coming out of number 4, getting a review of what...the good and bad of the existing initiatives can inform that. Because you're right, there was a curriculum developed, it has competencies embedded in it and that would be a really good thing to get a report back out on.

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

So Joan you're tal – it's Don – you're talking about like the AMIA 10x10 Program, as well as obviously the more formal degrees, for example, that you guys offer?

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

Well, that's one part of it, but the other part is what ONC has really spent a lot of money on already, which is a couple of programs, one to develop curricula for community colleges to teach informatics, and that's done, and even though my University was part of that, I'm not sure where that's gone. But I know the work was superb. And the other is the university-based training funding, where many teaching programs have had students graduate through a sort of pre-determined list of skills. So, I'm not sure how that works into number 4. I mean, I know these things have been done, but we still need to learn from them I guess is the point of number 4.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

Um hmm.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And as we're having this discussion, I'm thinking maybe we should swap around the order of some of these as well. So we look at the effectiveness of the current initiatives and what we've learned from them, which would lead us into the competencies, which would lead to distributing the information about them, so, it might just be an easier conversation if we shuffled some of the recommendations around.

Scott White – 1199 SEIU United Healthcare Workers East

Larry, it's Scott. Just to add a point so the workgroup knows what the subgroup kind of struggles with, and it's not an unknown entity in that there are so many different people touching IT, health IT I should say. From different venues, different – rural versus urban, things along those lines, that it's really a challenge to put it into 8 simple recommendations to catch all competencies. And I'm not sure that there's 1, 2 or 3 that are consistent amongst all of them. So, just so the workgroup kind of recognizes that we are really challenged in there are just different settings throughout the continuum here that challenge us. But, and maybe the workforce initiatives are in certain specific areas, but not in all areas. So I think some of it has to do with what lessons learned can be applied to areas that haven't been studied yet, and how do we find an intersection of common things, but yet there are some specific things that are important, certain competencies in different levels. So, just to let everybody know, that was a real challenge for us to come up with something along those lines.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So Scott, you're reminding me that one of the things the workgroup did was begin to sketch out some grids showing different settings and competencies and things. And while those I don't think ever got to kind of a closure, we're not ready to publish a paper on that or anything, it might actually be useful to include those in our so that people can see sort of the breadth of what we were seeing is out there that needs to be addressed.

Chitra Mohla – Office of the National Coordinator

Scott, this is Chitra. I think Norma's on the line and she's done a lot of work on patient-centered medical home. I was wondering if Norma might want to talk a little bit about what she's done.

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

Chitra yes, this is Norma Morganti and we have actually been working under some additional funding from the Office of the National Coordinator on identifying workforce competencies that focus on this patient-centered delivery of health care that is supported with health IT. And we have been including the subject matter experts from the CL to help us in identifying these competencies, and we do have a matrix that includes roles that would typically be found within the provider office. And indicates which competencies that these individuals would want to have in order to be...in order to complete their learning or identify skill gaps within the areas of patient-centered medical homes. We also have completed a matrix for health information exchange, meaningful use and also population management.

So those were the larger topical areas that we chose. So we're hoping that at the end of the day, that not only will we provide a roadmap for individuals to find their way to understand the new skill sets that would be required for them to really be participating in the new delivery model that's infused with health IT. But also we're providing a line of resources to those matrices, so individuals who would like to understand where they can get more information, or if there have been training programs that have been developed that have become part of the public domain, we would link them to those. And then finally we are developing some eLearning modules that would be publically available for those within the nursing role as an example of some of the models that we would want to advocate for, for additional learning and for others in education to see some of the...a model of how we think those training programs could be rolled out. And also make them available to educational institutions or others who would like to use them within their training program. So that's just a quick update.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

This is Joan. I think that's really incredibly exciting and I'm starting to think that maybe a recommendation, I don't know if it should be a new recommendation, but something could be built in here about informing and disseminating information about what we already know. In other words, I didn't know about that program, I'm sure there are many, many other things I don't know about, even though I feel like I'm fairly up to speed on these things. I know the ONC has been doing so much, but we don't always hear about it and I wonder if there could be a recommendation that there be a succinct description of where we are now, in one document.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So hopefully number 6 is actually trying to do that, but maybe it was getting – well, maybe it was tripping over its own words. So we'd really like to get out the word on what's available today.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

Yeah, I didn't read that into number 6, but I could see that it could be there.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Let's take a quick look at number 6 to see if it should be telling us something it's not. Can we flip to the next slide? Thanks.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

I think the sense that the list of recommendations gives when you read it is that we're starting from square one, and actually we're way beyond that and I personally would endorse all of these recommendations I think they're excellent.

Donald W. Rucker, MD, MS, MBA – Siemens Corporation – Vice President and Chief Medical Officer

I think you're right. I think we need to please add just a little bit to kind of indicate what we already know and what is already happening. You're right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, getting back to how to re-sequence these, I'm thinking that maybe this last – no, the sixth one actually is maybe an acknowledgement of there's already been a lot of work done, so 4 and 6 sort of both address aspects of that. And bring those to the beginning as well. So, what do we already know? What's out there? Maybe it's not widely available; let's make sure it is widely available, because we discovered on the workgroup in the sub-workgroup a lot of things. Joan, your comments reinforce that message that there's lots of stuff happening, and it's not always easily accessible. And I don't remember the exact details, but I think that was one of the things the Department of Energy actually was trying to do is become a place to host the broad-spectrum of available resources.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

Well, if I could also speak – this is Joan again – if I could also speak to number 7 where you mention that that is somewhat time sensitive and probably the sub-workgroup talked about who should be moving forward with number 7. Is that something that should be specifically put into this recommendation? Is it something you're thinking that ONC should do, or AHIMA?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, yeah. So we didn't have, I don't think we had a specific recommendation. I think it was broader than AHIMA, because they do great work, but they're mostly seen as having a niche in this space. So ...

Patricia Dombrowski – Bellevue College – Director, Life Science Informatics Center

This is Patricia Dombrowski at Bellevue College. Chitra Mohla has led us from the ONC and by us I mean our organization, Bellevue College, as well as Norma Morganti from Cuyahoga Community College, to participate with Department of Labor Personnel to move this forward. So, Chitra I don't know if you'd like to mention where we are in that process. We've actually just come to a landmark.

Chitra Mohla – Office of the National Coordinator

So, they're going to be developing a code, it's the O*NET code, which informs the Standard Occupational Code, and Patricia and Norma have worked closely with them to develop this code. But also the Standard Occupational Codes they will have a period, a comment period that we can all respond to, and I think that will be coming out later this year.

Ed Salsberg – National Center for Health Workforce Analysis, DHHS/HRSA – Director

That's great. This is Ed Salsberg at HRSA, I'm on the SOC Policy Committee and it will be late 2013 or even early 2014, the *Federal Register* notice will ask for comments on and suggestions for modification of the Standard Occupational Code. It would be extremely valuable if the health IT community could come up with some recommendations from the community as to what they would suggest were the right categories of health workers in the IT area. There will be plenty of opportunity for dialog, but again, to the extent the community itself reaches consensus, it will be a lot easier for those of us on the committee.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So I'm hearing at the very least we should probably get a timeframe put into the slide so that we're all clear on what that is, both in terms of any internal discussions among the health IT community and ways to engage Department of Labor as they work on this.

Joan Ash, PhD, MLS, MS, MBA – Oregon Health & Science University

I think that – this is Joan – I think that's a great idea because again, with number 7, it's just a little hard to tell the way this is worded that things are really already in the works and that what the community needs to do is to sort of rally behind what's already being done, that it doesn't have to be from scratch.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yup. I like that. Let's rally behind what's already being done.

Ed Salsberg – National Center for Health Workforce Analysis, DHHS/HRSA – Director

But I think your point about trying to figure out who should take the lead in the HIT community, whether it's ONC or AHIMA or others, it would be good to think about what that process would be within the community and then it would be easier to set up the ongoing dialog or a dialog with the Department of Labor or the others working on the SOC re ...

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I don't know if – it's not really a direct analogy, but S&I framework comes to mind, not that that's really the right vehicle for this, but it certainly is a place where a community has formed around specific topics of interest and ongoing discussions. And some of it very substantive and some of it much more general and more policy directed. So, I don't know in terms of where the Bureau of Labor is, if this is already something that they have in place for actually spinning up the groups that are doing the work to define the recommendations.

Ed Salsberg – National Center for Health Workforce Analysis, DHHS/HRSA – Director

Well, there'll be several, I think, workgroups on the SOC Policy Committee and that we would be again asking for comments and input from each of the areas. Remember, this is every health – I'm sorry, every occupation in the whole economy, so there may be a subgroup on health professions or on IT professions. But that would be, I think, members from the committee or other government officials, and we would be looking towards outside groups to advise us. And again, to the extent the community can come together it's obviously going to be helpful to us rather than getting sort of hundreds of unconnected comments and different thoughts about where we should be heading. So, I think there's a side on the IT community side that could relate into the SOC policy process.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um hmm.

Ed Salsberg – National Center for Health Workforce Analysis, DHHS/HRSA – Director

And we really do welcome your ideas and suggestions.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, I'm going to head towards some sense of closure around what we've already been talking about. So, I'm hearing some topics that seemed to get a fair amount of attention, which was work's already been done, let's highlight that and communicate it broadly, because it isn't easy to know. And maybe we could actually start developing some resource pages that could actually be of value in and of themselves. That there are existing competencies that are known, there are training programs around them. And so we can look at the training programs, what they've done, where they've been seen to be effective, what those competencies are that they're training to, as well as some emerging competencies, like team-based care and population health and maybe patient engagement, where we feel there may be a need for additional work.

I personally agree with Don's comments around the need for people to better understand how to work with terminology, things as basic as free text or structured. I tend to leap quickly into the world of informatics and nomenclatures and ontologies and all of that stuff, and Don's reminding me to walk before we all run, that maybe some basics are important there. And, looking to organize, sort of raising the question within the health IT community of how to organize effective input to the SOC process. I know...I suspect that many of the associations in health IT would want to spin up some effort on their part and contribute, and so, even just getting the word out that there is a process out there underway and reminding people it's on a – this is the time for the decade, every decade refresh, is probably a useful thing to do as well.

Scott White – 1199 SEIU United Healthcare Workers East

Agreed.

W

As usual, you summarize brilliantly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well thank you. Let's see if I can remember that when I go to revise the slides. Any other discussion before we go to public comment?

Scott White – 1199 SEIU United Healthcare Workers East

No Larry, I think what you said you summarized it perfectly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

MacKenzie Robertson – Office of the National Coordinator

But before we go to public comment Larry, just for the process of presenting back to the Policy Committee. I imagine we'll have a slightly revised slide deck just based on the conversation today. And then I have just a placeholder on the April 3rd agenda for 30 minutes to present these recommendations. Do you think that would be enough time or do you think you'll need more, considering any discussion that might...that you might anticipate?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Given that it was – we've done 45 minutes and it may have even been a stretch to get to 45 minutes, some edited slides, half an hour would be fine.

Public Comment

MacKenzie Robertson – Office of the National Coordinator

Okay. All right, operator, can you please open the lines for public comment?

Caitlin Collins – Project Coordinator, Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comment at this time.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well maybe we should wrap this up. I'd like to thank everybody for their time today, for the sub-workgroup for all their time that got us here. I guess I'll work with Scott, MacKenzie, and Chitra to get a revised set of slides together in the next few days, so we can circulate them in advance of next week's meeting.

Scott White – 1199 SEIU United Healthcare Workers East

Sounds good.

MacKenzie Robertson – Office of the National Coordinator

Great. Thank you everybody.