

**HIT Policy Committee
Meaningful Use Workgroup
Subgroup #2
Transcript
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Presentation

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good 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 Meaningful Use Workgroup, Subgroup Number 2, Engaging Patients and Families. This is a public call, and there is time for public comment on the agenda, and the call is also being recorded, so please make sure you identify yourself when speaking. I'll now go through the roll call of the subgroup. Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Christine. Neil Calman? Paul Egerman? Leslie Kelly Hall? Paul Tang? Charlene Underwood?

Charlene Underwood – Siemens

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Mike Zaroukian?

Michael Zaroukian – Sparrow Health System

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Mike. And for the MU workgroup members, I know we have George Hripcsak on the line.

George Hripcsak – Columbia University

Here.

MacKenzie Robertson – Office of the National Coordinator

Are there any other workgroup members? Okay. And for ONC staff, Michelle Consolazio Nelson?

Michelle Consolazio Nelson – Office of the National Coordinator

Thanks, MacKenzie.

MacKenzie Robertson – Office of the National Coordinator

You're welcome, Michelle. All right. With that, I'll turn the agenda back over to you, Christine, and when Paul joins in, I'll just keep an eye out for him.

Christine Bechtel – National Partnership for Women & Families

Okay. So good afternoon, everybody, and thank you for joining us in – for the third of our series of calls for the Meaningful Use Workgroup Subgroup 2, Engaging Patients and Families. So we've done a lot of work. We're going to kind of review a little bit of it today, which means I think we can move pretty quickly through that. But we need to really finish – and on the second slide, you'll see, we need to finish the last of the objectives that we haven't quite covered yet, which is looking at public comment and Standards Committee feedback with respect to clinical trial query, also known as Number 209, and then we're going to go back through and just bat cleanup, essentially, on the next couple of items, where we just needed to sort of remind ourselves or answer one or two last questions or, you know, do a little bit of offline work. There are a couple of things I think we weren't able to get to that we'll have to probably handle over email with respect to those items, but I think we've made a ton of progress.

So on the next slide, you will see the clinical trial query criteria, which was originally proposed by the meaningful use workgroup as a certification criteria only, and it was designed to create the capability for the EHR to query research enrollment systems, to identify available clinical trials. This was not necessarily to do a detailed screen of patients, you know, and check their eligibility, for example, but really the idea was create the capacity, probably using something like the HL7 Infobutton standard to query something like ClinicalTrials.gov for – on general criteria, like disease condition, you know, location of clinical trial, etcetera, to make it easier for providers to connect their patients to clinical trials when needed.

So that was what the criteria was. On slide number 4, you'll see the feedback that we got. So there were a lot of folks who said, yes, that's a very valuable function, and they thought that it would help improve enrollment in clinical trials, but there were a number of kind of questions and concerns that folks raised. First was around the functionality to query multiple sources, and match up fields. I think that's probably indicative of a more granular level of query than we had envisioned, because – and that's really the sort of next series of sub-bullets here around, you know, what fields to query, and broad applicability, things like that.

So the second was some recommendation that maybe we should look at this as a study, perhaps part of the S&I framework, to explore this first before putting it in meaningful use. And really thinking more about requiring the EHR to point to a centralized data source, like ClinicalTrials.gov, which is really what we had in mind, rather than query several databases. So that's actually what we had been talking about.

And they also noted that there were some concern about the interface needed on both ends. In other words, both the EHR, but also ClinicalTrials.gov, or some kind of a disease registry that, you know, may or may not be able to comply.

So on the HIT Standards Committee feedback, there were some very similar themes, and their suggestion was to simply say that a low impact approach would just enable access to ClinicalTrials.gov from the EHR, and really, I think that's what we had in mind. So – and I'm not sure who the I is that wrote the HIT Standards Committee feedback, but whoever it was, the person said, you know, the intent is good, but if you just do a standard service interface to query clinical trials systems, then that would encourage the developers of those systems to conform to those standards. And again, that's exactly what the goal was that we had talked about.

So I think the question here, based on feedback, certainly the issue is we need to be more specific. And I think the question here is whether we would like to revise this to say something more like capability for EHR to query ClinicalTrials.gov specifically, to identify available clinical trials, and just have that only as the simple certification criteria. We did get feedback from a couple of folks that – because we – you know, we've been talking about doing this at ClinicalTrials.gov, is looking at using the HL7 Infobutton standard to enable that access.

So I guess that's the proposal I'll put on the table, to simplify this to be specific to ClinicalTrials.gov. What do you guys think?

MacKenzie Robertson – Office of the National Coordinator

Hold on, Christine. Paul, are you there?

Paul Tang – Palo Alto Medical Center

Yes. Christine, it's Paul. I joined a little bit later, but –

Christine Bechtel – National Partnership for Women & Families

Welcome, Paul.

Paul Tang – Palo Alto Medical Center

And responding to your question, I think that seems very appropriate. I think it's a bit premature to be connecting with registries when we don't have, you know ... over them, and I don't – there's a lot of – it takes a lot to understand whether someone is eligible for a trial, and to give – you could almost think of it as false hope, to say, hey, there's a trial that might apply to you, and then the majority of people, literally the majority, would probably not qualify. So I'm not sure – I think this step that you're proposing seems like a nice medium that exposes people more to what might be available without disappointing them in terms of their eligibility, or causing a burden in terms of the lack of standards.

Christine Bechtel – National Partnership for Women & Families

Great. Thanks, Paul. Other reactions to that?

Michael Zaroukian – Sparrow Health System

Yeah. So this is Mike. I also like this. It very much matches my own approach with patients when we try to look sort of beyond the current standard available therapies. We often do look at ClinicalTrials.gov. So I think the question is calibration. How much is reasonable for stage 3? I think this probably is about right. I think we want to imagine when it would be reasonable, stage 3 or later, to have the EH – information from the EHR help inform what happens at ClinicalTrials.gov. So for example, taking a problem from the problem list and using that to not only get to the – to ClinicalTrials.org, but also to get to a search term for the same condition in it, as a landing page.

The other part over time would be the ability of patients to be able to do that from within a patient portal or other similar access tool that lets them look up some of the same information. I'm not sure ClinicalTrials.org will be patient-friendly enough for that purpose, but I wanted to get the theme out there.

Christine Bechtel – National Partnership for Women & Families

So I think that's right, and I think the first part is actually what we were envisioning would happen here, that if the EHR used the HL7 Infobutton standard, it would actually say, okay, we have a, you know, patient with X condition, so I need to look on ClinicalTrials.gov for that condition. So it would help with the first piece of what you said.

Michael Zaroukian – Sparrow Health System

Right. And that's what I had guessed, based on what you're saying. I guess I would just want to confirm that ClinicalTrials.gov is ready for that, and that the vendors would be ready to use the technology to do that.

Christine Bechtel – National Partnership for Women & Families

Yes.

Michael Zaroukian – Sparrow Health System

My guess is the latter is true. The former I'm not sure of.

Christine Bechtel – National Partnership for Women & Families

The former meaning what?

Michael Zaroukian – Sparrow Health System

Meaning that ClinicalTrials.gov is – has worked enough with Infobutton, HL7 messaging, etcetera, to be able to present information based on a query through that mechanism and display that back to the user.

Christine Bechtel – National Partnership for Women & Families

Yeah. That's – yes. I think that's right.

Michael Zaroukian – Sparrow Health System

That's ... all established? Okay.

Christine Bechtel – National Partnership for Women & Families

Well, that's what they are – they are in process of establishing that, according to the feedback that we've received. That's exactly what they're doing, because they think this will stay in as a certification criteria.

Michael Zaroukian – Sparrow Health System

Okay. Thank you.

Christine Bechtel – National Partnership for Women & Families

Okay. Great. So I think we have some agreement on how to handle that. Any other comments before we move on?

George Hripcsak – Columbia University

Yes. Is just that you would be able – the human would be able to click on a link within the EHR, which is fairly straightforward, and then go to ClinicalTrials.gov? Or you really were looking for something more – literally a query being passed? My hesitation about a query is, as I said, the inclusion and exclusion criteria are very hard to code.

Christine Bechtel – National Partnership for Women & Families

So it's not inclusion and exclusion criteria, but it is a query. So it is – so much the same way that the HL7 Infobutton standard is used to identify patient-specific education materials. So if you think about sort of like that, but even – an even lighter-weight approach, where you would just say, okay, this patient, you know, would like to be connected to some clinical trials, so my EHR is going to use condition and a couple of broad – you know, like a broad parameter like that. Not doing eligibility checking, but rather identification of potential options. But it is still going to require human, you know, interaction and judgment to facilitate the connection, because you're right, we're not ready for detailed level eligibility checking.

George Hripcsak – Columbia University

So I guess what I'm saying is we might be overcomplicating the issue by trying to force the vendor to do some – I mean, what you'll – the only thing you'll do is find something about lung cancer. That's I'm guessing as narrow as it can be. And is that –

Christine Bechtel – National Partnership for Women & Families

Well, I don't – I'm not sure that's true, though. I think you can get to a deeper diagnosis than that. We can check on this. I know that Leslie has been doing a lot of work with the research community, and has – and they've already started accommodating this function on ClinicalTrials.gov. So we can double check on that, but that is definitely the intent, is to be a little more helpful than that, but not overcomplicate it.

Michael Zaroukian – Sparrow Health System

So this is Mike. Just to be really explicit about it, and harkening back to my MedLine searching teaching days, what I was expecting and therefore I'll advocate for is to reward physicians for their use of appropriately specific diagnosis codes, such as my current patient with an ovarian carcinoma that's metastatic to the –

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

– peritoneum and omentum, and if I get that diagnosis in, as opposed to plain old uterine cancer, then I actually would have, through the ICD9 or 10 code, whatever it is, SNOMED term, etcetera, be able to get as far into ClinicalTrials.gov to deal with patients with that diagnosis. But again, that depends on the ClinicalTrials.gov setup. But that is as far as I would – I would expect to push it, is to say so these are the trials in patients with that specific diagnosis.

Christine Bechtel – National Partnership for Women & Families

Yeah. So why don't we, you know, ask a question, and maybe ask Leslie to put us in contact, Michelle, with ClinicalTrials.gov folks, and probably have a technical person with you when we do that, to make sure that the Infobutton standard is capable of sort of using that level of detail, and also to make sure that they envision themselves as capable in pretty short order of accommodating those queries.

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah.

Christine Bechtel – National Partnership for Women & Families

Because we – you know, we think they've been doing it at the higher level. I just am not sure about the level of granularity.

Charlene Underwood – Siemens

Yeah. And so just – I don't know if we'd put it in the commentary, but again, this will get interpreted down the line again, and it potentially could be more complex. So if there's something that comes out of the process – this is Charlene – that says, you know, around – searching by diagnosis, or some limitation on the process that bounds it a little bit. I don't want to make it –

Michael Zaroukian – Sparrow Health System

Sure.

Charlene Underwood – Siemens

– too restrictive, but, you know, I think it's important that – otherwise, you know, we'll have to populate the inquiry – you know, it'll – as we go down these steps in the process, it always seems to get more complex, and that's what adds a long of angst to this program.

Christine Bechtel – National Partnership for Women & Families

Yeah. So maybe what we could do is ask for some homework to come back with kind of a floor, like what's the doable floor that's most – you know, as helpful and specific as possible, but it's a floor, and folks can – because I think the Infobutton standard is flexible enough that it's very possible to get beyond a floor, but let's figure out what the floor is.

Charlene Underwood – Siemens

I mean, and providers could key it in, and we could populate it in a lot of different ways. Do we want to leave that open, just to keep it flexible, you know?

George Hripcsak – Columbia University

Right. Well, what I could want to do as a physician is to say, as long as I'm putting in a diagnosis with the right specificity, I get a highly sensitive and relatively specific match on that condition, rather than stage one disease, which this patient is way past, and I don't want to have to sift for. So – but again, it's all doable through the problem list. So to Charlene's point, you know, the notion that if you just get the problem list right, with enough accuracy and granularity and complexity, then the link through Infobutton standards to ClinicalTrials.gov will give you those results that are based on that condition, and not other ones of lesser or greater severity.

Paul Tang – Palo Alto Medical Center

So we're not – this harkens back to a discussion that Charlene had on her group. It's one thing for a standard to accommodate certain codes. It's another for that to be what's going on in practice or the workflow. I think the – I'm not sure that the ClinicalTrials – I'm not aware – are coded with that level of specificity, but I'm really quite sure that the problem list in EHRs are not coded with the specificity we're talking about. And –

Christine Bechtel – National Partnership for Women & Families

Right.

Paul Tang – Palo Alto Medical Center

– I think we would be, one, causing a burden and a lot of angst in those vendors' minds, a burden on the users, and not returning things that are going to end up being useful. That – it just – we're just not there yet, and I think we're – for us to stick this in will cause quite a bit of –

Christine Bechtel – National Partnership for Women & Families

Well, I don't think – let me back up. We're not talking about putting anything specific in yet until we do a little bit of homework and figure out what is the level of specificity and the options from the ClinicalTrials.gov folks.

Paul Tang – Palo Alto Medical Center

But from the ClinicalTrials.gov, one, Infobutton, two, but most importantly, what's coded in the EHRs. So I don't think ovarian – even metastatic ovarian CA is being coded in the EHRs.

George Hripcsak – Columbia University

Well, it's an ICD9 code that I use, Paul.

[Crosstalk]

Paul Tang – Palo Alto Medical Center

I understand that it's an ICD9 code.

George Hripcsak – Columbia University

Yeah.

Paul Tang – Palo Alto Medical Center

What's being coded in the EHR? That's probably the biggest question.

Charlene Underwood – Siemens

Right.

Paul Tang – Palo Alto Medical Center

And I'm really quite sure that it is not to that level of specificity.

Michael Zaroukian – Sparrow Health System

Yeah.

Paul Tang – Palo Alto Medical Center

So I – my biggest concern is what is the helpfulness of this? And if it's not that helpful, and we're causing the burden, that's the part that I worry about.

Christine Bechtel – National Partnership for Women & Families

Well, there – I don't – I'm not sure it's a burden if it's only a certification criteria, and people will use if it they want, if it's helpful to them.

Charlene Underwood – Siemens

I think – Christine, this is Charlene. We just have to understand what that floor looks like.

Christine Bechtel – National Partnership for Women & Families

Yep. Agreed.

Charlene Underwood – Siemens

I mean, it could be just a basic – things just get overdesigned. They tend to get overdesigned.

Christine Bechtel – National Partnership for Women & Families

Right. But I'm hearing kind of a tension in the group between don't overdesign it, but you better design it enough to make it useful.

Charlene Underwood – Siemens

Right. But I –

Christine Bechtel – National Partnership for Women & Families

And there needs – there needs to be a relationship between the granularity in the EHR and how that's able to be used at ClinicalTrials.gov, and their granularity as well. Is that – is it – is that correct?

Charlene Underwood – Siemens

Yeah I mean, it strikes me, if it's problem-driven, you can choose something off the problem list, or enter a problem. Whether it's granular or not, that becomes a provider issue. You know, so it could be – if that's the boundary that we go to, right? But –

Michael Zaroukian – Sparrow Health System

So – yeah. So this is Mike, and maybe Paul and I can talk about this offline a little bit. But the example I used today is the required CEHRT linkage between what it knows and what my knowledge resource or patient education thing does. So if I have –

Charlene Underwood – Siemens

Right.

Michael Zaroukian – Sparrow Health System

– a more granular ICD9 code, and I click – I right click it and use my Infobutton technology, it takes me to the knowledge resource specific for that condition, that ICD code, not just the more general statement. So all I'm suggesting is that if we have ways to link the knowledge resources based on what is in our problem list, and that external system can know what that is, and then say, okay, so here's what I'm showing you for this condition, it will show me first metastatic breast cancer before it will show me the others, and it will show me diabetic nephropathy before it shows me diabetes, because it knows the difference between them.

Paul Tang – Palo Alto Medical Center

What resource is that, just out of curiosity?

Michael Zaroukian – Sparrow Health System

So it's actually a number of resources, but it – you know, in Epic, we have a ClinKB button which leverages Infobutton technology, and it – and it can link to Uptodate, to DynaMed, to ...

Paul Tang – Palo Alto Medical Center

And those have all been coded – and those have all been coded to that level of specificity?

Michael Zaroukian – Sparrow Health System

Yeah.

Paul Tang – Palo Alto Medical Center

Okay.

Michael Zaroukian – Sparrow Health System

Yeah.

Paul Tang – Palo Alto Medical Center

Okay. So we're –

[Crosstalk]

Michael Zaroukian – Sparrow Health System

And again, and that's why, again, for – sorry, but my point was that's why I'm not sure, and you make a really great point, I'm not sure what ClinicalTrials.gov would be able to do, and I'm not 100 percent sure what is truly in and not in the EMR. But I know the problem list and its ICD9 codes are what a lot of knowledge resources that I'm using, at least, are using to grab something from the EMR. And when you're in a window that – frame that takes you to that resource, it's leveraging that to do this search, pass your credentials, do the search, and present you with the information. And it's that high degree of specificity that I could do with a patient in the exam room to say, here's what came up for this condition. The top two or three are really relevant, so let me print this page or go over some of this with you as a starting point of what we might do next, or what you might discuss with the oncologist, etcetera.

George Hripcsak – Columbia University

This is George. You know, there are companies providing the service, you know, also independent of EHRs. Trialex.

Michael Zaroukian – Sparrow Health System

Right.

[Crosstalk]

Paul Tang – Palo Alto Medical Center

Right. So I don't know whether the information exists, but it'd be interesting if vendors knew what was – what's the level of specificity that's coded in the current problem list. The only way to do the real study would be to look at it and then read the record. But you might – there is – if you even just looked at the population of codes, and even looked at the level of specificity, you probably would get an idea. Anyway, so I don't know how we get more data, but it'd be nice to know what's in the record, what's in the standard, the Infobutton standard, and what's in the ClinicalTrials database, how it's coded.

But the last – the latter two, we probably get some information, and it would be helpful. I was hoping there was information on the first one.

Christine Bechtel – National Partnership for Women & Families

Yeah. I mean, Charlene, is that something you might be able to help us figure out?

Charlene Underwood – Siemens

I can see if I can get that. Yeah.

Christine Bechtel – National Partnership for Women & Families

Okay.

Paul Tang – Palo Alto Medical Center

Yeah. Marc Overhage might be able to help sort out what that query would be.

Charlene Underwood – Siemens

Okay. Yep.

Mary Jo Deering – Office of the National Coordinator

This is Mary Jo Deering. I'm wondering, has anyone talked with Becky Kush about this particular proposal, on the Standards Committee? Because, you know, she represents CDISC, which is the clinical research organization.

Paul Tang – Palo Alto Medical Center

Yeah. We actually did at one point, and again, we're – it's – having a standard is necessary but not sufficient for this to be productive for both ...

Mary Jo Deering – Office of the National Coordinator

Absolutely. I agree. I agree. There's – I absolutely agree, Paul.

Christine Bechtel – National Partnership for Women & Families

So I – my guess, also, though, Mary Jo, is that slide 5 is probably from her, which is Standards Committee feedback.

Paul Tang – Palo Alto Medical Center

Slide 4 and 5 are just basically saying similar concerns that some of us are raising. And we just don't want to get ahead – it's a great idea. Everybody would love to have this touch of a button when we can connect the dots and make it useful for the 500,000 physicians in the country.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Mary Jo Deering – Office of the National Coordinator

That doesn't look like Becky's response, but I too was getting at more the sense of what makes it actually useful to the patient and the doctor. But I –

Paul Tang – Palo Alto Medical Center

And in fact, when that day comes, then people can do – they would literally in their patient portal or the PHR click the button themselves and get useful information. I think there's a lot of human _____ that's going to happen right now, and just didn't want to – I mean, was just concerned about getting ahead of that, and you could turn something that could be extraordinarily useful into something that's very frustrating. And it's really hard to get them back to the table once we do that.

Christine Bechtel – National Partnership for Women & Families

Yeah. Okay. So we've I think made two agreements here. One is we are going to revise the criteria to be specific to ClinicalTrials.gov.

Charlene Underwood – Siemens

Yep.

Christine Bechtel – National Partnership for Women & Families

And then the second is we've got some homework to do around the level of specificity that is possible to enable and still be useful on both ends of the connection, so to speak, both EHR problem lists as well as ClinicalTrials.gov, what the standard supports, blah blah blah, all that stuff. So did I miss anything?

Mary Jo Deering – Office of the National Coordinator

This is Mary Jo again. When you talk to the ClinicalTrials.gov people, you might expand your conversation beyond just the granularity of what they would need to take it in. They've done a lot of research about the users of ClinicalTrials.gov, and so you might gather some insights about what they understand to be useful workflows and people's response to that.

Paul Tang – Palo Alto Medical Center

Careful. The people who query it now are researchers. So we have to get the workflow of the clinicians, is where we're trying to reach, really.

Mary Jo Deering – Office of the National Coordinator

No, ClinicalTrials.gov actually doesn't serve researchers very much. It's for the public. It's not nearly specific enough for researchers. It's really used for the public.

Michael Zaroukian – Sparrow Health System

Yeah. I use it occasionally. My oncologists use it fairly routinely, at least for some of the – some of the areas for patients. And we do have patients who are using it at home themselves.

Mary Jo Deering – Office of the National Coordinator

Yeah.

Christine Bechtel – National Partnership for Women & Families

Okay. All right. That's a good point, Mary Jo. Thank you. All right. So let's move into the next one. So this is the beginning of our batting cleanup items. So we had a couple of things, as you guys remember, in addition to the changes we already made. So number one, as an update, subgroup 1 agreed that we shouldn't consolidate family health history. As you guys may recall, we were going to consolidate that into view/download, and for lots of reasons that we've all discussed, they agree that should stand alone and be separate, and not be integrated here, although it can be an additional optional item to include in view/download/transmit, if folks want to.

The second piece, we're going to talk a little bit about amendments in a minute, so I'll hold that. So the third piece is around information on the – from the privacy and security tiger team for provider liability as it relates to Automated BlueButton. And I'm not sure if we have that yet. Do we?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah. Sorry, Christine. This is Michelle. I do have it. I just have never shared it with the group. So I will follow up and send the link to where we can find that, where the recommendations are.

Christine Bechtel – National Partnership for Women & Families

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

Sorry.

Christine Bechtel – National Partnership for Women & Families

So we may need to do – do you have any sense of whether it would necessitate a change to this menu item of automated transmit and BlueButton, which was really just providing patients with the ability to preset their preferences for how their summary of care document is sent to who?

Michelle Consolazio Nelson – Office of the National Coordinator

I don't think so. It's – their recommendations are pretty broad.

Christine Bechtel – National Partnership for Women & Families

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

And they just say there should be openness and transparency about policies, procedures, and technologies that directly affect individuals and/or their individually identifiable health information. Obviously, there's much more, but that's the main gist.

Christine Bechtel – National Partnership for Women & Families

Okay. Hmm. I wonder if we need to ask Devon more specifically about what the provider liability concerns are here, because, you know, people were overall very supportive of it, but it raises this question about, you know, the providers' obligation. When they're the receiving party on an automated thing that the patient has set up to go from specialist back to primary care, what is the primary care practice's requirement to, you know, to look at the information in that summary? I'm not sure if that's something we need to deal with or not. So I don't know if folks have thoughts on that, or if we just need to kind of go back to our privacy and security tiger team.

[Background voices]

Christine Bechtel – National Partnership for Women & Families

Okay. So let's go back to the tiger team, and Michelle, if you want to just initiate some email traffic and include me, then –

Michelle Consolazio Nelson – Office of the National Coordinator

Yes. Okay. Yep. I'll start with Devon and copy you.

Christine Bechtel – National Partnership for Women & Families

Okay. Great. All right. So the next piece that we had left over was about imaging, radiation, and dosing requirements, and as you guys may recall, we had some questions about whether there were standards for this, whether or not it's, you know, going to require manual entry in order to comply with that. So we did ask John Halamka actually during the last full Policy Committee meeting, and he – his feedback was that it is actually easy to show the radiation dosing, you know, per test, and more of an accumulated amount as well. There are standards for it, he said, but he's not sure – you know, wasn't sure off the top of his head like which ones they were. And so he was going to report back to us.

So assuming he could – he is able to identify that yes, there are standards, and no, it doesn't require manual data entry, I think given that we did have a lot of support from the public, this could stay in. Any disagreement or questions?

Charlene Underwood – Siemens

Is this – are you making this a use requirement or a certification requirement?

Christine Bechtel – National Partnership for Women & Families

This is – I think it's – I think it's cert – it's basically like a menu or certification as part of view/download. I can't – I'm looking for it, Michelle, but I don't think I see it on the slide. Because it was part of V/D/T.

Michelle Consolazio Nelson – Office of the National Coordinator

Right.

Charlene Underwood – Siemens

Just usefulness-wise, the challenge here is that even if you get a cumulative dose, because you're getting – what's the source of truth on this one? Because you're getting – you're getting – I mean, it's typically on a report, right? And maybe it's cumulative up to that report, but they could have images done in multiple different places, right? So it's just – it's – cumulative is really a challenging concept. And so I wouldn't want to mislead in terms of, you know, maybe – that this dosing is – I mean, is – it's pretty tricky, I think.

Christine Bechtel – National Partnership for Women & Families

Okay. So let's – let me – I'm going to take a quick look back at the original RFC to clarify, because it may be –

Charlene Underwood – Siemens

Yeah, and I can't read it, so –

Michelle Consolazio Nelson – Office of the National Coordinator

There was just a question asked in the RFC, so the yellow box is covering it, which is why you can't see it. But essentially, it just asked, you know, exploring the readiness of vendors and the pros and cons of including certification criteria for the following, and radiation dosing and imaging was included there.

Christine Bechtel – National Partnership for Women & Families

Okay. So I don't think we said cumulative specifically.

Charlene Underwood – Siemens

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah.

Christine Bechtel – National Partnership for Women & Families

Okay. So that's helpful, Michelle.

Charlene Underwood – Siemens

We ___ put the field in, and that can be standardized. That's a step. But I would tend to like not set – you know, because as a consumer, you – I don't know what I would do with a cumulative dose, anyway, but –

Christine Bechtel – National Partnership for Women & Families

Right. Well, I think it gets to your valid point around, okay, you know, I may have three images on this provider – from this provider, from which I am downloading or viewing my health information, but I've got someone elsewhere. So it's more helpful to me to have the individual level reflected so I can figure out how to use that, because we're talking about view/download, so I can figure out how to consolidate, and, you know, that kind of thing.

So I think what we – so what we're doing is saying provided John does identify standards, and there is no issue there, that we could include certification criteria in view/download for including radiation dosing information.

Charlene Underwood – Siemens

So is your thought that they have access to the report and/or the image? Because that's where I've got a lot of pushback from the folks on – this is Charlene – on our end, relative to just the complexity in providing that access.

Christine Bechtel – National Partnership for Women & Families

So Michelle, I think maybe if you can help refresh my – because I know we talked about this a couple of calls ago, and we did have – you know, we were – we were worried about things like bandwidth, you know, and like giant images, and – versus a copy and things like that. I remember that. And I'm just – I just can't remember off the top of my head what we decided already. ___ –

Michelle Consolazio Nelson – Office of the National Coordinator

I think there were some questions to find out who's doing this right now, and understand what their experience has been. I did get some feedback from the Standards Committee that I can share as well while we wait for John, which might help –

Christine Bechtel – National Partnership for Women & Families

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

– I don't know if it will help inform this conversation, but maybe offline we can get some answers.

Christine Bechtel – National Partnership for Women & Families

Okay. So that was on imaging. So – yeah. And I think we've got to go back to our notes from our last call and figure out what else we were talking here. Because I remember talking about more of a copy of the image, but I think Mike maybe had raised some concerns that, look, a copy of the image isn't necessarily going to help with, you know, if it's not diagnostic quality, etcetera, etcetera. So we need to – so Charlene, let us follow up on that, because I just can't recall off the top of my head.

Michael Zaroukian – Sparrow Health System

Right. And – go ahead.

Paul Tang – Palo Alto Medical Center

Christine, this is Paul. Just to add some information, I don't know how to use it, I heard quite a discussion about radiation dose at NQF, because there was a new measure, and it was being disputed. Some of the concerns people had were the radiation itself is one thing. You can get how much goes out of the machine. The other is what's absorbed, and that has some – I imagine it varies by the article being imaged, but also the weight and things like that. So the major point of the measure developer was even though the weight may vary by let's say threefold, the radiation and dosage may be a thousand-fold. So that's – so there's a lot of good reasons for the radiation dose to be kept track of, but how the individual would interpret it, even a – you know, a clinician would interpret it, let alone a patient, is challenging. So just – I don't know what to do about that, but there are a lot of considerations in this requirement.

Christine Bechtel – National Partnership for Women & Families

So – and I guess what I would say is that we can ask that I think also of John, because he's been doing this up in Boston for the last five years, was what he had told us at the Policy Committee. So let's ask him that question. I mean, I tend to err on the side of patients are pretty resourceful, but perhaps there are some ways and things that he could suggest to contextualize the information.

Paul Tang – Palo Alto Medical Center

Yeah.

Christine Bechtel – National Partnership for Women & Families

You know, with hyperlinks or whatever that can explain better, you know, really what you're looking at here. But let's make sure that doing this would actually be useful.

Paul Tang – Palo Alto Medical Center

Right.

Christine Bechtel – National Partnership for Women & Families

I mean, he's been doing it for five years up there, so I would imagine it is, but let's find out.

Paul Tang – Palo Alto Medical Center

Yeah.

Christine Bechtel – National Partnership for Women & Families

Okay. So that's something we'll have to come back to offline, particularly – the larger concern I have is the imaging component, because I did just find notes, and I think you're right. You know, we were trying to figure out how images are being employed and used today in terms of patients. So perhaps we can ask John that question as well. You know, whether they see a copy or whatever, we know they're not getting direct access into a PAC system or anything. But we do have a little bit of work to figure that part out. I think we did not – that didn't make our homework list. Okay.

All right. So we'll have to come back to that. So on amendments, so slide 11, this is something that, as you guys recall, we had this discussion about a branded button, you know, because we couldn't figure out – the feedback that we got from the public was what does an obvious manner mean? So – and then there was a lot of pushback to the idea of a branded button, some concern that it could actually stifle innovation. So what we're going to do is the consumer empowerment workgroup of the Policy Committee is going to take this on anyway, because they are beginning to look at how – you know, once view/download/transmit goes live towards the end of this year and, you know, beginning of next, we're going to – we're going to face this question very quickly. And so that group is going to do some work over the next couple of months to figure out some ways that we might make sure that patients have the ability to amend, and we'd make it easy for them.

They're also, with respect to the next component around patient-generated health data, they're actually looking at – more through the lens of patient-generated health data, and whether or not the sort of policy framework around amendments could apply to patient-generated health data.

So as you guys may recall on our last call when we talked about patient-generated health data, which was the frame on slide 13, we needed to kind of reframe it so that it felt useful to providers, and it felt useful to patients as well. So I think my suggestion would be that we, you know, kick that over to the consumer empowerment workgroup, since it's going to focus on those things anyway. It's also going to hear from the technical expert panel that ONC has convened on patient-generated health data. So I think it would be easier for us to do it that way. Thoughts on that?

Paul Tang – Palo Alto Medical Center

Could – I mean, I might suggest that we just work on defining what obvious manner is, which I think is the question that's being asked, and try not to get into branding? I just –

Christine Bechtel – National Partnership for Women & Families

Right.

Paul Tang – Palo Alto Medical Center

We would – we could do this forever, and it would just _____. So I think all that was requested is clarify what you mean by obvious manner, and it could be as simple as it's on the same page in the same font that the – I mean, something pretty straightforward.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Paul Tang – Palo Alto Medical Center

And then not over-engineer this, I think. Or over-specify it.

Christine Bechtel – National Partnership for Women & Families

Okay. So – and that's – you know, that's a fine approach by me. So if we're looking at slide 11, it's really the last part of that sentence, and the objective. So provide patients with the ability to request an amendment to their record online through view/download/transmit, and then folks want to make some suggestions for language there, instead of in an obvious manner?

Paul Tang – Palo Alto Medical Center

Well, you can use obvious manner, because that – to me, it's pretty operational, and you can put, you know, open paren, and then spell out, you know, it's on the same page as the information.

Christine Bechtel – National Partnership for Women & Families

Why don't we say, rather than specifying a location, something that, you know, is, I mean, visually discernible, you know, something like that? I don't know.

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

I'm sorry. You guys were both talking at the same time, and I couldn't hear either one of you. Charlene?

Charlene Underwood – Siemens

So ask the question again, then, Christine, please.

Christine Bechtel – National Partnership for Women & Families

So Paul's suggestion is to, as an immediate next step, to just clarify what did we mean by in an obvious manner, because that was the public comment feedback that we got.

Charlene Underwood – Siemens

Mm-hmm. So I would suggest that we put an example, e.g., you know, as – for example, and then kind of, you know, as opposed to being prescriptive, and that should signal that there's – it's an example. It's not something that we have to be certified to.

Christine Bechtel – National Partnership for Women & Families

Okay. So we could do e.g., you know – I'm worried, Paul, about the same page thing, because what page are – I mean, if it's a portal, you know –

Paul Tang – Palo Alto Medical Center

Right.

Christine Bechtel – National Partnership for Women & Families

– e.g., in a place and a visual – or a place and a design that is visually obvious for patients, or something. I mean, it's like – it's an obvious manner.

Charlene Underwood – Siemens

Right.

[Crosstalk]

Charlene Underwood – Siemens

You know, for the ... e.g., and maybe if you just put e.g., because, again, you're trying to _____, but e.g., the ability for the patient to be able to easily interpret what's on the screen. You know, like –

Christine Bechtel – National Partnership for Women & Families

Or easily – yeah. The ability for the patient to easily –

Christine Bechtel – National Partnership for Women & Families

– communicate those changes, etcetera.

Charlene Underwood – Siemens

And as long as it's e.g., then like you can't like – you know, however the vendor chooses to do it, that should be fine, right?

Michael Zaroukian – Sparrow Health System

So this is Mike. Can I back it up just a little bit? Because I'm confused in a couple of ways. One is I don't – I'm not real clear on why through V/D/T is there, and I'm not sure why we had to make the point about an obvious manner, as if people were going to do it in an in-obvious manner. To me, the question was to make it easy for patients to request the amendment, which kind of subsumes both obvious and other aspects of usability.

Charlene Underwood – Siemens

Right.

Michael Zaroukian – Sparrow Health System

And through V/D/T, I'm not sure – I mean, obviously, you have to be able to view it in order to be able to request an amendment, but is it important to include that layer or level of specificity? Because to me, it only adds kind of confusion to –

Christine Bechtel – National Partnership for Women & Families

Well, it's – I think that's the link back to the EHR. So you can't say, you know, given the ability to correct in the EHR, because the provider community will freak out about patients having direct access to the EHR.

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

So that's actually why that phrase came in, because people were like, well, what do you mean? You know, do you mean they can just go right into my EHR and I have to give them access? You know, no, of course not. So the vehicle and the connection, you know, that is still part of the process that could be touched by meaningful use is V/D/T. The original thinking behind this was – this has been something that we've worked on, you know, going back a ways, is because it's actually not in an obvious manner for a – you know, a number of portals, that it's – you know, here's your info, but it's not clear, well, what do you do if you see a problem, and how do you create the ability to do – you know, to submit changes, etcetera?

It was part of why we implemented secure messaging in the – in the beginning, and that may be the function that's used. But the problem I think, you know, is that it's not always the case. So there were a couple of issues. So one was that. One was obvious manner. But the other was, and I'm looking for the – okay. The other was that the public asked us to clarify – this is the piece that I think can go to the consumer empowerment workgroup – whether or not the provider needs to accept all the amendments, and if not, what parts of the record could have amendments submitted? You know, what's the difference between a request for changes to clinical data versus administrative data?

Charlene Underwood – Siemens

Right.

Christine Bechtel – National Partnership for Women & Families

And, you know, impact on amended data. If the amendment is not accepted, you know, how do patients get an explanation of why? How should the record display what's patient versus provider data, if it should do that? You actually have some good experience with this, Mike, I know.

Michael Zaroukian – Sparrow Health System

Yeah.

Christine Bechtel – National Partnership for Women & Families

But it's a much larger policy set of issues that the consumer empowerment workgroup is taking on anyway.

Michael Zaroukian – Sparrow Health System

Yeah. And I'm feeling overwhelmed by that. In other words, it's –

Christine Bechtel – National Partnership for Women & Families

Yeah. Right. That's why it's not going to this group.

Michael Zaroukian – Sparrow Health System

Right. And it feels far too prescriptive. So, you know, the obvious way we do this in our place is through secure messaging. Now I – and we divide our secure messaging by topic areas, so it's really easy to say, I'd like to make the following amendments to the problem list, the following to my med list, the following to my allergies, the following, in the future, to an open note, hopefully, because I hope we're going to be going in that direction.

But the – but the point is, number one, it's a request. Number two, we already feel we know what is our responsibility with regard to how we handle it, so I don't know that we want to be prescribed to by another outside agency. We know what –

Christine Bechtel – National Partnership for Women & Families

Well, no, it's –

Michael Zaroukian – Sparrow Health System

But we know we're not obligated to make the change. We know that if we want to have a good relationship with our patients, we'll give explanations for those things that we feel we need to, and we won't end in endless cycle of every piece of the information –

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

– in the record going on forever. So I would like to see us be minimalist in this rather than maximalist, and V/D/T to me is not sure messaging. So I – if I read this strictly, I would say, I can't use secure messaging to do this. I have to use somehow V/D/T, but T doesn't mean transferring it back into the EMR or back to my doc.

Christine Bechtel – National Partnership for Women & Families

Right.

[Crosstalk]

Michael Zaroukian – Sparrow Health System

So that's why I'm still lost.

Paul Tang – Palo Alto Medical Center

Could I just support what Mike's saying? I – the phrase he used was easy. You know, in an easy manner. That's pretty straightforward. The one that Mike and I use, there's a link, it says update my health record. In there, there's a pull down list. I could update my allergy, my health issues, my family history, and that's that simple. I would call that easy. And can I define easy for every single case? Probably not> But I'm nervous that we're reacting to – a lot of people would know what's easy and not easy, and if we get too hung up on this one comment –

Christine Bechtel – National Partnership for Women & Families

I agree.

Paul Tang – Palo Alto Medical Center

– we'll actually end up over-prescribing, over-prescribing what we want, and throw this useful thing into a morass. This is my concern.

Christine Bechtel – National Partnership for Women & Families

Yes, I agree. So Paul, I – what – I want to come back and ask you what your specific suggestion is now, because I think I understand, but I want to make sure.

Paul Tang – Palo Alto Medical Center

Okay. So I think –

Christine Bechtel – National Partnership for Women & Families

But before I do that – before I do that, though, I want to come back to, you know, what Michael talked about. You know, when I was reading off all the public comments that are on the next slide, on slide 12, about request for changes to clinical versus admin data, duh duh duh, that's a set of issues that the consumer empowerment group is going to look at, because they – and if they come back to meaningful use criteria, then, you know, at that point, the workgroup hands them off to us. But I think they raise other issues that are potential either policy issues or recommendations around, you know, how ONC should educate either providers or patients, you know, through RECs or otherwise, things like that.

So we're not trying to tackle that here, but those are valid questions that the public has asked. So what we need to do is look just at the objective on 11, and decide, are we going to just leave it as it's written, or are we going to make a simple change to it?

Paul Tang – Palo Alto Medical Center

And I think it is a – I'm supporting Mike's comment in two ways. He says, why does it have to be, quote, through V/D/T? It's not obvious. And the second is can't we just use the term easy?

Christine Bechtel – National Partnership for Women & Families

Okay. That's – I think I'm okay with the easy, so in an easy manner, and then you're – but you're also saying delete V/D/T?

Paul Tang – Palo Alto Medical Center

Yeah. Or basically, the objective is provide patients with an easy way to request –

Charlene Underwood – Siemens

Right. I'm _____ –

Paul Tang – Palo Alto Medical Center

– an amendment to their record online.

Charlene Underwood – Siemens

Right.

Paul Tang – Palo Alto Medical Center

Boom.

Christine Bechtel – National Partnership for Women & Families

Okay.

Michael Zaroukian – Sparrow Health System

That's –

[Crosstalk]

Paul Tang – Palo Alto Medical Center

You know, yeah, you can _____ offer corrections or additions _____ – offer corrections could get us into trouble with the – you know, just to request an amend – maybe that's it. Provide an easy way for patients to request an amendment to their record online.

Michael Zaroukian – Sparrow Health System

Perfect. So – and I'm going to add – this is Mike. I'm going to add one more layer here, though, because all of these other things about administrative and clinical and not accepted, suggest why, those are all to me new, additional meaningful use requirements. What starts as a clear, easy, I agree, it's a good idea, give patients the opportunity, and then adding all these additional layers, that sort of poisons what was a good idea for me, because now it's being really prescriptive, what I have to do with what I get.

Christine Bechtel – National Partnership for Women & Families

About the different – you mean the sub-bullets on slide 12?

Michael Zaroukian – Sparrow Health System

Yeah. Yeah. I – I mean, I'll –

Christine Bechtel – National Partnership for Women & Families

Yeah.

Michael Zaroukian – Sparrow Health System

– do the right thing with it when I get contact with patients, just like when they're contacting me face to face. But if I have to both prove and do it and get numerators and denominators –

Christine Bechtel – National Partnership for Women & Families

Yeah. So I think that's premature, though, Mike. We're not suggesting meaningful use criteria on these. This is public feedback. So – but there are some real issues here. And the goal of meaningful use, if this does come back to meaningful use, is make it easy for providers and patients to do what they need to do under the law, right?

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

So – I mean, that's ... but that's one of the, you know, great levers that meaningful use has. So I don't know that, you know, there are MU criteria that would come out of this, but there are some, you know, real issues I think from a policy perspective broader than meaningful use that we need to understand, and that's what the consumer workgroup has been asked to take on. So we don't need to do it in this workgroup, is all I'm saying.

Michael Zaroukian – Sparrow Health System

Yeah. Understood. But look at the bullet above the sub-bullet, because that's what people are asking. Clarify whether we must accept all amendments, and if not, what – blah blah blah. You know, that kind of detail, that goes right down the line of saying we anticipate that this is going to be something we're going to have to do something with once patients do it, and we need to be really clear on what is our responsibility once a patient has done this. That is not certification. That's use criteria. So they're anticipating it, at least, and that's the ... question.

Christine Bechtel – National Partnership for Women & Families

But I'm not – yeah, but I'm not convinced it's a meaningful use criteria, because the obligation is set forth under the law, under HIPAA. So if a meaningful use criteria might make it easier or not, if it's a facilitator, then, you know, okay. But I think when – they're saying clarify whether or not the provider must accept all the amendments. That's clearly outlined in HIPAA already.

Paul Tang – Palo Alto Medical Center

So wait. HIPAA does not say the provider must accept the amendment, correct?

Christine Bechtel – National Partnership for Women & Families

Correct. Yeah. Right. I'm just saying –

Paul Tang – Palo Alto Medical Center

So I mean –

Christine Bechtel – National Partnership for Women & Families

– HIPAA is the governing piece here.

Paul Tang – Palo Alto Medical Center

Right. So we don't have to – we can clarify that HIPAA says a patient has a right to request. A provider chooses, based on the clinical judgment, whether to accept that amendment request.

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

And what I –

Christine Bechtel – National Partnership for Women & Families

But I – what I'm saying is I don't know that that's necessarily the sort of domain of meaningful use. If we're not going to create a meaningful use criteria, we need to look a little bit more broadly at it, and think about, gee, this is a question that people have. So how do we use the RECs to, you know, educate providers about good workflow, for example, or whatever? So that's what is already on tap for the consumer empowerment workgroup.

Michael Zaroukian – Sparrow Health System

So I think –

Christine Bechtel – National Partnership for Women & Families

Does that make sense?

Michael Zaroukian – Sparrow Health System

Yeah. So this is Mike. I think I hear what you're saying now. In other words, you're sort of declaring here, but the declaration would happen in response to the comments in any proposed or final rule, saying, these kinds of questions are not in the domain of meaningful use. These are already specified by other rules, regulations, acts, etcetera, etcetera, such as HIPAA, and, you know, therefore it won't be part of the meaningful use part. It's simply the case that the certification criteria require that patients be able to submit this.

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

Okay. Fair enough.

Christine Bechtel – National Partnership for Women & Families

Exactly.

Michael Zaroukian – Sparrow Health System

That helps me. Thank you.

Christine Bechtel – National Partnership for Women & Families

Okay. All right. So – and it is essentially the same with the – you know, the next section on patient-generated health data, because we face the same set of questions. So Mike had given us some language to work through in terms of reframing it, but I think, you know, it really gets to the heart of the same issue that the consumer empowerment group is looking at actually next month, around accepting and – you know, because it's different – this is a little bit different than an amendment to existing data.

So what I'm proposing here is that we take Mike's language and let the consumer empowerment workgroup look at it, and then bring that back. Because the content of this is not changing at all, based on our discussions. Does that make sense? I hope?

Michael Zaroukian – Sparrow Health System

Yep.

Christine Bechtel – National Partnership for Women & Families

Okay. Great. All right. So we are now to clinical summary, which is on page 17, or slide 17. So on the last call, we actually gave ourselves some homework, and what we were going to do was do two things. One was to add a preamble, so that was something where, you know, it very clearly states the purpose of the clinical summary, which is what we sort of have the beginnings of here. It's pertinent to the office visit. It's not just a summary of the medical record. It's very specific to that.

And then we were also going to look at the tip sheet from CMS, as you guys, you know, recall, where it lists the type of data that is called for in the visit summary. And I had that on my screen, but have since lost it. Hold on. I'll get it.

So in terms of how we want to handle this for today's call, we – I don't think we actually got to doing the homework. My notes – I hate to call you out, Michael, but my notes had you volunteering for that, since you were so good at writing the last preamble that we worked on. So we can try to do that, or we can – on this call, and kind of, you know, craft the specific purpose here so it's a little more clear. Or we can do it offline. When I looked – I'm sorry?

Michael Zaroukian – Sparrow Health System

Yeah. I'm sorry. I – if I was assigned it, I apologize. I misunderstood that. And –

Christine Bechtel – National Partnership for Women & Families

Well, we probably didn't remind you, either.

Michael Zaroukian – Sparrow Health System

Okay.

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

Just a tip sheet –

Michael Zaroukian – Sparrow Health System

Well, I'm happy to work on it offline if that will help at all. So obviously, we can brainstorm some of the wording here.

Christine Bechtel – National Partnership for Women & Families

Okay. Paul?

Paul Tang – Palo Alto Medical Center

Is the CMS tip sheet easily query-able, so we can all look at it?

Christine Bechtel – National Partnership for Women & Families

Yes, it is. If you just Google clinical summary meaningful use, it's like the first thing that comes up. It's a PDF that's called Eligible Professional Meaningful Use Core Measures, Measure 1, and it's on the CMS website.

Paul Tang – Palo Alto Medical Center

How does Google know that?

Christine Bechtel – National Partnership for Women & Families

It's so smart.

Paul Tang – Palo Alto Medical Center

Okay. Yeah. We got it. Yeah. The tip is where?

Christine Bechtel – National Partnership for Women & Families

So it's the definition of terms. So you see that there's the – let me scroll up a little here. So the top has the box with like clinical summary objectives, right?

Paul Tang – Palo Alto Medical Center

Right.

Christine Bechtel – National Partnership for Women & Families

Okay. So if you scroll down to the definition of terms, okay, the problem, as you guys know, is that people have complained that it's like a data dump. And I will tell you that I'm – I'm a little on the fence about whether or not this is a problem we need to solve, because if you look at the definition of terms, what we've always said, and I think Paul had a really simple way of explaining this, you know, early on, which is this is supposed to be what happened and what do I do next, basically.

But if you read the definition of terms, almost everything in the list is specific to the visit until you kind of get to the end. So what it says – do you guys want me to read it, or do you all have it?

Michael Zaroukian – Sparrow Health System

I've got it.

Paul Tang – Palo Alto Medical Center

We've got it. So, you know, the interesting thing is the descriptor that was used is actually pretty good. The descriptor in English is called after visit summary. It so happens that one of the vendors has apparently trademarked that, but that is what – it is a summary after you emerge from a visit, and that's what our – that was the intent we had. One of the problem is it's labeled clinical summary, and that –

Christine Bechtel – National Partnership for Women & Families

Yes.

Paul Tang – Palo Alto Medical Center

I mean, anybody would look at that and say, well, okay, a data dump. But you're right. The words are right. Maybe we just add just a little bit more, and it says that this summary pertains to a specific visit, and describes relevant information to that visit and actionable next steps.

Christine Bechtel – National Partnership for Women & Families

Right. So we actually on the last call decided that we should retitle it, quote, Office Visit Summary and Plan. Does that still work for folks?

Paul Tang – Palo Alto Medical Center

The only problem is we – the medical term plan has specific meaning.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Paul Tang – Palo Alto Medical Center

And so that would – that's what we would think about, and, you know, keep, you know, getting tethered to what that means.

Christine Bechtel – National Partnership for Women & Families

Okay.

Paul Tang – Palo Alto Medical Center

Actionable information is not bad. The relevant, we want to make sure it's relevant to this visit. Maybe that's one of the clarifications we can make.

Christine Bechtel – National Partnership for Women & Families

Right. So on the – first, on the left side, Michelle, where it's EP objective – oh, no, that's stage 2, final. So EP – okay. So I think where – okay, stage 2 final did say provide clinical summary in the objective thing, and in the measure. So – but stage 3 EP objective and measure, we use the word an Office Visit Summary, we used to say, and Plan. So are we okay if we just delete the “and Plan” and say an Office Visit Summary? Does that sound right? Is that what folks are saying?

Charlene Underwood – Siemens

Well, I just – this is Charlene. We – we're doing – trying to do a lot of harmonizing in the patient – in the care coordination workgroup in terms of naming these, so again, I would be more comfortable if you just are very clear that it's pertinent to the visit, you know, with actionable information. Because we have things in that – in that document which are things like the instructions for the next 48 hours and those types of things. So they should carry forward, if you will. So I would try not to change its name, but just to describe what you want.

Christine Bechtel – National Partnership for Women & Families

So more like a summary of the – of the office visit is acceptable, paper or electronic, to the patient, that explains – well, this just says changes in the treatment plan, which I think is only one half of the – one leg of the stool, so to speak.

Paul Tang – Palo Alto Medical Center

Yeah. That's pretty –

Charlene Underwood – Siemens

Yeah.

Paul Tang – Palo Alto Medical Center

– prescriptive, and people wouldn't understand that.

Charlene Underwood – Siemens

Right.

Paul Tang – Palo Alto Medical Center

I mean, I think the tip sheet was a better – so this – this is a –

Christine Bechtel – National Partnership for Women & Families

Relevant and actionable –

[Crosstalk]

Paul Tang – Palo Alto Medical Center

Yeah. Relevant, with –

Christine Bechtel – National Partnership for Women & Families

Okay. I'm just going to do a copy and paste and read it to you and see if we like it.

Paul Tang – Palo Alto Medical Center

Yeah.

Christine Bechtel – National Partnership for Women & Families

Okay. So an after visit summary that provides a patient with relevant and actionable information and instructions is available paper –

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

I'm sorry?

Paul Tang – Palo Alto Medical Center

Pertaining to the visit.

Christine Bechtel – National Partnership for Women & Families

Okay.

Charlene Underwood – Siemens

Pertaining to –

Paul Tang – Palo Alto Medical Center

And unfortunately, we can't use after visit, unfortunately.

Charlene Underwood – Siemens

Right. Right. Which is –

[Crosstalk]

Paul Tang – Palo Alto Medical Center

But the office visit – office visit summary –

Charlene Underwood – Siemens

Right.

Paul Tang – Palo Alto Medical Center

– provides the patient with relevant and actionable information pert – and actionable information and instructions pertaining to a visit that contains.

Christine Bechtel – National Partnership for Women & Families

Pertaining to a visit – well, right. But if it's in objective, it should say is accessible. Right? So it would say an office visit summary that provides a patient with relevant and actionable information and instructions pertaining to a visit is accessible, paper or electronic, or is – yeah.

Charlene Underwood – Siemens

Or some order of that, is accessible.

Christine Bechtel – National Partnership for Women & Families

Is it accessible, or is it provided? I think it's provided. That was – that's how it's been –

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

Yeah.

Paul Tang – Palo Alto Medical Center

I realize that's what – but that's also one of the things that's caused this massive workflow reorganization, because people thought they literally had to print – it had to be spit out by a printer.

Charlene Underwood – Siemens

Yeah.

Christine Bechtel – National Partnership for Women & Families

But I'm – I mean, it's within four business days, isn't it? Or – hold on a minute. Now it's one business day. So in – it used to be – no, I guess it was – it did go to one business day. So it doesn't mean you have to print it. You could also –

Paul Tang – Palo Alto Medical Center

No, people interpreted our word provide to mean hand an artifact to. So maybe as we –

Christine Bechtel – National Partnership for Women & Families

Okay.

Paul Tang – Palo Alto Medical Center

– convert over to V/D/T, it really does mean you can view – it's accessible, your term.

Christine Bechtel – National Partnership for Women & Families

Well – yeah. I think the only thing that raises, which is one of the next items on our list, is the patient communication preferences. So what about – I mean, what I – the only thing I worry about, in other words, Paul, is if the patient wants to have that provided on paper and it needs to be accessible within one business day, or it needs to be, you know, whatever, you know, I think the drive is going to be oh, now let us all just do it online, and if you want it on paper, you know, you're toast. Because we just met the criteria.

Paul Tang – Palo Alto Medical Center

I don't – yeah, but I – we – yes, we meant that they could get it any way they wanted. I think if they want it on paper, then they would emerge from the visit and get what's available. I don't think we meant to force everybody – if people want it on paper, to mail it to them at some later point. I think if they want ...

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

Right. But I think that's part of how it's happening, because the – you know, the clinician wants time to, you know, finish putting their notes in the chart, or do other things that are going to really create the plan, rather than trying to do it in the office visit. So, I mean, I know of at least one practice that's doing exactly that. They go, well, we got four business days, so we're going to mail it.

Paul Tang – Palo Alto Medical Center

Well, that's not helpful to the patient. I mean, I would claim, right?

Christine Bechtel – National Partnership for Women & Families

Right.

Paul Tang – Palo Alto Medical Center

Mike can weigh in. But I think if – if you have – I – specifically, if I have instructions that I want the patient to have, it's really of no use to them later on. I make sure – I literally do type it in and print that artifact out, if that's the way they – either that's the way, or I would like them to have it so they can refer to this like today. Chasing them in the mail – US mail is probably not useful.

Michael Zaroukian – Sparrow Health System

Right.

Paul Tang – Palo Alto Medical Center

And certainly creates extra work.

Michael Zaroukian – Sparrow Health System

Right. And I'm dealing with this – a number of office go lives right now, and you can just watch the workflow change in accordance with the goal of the meaningful use measure here by doctors, if necessary, reprioritizing, getting their orders in, getting their results in, getting their instructions in. And even if they're finishing the note after the patient leaves, they understand and have updated the clinical visit summary, whatever we want to call this thing, and provided it to the patient. And they're prioritizing getting the information the patient needs right. And I think that can also help inform the focus of what we want to make sure is included, as opposed to every possible aspect of what a clinical summary would be.

Paul Tang – Palo Alto Medical Center

Right.

Charlene Underwood – Siemens

Yeah.

Christine Bechtel – National Partnership for Women & Families

Wait. So I completely agree. What I'm saying is if the change go – if the change is made from provided to accessible – I'm looking for a third term – then to me, I worry that the workflow is going to be, well, we can't give it to this patient, even though they want it as they're leaving the office, or they want it on paper, we can't get it there without doing a major change to our workflow. And since all it has to do is be accessible, we're just going to post it online.

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

And then we might mail it. You know what I mean?

Michael Zaroukian – Sparrow Health System

Right. So I – not to –

Christine Bechtel – National Partnership for Women & Families

So is there another way to – another word?

Michael Zaroukian – Sparrow Health System

Well, not to get too complicated, but we had – we had one that had the issue of per patient preference.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Michael Zaroukian – Sparrow Health System

But I would resonate with the notion that says you actually do provide it to the patient at the visit. Now if a patient tells me, however, don't print it out, just go ahead and put it up on the portal, I'll look at it when I get home, that's also perfectly fine. But the default for me is I review it with them, I give them a copy of it, circle a couple of things for emphasis, and send them on their way.

Paul Tang – Palo Alto Medical Center

Can we expand on provide to give – to give a tip, and do paren, e.g., print out, comma, available online, comma, whatever.

Charlene Underwood – Siemens

Yeah.

Christine Bechtel – National Partnership for Women & Families

Okay. Yeah.

[Crosstalk]

Paul Tang – Palo Alto Medical Center

For one, that does –

[Crosstalk]

Paul Tang – Palo Alto Medical Center

Hopefully, that's more explicit, to say you do not have to put – you do not have to force paper in their hands, because that's literally what people – some people did.

Michael Zaroukian – Sparrow Health System

Right.

Paul Tang – Palo Alto Medical Center

So we want to make it clear that however the patient wants to find – make – you know, get access to it is fine. I don't think we want to force people to print something later. So if they want a printout, and if it's useful, that printout, get the information that's needed in – into the record and into the person's hand as they leave, but I – I don't – I wouldn't want us to force mailing.

Michael Zaroukian – Sparrow Health System

Agree.

Christine Bechtel – National Partnership for Women & Families

Right. I – right. So it – the measure I think would read an office visit summary that provides a patient with relevant and actionable information and instructions pertaining to a visit is provided, parents, on paper or electronic to the patient, and then – or that's the objective. And then the measure would just have the within one business day for more than 50 percent of visits. Does that work?

Paul Tang – Palo Alto Medical Center

I think so.

Michael Zaroukian – Sparrow Health System

Mm-hmm.

Christine Bechtel – National Partnership for Women & Families

Huh? Paul, I think that's what you just described.

Paul Tang – Palo Alto Medical Center

Yep.

Christine Bechtel – National Partnership for Women & Families

Okay. All right. Okay. Great. So in terms of – okay. So that takes care of that. Do we – so do we need to make any changes to the tip sheet, or any suggestions to it? I mean, everything that's in that list just about is visit specific, except maybe – I mean, if you took a really broad interpretation, you know, recommended decision aids, lab or other diagnostic tests, you know, test or lab results, if received. Well, that's visit specific, I guess. And symptoms. Are we comfortable that that's fine, that's all _____ –

Michael Zaroukian – Sparrow Health System

So I'm actually going to argue that most of this is part of the after visit summary or whatever note. So if you were to ask me, you know, which of these things are information, and how relevant is the information, versus what you want me to do, what did we cover and what do you want me to do, then the way our after visit summary, again, however you want to call it, is built, it's really – you know, it starts with what did we address during this visit? What problems did we address, and what immunizations did we give, what results did we review together, what instructions did we have, what are the changes in medications that were done, follow-up visit? I mean, those sorts of things, the stuff that they actually take action on.

But that's prioritized over what to me at least looks like a lot of sort of stuff in here, but it's not necessarily anything that's an actionable to do that they should attend to. And the actionable to do items are often buried or difficult to find in there, and you have to work your way to that in the context of the total document in order to answer their questions. So what do you want me to do?

Christine Bechtel – National Partnership for Women & Families

So is there anything in the definition of terms – I mean, a lot of what you just described is in here, but are there things in here that you think shouldn't be in here? And I'll say that, but on the other flip side, I'm going to say, you know, a lot of this I think is also how the provider chooses to implement, and how the, you know, visit summary is structured, whether they actually work with patients and families to make the template be designed in a way that was useful and actionable. You know? So I'm not sure – I don't want to completely, you know, dictate everything, you know, but I hear what you're saying, and that's not an uncommon experience.

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

So are there things that we would suggest to CMS that should be taken out of this list?

Michael Zaroukian – Sparrow Health System

So again, part of it for me at least depends on, you know, how much of it is to prove you've – you're giving the right handout to the right patient? So patient name, provider's office contact information, data and location of visit, all that stuff is what you basically are putting in there just to make sure you're giving the right patient the right thing. But, you know, an updated medication list probably matters, but the bigger thing that matters is what is changing to their medications. And even that can be hidden in an after visit summary or clinical visit summary if it's not done right.

And, you know, updated vitals, maybe, but maybe it's updated vitals in comparison or in the context of the assessment and plan for each problem. So when we do it, we – at least in one of the two places I'm at, we actually may include our problem specific assessment and plan for each problem that we assessed today, and that actually contains the most important part of what did we assess, what did we think, what – and what were the results that were relevant to it, and what did we do next? But that doesn't mean vendors are set up to be able to do that routinely.

So I guess I – I'm struggling a little bit, but, you know, for example, when you – one of the things I see is a sea of laboratory tests with contexts, without connection to a problem, and not necessarily relevant, because what you get is people doing an awful lot of labs rather than the labs that need to be focused on matter, or within a specific timeframe. And that can add pages to the thing. So can the updated problem list, that it's true, it's updated, and it's there, but lost in there are the two or three issues the patient was actually seen for that day, and a whole list of other problems that are a distraction potentially to the patient and for the provider to have to address.

Charlene Underwood – Siemens

I agree, because I've seen those types of documents given to patients. This is Charlene. So does your description, though, cover that? You know, because you kind of say – you said that now in your description.

Michael Zaroukian – Sparrow Health System

So I guess the thing I liked about stage 1 is that it sort of included the sort of bare minimum of what needs to be in there.

Charlene Underwood – Siemens

Exactly.

Michael Zaroukian – Sparrow Health System

So the problem list –

Christine Bechtel – National Partnership for Women & Families

Now stage 1, that is stage 1 tip sheet we're looking at.

Michael Zaroukian – Sparrow Health System

Right. Right. So, I mean, that's what I liked about it, was that – but that's in the additional information section, right? So the additional information section –

Christine Bechtel – National Partnership for Women & Families

Oh.

Michael Zaroukian – Sparrow Health System

– is if you don't have all these 20-some items that we would like you to put in a clinical summary if you can, you have to at least put in at a minimum a clinical summary that contains problem list, diagnostic test results, med list, and med allergy list. And so I would agree. If I had – if I had to limit myself to four, those are probably the big four. If I could fine tune it, I'd say let's do the problems that were assessed at this visit. Let's do the diagnostic test results that were relevant to this visit. Let's talk about the meds that changed, added, or were removed at this visit, and any updates to the medication allergy list.

So that to me would be the core. But I think to that other point that I see is that, okay, if you're telling me you're setting up this cardiology referral, yes, I'd like to see that that's in the summary, so I'm reminded that action is being taken at your end that I should be – expect to hear follow-up on, or that this appointment is already scheduled, and therefore, I know what day and time and where to show up. Those are actionable, highly relevant to today's visit decisions and actions that were taken. Or I got the immunization today. I'm all set for now. That's new. That's different. That's an update.

So that's what I'd love to see it focus on, and the problem is, it's almost as if it's our only chance to give the patient a copy of their complete problem list, their complete medication list, their – all the labs that have happened between X and Y, and not necessarily what's relevant to today's visit.

Paul Tang – Palo Alto Medical Center

I don't know whether – I'm going to have to get on my way to the airport to come out your way, Christine. But there is a problem with stage 1 in that it has the additional information, and it says those four were required, but as even the tip sheet said, it just include all the items listed on a clinical summary, which had all that other stuff.

Michael Zaroukian – Sparrow Health System

Mm-hmm.

Christine Bechtel – National Partnership for Women & Families

That's can't be populated.

Paul Tang – Palo Alto Medical Center

So it's –

Charlene Underwood – Siemens

Yeah.

Michael Zaroukian – Sparrow Health System

If it can be populated.

Christine Bechtel – National Partnership for Women & Families

Yes. You're – I'm saying the same thing as you are.

Paul Tang – Palo Alto Medical Center

Yes.

Christine Bechtel – National Partnership for Women & Families

Which is if they can be there, they need to be there.

Michael Zaroukian – Sparrow Health System

Right.

Paul Tang – Palo Alto Medical Center

Yeah.

Christine Bechtel – National Partnership for Women & Families

Which means – and most of them can be, so they are.

Paul Tang – Palo Alto Medical Center

Yeah. So it's – it actually – there were conflicting guidance on that one.

Michael Zaroukian – Sparrow Health System

Right. Well, so we interpreted it as pretty clear, but it also – we looked at it and we stared at each other and we went, this is going to make a really long summary that's going to include stuff that we don't think helps, but we have to do it if we want a meaningful use.

Christine Bechtel – National Partnership for Women & Families

Right. So what I heard you say, and I was trying to follow you, Michael, but we – I don't know if we need to do this offline or what, that we might suggest to CMS that the content be changed a little bit and clarified so that instead of an updated med list, it's, you know, changes, additions, or removal, you know. In other words, just changes to the medication list specific to the visit, which I think is probably what they meant, but whatever, it's not what they said.

I think I heard you say that updated vitals is probably not that helpful, particularly knowing that that would be online.

Michael Zaroukian – Sparrow Health System

Well, yeah, or at least – yes. I think that's – I actually would equivocate on that one. Certainly some of them are relevant, but for a hypertensive patient, the blood pressure update's relevant, not their height, weight, or pulse necessarily. So – so it's that notion of –

[Crosstalk]

Michael Zaroukian – Sparrow Health System

– problem specific issues. If it's relevant – vitals relevant to the condition, sure. But now it gets more complex, so –

Christine Bechtel – National Partnership for Women & Families

Yeah. I know. So I don't know if that means you want to say updated relevant vitals.

Michael Zaroukian – Sparrow Health System

Yeah. So let's leave vitals out, only because there's enough examples of where that is important.

Christine Bechtel – National Partnership for Women & Families

Okay. List of problems discussed during the visit.

Michael Zaroukian – Sparrow Health System

Yeah.

Christine Bechtel – National Partnership for Women & Families

We would – instead of just a general problem list. Lab test results specific to the visit, again, instead of the general thing at the end. It's really kind of taking this last part of it and saying that, you know, like lab and test results need to be specific to the visit.

Paul Tang – Palo Alto Medical Center

You know, I wonder if we're – again, we're now in stage 3.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Paul Tang – Palo Alto Medical Center

And I wonder if we're over-specifying this. An alternative approach would make – would be to make sure that the EHRs are certified to provide this range of things.

Charlene Underwood – Siemens

I agree.

Paul Tang – Palo Alto Medical Center

How the provider decides to use a tool to communicate with their patient, and as Mike said, when we print out eight pages, we've printed out nothing. And that's sort of what happens. Let's go to make sure the EHRs can get – draw from all these fields, and then we can enumerate a lot of them. But the purpose of this is to give people actionable summaries of what – of what just happened in that visit, and leave it at that. Because people now have a tool by stage 3. They just need to figure out how to make it most useful to them in communicating with the patient.

Charlene Underwood – Siemens

Right.

Christine Bechtel – National Partnership for Women & Families

So something like make sure EHR can draw from the range of existing –

Paul Tang – Palo Alto Medical Center

Well, that's – let's make it a certification requirement.

[Crosstalk]

Paul Tang – Palo Alto Medical Center

We don't have to spell it out. Yeah.

Charlene Underwood – Siemens

Yeah.

Christine Bechtel – National Partnership for Women & Families

I'm sorry. I'm on the –

Charlene Underwood – Siemens

I'm not sure you want to make it less prescriptive, because there's a lot of ways to kind of build those ... Because in some cases, they're going to want that whole – because they want to verify the problem list or the med list, when they take it back to wherever they're going to go, and all those kind of things. So –

Christine Bechtel – National Partnership for Women & Families

Right. So at the bottom of this PowerPoint slide is a thing that says certification criteria, because remember, this is where we started to work. So if under there we – I think what Paul's suggesting, and I'm going to maybe add to it a little bit, which is to say make sure the EHR can draw from the range of existing, you know, specified data, or however we say that, or specified information, and enable the providers to customize it based on patients' needs.

Paul Tang – Palo Alto Medical Center

They may have a little – I mean, that may be a little bit vague. But yeah, actually, it turns out – what we're trying to do for providers is we want the EHR to do a much better job and present to us a meaningful display. So if somebody has hypertension, there's certain things we want displayed. If somebody has –

Christine Bechtel – National Partnership for Women & Families

Right.

Paul Tang – Palo Alto Medical Center

– asthma, there's certain things – okay. And we would love to be able to do that same configuration for the patient. Now that doesn't exist today. You're proposing – your words start the process, maybe, as long as we don't, you know, go – you know, let people innovate. But we would like to be relevant for a patient.

Christine Bechtel – National Partnership for Women & Families

Right. So what we're also –

Paul Tang – Palo Alto Medical Center

... concept ...

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

Right. I mean, because I think that's what people want, is they want the ability to say, well, this person's hypertensive, so I want these vitals and this ... and I want the meds that were changed, and I want this, and I want that. So I'm trying to create the technical capability for that to occur, not including the specification that you have to do it. If you template everything, I guess so. But at least in the certification criteria, the provider needs to be able to, you know, customize that. So do you have a better proposal to capture that in terms of language?

Paul Tang – Palo Alto Medical Center

So I think what you've suggested is a very useful functionality. Whether we can – whether it is – the timing is right to force all vendors to do that at this particular time, I don't know.

Charlene Underwood – Siemens

Right.

Paul Tang – Palo Alto Medical Center

We would love to have –

[Crosstalk]

Paul Tang – Palo Alto Medical Center

Everybody who can and does do that, we would love to take advantage of that. But I'm – I don't know whether we force the entire –

Christine Bechtel – National Partnership for Women & Families

But I think that – but here's the – let me give you my operating assumption. CMS's definition of terms, it exists. It's been driving the market now for stage 1 and stage 2. And I believe that it comes from the certification rule. So if we don't say something different for the certification rule, it's going to stay the same, and it's not going to fix the problem. All we will have done is clarified, you know, some objective language, but we will not have fixed this problem of we want people to customize, or we want it to be specific to the visit. I think, just from a process perspective, we either have to fix the list that's in the – that's in the certification rule, which is the definition of terms, or we've got to, you know, specify a – what we mean by – in a different certification criterion. I think if we're silent, it's going to be exactly the way it is now.

Charlene Underwood – Siemens

See, to me, it strikes me – or maybe it's to that requirement of meeting useful and relevant, I'm going to have to provide some capability to support that with, you know, the customer. Right?

Christine Bechtel – National Partnership for Women & Families

Right. But it said that in the tip sheet, and then it went through this voluminous list of stuff that had to be on there.

Charlene Underwood – Siemens

Yeah. And that –

Christine Bechtel – National Partnership for Women & Families

Which is from the cert rule, right?

Charlene Underwood – Siemens

Yeah.

Christine Bechtel – National Partnership for Women & Families

So you either have to fix the list or you have to say, okay, we don't need a list anymore, peeps, because it's been this long, but we do need this function or this ability for the provider to be able to say, here's the pop-up list of everything. Check the boxes you want for the stuff that shows up on the after visit summary.

Charlene Underwood – Siemens

Can we just use –

Michelle Consolazio Nelson – Office of the National Coordinator

Christine, this is Michelle.

[Crosstalk]

Charlene Underwood – Siemens

I don't want to use ... this is Charlene. That's all. I – you know, it's –

Christine Bechtel – National Partnership for Women & Families

I didn't hear you, Charlene.

Charlene Underwood – Siemens

We could use tailored to the patient needs.

Christine Bechtel – National Partnership for Women & Families

Okay. Michelle?

Michelle Consolazio Nelson – Office of the National Coordinator

On the tip sheet, if you scroll farther down, there's the certification criteria, and it – within the certification criteria, there's create customization, and there's a minimum data set. So I think that customization piece is already there.

Christine Bechtel – National Partnership for Women & Families

Ooh. That's even better. But it's just not being used that way. So again, you know, if it's not being – if the customization isn't being used, then I feel like we're trying to solve a problem that's either intractable and unsolvable because it's an implementation issue, or it's just not a problem that we should be solving. Do you know what I'm saying? Okay. So certification criteria. There we go.

Charlene Underwood – Siemens

So it's a workflow issue, or it's a –

Christine Bechtel – National Partnership for Women & Families

Right. So – okay. So certification stuff does say problem, lab test results, meds, etcetera, etcetera.

Michael Zaroukian – Sparrow Health System

Yeah. It doesn't give all that other specification, does it?

Christine Bechtel – National Partnership for Women & Families

No. But yet that's what's happening.

Michael Zaroukian – Sparrow Health System

Mm-hmm. So –

Christine Bechtel – National Partnership for Women & Families

Just for the – well, that's for the – see, I'd like to go back and read this overall. I bet you it's got more than that in there, because that's not even close to enough. I mean, that's not – that's two things.

Michael Zaroukian – Sparrow Health System

So I remember seeing the long laundry list in the measures, back in stage 1, in the objectives and measures final rule, but I don't remember seeing it in certification. So it'll be interesting to go back and see if that level of detail is in certification as well. But there – I don't know that there are standards for all of those things, and that may be why they're not in the standard.

Christine Bechtel – National Partnership for Women & Families

There are standards for more than just those three.

Michael Zaroukian – Sparrow Health System

Yeah.

Christine Bechtel – National Partnership for Women & Families

For sure. But I think – so, I mean, I guess, again, I guess the process question, which is, you know, people are really using this definition of terms, so if we – if we – we have for two stages used the same approach, where we were silent as to the data content, and we're – we have a problem that we keep hearing exists. So I'm trying to figure out, okay, is this a recommendation back to CMS, who writes the tip sheets? Is this a certification rule issue, or what? Now Michelle, where did you see the customization piece?

Michelle Consolazio Nelson – Office of the National Coordinator

So I think you guys are looking at stage 1, and I'm looking at stage 2, or 2014.

Charlene Underwood – Siemens

Right.

Christine Bechtel – National Partnership for Women & Families

Ah.

Michelle Consolazio Nelson – Office of the National Coordinator

Sorry. So for 2014, I think everything you're asking for is there. And so maybe the question is more we need to see what happens with stage 2 experience, and see if what was done within the certification criteria helped fix the problem.

Christine Bechtel – National Partnership for Women & Families

Okay. That's really helpful. I did not realize that. That's great. Okay. All right. So I'll make a note there on that. All right. So that's a much easier solution. Thank you, Michelle. So what we'll do is we've already got the language for the objective and the measure, but rather than try to go over the tip sheet or the cert rule, we'll simply say monitor the implementation experience in stage 2, and recommend that CMS, you know, revise here's the intent kind of a thing. All right? Everybody comfortable with that approach?

Michael Zaroukian – Sparrow Health System

Worth a try.

Christine Bechtel – National Partnership for Women & Families

All right. I'm just making some notes.

Michael Zaroukian – Sparrow Health System

Sure.

Charlene Underwood – Siemens

Okay.

Christine Bechtel – National Partnership for Women & Families

Okey dokey. Thank you, Michelle. Very helpful. Okay. So I think we need to skip patient education, because this was just a holdover from something about Leslie Kelly Hall bringing back something on disability status, but we don't know what that was, and we don't have it, more importantly. But we already discussed this ad nauseum on the last call, so I think we're good there.

And on secure messaging, we already agreed to this as well, or to the measure. So I'm on slide 22. But in terms of the certification requirement, we proposed to measure the response time, and just, you know, create the ability to do that. And we were going to ask Kaiser Permanente about how they measure this, because we were struggling, as you guys recall, with the potential to – how do you allow the patient to designate like whether a response is even required, and is there EHR functionality to do this? And so we were going to investigate that, and we have – we've started that, but we haven't heard back. So this is one thing that we'll have to handle offline. Okay.

All right. So the last is communication preference, and we, as you guys recall, so this is slide 25, we really struggled with this, because the original proposal under the consolidation group was to translate this to certification only criteria, and build it into clinical summary, patient reminders, and patient education materials, that they would be delivered per patient's preference. In other words, you know, is it fax? Is it – I mean, not fax, probably, but, you know, mail, email, phone, blah blah blah.

I think we have a threshold question, because the last time we talked about this, we had some real concerns with things like, well, what if the clinical summary, you know, it contains PHI, is that, you know, sending – if they say, you know, I want that via some method that's not secure, then we have an issue there, right? Although – so we talked a lot about that, etcetera.

I think all of the problems that we encountered with this were a function of the consolidation. So what I think made more sense, and what I wanted to start by talking about, is whether we should say nope, this is not a certification only thing that is now consolidated with the other three, that we actually leave it as separate, as we originally proposed, which is record communication preferences for 20 percent of patients based on the medium that they would like to receive information in for certain purposes, right? Which is reminders, referrals, after visit summary, and test results.

If we leave that and, you know, maybe put some examples of the media in, then it solves a lot of the problems that were created through the consolidation. Does that make sense?

Michael Zaroukian – Sparrow Health System

Yep.

Christine Bechtel – National Partnership for Women & Families

Okay. So I think what we want to do is if folks agree – this is actually not a certification only thing anymore, Michelle. This would actually be one of the only record data things, because we didn't get it done in stage one or two. So we would need to – and we did – and you see the certification criteria in red below. We did list out, you know, email, regular mail, text, patient portal, telephone, other. And we should include that in the e.g., the medium part of it in the measure somewhere.

Michelle Consolazio Nelson – Office of the National Coordinator

Sorry, Christine. Can you go back and – so you want to keep this as its own objective?

Christine Bechtel – National Partnership for Women & Families

Yes. I – well, that's what I'm –

Michelle Consolazio Nelson – Office of the National Coordinator

Because I thought – I thought during the consolidation we decided that it would be included within demographics as an item you capture, and we would then put it, you know, like patient education per patient preference, clinical summary, per patient preference, and then reminders, but –

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

Yeah, so the –

Michelle Consolazio Nelson – Office of the National Coordinator

I just wanted to make sure. Sorry.

Christine Bechtel – National Partnership for Women & Families

Yeah. It's a good question. So the per patient preference thing I think was what was causing us a lot of consternation. So, you know, well, if I want – and we were saying, well, gee, the practice isn't accountable – for example, patient education materials via text message, because we don't support that format. So the practice isn't accountable for that.

But they – you know, if they – I think the assumption is if they collect – if they collect this information and contextualize to its use, they're more likely to meet patient preference. But forcing them to do so in some cases, like clinical summary, what if they say I want a clinical summary via text? We support that format, but it has PHI. I can't do that. That was the issue that Michael raised. Right?

Michael Zaroukian – Sparrow Health System

Yep.

Christine Bechtel – National Partnership for Women & Families

So I think what I'm saying simplifies it is if we remove the per patient preference from those three areas that we talked about, the patient education materials, clinical summary, and reminders, or at least from the clinical summary. Let's start with that. So is there any – is there any issue with having reminders for appointments? Not appointments. Preventive and follow-up care reminders being delivered in the communication medium that the patient prefers?

Michael Zaroukian – Sparrow Health System

So this is Mike. I'm not sure what you're saying about concerns. I mean, for me, the follow-up visit has – and preventive care both have what at least arguably on our end would be called PHI. And so –

Christine Bechtel – National Partnership for Women & Families

Oh, they do?

Michael Zaroukian – Sparrow Health System

I – well, yeah. So certainly if I'm reminding you to have a colonoscopy, that's saying something about you as a patient. If I'm reminding you for an immunization, that's saying something about your health status. So –

Christine Bechtel – National Partnership for Women & Families

But you – how do you send those today? You send those regular mail or on the portal?

Michael Zaroukian – Sparrow Health System

We – yep. Well, we either send them regular mail or we send a link to the portal.

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

And they find the information in the portal itself. Right. So that every text message, for example, might simply be a link to the portal. If we had to do it by text message, we could do that, but we would also tell the patient, all you'll get by text is a link to the portal that's secure, and that's how you –

Christine Bechtel – National Partnership for Women & Families

But regular mail is certainly not secure.

Michael Zaroukian – Sparrow Health System

No, no. Regular mail – right. Right. But it's allowed. It's as secure as is required by law, so –

Christine Bechtel – National Partnership for Women & Families

So phone – what about phone?

Michael Zaroukian – Sparrow Health System

Like a voicemail message?

Christine Bechtel – National Partnership for Women & Families

Yeah.

Michael Zaroukian – Sparrow Health System

Or you mean like what?

Christine Bechtel – National Partnership for Women & Families

Phone call. Like – yeah, like a phone call, hey, you're overdue for your blah blah blah.

Michael Zaroukian – Sparrow Health System

Well, so a direct phone call would be part of a standard that's considered as acceptable, as long as you've got a process to verify the person you're talking to, right?

Christine Bechtel – National Partnership for Women & Families

Right. So it sort of seems to me that like the only issue here is text.

Michael Zaroukian – Sparrow Health System

And that's in large part because of the issues of – or evidence of the ability to hack into text transmitted data sources.

Christine Bechtel – National Partnership for Women & Families

Okay. So I wonder if it makes more sense to instead of completely decoupling it, to say for reminders, that they should be delivered per patient preference, you know, with the – you know, sort of as appropriate, to kind of carve out, you know, or – per patient preference and in compliance with privacy and security requirements. So that way, you know, if text isn't an option for that, it's not an option.

Michael Zaroukian – Sparrow Health System

Right. So that – so I like that, because that's exactly what we would do, is we would look to see, so what was our security and privacy assessment as part of meaningful use? What did it say about the way that we communicate information to or receive information from patients, and we need to make sure we're compliant with that in our – in our system.

Christine Bechtel – National Partnership for Women & Families

Okay.

Michael Zaroukian – Sparrow Health System

And that would take care of that.

Christine Bechtel – National Partnership for Women & Families

And that would take care of that for – that works for reminders. Does it work for patient education materials, too?

Michael Zaroukian – Sparrow Health System

I think it – I think it works for anything, really.

Christine Bechtel – National Partnership for Women & Families

Oh, and then even clinical summary I guess it could.

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

Okay.

Michael Zaroukian – Sparrow Health System

So it allows some local control over what the organization defines as PHI, and we're all – we're all vulnerable to not getting that right, so we all have a high interest in it. We are not repeating any work, and we're just leveraging decisions we had to make anyway when we did our privacy and security and confidentiality analysis.

Christine Bechtel – National Partnership for Women & Families

Okay. Okay. All right. So – all right. So Michelle, so what – at least what Michael and I are saying, but I want to hear from the rest of the group, too, is we could actually leave it as a consolidated item, as long as everywhere it says per patient preference,, it also says and in compliance with privacy and security requirements. Okay?

Michelle Consolazio Nelson – Office of the National Coordinator

Okay. I like it. Thank you.

Christine Bechtel – National Partnership for Women & Families

Anybody else have comments on that?

Charlene Underwood – Siemens

I think it's fine. This is Charlene.

Christine Bechtel – National Partnership for Women & Families

Great.

Charlene Underwood – Siemens

And I – and try and keep it just a minimum, because otherwise, this could get really complex.

Christine Bechtel – National Partnership for Women & Families

So that's the other thing that we need to lift out, is what we have – where it says certification criteria, I think, Michelle, you can kind of delete the – everything before the words email. You know, you just want to say email, regular mail, text, patient portal, telephone, other, question mark, and, you know – you know, it sounds like we should – we'll want some optionality in there. And then delete the rest of it. And we just need to specify – because that is one of the public comments, was urge constraint around the menu of communication types to avoid workflow challenges. Right?

So that is constraining the menu set. So now we would just have the menu of media listed out. I don't know that we would call it a certification criteria as much as we need to have it be just here's the menu of communication mediums. That would – because the whole objective's –

Michelle Consolazio Nelson – Office of the National Coordinator

So maybe we –

Christine Bechtel – National Partnership for Women & Families

– going to be certified. Right?

Michelle Consolazio Nelson – Office of the National Coordinator

Yes. Maybe we include it within the demographic one, where we had asked for them to obtain the preference, and then provide this kind of extra insight into that.

Christine Bechtel – National Partnership for Women & Families

Yeah. That's a – yeah, that's a good idea, because that's more about – that's more similar to how race, ethnicity, language, and gender were handled, right?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah.

Christine Bechtel – National Partnership for Women & Families

The granularity was under demographics. Okay. I think that's a good idea. So where – you know, right, so we just have to remember to point back to that. Okay. All right. So does that make sense?

Michael Zaroukian – Sparrow Health System

So this is Mike. I just want to make sure we don't end up tripping people up accidentally on the word requirements. So by that, do we basically mean sort of either regulations out there in the legal world or policy world, or internal policies, procedures, as – that were part of the privacy and security analysis of the system itself? Obviously, finding a shorter way to say that. But basically –

Christine Bechtel – National Partnership for Women & Families

Well, I'm not – you know, I mean, I –

[Crosstalk]

Michael Zaroukian – Sparrow Health System

Because I don't know what I would – I don't know what I would say the requirements – whose requirements are we talking about?

Christine Bechtel – National Partnership for Women & Families

Right. I think that's a fair point.

Michael Zaroukian – Sparrow Health System

That's all I'm –

Christine Bechtel – National Partnership for Women & Families

I mean, I think we definitely are talking about, you know, the HIPAA requirements for sure.

Michael Zaroukian – Sparrow Health System

Yeah.

Christine Bechtel – National Partnership for Women & Families

I'm not sure if there are other requirements, except I think what we're not saying, like I don't want the patient to say, oh, well, for – you know, for privacy reasons, we've decided internally that we're not, you know, doing that, even though it's required under the law, and even though – or, I mean, even though it's permitted under the law, and you want it that way. Do you know what I mean? I don't think that's what we mean. But I'm not sure that I could cover the entire universe. I think – I mean, I think it's HIPAA, but I would have to ask, you know, privacy and security folks for feedback on that.

Michael Zaroukian – Sparrow Health System

Yeah. I just – I just don't want – I just want to make sure we don't end up hitting the sort of either floor or ceiling of –

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

– external regulation against an organization or practice's careful look at privacy and security, the establishment of their own policies and procedures for how to protect it, and then having to violate it, if you will, based on patient preference and the lack of clear prohibition of it in HIPAA or other regulations. So I would like to respect the hard work that at least some organizations do internally to try to determine how to protect patient information, and if that means they're not going to send text messages to patients, so be it, as long as they're giving other alternatives.

Christine Bechtel – National Partnership for Women & Families

See, I guess on – I think I have a little bit of a disagreement, only because if we're talking about sort of how they protect health information writ large, that makes sense. We're also saying, and I think that we should clarify that, you're not – you're not required to provide this in a medium like text that you don't already support, right? But there's one – I guess I want to also recognize that this to me is a little different, because this is information that is going to the patient. It's for the patient. It's not, you know, like, you know, what's our policy about taking a laptop with patient information home at night.

And so I would tend to lean toward how patients want to receive this, since we're talking about really enabling stuff here, for the patients. You know what I mean? I'm having a hard time imagining that some organizations have said, well, we're not going to ever, you know, provide reminders in – on – via regular mail for security reasons.

Michael Zaroukian – Sparrow Health System

No, so I don't think you have to worry – we have to worry about it. But they may well do it in other media for which secure messaging rules would not be met. And so in our – we invested in the secure messaging system in order to give patients reminders, alerts, and information in a way that we have already done the due diligence, we are sure is secure, and helps make sure that any reply they give gets to us in a way we need to. When we venture out into a new area, a new world, or they want it to be posted to the private Facebook site, etcetera, etcetera, etcetera, then we're going into less charted territory, and ostensibly, nothing in HIPAA would potentially prohibit that. And the patient demand is there. And yet our own concerns about security suggest that we have a perfectly good method for that that we've had to pay for, and that we're encouraging people to use. And so we'd like them to stay with it.

Christine Bechtel – National Partnership for Women & Families

It – but – I mean, I guess I'm trying to separate – you want – you know, folks want them to stay with it for a workflow reason versus a real security issue. Facebook is not an option on here. Like, you know, we didn't – when we listed the medium, it's email, regular mail, text, patient portal, phone.

Michael Zaroukian – Sparrow Health System

Well, so I don't know if a secure texting system –

Christine Bechtel – National Partnership for Women & Families

I mean, but we'd – I don't know that there isn't one, either, and I don't know that one won't arrive in the next two years.

Michael Zaroukian – Sparrow Health System

Right. So again, as we – I'm happy to put out any examples where we know we have good solutions for that that are plentiful, well-tested, out in the ...

[Crosstalk]

Christine Bechtel – National Partnership for Women & Families

Well, I think BlueButton is a good example, though. It's an application, right? But it does have security features. So I think the issue you're raising is really specific to text. Am I right?

Michael Zaroukian – Sparrow Health System

Well, I know that – well, so if you take the examples that are in here otherwise, email is an example that's not secure. Unless I use secure messaging, email would not be an example. So I would not want that to happen. I would use secure messaging in lieu of email. I would not use text because I don't have a secure way – I don't have a way to make sure that the text messages we send are secure. Regular mail, we have a – both a 100-year history, etcetera. Patient portal we know is secure. Telephones, we have policies on, and even patient permission on whether we can leave messages on their phones. You know, and we do all that due diligence. So under certain circumstances, yes.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Michael Zaroukian – Sparrow Health System

But we just simply don't use the others.

Christine Bechtel – National Partnership for Women & Families

Okay. So – right.

Michael Zaroukian – Sparrow Health System

So I would just say the examples we include have to be examples everyone agrees are already accepted means to do secure transmission.

Christine Bechtel – National Partnership for Women & Families

Okay. So – okay. So I think the issue that we need to come back to is, in compliance with privacy and security requirements and how we phrase, you know, which ones we're talking about, which is – I think you're saying it's either like federal, state, or organizational, right?

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

I just – I worry about specifying, because then if we over-specify, what if we miss? But why don't we include, you know, federal, state, or organizational privacy and security requirements, and then Michelle, why don't we zip this phrase over to Devon and get her take on it, and see if she – if this – if the language works, or if we've created any unintended consequence there?

Michelle Consolazio Nelson – Office of the National Coordinator

Okay.

Christine Bechtel – National Partnership for Women & Families

Does that work for you, Mike?

Michelle Consolazio Nelson – Office of the National Coordinator

Sure.

Christine Bechtel – National Partnership for Women & Families

Because I don't – I want to make sure our privacy and security experts weigh in. Okay. All right. Okay. Does that work for folks, then? All right. Okay. So I think with that, that's actually the last piece that we needed to revise. So we've got a couple of follow-up items that I – that we will do via email and – Michelle, do we have a schedule for when this subgroup is supposed to present to the Policy Committee?

Michelle Consolazio Nelson – Office of the National Coordinator

So to the meaningful use workgroup?

Christine Bechtel – National Partnership for Women & Families

Yeah. Or – either. Oh, yeah. Right. I'm sorry. We're at the workgroup level. Yes. Workgroup.

Michelle Consolazio Nelson – Office of the National Coordinator

So the next meeting will definitely be subgroup 4. I think we should have time to do both subgroup 4 and this group, if you'll be ready on June 12th.

Christine Bechtel – National Partnership for Women & Families

I'm not sure if we will, but we can find out. So we've got work to do on clinical trial.

Charlene Underwood – Siemens

Right. And I'll try and get that back from Marc as soon as I can.

Christine Bechtel – National Partnership for Women & Families

Okay.

Charlene Underwood – Siemens

That's my –

Christine Bechtel – National Partnership for Women & Families

We've got a little bit of work on imaging and dosing, and as well as provider liability, going back out to Devon. I think we cleared up amendments and PGHD, because some of that is done. Some of it's going to another group. I think we cleared up clinical summary, so I think we're good there. So then that leaves –

[Crosstalk]

Michael Zaroukian – Sparrow Health System

So this is Mike –

Christine Bechtel – National Partnership for Women & Families

– we had one on secure messaging and one on communication preferences.

Michael Zaroukian – Sparrow Health System

Yeah. So just a quick comment. Mike again here. So now that I've got the stage 2 version of the – of the clinical summaries piece up, the – and again, it now matches my memory, so it is the long laundry list of all the elements. And I don't know if you wanted to do any additional offline work on that suggestion, or just wait till we hear back from the consumer committee, or –

Christine Bechtel – National Partnership for Women & Families

No. Well, that one wasn't going to consumer.

Michael Zaroukian – Sparrow Health System

Oh, okay.

Christine Bechtel – National Partnership for Women & Families

You're talking about clinical summary?

Michael Zaroukian – Sparrow Health System

Yeah.

Christine Bechtel – National Partnership for Women & Families

So – hold on here. Stage 2.

Michael Zaroukian – Sparrow Health System

So I'm seeing one, two, three, four, five –

Michelle Consolazio Nelson – Office of the National Coordinator

So that was the one where they added in – for certification criteria, they added in the ability to create and customize. So that should help with the long laundry list.

Christine Bechtel – National Partnership for Women & Families

Mm-hmm.

Michelle Consolazio Nelson – Office of the National Coordinator

If you as a provider can customize that list. So we want to wait and see what the experience is from stage 2 to see if it does help. So we won't know yet.

Christine Bechtel – National Partnership for Women & Families

So, Mike –

Michael Zaroukian – Sparrow Health System

So there's not a requirement that every element must be in the clinical summary? That's what I'm trying to look through real quick.

Michelle Consolazio Nelson – Office of the National Coordinator

Just problems, meds, and allergies.

Christine Bechtel – National Partnership for Women & Families

Well, but if – the way that stage 1 was handled, you know, it said – it said basically everything if it's populated, which almost everything was.

Michael Zaroukian – Sparrow Health System

Right. And –

Michelle Consolazio Nelson – Office of the National Coordinator

Right.

Christine Bechtel – National Partnership for Women & Families

Because that's – I was trying to pull it up, but –

Michelle Consolazio Nelson – Office of the National Coordinator

It says the same – it says the same thing for stage 2, but it does allow for the provider to be able to customize it, because if there's something that they don't want the patient to see, they need that ability.

Michael Zaroukian – Sparrow Health System

That's a tough one to pass an audit on ... I'm going to predict, so I have to be able to prove to somebody that I don't want them to see the current problem list for what reason, again? Other than note bloat? And with 20 items on the list, I don't know how I'll get anything less than an eight-page clinical visit summary for my internal medicine patients.

Christine Bechtel – National Partnership for Women & Families

Hang on. I'm just reading through the end of it, because I finally found it. Oh, yeah. Same thing. Okay. So now we have a common MU data set. So that's a little bit different. Yeah. So, you know, I kind of – Michelle, I see the issue here, which is enable the user to customize the data, but it still says that you have – I thought we handled that.

Charlene Underwood – Siemens

... exclude data, right?

Christine Bechtel – National Partnership for Women & Families

Huh?

Charlene Underwood – Siemens

It doesn't allow you to exclude it.

Christine Bechtel – National Partnership for Women & Families

Correct. So you can – it may still be eight pages, but you could customize it so the first three pages are useful, and the remaining five are not.

[Laughter]

Christine Bechtel – National Partnership for Women & Families

Right? So that's not exactly what –

Michael Zaroukian – Sparrow Health System

I feel so much better. Yeah.

Christine Bechtel – National Partnership for Women & Families

– I think we meant. But I – so – okay. So the way we kind of currently handled this – let me pull back up my notes here. So is it to say our intent is to make sure that the EHR can draw from the range of existing specified information, and enable the provider to customize based on patient needs. I think we would actually say enable provider to – or tailor, sorry, Charlene. Enable provider –

[Crosstalk]

Charlene Underwood – Siemens

... there, so –

Christine Bechtel – National Partnership for Women & Families

– to exclude – well, why don't we say enable provider to include and exclude data based on patient's needs? Because I think – I'm worried that stage 2 doesn't quite get there, but we'll just say monitor stage 2 implementation in that piece. Does that make sense? So basically, we've revised the major and the objective, but on the certification criteria, we will have a note that says, you know, something like the intent is to make sure the EHR can draw from the range of existing specified information, and enable providers to include or exclude data based on patient needs, monitor stage 2 implementation. Is that – how do folks feel about that for now?

Michael Zaroukian – Sparrow Health System

I guess my only concern on that, it feels almost like a catch-22, because although you can tailor it, unless you can also tailor it in a standardized way, people will probably continue to just say, I – it's unclear enough to me, and it's enough additional work to me, I'm just going to fire off a long potentially less relevant or confusing summary.

Christine Bechtel – National Partnership for Women & Families

Yeah. That's a good point, too. I get that. I just don't know how to deal with it, because we're sort of stuck in the middle. So –

Michael Zaroukian – Sparrow Health System

Like smoking status, does that inform the patient of anything? That's one of the 20. Smoking status.

Christine Bechtel – National Partnership for Women & Families

Yeah.

Michael Zaroukian – Sparrow Health System

Don't they know their smoking status?

Christine Bechtel – National Partnership for Women & Families

Yeah.

Michael Zaroukian – Sparrow Health System

Okay.

Christine Bechtel – National Partnership for Women & Families

I would submit to you I hope so.

Michael Zaroukian – Sparrow Health System

Yeah. The – right. So anyway, that's just one example.

Christine Bechtel – National Partnership for Women & Families

So I think it means that we might – I guess if we leave it vague, then, you know, we come back to, well, gee, do we need to revise the list of – and clarify the kind of information that we're suggesting for the visit summary? Because if we don't – if we're not specific, then we may have the problem that you just outlined.

Michael Zaroukian – Sparrow Health System

Mm-hmm.

Christine Bechtel – National Partnership for Women & Families

Where people go, well, you know, I don't have the time to tailor this, so –

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

– I'm just doing a data dump.

Michael Zaroukian – Sparrow Health System

Right. And the thing I – the thing I long for is the call for a usable clinical visit summary. So the original goal of concise, informative, actionable, as opposed to exhaustive, all-inclusive, and not necessarily organized.

Christine Bechtel – National Partnership for Women & Families

So, okay, I'll add concise to our objective.

Michael Zaroukian – Sparrow Health System

But I can't do concise in 20 items, so –

Christine Bechtel – National Partnership for Women & Families

Although people will probably come back and say, well, what's concise?

Michael Zaroukian – Sparrow Health System

I have to pick one or the other. Right. That's what I'm saying. If we can't change it from 20 items to something else, we probably shouldn't ask people to be concise, because they won't be able to do it.

Christine Bechtel – National Partnership for Women & Families

Right. So I'm just stuck in terms of how to move forward on this, because when I suggested we look at this list and revise it, there was pushback. But if we don't look at the list and revise it, then we're just doing the same thing.

Michael Zaroukian – Sparrow Health System

Right. So if – so – and I know we're getting close to the end, so maybe we'll take some of this offline. But I often use the analogy, what would be the most important information that you got from the visit, if you could only record a few things, and your office burned down tonight, and all you had was paper? You know, and it would be basically, you know, updates to problems, medications, allergies, and what instructions you want me to have. What do you want me to do next? Okay?

Christine Bechtel – National Partnership for Women & Families

Right.

Michael Zaroukian – Sparrow Health System

And so maybe that kind of process can help us with what is maybe actionable for us, which is a recommendation maybe that something other – some other minimum standard is appropriate if we're going to be able to offer something concise. Because the rest of it'll be on the portal, or the rest of it can be made available online as well. So again, maybe we take more of it offline, but the sort of what do I need to do next is still largely missing from this. But an awful lot of information's in there.

Christine Bechtel – National Partnership for Women & Families

Well, you know, I – you know, I'll say that I think – I'm leaning towards seeing how stage 2 implementation and the customization kind of works out, because – okay. So there are a couple of things – because some of this might be helpful for – you know, I think the context that we're talking about is, you know, literally you're my primary care, or you're the doctor I'm seeing, and I've got to do something that is specific to my care with you, whereas sometimes it may be that they want to take it and show someone else, and, you know, vitals would actually be important to them for whatever reason.

You know, so I wonder if the – if the customization begins to solve the usability problem enough or not. And I think we just don't know.

Michael Zaroukian – Sparrow Health System

Mm-hmm.

Charlene Underwood – Siemens

Right. I don't think we know yet, either.

Michael Zaroukian – Sparrow Health System

Yeah. And I don't even know that customization – maybe some of you do who are more connected to certification and standards, whether customize the data includes the notion of including or excluding categories of data, or just how the data within each category appears.

Charlene Underwood – Siemens

I mean, it's probably going to be all over the place, would be my expectation, you know.

Christine Bechtel – National Partnership for Women & Families

Well, it's – it does have to include all the – I mean, according to the definition of terms, it does have to include all the data types, because what it says is after visit summary provides patients with relevant and actionable information and instructions containing, in no particular order, all of these things.

Michael Zaroukian – Sparrow Health System

Mm-hmm. Yeah. But then it has a minimal data set that looks like more of 10 of the 20, but –

Christine Bechtel – National Partnership for Women & Families

Yeah. That's true.

Michael Zaroukian – Sparrow Health System

But again – but again, does the minimal data only apply to those who can't do more than that? The original –

Christine Bechtel – National Partnership for Women & Families

Well, so – right. So it says it must permit a user to select, at a minimum, the following data when creating a clinical summary.

Michael Zaroukian – Sparrow Health System

Right.

Charlene Underwood – Siemens

Mm-hmm.

Michael Zaroukian – Sparrow Health System

So a ven –

Christine Bechtel – National Partnership for Women & Families

And then it lists everything, I think, again.

Michael Zaroukian – Sparrow Health System

So a vendor theoretically could get certified for meaningful use by coming up with only 10 of the 20, and that I could be a meaningful user if I apply all of those. But for all of our excellent vendors who try to do all these 20 things, and they will – at the moment, it looks like I don't have customization ability with regard to whether they appear in a clinical visit summary, only how I might be able to display them.

Christine Bechtel – National Partnership for Women & Families

Right. Okay. So I think we're going to have to do some thinking and ruminating on this, because I – we're at 3:01. We need to do public comment. And –

Michael Zaroukian – Sparrow Health System

Sure.

Christine Bechtel – National Partnership for Women & Families

– we're still kind of stuck.

Michael Zaroukian – Sparrow Health System

Yeah.

Michelle Consolazio Nelson – Office of the National Coordinator

Christine, this is Michelle. We might need to follow up offline, but you don't currently have another meeting scheduled, so we'll have to figure out if you think we might need one.

Christine Bechtel – National Partnership for Women & Families

Yeah. That's – yeah. I know. I know. I think we need to start plugging through our homework list and then decide if we need one, but we've got to probably do that sooner rather than later. So –

Michael Zaroukian – Sparrow Health System

So if you want to – if you want to connect with me offline and assign me to try to tackle something that, you know, might be a revision to this that works, I'm happy to try to give it a go.

Christine Bechtel – National Partnership for Women & Families

I think that would be great, but I think we'd also like to have you connected to somebody who's pretty familiar with how vendors are implementing this.

Michael Zaroukian – Sparrow Health System

Sure.

Charlene Underwood – Siemens

And I don't know – I mean, we could ask that question. I just don't know how much variability we got – we have there, Christine. This is Charlene.

Michael Zaroukian – Sparrow Health System

Right.

Christine Bechtel – National Partnership for Women & Families

Yeah. Well, I think we've –

Michael Zaroukian – Sparrow Health System

Well, I think we can ask that question of the two vendors I work with currently, and then somebody like Charlene would be a great third person, and maybe we could pull in another, and so on, you know.

Christine Bechtel – National Partnership for Women & Families

That would be great. That would be great. All right. So let's go to public comment.

Public Comment

MacKenzie Robertson – Office of the National Coordinator

Operator, can you please open the lines for public comment?

Caitlin Collins – Altarum Institute

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

Christine Bechtel – National Partnership for Women & Families

All right. Great. Thanks, you guys, very much, and we will be back in touch with our list of follow-up items and a plan for moving forward. So thank you.

Michael Zaroukian – Sparrow Health System

Thank you.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everybody.

Michael Zaroukian – Sparrow Health System

Take care, everyone.

Christine Bechtel – National Partnership for Women & Families

Bye.

Michelle Consolazio Nelson – Office of the National Coordinator

Thank you.

Charlene Underwood – Siemens

Bye.