

**HIT Policy Committee
Meaningful Use Workgroup
Subgroup #2
Transcript
June 17, 2013**

Presentation

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thank you, good morning everybody; this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup Subgroup #2 on 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. Christine Bechtel?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

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

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Leslie. Paul Tang?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Paul. Charlene Underwood? Michael Zaroukian?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Mike. And any ONC staff members on the line if you can identify yourself please?

Michelle Consolazio Nelson – Office of the National Coordinator

Michelle Consolazio Nelson.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Michelle. Okay with that I'll turn the agenda back to you Christine.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Great, well, good morning everybody and welcome again to the final, hopefully, call of the Subgroup before we get our feedback back to the full Meaningful Use Workgroup. By my count we've got eight items that have some outstanding changes that need to be made or we need to just follow-up and let you know what we uncovered after our last call. We have 90 minutes conveniently so let's stick to about 10 minutes per item or less in some cases going forward.

So, if you're following along on the slide deck on slide 3 is the first one which is the view, download, transmit feature and essentially I think the big thing here, we had two things, one was really imaging and radiation dosing and then the other is the automated Blue Button.

So, I'm going to ask Michelle, she reached out to John Halamka who had told us that they have been capturing this in his institution for many years it's not hard to do blah, blah, blah, but we all had some concerns about it and so upon digging further Michelle do you want to describe what you found?

Michelle Consolazio Nelson – Office of the National Coordinator

Well, essentially what John Halamka's team has is a very manual process so they use CPT codes and apply an average dose for the procedure that the patient received and then accumulate that over time to identify the amount of exposure that the patient has had. So, I don't necessarily think it's something that would be easily replicatable across the nation, maybe something in the future that could be shared, but it doesn't seem like it's something that's necessarily ready for Stage 3 to apply to everyone.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Well, I thought John volunteered to do that?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Volunteered to do what?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Record it for the whole nation.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Exactly, so the other thing that I would observe is that because they use CPT codes it's probably not as meaningful to patients and families because it's, you know, their ability to aggregate and see their dosing, etcetera is going to be rather suspect given that it's not based on, you know, the actual dosing. So, I think the suggestion here – unfortunately this one came from ONC, so with apologies to ONC I think one probably should come out. Any disagreement or alternative options that you all want to propose?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I'm just going to raise a question, so we have some radiologists in our area of course that are striving for Meaningful Use and of course they're trying to use the system in the right way. I find it at least intriguing to ponder the idea that as part of their report they would also be reporting the radiation dose to the best of their ability. I'm not sure I'm recommending it but it's an intriguing idea.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Nothing is preventing them from doing that right?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

It's a good idea.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

But on the other hand there is nothing that encourages radiologists to do that either.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

This is Leslie and so with the CPT code generally comes the amount they're charging for the radiation. So, the dosage for the actual procedure with certain fields associated with it and it would be interesting to see if in that message stream that could be captured in the future. I don't think it's as manual, but Christine is right it's not going to be specifically accurate.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

So, Mike, another answer is I believe that NQF approved a measure that captures how many times you do report the radiation dose with each procedure.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, yeah.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

That would be another motivation for doing the right thing.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Part of what's going on here is you need also sort of the body mass, you need other things, other pieces of information in order to properly put that in context.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right and I think it's a little bit misleading for consumers because I might be able to get it from this provider but that doesn't tell me my total across all my providers unless I'm downloading and everybody is doing it. So, I'm a little bit reticent to include it.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, I'm just commenting – I would just comment that perfect is the enemy of the good here and the notion that says even if I only have a partial sense of it I can already tell my lifetime dose is getting up there and I want to have a crucial conversation perhaps with my providers about whether or not it's in my best interest, risk/benefit to have yet another CT scan every six months for three years to follow-up a low risk of something for someone else's medical legal liability concerns.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

It's a fair concern and I'll throw in another piece of information which is one of the motivations for it becoming a reportable quality measure is because there is orders of magnitude and that's with an "s" difference between one provider and another that's why it is really an important issue and presumably why ONC proposed it.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, Paul what are you proposing?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

I didn't have a proposal, just providing some of the information which is why this was such a controversial and important discussion at NQF when it was thinking about endorsing the measure. So, probably one of the pieces of information is what John said, so although John Halamka has it in their report it's not a way that everyone can do it which is essentially to manually put it in. Now maybe that's what's encouraging us to say it's really that departmental systems should be including this and the EHRs should be able to consume it and report it back, include it in the report, maybe that's – what did we actually say?

Michelle Consolazio Nelson – Office of the National Coordinator

It was really just a question that was asked to the public about whether it should be included.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

And what did they say? The asking part "no."

Michelle Consolazio Nelson – Office of the National Coordinator

There were concerns about how and standards being ready and for the imaging piece of it would it be through a link, you know, some of the same concerns that came up for the imaging objective as well, because the download, the ability to download would be – I can't spit out what I'm trying to say, sorry.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Yeah.

Michelle Consolazio Nelson – Office of the National Coordinator

It taxes the system.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

But you don't – if you want – but, this is Charlene, I thought that the dosage was included on the report is that right but the problem is we can't detect it from the report? We certainly don't want it from the image.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, the question –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Is it possible for this to be certification criteria so that we can move in that direction? So, to say –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

No, that's actually the proposal Paul so let me read this to the group again it's on the right side of the slide. Radiation dosing information, the above says explore the readiness of vendors the pros and cons of it including certification for the following in this objective, radiation dosing information from tests involving radiation exposure in a structured field so that patients can view the amount of radiation they have been exposed to. So, it would be making it a certification criteria part of view, download, transmit.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

So, maybe one of the things that's throwing us off is the "so that patients can view" which is another step but it's a big step and it's not necessarily something that we can – well that we have all the information to be able to dictate that, but maybe getting radiation dosage information in a structured field.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yes.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Yeah. What we do with it, how do we – as they say how do you present the contextual information which also should be in a structured field that's all stuff that we have to work out so that it is of most use both to the provider trying to calculate these things because it's not just a total dose and for the patient.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right, because the concern that we talked about previously was, okay so if you make it part of view, download it makes a lot of sense because that way at least I have a better shot at being able to aggregate across different providers and that was the idea here that you just make the system capable of showing that but then, you know, the concern I think Mike raised previously was okay but if you make it capable then, you know, there's a lot back end.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

If I were to step back and look at it it's probably a quality of care first and then it includes showing it in the proper way to all the people who would have access to it but one of the first stages is a category 1 certification criteria as part of patient safety and then over time and perhaps that's in one of our future stage columns that we are able to show the relevant information to both providers and patients. Do you see what I'm saying?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, this would be a certification only criteria for now and then we can add the other pieces for future stages that will make it more useful is that what you're suggesting Paul?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Yeah, but in some sense being in this place under VDT takes a step ahead of where we are right now or could be and it seems like right now the first priority is patient safety and that's sort of a category 1 but that is the certification criteria first and then once we get things into the system then we look at the VDT and how to present that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right, yeah, this is Mike, I agree with that I think that's exactly the point and, you know, I'd love to see us be able to move at a future stage to having it be a menu measure that it's actually entered or a core measure eventually clearly important to patient safety and clearly underappreciated, and under known by patients.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, if we can make progress that would be great, but yeah putting in VDT at this point is probably premature.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Putting it in VDT?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, putting it into the view, download, transmit right now is probably premature but making it a certification standard so that it's something that could be done as opposed to requiring it be done is a good step to take assuming vendors find it practical and feasible.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

We might want to capture the relevant context. I know that BMI is at least one of them it's possible there are others but if we can capture the things that would be needed for a – let's say even a radiologist to figure out, hey what is the actual dose, I don't know how it's done by density, that this patient has had whatever that information is we'd like to get it in structured form as part of the certification criteria.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

For the EHRs that BMI is already in there right?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Correct, correct I'm just listing that as one example, is there something else that we need to capture, is it body surface area, I just don't know what else might be relevant to capture at the same time so that in the future the EHR can calculate something or at least present the information needed for a professional whether it's a radiation oncologist or a radiologist to interpret that information.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, but I'd like to come back to what Michael said just to clarify, if we put it in view, download, transmit as a certification criteria then it's not a mandatory thing it's optional and it's there for vendors and consumers who want to or providers rather and consumers who want to use it, but I don't think it makes sense to only put it in the EHR where a patient can never see it and never download and aggregate it. So, I just want to be clear, because what I heard you say was it's premature to put it in VDT as a requirement, which I agree with, but I think putting it in VDT as a certification criteria is what we're talking about.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And that part is fine with me, yeah, no problem.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

All right, okay, so –

Michelle Consolazio Nelson – Office of the National Coordinator

Christine, this is Michelle, I just want to confirm one more thing, so for VDT there is a list of elements that should be included and most of them we suggested be required would you want to list images and radiation dosing as optional elements that won't be required?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

There were a couple, there was that, there was family health history I think was not a required one, there was progress notes or, you know, kind of the notes view that's again for people who want to see that they can, so it should be in that list.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay, thanks.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Christine, the only – as you know when people read these things they're asking all kinds of questions and the unanticipated intent may come up depending on how we place this. So, the suggestion I had was that certification be put in the context of patient safety, which is category 1, and that we put the intent under a future stage column that says "oh, we do want to show this to patients in the future but not now."

The unintentional signal about putting it in certification criteria is that we show this right away to patients and that isn't where we think we are at this point. We're just trying to get it in the system and then we're signaling that we want to get it presented when we can figure out there was a best way to present it to either party, to providers, non-radiology providers and patients.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, that's a helpful clarification. So, you're saying certification criteria up in category 1?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Correct.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But I think I want to go back to what Mike said about – I mean, I have concerns about it being incomplete but then, you know, what Mike is saying is okay, but, you know, it still gives you more information than nothing and, you know, as a patient you can kind of figure it out. Do we think that's not the case and we want to shield patients somehow from it through VDT?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

No, it's only staging, so we're just saying in Stage 3 we don't have – we don't know all the – we don't know the best way this is sort of a new field, it's newly discovered how variable the dosing is and so we have to start getting people the information to be able to one understand it and two to display it but we just aren't there yet so that's why this signaling in future stages that we would intend to get it out to patients once we figure out how to do that. So, we're very intent because of the variability, the unwarranted variability of getting the information in a structured way that the computer can deal with it in this stage.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, so now we've changed again, so now we're back to not in VDT but it is in certification criteria for the EHR in category 1 and we hand it off to someone else is that correct?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Right and what that's saying this is a patient and that comes under patient safety, this is a patient safety issue, in fact, you know, you could take advantage of the NQF endorsed measure in CQM to help drive that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, anybody else? We've got to close this out. All right.

Michelle Consolazio Nelson – Office of the National Coordinator

Sorry, this is Michelle, one more question. So, Paul do you think in category 1 it belongs – could we put it with the imaging objective as certification criteria or on the...

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Yeah, that would be a great place.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay, thank you.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Thanks Michelle. All right, so the next piece of this is automated Blue Button. So, we talked about this last time and I think where – and Michelle you'll have to refresh my memory if we were going off – is there other information that we want to add at this point about automated Blue Button?

Michelle Consolazio Nelson – Office of the National Coordinator

I don't think so. We talked to Deven about it a little bit.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes.

Michelle Consolazio Nelson – Office of the National Coordinator

I'm taking out my notes.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, so there was a White House Summit on patient access that was focused on automated Blue Button, Leslie was there, so – and I know Leslie you're on the call today. So, people were I think very, very happy that this was part of Meaningful Use although I think there was some concern that if it was a menu item structured in the way we have it then it's – let's see if I can get this out, then I as the patient I could go in because my doctor is offering me the automated Blue Button and I could basically subscribe another doctor of mine who may or may not realized I'm doing that, right, and then they're getting, you know, potentially information.

On the other hand people said, yeah, but, you know, it's just like today where everybody has, you know, kind of policies and procedures around getting your medical record and sending it to so and so and doing it via fax and, you know, everybody sort of figures it out. So, we just wanted to come back and make sure this is appropriate as a menu item which it's not a requirement it's a menu item or whether it needs to be a certification criteria only instead. So, Leslie, I'm not sure what you think, but I know that you've been deep into this as well.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Well, I think that we should go forward with a menu item because it will continue to build on the momentum that we're starting in January. So, I would advocate that we go forward with that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, certainly the standards are there.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Yes, they are.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, all right, so I don't think there is anything to update we had already agreed on that as a group, but we're just coming back to confirm that we did have a couple of conversations and this entire White House Summit, which is going to, I think, produce a lot of very helpful other market drivers that will support this environment even more.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

And NPR did a piece today with Farzad and Deven McGraw on the Blue Button and it was great.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Oh, good. Okay, so on amendments which is slide 4 Michelle is going to read us – we changed the language on the last call and again I don't think there is anything to talk about here, but we didn't put the new language in so we're just going to remind you of what it is that we did agree on and then keep going. So, Michelle?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Christine?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Can I just ask about the threshold for this menu item 50%?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

It's an offer, yeah.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Is that high for starting out?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, I don't – I don't think it is. I think if you select it it's just making sure that there is some way for your patients to know that they can exercise that but it's not like the 10% of, you know, or I'm sorry 5% of patients who actually view, download or transmit, so hopefully that's clear. This is just "hey want to let you know we offer this."

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

So, is there a chance – so does it depend on people who are able to receive that and then that limits the number of folks who can take advantage. Do you see what I'm saying?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

So, let's say I want to start it with – oh – can't actually receive this automated transmission so all of a sudden the provider can't meet the 50%.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

No, because it's not dependent on the transmission at all, it's not dependent on the use or the transmission otherwise I would agree it's too high. This is just making it available to half of your patients whether they use it or not it's just make it available.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Well, okay it's a little bit different from make it available, so remember the VDT is a make it available and yet anyone, literally anyone can enroll and sign in. Here you could make it available but in a sense it's only if your PHR for example or your other provider can take advantage of it. Do you see what I'm saying? So, it's not the same denominator.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

No, well, but that was the intent was it's available as a service if you – so that as long as half of your patients just – it's the same as the first component of VDT, you make it available but then there is a second usage criteria in VDT that is 5% it's not that, there is no use criteria on it at all so it's the same as offer it, because, you know, it's just half your patients need to know whether they use it or not –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

I understand, Christine, but in the VDT where we said make available the provider controls the whole thing and literally anyone on the planet who is a patient of that provider can access it. In this case it is not true that the provider has control over all the people who – yes on our side they have the ability to transmit but it's not – but you may not have a receiver that is able to accept it and so for you, Patient X, you may not be able to participate in it, that's the part the provider doesn't control and that's why it's a different denominator.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, so when we talked about this several months ago though what we said was that anyone can sign up for a HealthVault account or another type of PHR that is capable of receiving this, so any patient could now I can't control the other doctors, you know, right, but that's okay because I can get all of my stuff on an automated feed in one place if I would like it.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Well it says provide 50% of patients the ability to designate to whom and when a summary of care document is sent that's not saying "oh, HealthVault is the only one that counts."

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

No it's to whom and when would include me the patient.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Designate to whom and when, I want it to go to Dr. Smith, Dr. Smith isn't able to receive it, well that's where I want it to go, am I meeting that numerator or not when that happens?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

The numerator is earlier, I don't – I think – I'm not sure where our disconnect is.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Okay, so the denominator in VDT is all patients who have information in this record and it is easy for a provider to say everyone can access it so that's why the threshold is not that important. So, in this denominator is the denominator all patients who could find some way even if I say all patients who connect to HealthVault that is then they would qualify in the numerator that is I've qualified for them even though they want to designate it to Dr. Smith or to wonderfulphr.com and neither of those people can accept it.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

The denominator is the ability to set up your preferences. So, you're not going to set your preference necessarily to go to a PHR or another doctor that can't receive it, right, but you can still set up your preferences. So, the way that this was originally written was provide patients with the ability but it didn't mean they actually had to do a successful transmission or not because of the issues that we know on the other end. So, it's really just the ability to set your preferences if you want. It doesn't even mean that 50% have to set their preferences it just means you offer the ability to do that.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

So, this is Leslie, so that the doctor is not creating a barrier basically, we're just saying you have the ability to offer this.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

It almost sounds like a certification criteria.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, that –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

To me as well, yeah.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

We talked about that a lot and we talked about that too even at the patient access summit, but – and so it was – we had agreed on this several months ago and the reasoning was it's really about that, you know, the ability to select this as a menu item if you want and be more active in making the offer because it's like VDT was, it's fairly new, a totally new concept in healthcare, so that was the thinking.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Also, I think that if you use this as a menu item it covers the ability for those who don't want to participate and what we've known in the other patient engagement menu items which was specifically education those people that did select it were running in the high 70s. So, once they have the ability and they believed in the patient engagement they were running very high.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

This is very different. In order to make – would it be possible for you to spell – to just write out the denominator and numerator and then at least we'll be able to talk about the definition. I think that's where it will become clear.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, it's the ability; it's the ability to designate.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Then I don't see the difference between that and the certification criteria. We do want this ability in the EHR and a certification criteria would satisfy that. What Michael and I are having trouble understanding is what your definition of the numerator and denominator are that handles the cases where people, their designee cannot accept it, that's what we're concern about and I don't know how your definition will –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

All right we will write it out, that's fine, we will go back to the notes from, you know, months ago and we will write out a numerator and a denominator, but again, a lot of this stuff guys is becoming certification criteria which feels really passive and so when we've made patient and family engagement supposed to be a priority I'm getting little worried about it. So, I want to encourage us to think, you know, more forwardly but we will write out numerator and denominator so that you can understand it and go from there. All right, so the next one is amendments. So, Michelle do you want to go ahead and read the new language, please?

Michelle Consolazio Nelson – Office of the National Coordinator

Sorry, I had to get myself off mute. Provide patients with an easy way to request an amendment to their record on line, e.g., offer corrections, additions or updates to the record and we took out that obvious manner piece.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

All right, any comments on that? This is what we agreed to previously. Okay, great. So, let's go to patient generated health data. So, what you see on slide 5 is the language that we talked about previously and we had asked Mike to go and give us some suggested language, just reframing not really changing the menu item itself, but reframing it so that it would be clearer and hopefully more appealing to clinicians as they're selecting their menu items.

So, you can see it in front of you. It's provide 10% of patients the ability to electronically submit patient generated health information that can be reviewed and selectively incorporated by EPs and EHs into the certified EHR and then we gave an e.g., previsit information, problem history, home medication updates, functional status, patient created health goals, advance directives, etcetera and then made the case, right, to allow patients to contribute information needed for visits and for performance on high priority, that should say health conditions Michelle it was just missing that language, and improve patient engagement in care.

So, we're suggesting it could happen through a variety of ways whether it's a structured or semi-structured survey or list update, etcetera, or through secure e-mail. So, this was the way that we were going to be very broad about and supportive of multiple channels of collection, creating the capability and beginning to accelerate some of that behavior in a way that is helpful to both patients and providers.

The reviewed and selectively incorporated component of this – so the Consumer Empowerment Workgroup is looking at what, you know, what's the right kind of policy framework for patient generated health data and we're actually meeting I think at 4 o'clock today, so we're suggesting at this point to the group to view it through the eyes of the same amendment process which is essentially review and selectively incorporate that's the same thing.

So, Michael had made the point last call or maybe it was a couple of calls ago that, you know, doctors aren't going to be particularly willing to just sort of take whatever in to their EHR, they're going to want to review it and then grab what they need and so this would begin to set up that process. Any comments, questions?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I'll just make one comment, I like it but of course it's a lot of my wording, so of course I would, but the point I wanted to make about that selectively incorporate is the classic scenario I had with a patient not too long ago was she put down a history of stroke when she really meant she had a history of temporary neurologic changes due to a migraine that she wrote down as stroke. We talked about it together it's still in her patient entered history as if it was a stroke, but of course I know the patient well and I know the situation well and so we changed it to complicated migraine that made it accurate and it allowed me to selectively incorporate the right information into the record.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Great.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

I'm just, this is Charlene, I'm just struggling with – and again, there's a lot of tools out there to do this with, you know, that you can import the capability it's just how do you balance, how do you put a boundary of certification around this? You know, I don't oppose doing this, but it's just –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

I think I'm reacting similarly, there's a lot of words here and sometimes words help to at least explain our intent. This statement that begins with the black this could be accomplished and what happens is that turns each one of those clauses turns into a certification requirement.

So, there must be a way to do structure, there must be a way to do semi-structure, there must be a way to do structured list updates, which all might be right, there must be secure e-mail and there must be a way for EPs to choose information that's most relevant.

So, I guess when you parse it it's probably already mostly there, but we just have to make sure that's true because each one of these phrases will turn into a certification requirement.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I appreciate that perspective and I actually hadn't thought of it that way. So, that's good to know. I think what I at least tried to do is to take things that I thought were already at least in common use if not a certification criteria some of which I thought were but the notion – and in fact I would probably condense this and as I said on the last call, the additional information part of the CMS description of these would probably be the place where you would put in some of those examples, but I do want to be careful that we're not making it clear that it has to be one of those approaches but rather these are suggestions about how individual, how vendors or users might accomplish it.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Right.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Right, from a certification –

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

This is Leslie and so the work on the patient generated health data team that's going on in the standards are using the existing standards in the consolidated CDA and already have put forward means to achieve these things and so by using the existing mature standards that's already been approved under Meaningful Use and mandated as the consolidated CDA I think from a technical point-of-view that would not present a barrier to any of these, it's already part of the certification process for a consolidated CDA.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

So, that's helpful that the standards exist what we're talking about is what development needs to occur to make this possible and as I look at it, yes I see these things can be transmitted from one to another, I don't think that many – I don't think there is a current EHR that can do all of these in the context of a patient updating, you know, requesting an update to their record, that would be a new development I think and Charlene can maybe comment.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Yes.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

But, so just – so the new point for Michael is each one of these when you give an example that means if a patient can do any one of these than that means an EHR has to do all of them that's what we learned back in Stage 1. So, we've just got to be careful that that's where you think you can go in one step.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, let me just provide a little bit of background. We had John Halamka on the phone and we talked about this one and we had some of these questions about – and I know we're not looking at the document with the HIT Standards Committee feedback, but what he essentially said on this topic was you don't have to have the perfect mechanism for everyone to use, it doesn't have to be uniform, that a vendor just needs to figure out how they'd like to do it and that will begin to create or support more standardization in terms of the function not the content I think which is what Leslie described, but his point was give people flexibility so they figure out the best way to do it and that's okay.

Now that was before though, that was when we really just focused on, you know, structured or semi-structured questionnaires, we did not reference the – the language that Michael added was structured list update requests or secure e-mail, which obviously that already exists.

So, are we comfortable, do we want to just remove the list or reference to structured list updates and focus it on structured or semi-structured questionnaires it will put some parameters around it but also allow people flexibility?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And frankly, that's the favorite way doctors would like to see these as structured, you know, the point I made earlier about they incorporated into the progress note, they're verified or modified during the course of the visit, that's the perfect work flow to take such data and work through it with the patient directly there for any clarifying questions. So, if we want to hone it down to that and we feel we can support that that would be great from my perspective.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

So, this is Leslie, some of the things we heard in testimony were things that could be created like your family history, your medication history list all of those things were very important for efficiency and work flow, so I would hate to see those go away.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

I'm sorry; can you say that again, Leslie, I didn't quite follow?

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Sorry, are you're suggesting that it's just the questionnaires Christine or are you suggesting that it's also the give me my updates on medication list, give me my family history, my demographics and some of those things that we heard were very important from an efficiency point-of-view where the patient is the source of that data.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, we would want that for sure, so, thanks for the expansion that's absolutely right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But, I'm sorry, I guess I assumed that you can capture family history and even medication list updates through a structured questionnaire approach and then direct the questionnaire, you know, this field goes into – once I've reviewed it goes into this spot in my EHR.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Yeah.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Isn't that Paul how yours works now?

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

And this is Charlene, I mean, I want to step back, you know, we've gone through under care coordination a lot of work under the reconciliation function taking piece by piece of the data that's incoming whether it's medications or whether it's allergies or problems, you're going to need that – I mean, the more we can align across these different functions I think the better outcome we're going to get, but now this is a whole bunch more reconciliation.

So, I think you've got a suggestion where you kind of keep it really simple, you know, and just say, look here's that structured questionnaire, certain vendors will embed it other vendors won't but at least they can, you know, look at it or something, but if you get into family history and all those detailed fields, you know, I don't think you're going to get to the end game as effectively as you might be able to.

I think we have to systematically go after these different data elements that we want to inbound and reconcile. So, I would –

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

So, using the questionnaire approach is your recommendation regardless of what kind of information comes from it.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

I'd keep it really simple and then we can reconcile and bring that data in more systematically, you know, because it's just going to get...and then some vendors will do it smarter other vendors won't, they can compete on that, that's all good, right?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yes.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

But keep it simple I would think in terms – if you want to take this step.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, Charlene let me try to operationalize your comment. We've given a lot of explanation in here trying to be helpful and appealing, but the core piece of it is the, you know, this could be accomplished through, so it's 10% of patients with the ability to electronically submit patient generated health information through semi-structured questionnaires.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Yeah, yeah keep it there.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Now what I think –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

– that you have to integrate it in or – because I think that will just – you know, will get should the data be accepted, you know, it was like –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right, right, right so but what I think you're saying, so we're in agreement, but what I also think you're saying is if you took out the structured list update request reference here there may be some elements that you are covering in the care coordination bucket around medication reconciliation where patients will have a role in that and that would help to facilitate some of those efficiencies is that correct?

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

We didn't go there in terms of this stage, but, I mean, I think that's the build out you'd like to do if would seem because – Leslie on that committee is always wanting to move in that direction but it would seem like that's what we would want to do.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Well, I think if we make – I think you're right if we say to questionnaires then it's up to the market and the provider to say, what does that question ask and what answer did they take but the structure the could be applied for a variety of use cases, but I think Charlene says some vendors will get it right, some will kind of Mickey Mouse it, but the structure would be in place and it becomes then driven by the market and the provider as what they want to ask from the patient.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Yeah.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

All right, so this is Mike, and I think maybe that will all work especially given Paul's comment about be careful how you word things or you'll create a new certification standard. So, it might well be, since this is the innovation stage of Meaningful Use in particular, that vendors could figure out how the answer to a question might lead to a flagging of a medication for possible removal because the patient says they're not taking it or a problem that's been resolved. So, maybe through the questionnaires we can leave it at that and let vendors –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

As Charlene says compete through the marketplace to say, you know, we can even queue this up so you can review the problem list and remove that temporary problem and remove that medication that the patient no longer takes. So, that would be fine.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah, because we're doing the investment in the reconciliation piece so I would hope that this would be kind of the natural outcome of that eventually.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay. All right. Are we ready to move on? I'll take that as a yes. All right, so clinical summary, so what we talked about on the last call was that Michelle went back and looked at the 2014 certification criteria which really aren't even operational yet and there is a customization component to them. So, it was intended to allow people to really customize the office visit or after visit summary. So, you can see that we've just sort of reframed, that's not new we've done that in the last couple of calls, the intent of the visit summary.

And then we had a discussion last time about providing them in the form or format requested by the patient, so that was the way that we were going to not require a separate objective on recording communications preferences. And there were some questions raised about, well what if an organization has a policy that they don't, you know, for security or privacy reasons use a particular format that the patient wants.

So, we did some work to talk with Deven McGraw and it turns out that the HIPAA Omnibus Rule that was issued last or, yeah, last year or maybe it was earlier this year, actually establishes the right for the patient to receive their health information regardless if it has PHI or not in whatever format they want as long as the provider has the technical capability to produce it that way.

So, if I come in and say I want my record on text and, you know, the doctor doesn't have the technical capability then they can say no, but otherwise if I say, well I would like this, you know, sent to me on e-mail, if they offer e-mail and they have the visit summary electronically and it is technically feasible then I have the right to get it in that format. So, we just made that clarification here.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So that's a little scary to me in terms of what does that actually mean, because I could like Calibri font and somebody else wants Times New Roman and technically I could change my fonts for them, etcetera, so not to get too ridiculous, but the concern that I have exactly is the issue of in the form or format is a whole different story, you know, I want to make sure we're keeping the goal in mind.

The goal is a brief and clear statement for patients that helps them to better understand what happened at the visit, what are the appropriate next steps and my goal, at least in this process was to allow in Stage 3 a focus on the elements deemed most relevant to the provider and the patient at the visit with some discretion of each to populate it so it maintains that goal of focus, clarity, conciseness and appropriateness and not necessarily every element that could potentially be relevant in every problem that is on the list. The form or format to me –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Wait, wait Mike let's take those two issues separately so we don't conflate them. So, with respect to the ability to produce a concise, actionable summary that we both agree is, you know, got this stuff but not that stuff that's what we believe has been done in Stage 2 certification criteria, so our intent is to see how it works before we layer on something else when we don't even know how that's working, but that is the intent of the 2014 certification criteria, so I think that's covered here.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, I'll have to go back and look at it again, because my reading of the Stage 2 requirements for that summary is it is still pretty note bloatish.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

It has the option for a lot of the data, right, it focuses on the MU core dataset, but then there is a second cert criteria and Michelle can send it to you, that talks about customization. So, that certification criteria is in there, so it doesn't make sense for us to add another one on top of it at this point.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I'm not sure I'm talking about certification criteria though I'm talking about what the provider actually has to provide in the summary. So, but anyway we can come back to that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, we can't come back to it this is our last call. So, it is about the criteria do support that flexibility.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

All right, I'll look while we're talking about other aspects of this then okay?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But the other piece that you're raising is clearly not intended to say I need this to look pretty. It is about you have a right under HIPAA to have it in the format you want now I don't know Michelle whether form and format came from Deven or if it's just format, or if it came from the rule, I'm not sure about both of those words.

Michelle Consolazio Nelson – Office of the National Coordinator for Health Information Technology

Yeah, I'm not sure, that's what we discussed and the language that we decided upon, but, I can follow-up with her.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

All right well we'll just make sure it's consistent with the language in the law, but this is a reflection of the law.

Michelle Consolazio Nelson – Office of the National Coordinator

Right.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Well and I think importantly in the additional information part somebody would need to translate what that means. I mean, it's one thing to say it's e-mail versus paper, versus whatever but it's another thing I don't know what form or format means, I don't.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes, we have and I actually think it's – Michelle somewhere – and I thought it was in this deck we had the list that we were, you know, telling the Standards Committee to work with which was around – yeah, it's down on, actually it's down on slide 9.

Michelle Consolazio Nelson – Office of the National Coordinator

Yes.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, it's e-mail, regular mail, text, patient portal, telephone.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Well, if that's what's meant by it then I guess we're okay. Although telephone for a visit summary?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

No, but you get the point, you'd have to have your – there are multiple fields not each one is going to apply to, you know – so the telephone thing should be in there for reminders. Follow-up reminders, appointment reminders stuff like that; you want that to make that easy. So, that list is serving multiple functions to create efficiency.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay, but all I'm saying and I don't want to get too picky about it, but those of us who are tasked to make this work will look at the source of truth reference and say, unless they tell us otherwise in this rule we have to make all of those available.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

No you have to make it available according to the law which is HIPAA so that's not what this is saying period, I mean, it's just not. I don't know how to get around that except it's just not saying that.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

You'll have a lot of questions I would say.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, I mean, I can't – I'm struggling because we have to write the Meaningful Use criteria but we don't write the tip sheets, CMS writes.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

All right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, we need to do our best to be clear about our intent which we've said here to be consistent with the law, which we've done here and then we can't – I mean we can't control the way CMS writes their implementation specs. I don't know what to do on that except to say if you have a way that you want to even clarify this further we should do that other than that this is a long-standing objective that we've tried to clarify, we've figured out that there's more new certification criteria that meet our – everybody's common intent here which is to provide customization, but I'm not sure what to do beyond this. If you have specific suggestions we should talk about those.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I guess for me without having to refer to another regulation in another place that I might or might not be able to find if I'm a small office physician I'd like to be clear in the objective and in the measure what it is that I need to do if I'm meeting the form or format, if that means portal or paper, or, you know, secure e-mail or whatever that's fine and we could list them.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, why don't we put an – well we have this e.g., so we can move the e.g. down and we'll say, in the form or format requested by the patient, you know, e.g. e-mail, blah, blah, blah, yada, yada. We can put an e.g. in there.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

That would be – yeah, that would be helpful, thank you.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, we'll do that. Any other changes?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

We might actually put that same phrase in the measure, remember what's measured is equal to the objective.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

That's true.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Because it's going back to this whole provided – this was one of the things that caused the most amount of unnecessary work. I'm wondering if the phrase made available is even clearer than provide, because provide, what people interpreted it is as you had to put it in the hands of the patient, which was probably how this print out came in. But, if we don't want to change that at least put this e.g. phrase in the measure so people when they read it are provided to patients can understand that it could be a printout if that's what the patient wants or is most helpful, but it can be available on line satisfies this, the numerator.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, I will work with Michelle and Deven on it, because, you know, if the patient does request it on line or in an e-mail, you know, you're supposed to have to do that if you support that particular method. So, we'll work – clarify it.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Yeah, just clarify the measure too because that's actually what is more important.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

And when you keep throwing in e-mail it does make people like Michael and me nervous because e-mail – now all of a sudden you have – if the patient says I want it in unsecured e-mail there should be another consent process that says, I understand what that means and it is going unsecured. Do you see what I'm saying?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, I don't disagree with that but I don't know if that's called for under HIPAA or not, but – I mean because we went through this with Deven and I was surprised that if I go to my doctor's office and say I really want my chart e-mailed to me if they support e-mail and they have my chart electronically they have to honor my request. So, I don't –

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

And this is Leslie, and Deven did make that clear that in fact the only requirement the physician can ask for if the patient sends it in unsecured e-mail the provider can say, great would you sign here that you acknowledge that that's going on e-mail but you're still required to send it.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

But, well, you're not required to, the doctor can say, gosh that's not making me comfortable or they must have in place a consent mechanism and then of course manage that consent. So, those are possible unintended things that get brought up if you're really saying e-mail is one of those ways we can honor it.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But again we used a very specific example with Deven and she was very clear to say they have to send it to you. Now they may require you to sign another form or whatever I'm sure, but if you want it and they can produce it in that format then you have the right to it in that format even if it's unsecure.

So, Paul, what I – I don't – and it would make sense if there were other consent processes but I don't think that we would dictate a consent process in Meaningful Use, right? They need to comply with the law or do whatever they need to do, but I don't think you're suggesting that there is something else around consents here.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

It's a little bit like Michael is saying, you know, it's pretty hard for your everyday physician to understand all the regs that are coming at you and if a reg is saying, if they ask for e-mail give it to them there's a big caveat there because they may not realized that, well there are other considerations like HIPAA security and privacy that's impacted and the way to do this consistent with the HIPAA is to have to get the consent from the patient to do that.

It's just helpful – if we want – our intent is to make this clear and useable, and helpful for everyone and the Regs as well, so if we're going to be promoting e-mail which seems to find – most people would understand that seems contradictory but here's the way that you're consistent with HIPAA and that is you have to get a separate consent and it's not just the, here sign here, because really I'm not sure most consumers including most everybody understand how unsecure e-mail, you know, plain un-encrypted e-mail is.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right and so what I thought we were going to be clarifying to secure messaging instead of saying e-mail has turned for me into something that I'm not sure I would comply with. So, you know, we tell our patients straight out if you want electronic communications from us you sign up for our portal and you use secure messaging. If you want it by unsecured e-mail we're sorry we cannot provide that to you and that's that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

I think we have a problem and we're talking in circles at this point but what we have been explicitly told is you can't do that. So, I'm not sure Paul if you're saying – I don't know how to operationalize your concern. Are you trying to say we should write another objective?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

No.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

I mean, I get the point, but I also feel like we shouldn't write the tip sheets either.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Well, I think a lot of both HIPAA and Meaningful Use has concentrated on safe and effective means of getting information to patients. Our default assumption has always been a secure portal or a secure – and secure patient message is just a part of that. It is not the default to rely on unsecured messaging such as e-mail and so I guess my suggestion is if we were to raise that explicitly then it's worth helping people through this by saying "when using unsecured e-mail a separate consenting process is required" and the reason I call it consenting process is really the biggest part of it is to help people understand that e-mail actually is unsecured, you know, we had this whole Verizon thing, all of that is readable by anybody and any machine. So, it's a useful education.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And I'm –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

I mean you see this all the time with consumer empowerment is it's not just to get the information – it's a useful time to educate them on what are the risks and, you know, what are the benefits.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

So, Paul the way that Deven explained it to us is that the patient can say "I'd like you to send this to e-mail." The provider can say, would you please review this and sign a consent and it's not even a consent, it's something, the doctor can say "hey I don't feel comfortable with this please sign here stating that you understand the concerns that I have raised about security and privacy" but you cannot then say and furthermore I will not send it to you, you have to send it if the patient asks.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Well, that's not true.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

And the only –

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

That's not true.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

I don't know how to explain this, because we went through, we met with Deven, we reviewed this several times and although all of us felt uncomfortable with it, it is a requirement that if the person says sends it to daffyduck.com you have to. You can say, in writing, please sign here that you realize that that's unsecure e-mail but that is not – it's something maybe all of us feel uncomfortable with but that is the requirement as was clarified to us.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, I'm going to exercise some chair prerogative and say I think that between Michelle and me we get the question and the concern, we will have Deven – I think Deven needs to have a conversation that you both Paul and Michael can hear directly, and follow-up and ask her questions. So, we can either set that up and have all four of us on or we can ask Deven, you know, if she's going to make it to the Meaningful Use Workgroup, you know, the full Workgroup and we can talk about it as a group with her there, but at this point I don't – I think, you know, you guys are saying something that is a little different than what we understood from her. So, let's just get the expert in the room and table this piece of it for now. Okay?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

I think that's fine, it sounds fine. I think there is a nuance that is what's separating us.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Do you want to articulate the nuance real quick?

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

It is I think what Deven is saying is if it's agreeable to all parties then the way you could use unsecured e-mail is the doctor says, yeah, I can do that and here's the conditions which is signing this consent those would all make sense.

I don't think the way Leslie just described it as you must – you know, so I want an e-mail and boom everybody in the world has to send you e-mail, unsecured e-mail, I don't believe that's true but there is probably a nuance involved in that.

And the other more philosophical is just the whole default basis we've been talking about through all of category 2 is that it would be in secured patient portals, that's just something we want to be really careful if we're going to deviate from that default.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right, so the other option would be – I mean, well, let me – so, Leslie we will talk to Deven, but we can unconsolidate and we can add back in the mandatory data collection of patient preferences for different purposes that's an option that's part of what's creating the tension here. But, either way I believe that you still have to require or you still have to comply with the law. So, we'll have a discussion and we'll facilitate some kind of discussion with Deven going forward because your summary is not what I understood from Deven, but maybe there is a nuance that we don't know.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Yeah, I think there is some nuance there.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay, so this is Mike, so I have to say one more thing before we move on. So, I'm looking at the Stage 2 clinical summaries issue, I'm looking in additional information I see stuff about secure e-mail but not about non-secure e-mail and then right below that I would see my personal defense, at least according to this regulation for not doing it and that is if an EP believes that substantial harm may arise from the disclosure of particular information they may choose to withhold it, I would withhold the entire thing in standard e-mail 100% of the time.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, I mean –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And then we have to reconcile that with the law but if that's the case we've got to get that out to the public today because I don't think the average practitioner would agree with that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But we will find out, we are absolutely talking in circles at this point, so we will figure this out and we'll draft something that complies with the law, we get the concern and we'll get Deven and we'll figure something out.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

All right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

All right, so the next one is patient education material. So, as you guys recall last – I'm sorry we have an echo; I don't know if somebody is on – okay, well that's better. All right, so what we agreed was – and Michelle we have to make a quick edit to the measure, so the objective would be provide patient education materials in at least one Non-English language. The measure would be deliver at least one education material to one patient and it needs to say in a language other than English Michelle.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay, sorry about that.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

That's okay. And then we're also suggesting the certification criteria that you see on your screen.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, can I at least tell one brief story about my current experience at the hospital? We've actually just decided not to use information provided by this certified EHR technology because we have a commercial product for 6000 handouts in up to 8 languages that the technology can suggest the handouts, the problem is the patients who have multiple problems on their problem lists and now the handouts are all listed with all of the languages they're available in and they rapidly become a huge list of stuff that is recommended by the EHR, but the provider has neither the time nor inclination to read their way through all of the ones available because somebody's done a good job taking care of the problem list to find the one they're looking for. So, they're saving favorites, but technically they're manually going to find the handout that's needed for the patient and we will be at risk of meeting this measure, because the EHR has to suggest the handout itself.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, I don't know why – first of all it's the first time we're hearing this and I don't know what to do with this objective. I don't know what you're suggesting. So, can you clarify? Are you saying eliminate it entirely?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, again remembering the purpose of the objective is to make sure that an EHR can do that, that's great and the fact that it can do that was a certification criteria, the fact that we give patients relevant handouts is really what it's all about, the fact that EHRs can do this is part of what's critical support for that when it's helpful, but the notion again of a certain threshold for some it will be easy, for others it will be extremely difficult and then my surgeons – you know, again the reason this didn't come up before is because I wasn't living in the world of my surgeons until now for this specific issue, this was literally last week, but I'm completely with them with regard to the patients with 10 problems on their problem list and even when there are 1 or 2 problems on their problem list that the things being suggested in 8 different languages when they don't need them the vast majority of times is part of the problem. So, my suggestion would be –

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

So –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

My suggestion would be that we do something other than a threshold; we prove it works with a much smaller number.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But it is Mike, it's one.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Well, so I'm seeing 10% of all unique patients with office visits or 10% of –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

That's Stage 2. The right column is Stage 3. The measure is deliver at least one education material.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay, I'm sorry, I appreciate it.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

We've gone from, you know, again, you know, we've backed way off of this requirement and for some legitimate reasons because it was hard to structure, but we wanted something that was going to be much better than one certainly I think from a consumer view-point, but knew that it was going to be challenging to structure it around 10, so we ended up at one. So, is that okay?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

That's fine.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Sorry, I apologize I was looking in the wrong column.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

That's okay, so do we need – is there any other discussion on this point? Okay, all right –

Michelle Consolazio Nelson – Office of the National Coordinator

Christine, this is Michelle, I'm sorry, the only thing I wanted to ask was about the new certification criteria for disability status, I'm wondering if that belongs better with demographics, because that would be the point of entry not here.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

It is though, right? Disability status is with demographics isn't it?

Michelle Consolazio Nelson – Office of the National Coordinator

I'm not sure, let me go back and check.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, it's –

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

I think it is.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

It's a proposal for criteria along with –

Michelle Consolazio Nelson – Office of the National Coordinator

I think it's proposed, yeah. So, should it be there or here I guess is my question?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Well, I think this was – I'm not sure the answer this is more of a standards probably question, but I think the issue here was, okay you also, you know, want this to not just be people with linguistic needs, but, you know, this is something where if the InfoButton standard were expanded then you might be able to also identify let's say material for people with different, you know, either visual or cognitive impairments. But I think that was the idea, but I don't recall writing this particular one in here, it might just be that that feels like more of a standards thing.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But we did talk about that. I think it was Mike who raised it and said, you know, we really need to think about that and so we said, okay well let's have the certification criteria that's kind of bringing these two together, the demographic piece of disability and the education materials.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yes.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, I think that's at least fine to leave in there and get the Standards Committee feedback on would be my suggestion and they may say, no not possible and that's fine.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay, thanks for the clarification Christine.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Sure. All right so the next one is secure messaging and Michelle I don't know if you had a follow-up conversation after the one you had with Kaiser and then you and I spoke, but the idea here was, okay so the Stage 3 measure is still the same as it's always been with the reduction to 5%, we proposed 10 in the RFC we've come back to 5 as a response to the public comments, but what we also had in public comments was a suggestion that the EHR be able to simply measure and report the response time and so Kaiser we know does that and I wasn't sure Michelle what you have learned with respect to different measurement of response time.

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah, so I followed up with members of my team within ONC and we thought that there would be vendor capability to be able to do this, but I've also – it was suggested that I reach out to Arien Malec; I just reached out to him though, so I haven't heard back yet. So, it was suggested that he might have a good idea of the state of the industry. So, once I have that feedback I can share that and let you know if there is anything different.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, so this was in a conversation with Michelle, I had suggested that if this was already a standard component of EHRs then we don't need to ask people to, you know, have a certification requirement for it, but if it's not then it would be useful for providers to have that in a more consistent way. So, we just don't know the answer to that yet. So, we'll come back to that. Any comments before we go to clinical trials.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I guess I would just want to think about the unintended consequences of our earlier conversation about non-secure e-mail, because I think honestly speaking if I were to ask my patients would you rather just communicate with me using your e-mail or your secure e-mail most of them would say non-secure, maybe the vast majority of them would say non-secure and if I've got to be able to communicate with them non-secure methods I guess I'd want that to count in my 5%, if they want to send me stuff that way.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, I see what you're saying, but that is not about communication channels, that is about my ability to request my own personal health information contained in my medical record, so it doesn't govern, hey if I want you to talk to me on the phone or if I want you to call me that's a legal requirement it just says communicate back and forth so it's two different things.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

–

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

– but those are definitely two different things.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this reads to me, and again I may be missing it wrong, but to communicate with messages use secure messaging but 5% of patients use secure messaging to communicate with EPs.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes, that is – yes, that's the secure messaging that is part of Stage 2, been part of these recommendations with public support, yes, but what you're raising or you're linking the HIPAA requirement to provide at my request my health information in the format that I want is different.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, I can refuse to communicate with them electronically except for sending them all their information?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, we're going to – I don't know how else to explain this so we're going to – you can raise that with Deven, we'll facilitate a conversation with all of us.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay, okay.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

But, yes this is different, that's not a HIPAA request, when I e-mail you to say I have a question I don't – that's not a, you know, HIPAA request for my record. So, we'll get Deven to clarify that for you though, I'm happy to do that.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah and I'm not sure it relates to Deven instead it relates to the consequences for patients who feel they don't need to use the secure system, but anyway we can include that in the conversation.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, well the concepts you linked were what we talked earlier about was about HIPAA communications not about secure messaging. So, I don't –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, but the patients won't see it that way. The patients will see it as if I can – if it's up to me to decide how I get stuff electronically it's also up to me to be able to say how I want to message the practice whether secure or non-secure. So, that's the battle I will need to fight in my own practice is to say you can request your information electronically and I have to send it to your non-secure e-mail but if you want to send me a message about how you're feeling or what's going on in your life you need to use secure messaging and I'll need to have that clarified.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

That's the same as the practice world today that's no different. Okay.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

I think it will be useful after we have this conversation with Deven it is obviously of such importance and such source of confusion, it would be good for us to finally nail this down and then communicate our learning's back to the, at least the full Workgroup if not the committee, because this is would help everybody.

Michelle Consolazio Nelson – Office of the National Coordinator

This is Michelle, sorry Paul, I'm going to – so I was planning if you're available Christine to have Subgroup 2 walk through your recommendations with the full Workgroup on July 2nd. So, I was going to suggest that maybe we just make sure Deven is available for that call as well so that she can answer all of these questions for the full Workgroup and everyone can hear. Does that work?

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes, that makes sense, I'm available.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay, thank you.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

If we talk about it ahead of time we'll probably shorten at least that conversation hopefully.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, so let's go onto clinical trials. Michelle what – you were able to talk with Becky so this – you want to just tell us what you learned?

Michelle Consolazio Nelson – Office of the National Coordinator

So, I spoke with Becky this morning. Mary Jo did help introduce me to somebody from clinicaltrials.gov but I never heard back from them, so I need to follow-up from their perspective, but from Becky's perspective she was concerned about the way that the objectives or the criteria is written right now and she suggested that it should actually be the opposite way that they're working on the standards side for structure data capture – on the structure data capture initiative which would provide a remote form with eligibility criteria that will be pre-populated.

So, her suggestion is to kind of reverse the way that it's currently written to have the capability to query EHRs for a subset of patients who could qualify for a clinical trial and she suggested not limiting to clinicaltrials.gov and she gave me some language and she said that she'd be happy to help with language off line, she just wasn't available for today's conversation.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, what's the upshot? I mean, maybe we do – we put clinicaltrials.gov specifically in because it's not on this slide, it might be in your sheet is that what she's reacting to? Because I think we had this discussion on the last call and I think it was Paul who said, well then we should be specific about it.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

So, are they like – this is – this is confusing, this is Charlene, so is this going to be a patient inquiry function or something that the providers use or –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Providers.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Okay, so should it even be in your set, because I did the other query, I went out in terms of patient access to it and went out to clinicaltrials.gov, you know, so –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

I'm sorry, Charlene, I didn't understand?

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Well it's just – first of all if this is – it seems like this should be a – this should probably go under the quality bucket if it's going to go in EHRs you know.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Fine by me.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Yeah.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

So, the original, this is Leslie, where this originated was that we thought – so CDISC had come up with the InfoButton standard as a way for within the EHR a physician could look at any clinical decision support or trials available to say, what trials are available, what medication research is available that might meet my patient and so it was originally from I'm the provider, I've got this patient I wonder if there is anything out there that could help them. And so that's why it was that direction and she is saying that this is the back end that says a research organization can see if a patient is available that's kind of two different objectives, so I think it would be important to understand what is really needed.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yes.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, to me I don't understand number one and I'm concerned my patients would find it intrusive that somebody is querying the EHR about them and certainly potentially can contact them either with or without the provider's consent.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yeah, that was definitely not the directional intent here.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

That was supposed to be provider querying available research enrollment to make it easier for them to say, for the doctor to say, well gee, you know, you have these conditions so and in your area we might look at this, you know, number of studies but it's not going to do all the work of saying oh here are the ones you're particularly eligible for, it's still going to need human judgment but it's really trying to make the doctors job easier but it's not the research community querying the EHR at all.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

So, I think our question was, you know, what was – are research enrollment systems like clinicaltrials.gov ready if we set a standard in Meaningful Use are they, you know, able to or will they be ready and able to accommodate that and if so then great we'll leave this in, but if not we have to think about taking it out. What's her feedback on that? Michelle?

Michelle Consolazio Nelson – Office of the National Coordinator

I don't know, sorry, Christine.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Oh.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

This is Leslie too; I think – I talked to Becky about this earlier maybe I could also talk to her Wednesday at the Standards Committee meeting off line.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, because I think that's really the question we've got before us is –

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

We were looking for provider workflow that would make it easier using existing –

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Standards to say, do I have anything available that could help this patient.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Right, like I remember Leslie you were telling me that because we had even proposed it in the RFC that the research community was responding and was like, yes we'll be ready enough that that's the way to go and we just wanted to kind of make sure that was the case and if it's not the case then it doesn't make sense to have a requirement that people won't ever use you know.

Leslie Kelly Hall – Senior Vice President, Policy – Healthwise

Right.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, all right, so we'll have to come back on that one and we'll do that, we'll try to do this all via e-mail before July 2nd. So, we have this one Michelle and then we have maybe one or two other kind of outstanding pieces, but I think other than that we made good progress. Any other questions or comments before we adjourn or Michelle is there anything we missed?

Michelle Consolazio Nelson – Office of the National Coordinator

No, I think we got through everything, perfect timing.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike it would be helpful if somebody could send me the HIPAA document so I could look at this law that requires sending things through a non-secure e-mail that will help me get ready for the conversation.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, we'll have to – I mean, I'm sure I can Google it but I'll just ask Deven if there is a summary it's probably on OCR's website though. So, we'll look for it.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I haven't had much luck Googling it, but, yeah, okay that's great.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, well it's probably on –

Michelle Consolazio Nelson – Office of the National Coordinator

I'll reach out to Deven, because she might be able to give us something that's a little bit more consumable.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Yes.

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, all right, terrific, thanks everybody, we'll be back in touch via e-mail soon, have a great week.

Michelle Consolazio Nelson – Office of the National Coordinator

We need to do public comment.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

We need to open for public comment first.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Oh, yeah, forgot, sorry guys.

Public Comment

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Operator can you please open the lines for public comment?

Rebecca Armendariz – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press *1 or if you're listening via your telephone you may press *1 at this time to be entered into the queue.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Michelle, did you have something while we're waiting that you were trying to say?

Michelle Consolazio Nelson – Office of the National Coordinator

I was saying public comment as well.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay.

Rebecca Armendariz – Altarum Institute

We have no comment at this time.

Christine Bechtel, MA – Vice President – National Partnership for Women & Families

Okay, great, well, again thanks everybody, have a great week.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation

Thank you, Christine.

Michelle Consolazio Nelson – Office of the National Coordinator

Thank you.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Take care, bye-bye.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Bye.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical

Bye.