

**HIT Policy Committee  
Certification/Adoption Workgroup  
Transcript  
March 19, 2014**

**Presentation**

**Operator**

All lines are bridged with the public.

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

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

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Here.

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

Hi, Larry. Marc Probst?

**Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare**

Here.

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

Hi, Marc. Carl Dvorak? Diane Bedecarre? Donald Rucker?

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

Here.

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

Hi, Donald.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

Hi.

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

Elizabeth Chapman? Liz Johnson? George Hripcsak? Jennie Harvell? Joan Ash? John Derr?

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

Here.

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

Hi, John. Joe Heyman? Marty Rice?

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

Here.

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

Hi, Marty.

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

How are you?

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

Maureen Boyle?

**Maureen Boyle, PhD – Health IT Lead, Center for Substance Abuse Treatment – Substance Abuse and Mental Health Services Administration**

Here.

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

Hi, Maureen.

**Maureen Boyle, PhD – Health IT Lead, Center for Substance Abuse Treatment – Substance Abuse and Mental Health Services Administration**

Hi.

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

Micky Tripathi? Mike Lardieri? Paul Egerman?

**Paul Egerman – Businessman/Software Entrepreneur**

Here.

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

Hi, Paul. Paul Tang? Stan Huff? And is Liz Palena-Hall on from ONC?

**Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology**

Here.

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

Hi, Liz. Is Kate Black on from ONC?

**Kate Black – Office of the National Coordinator for Health Information Technology**

I'm here.

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

Mike Lipinski from ONC?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Good morning, I'm here.

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

Hi, Mike. And are there any other – Kim Wilson from ONC?

**Kim Wilson – Health Communications Specialist – Center for Disease Control and Prevention**

Kim Wilson.

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

Yes. And are there any other staff members on the line?

Elise Anthony from ONC?

**Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Hey Michelle, Elise Sweeney Anthony here.

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

Hey, Elise. And with that, I will turn –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Mike Lardieri joined.

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

Hi, Mike Lardieri.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

And Jennie Harvell is also on the line.

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

Hi, Jennie. Anyone else? Okay, I'll turn it back to Larry and Marc now.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, welcome back everyone. We had a pretty full discussion with the Policy Committee last week and we've got some feedback from them, plus we've got some new things to take on. So, let's go on to the next slide and see what some of those things are. Okay, so that's what we're going to be doing today, listening – reviewing what we heard at the Policy Committee and then also beginning to look at the 2015 NPRM and starting our comment cycle on that. Next slide.

So we crunched an hour and a quarter of conversation down to one slide, so hopefully we did reasonable justice to the range of things that were said. Most of the feedback seemed to align with what we had originally said of improving interoperability is a key piece; it's the place where we think that we can get the biggest pickup on care by moving information with the patient as they go to the post-acute, behavioral health and other settings. We heard additional support for the importance of standardizing vocabulary. And finally, additional support that modular is important and perhaps might affect affordability as well. We heard continuing support around the issues on privacy and security as relates to the SAMHSA requirements, and we're expecting to hear back from the Privacy & Security Tiger Team in about a month on their input on that, and that there actually may be a lack of broad-based systems to support behavioral health.

And then we heard a bunch of other things that were in some ways had come out of discussion, other ways were new. So the DSM, excuse me, the DSM discussion around inclusion in SNOMED. We've asked for some follow up information from that from some experts. We heard additional support for modularity. We heard that there are other situations in which services are provided, like employee assistance programs, and that it's often difficult for employers to get any kind of outcomes reporting out of those providers. So, obviously walking the line here between protecting patient privacy, but still needing to have some kind of reporting that the programs are actually doing something.

We had some specific other settings raised about prisons and jails. We heard again from pharmacy about their importance in the process and the fact that in many ways, they already have automated systems and they've been tracking patient information and interacting with patients beyond just the dispensing of medications, for a very long time. We also heard some support for expanding beyond the medical model to looking at social determinants of health, obviously very important in the settings relating to long-term care, chronic conditions. And finally, broad concerns about the need for data in general. So, this is the highlights page, any thoughts from the workgroup members of other things that you heard or things you want to comment on about the meeting last week.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

Larry, this is Jennie, I have a question regarding the second to the last bullet there, consider expanding recommendations beyond the medical model. So part of the, if I recall correctly, the long-term post-acute care recommendations included recommendations regarding the ability to create, maintain and transmit assessments in accordance with CMS requirements, as well as supporting, I think, summary care records for a long-term post-acute care assessment summary document, which would be an interoperable type of document. And the reason I say all of that is that it includes things like functional status and cognitive status so I'm wondering, what in addition to functional status and cognitive status the – that recommendation, the second to the last recommendation, might be alluding to?

**Paul Egerman – Businessman/Software Entrepreneur**

So, Larry, this is Paul. If you don't mind, I can make an observation, I don't know if this is helpful or not, but I was at the Policy Committee meeting and I didn't really understand this as a recommendation or expanding the recommendations as much as a comment. And the comment was sort of, the whole focus here is really healthcare and medically oriented, that perhaps there's a broader scope for some of the extended care facilities. So for example, the way I understood it, they may have needs related to coordinating transportation or dealing with issues about meals and meal preferences and sort of a concept that looking at this entirely through a healthcare lens and maybe there's a broader lens to think about these institutions. So, I don't know if that's helpful Larry, if that's the way you understood it.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

And this is Mike Lardieri, I was at the Policy Committee call, but in our minds from behavioral health, some of those social determinants would be like tenure in the community, whether someone's on food stamps or not, engaged in a WIC program, income levels, those kind of things, which Meaningful Use doesn't require you to pick up right now. But when we're doing our work, those are important – housing status in the community, those are important components

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

This is Marty Rice. I'd like to think it's some sort of geographical barriers, especially for people in rural communities or frontier communities might be cons –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, I guess I would agree with most of – with the bulk of those comments. I think this was an observation, so to Paul Egerman's point, I think all these things that we have here as consider were that, they were comments made by various members of the Committee that in some ways expanded the scope of what we're doing. And we may very well decide that they do expand the scope and that we want to set them aside for the future. The intention of this request that came to the workgroup was to specifically look at long-term post-acute care and behavioral health as two areas. But not to say these were the only two areas that the government might consider which was why we began by looking at a broad framework for how certification programs might get spun up in the future. And I think the examples that Mike gave or that Marty gave, as well as what Paul gave, were all the kinds of examples Jennie that were coming up in the discussion.

**Paul Egerman – Businessman/Software Entrepreneur**

And – this is Paul again. The – also I would look at this in the context of the very first bullet on this slide where it talks about improved care alignment with other care providers, provider confidence, but the whole area there, and also the second bullet about the focus. There was a desire for greater focus that was also expressed that was felt to be important.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I guess it should be pointed out that Karen DeSalvo has a very specific interest in prisons and jails, so I expect that one will reappear. She talked about the problems of people showing up in the county jails with serious health issues, but really no good way for the providers – for the people there, the staff there, to kind of plug into a health system and get them – kind of information. So it may be less about that as the setting of care and more about the need to access community health information in that context. So, I expect we'll be hearing more about that – those particular settings in the future.

**Paul Egerman – Businessman/Software Entrepreneur**

And that's a good comment Larry, because that's an area I know almost nothing about, but listening to her, maybe I got the wrong impression, but I thought she was talking about people who were in and out of jail, who perhaps had behavioral health issues. And so in my mind, I sort of leaped to perhaps people who were either homeless or had substance abuse problems, it was a very interesting comment and perhaps we need to get more information about what that – understand that –

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

This is Jennie. And so there have been conversations over the last several year – few years, that I've been involved in, regarding information exchange on behalf of people who go in and out of jails and the kind of the lack of information exchange both going on for people who go into jail, their medical history doesn't accompany them. But also, when they come out of jails, their medical information does not come with them and is not made available to community caregivers.

**Paul Egerman – Businessman/Software Entrepreneur**

Yes and in her comments, Karen seemed to make a distinction between jails and prisons and so what – I may not have understood it correctly so hopefully somebody will correct me if I got this wrong. The sense I had there was that the jail situation was a bit more transitory –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Right.

**Paul Egerman – Businessman/Software Entrepreneur**

– that healthcare in prisons was sort of like a different category where – and, that was the sense I had. I don't know if that's –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Yeah, that's – this is Mike Lardieri, that's true, jails are usually short-term, 1-30 days or so, where prisons, you're away for a couple of months. Actually, I'm on another group with SAMHSA, we meet on Tuesdays and we're just talking about this specific issue. They just had a meeting with I guess the Department of Justice and some other folks about the whole transition out from jails to the community. And it's not just the medical information, but you have to look at this as a whole care coordination plus – its care coordination plus post-dischar – post-release management.

Because you get involved with the probation officers and even look at this before someone goes into jail, so the judge – and I was involved in many programs – where the judge will say, you can go to jail or you can go to treatment. And if you go to treatment, then go sign up with the person who's in the back of the courtroom. And then what we would do is make sure that we communicated visits with the probation officer, so if a person missed a visit, we called the probation officer right away. And then when the judge had – when the person had to go back to the judge, we would provide a report to the judge about the number of sessions they missed and the dates and then whether they were otherwise participating in treatment. And it's a whole cycle of that communication back and forth with the court systems, the jail, court system probation, that whole cycle of referral and communication.

(Multiple speakers)

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

This is John Derr and I just wanted to echo what Mike said and also you Paul. But also add to that, I was just in a meeting about the effect of medications not being transferred out of the prison pharmacy or however they get it. Because they use institutional pharmacies mostly, and not retail pharmacies, and that information doesn't get transferred and a lot of the re – I think the word they used was, it was a new word for me, but it's committing a crime again has been linked back to not taking their meds.

**Paul Egerman – Businessman/Software Entrepreneur**

And so Larry, I look at this topic and it's a fascinating topic, but I also think it's a topic we might need some guidance from ONC on. In other words, do we like – the question is, should we like carve it out and have a lot more discussions about it.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

This is Carl –

**Paul Egerman – Businessman/Software Entrepreneur**

I don't know how it fits into our total picture here, because it seems like it's a new process that we need to think through.

**Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology**

This is Liz from ONC, we're doing exactly that, we're going to get some more clarification on this one. So we'll circle back on this one.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

And doesn't it seem – this is Carl. Doesn't it seem like this is more or less just asking the prison systems to use Meaningful Use certified EHR technology? Because it sounds like it's really a matter of, are they recording it in such a way that it can be made interoperable in the future, and it sounds like it suffers from all the historical interoperable problems that everyone else has suffered from. So from a clinical perspective, it seems like just ask the prison systems to use a certified EHR and you should overcome most of the obstacles. And I think there's a whole secondary issue of whether or not we try to certify EHRs, parole management system modules or something; I think that probably goes a step far beyond where we need to go. But I would think just asking the prisons to use certified EHR technology probably solves the bulk of what's being discussed here.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Yeah, this is Mike and Richard Thoreson would be a good person to speak to at SAMHSA, because he's leading that group that's working on this and is part of the HL7 initiatives. I think the care coordination component of a certified EHR, I think that works but there are also a number of specific data components or data fields that if you just say, use Meaningful Use, well there not even included in there yet. And so that's some of the work that needs to be done as well, you need to include those as structured data so people can process them and use them and that kind of thing.

(Multiple speakers)

**Paul Egerman – Businessman/Software Entrepreneur**

There is a difference – there appears to be a difference between the prison population and the jail population, she was focused on jail. But I think, my suggestion Larry is, that we need to get additional guidance from ONC on this. Because we could spend a lot of time speculating on it and – but perhaps we've done enough on this slide, we perhaps should go on to our agenda – the rest of our agenda.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So –

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

One other comment, before we move on, I think we should be careful that we don't include a bunch of prison-specific data elements when, in fact, we've not even dealt with the 40 or 50 subspecialties in general healthcare across the country. Because they'll also make the argument that a subspecialist data item needs are too generic as well. So anyways, I would just be thoughtful that we don't go on a deep dive into prisons, when we still haven't solved neurology yet.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, that's probably a good point to come out of this dive ourselves, clearly there's some interest here and our own limited understanding, some have more knowledge of this area than others. And my take is that this is very much a future discussion topic, outside the scope of our initial things and certainly outside the scope of the work that we've done in the last several months. So, I wanted to make sure we recorded it here as input we received and we'll get more guidance from ONC. I expect it will be – it'll fall into the next cycle, beyond this one. Those who were there at the meeting might remember some of the trading we did around dates that we could report back to ONC and still make it within the regulatory review cycle. So, with that, why don't we go onto the next slide?

Okay, so an additional piece that we got feedback on is that for the detailed criteria, which we did not review in depth with the whole Committee that we adopt the framework that the Meaningful Use Workgroup used, which is that little grid at the bottom, about focus area, type, provider use effort, standards maturity development effort. And that we consider reporting back in increments, so as we complete a chunk of work, that we could consider reporting back to the Committee on that, which might be helpful for ONC, in terms of folding this into their regulatory timelines. They were also suggesting that we get more public input, and so we're going to be scheduling a public hearing (sneezing) excuse me, partly to get more input on some of the elements of this grid. So, talked about the grid, did get extensive use in the Meaningful Use elements that were reported last Tuesday.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

And so Larry, the focus area on the grid, that refers to the – or will be populated with the individual recommendations that have been advanced and then we need to – so that's the first question. And then what does the type refer to?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So focus area actually referred to the priority buckets that the workgroup – Meaningful Use Workgroup had come up with, so for example, care coordination was one of the focus areas. I don't remember what's in the type bucket, one of our ONC guys could tell us, or I could take a quick look at their slides.

**Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology**

Is Michelle on, maybe she can clarify for us?

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

Sorry, I was multitasking, what was the question I'm sorry.

**Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology**

It's the type field in the spreadsheet from the Meaningful Use group.

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

That would be –

**W**

Type of care.

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

– provider.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yeah, provider type.

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

(Indiscernible)

**W**

Etcetera, yeah.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So they have primary care, specialty, inpatient.

**Paul Egerman – Businessman/Software Entrepreneur**

So it includes like eligible provider, eligible hospital, critical access hospital, LT –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Right, and it sounds like they were looking also at things like specialty, Paul.

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

Yes.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I think the relevant thrust would be, this is behavioral health, this is LTPAC, or maybe a specific one of those or this is our all provider grouping.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

And what is – and provider use, what does that mean?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Provider use effort, so, how much effort is it for a provider to take up using this capability is it something they're already doing, is it something that would be helpful and important to patient care, but would be new? It might take a lot of effort to embed in workflow or it's not a big deal, but their trying to get some kind of assessment in there on provider use. Standards maturity would look at things like, this is immature or maybe immature for some areas, or it's a mature standard that's been in place for a while or it's a mature standard but it recently had an update to address a couple of – so, looking to get some assessment of how solid a base the standards represent. And then the development effort or the software developers, is this something that's a big deal or not a big deal.

So, for example, when we broke up the imaging certification criteria and said that we wanted the narrative of the diagnostic imaging report separate from the image of the report on thought that getting the image properly accessed, stored and displayed would be work – much more work than just conveying the narrative text.

**Paul Eggerman – Businessman/Software Entrepreneur**

– a somewhat tongue in cheek comment would be that we should ask ONC to give us vocabulary standards for each of these areas, but it would be very helpful to compare. And I would just, if there's like 5 different ways you can express standards maturity, mature, immature, emerging, if they could tell us what those are and what those words mean, that would be helpful.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay.

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

All right, this is Michelle. So the Meaningful Use Workgroup has handed the standards maturity and development – they did their initial assessment, but they're asking a Task Force on the Standards Committee to assess that again. And there has been criteria defined by the Standards Committee to determine standards maturity, so I'm happy to share those documents with this group, so that that can help you in your process.

**Paul Eggerman – Businessman/Software Entrepreneur**

Yeah, that would be helpful, Michelle, because I saw things like let's say, emerging standards.

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

Yeah, so that was the Meaningful Use Workgroup's assessment, but the assessment from the Standards Committee will go back to a high, medium and low, and then there are criteria behind that, that again, I can share.

**Paul Eggerman – Businessman/Software Entrepreneur**

Yeah, because I did ask John Halamka on what an emerging standards, what it meant, and he said it means it doesn't exist. And so it would be helpful if we knew exactly what the words meant. That's terrific.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay, so this will be our go forward work framework. We'll get some feedback from – guidance from ONC on exactly what goes in the boxes. Good comments about how to assess standards maturity and I guess I agree with the sense that in the end, we're going to give this to the Standards Committee to actually assess. So, an important bucket for us to fill in, but mostly I think it's a placeholder for what they're going to give us. So let's move on to the next slide.

Okay, so this is the result of the horse-trading that went on – humor, I think, as we agreed to do some additional work. So the additional work that’s layered in here is responding to the NPRM. The official cutoff date for that is the end of April, but given the role of the Policy Committee, it was felt that we could actually report back at the February – sorry, the May 6 meeting of the Committee on the 2015 NPRM, and it would still meet the needs of ONC to get feedback. After that, we’d be hearing back from the Quality Measures Workgroup and Privacy & Security Tiger Team addressing some of the questions that we raised earlier in our review of the behavioral health and long-term post-acute care settings. And then looking to have a draft – a set of draft recommendations to the Committee at the beginning of June. And then final updates during June, with recommendations to them at the beginning of July.

So that’s the basic framework, it’s to both do the NPRM comments and to continue the work we’ve been doing and get our recommendations back to the Policy Committee in mostly final form by June 6, then final form by July 8, so any questions about that general plan. Okay, maybe a warning as we go into the next piece, we’re going to be hearing from ONC about the NPRM. We’re going to ask you folks to sign up for taking a dive into one of – one or more of the sections of the NPRM, so that the work of the committee can be distributed more broadly across all the workgroup members. So, as that gets presented, think about if you’ve got particular areas you’re interested in that you would like to be the lead on. Next slide.

Okay, so this is looking at the listening session that’s scheduled for early May. And it basically is putting a little bit of narrative around each of the elements of the grid, looking for comments back on our overall framework, the value of modularity, assessments on the level of effort and appropriateness for the care settings. And is there anything missing and any further feedback we can get on standards. Next slide.

**Paul Egerman – Businessman/Software Entrepreneur**

Larry, before we go on to the next slide –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Sure.

**Paul Egerman – Businessman/Software Entrepreneur**

– just a couple of comments about the listening session topics. One is, I’m a little bit hesitant to say these are necessarily the right topics until we’ve had a little bit more of an overview of the 2015 certification NPRM, because there might be some other issues there. But I do know that one of the issues that we’ll – that is very interesting and that is it sort of eliminates the concept of a complete EHR system, that no longer exists or that is proposed to no longer exist. And it would seem to me that would be a listening session topic, to understand from a purchaser standpoint and also from a vendor standpoint, what is the feedback on that, if that’s – is that good or not good?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, I guess we sh – we’re going to need to get much more clear about the headings on our slides as we do these things. So this listening session is looking to expand our work on behavioral health, long-term post-acute care.

**Paul Egerman – Businessman/Software Entrepreneur**

Oh, okay –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

The work –

**Paul Egerman – Businessman/Software Entrepreneur**

– I thought it was about the 2015, okay, totally misunderstood. I apologize.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Exactly Paul, so that – you’re not the only one to have that. This has come up in all the planning calls as well. And the NPRM is a broad review of the NPRM from our perspective of certification and adoption.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay, so we’re not doing a listening session on the NPRM, sorry about that, but I misunderstood.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay, I think that ONC is planning to do some blogs and other things to begin to get more public input on NPRM.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay. So with that understanding, it's a great, great slide. Terrific topics.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Thank you. Next slide please. Okay, here we go, this is our new assignment, the 2015 NPRM. Next slide. So, are we doing the handoff to one of the ONC staff at this point or am I walking through the next slide or two?

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

Mike Lipinski, do you want to take it or do you want me to?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Sure, sure, I can do that from here. Good morning everybody, it's Mike Lipinski with ONC, I'm going to just spend a few minutes on – if you hadn't heard, we put out a new rule. So it's the voluntary 2015 edition. It's been out since February and the comment period, as you can see on the slide, ends on April 28, so if you're going to comment on behalf of yourself or your organization, you want to make sure you get your comments in by that time. The Policy Committee and your workgroup in particular will have a little more time, so you'll have up until the May 6 Policy Committee meeting to get your comments in on behalf of your Workgroup and the Policy Committee.

Moving on to the next slide, so, to capture your comments, we're going to use the public comment template. There's a hyperlink in these slides, if you can access it, and that will take you to the template, which was developed by ONC and it's a way of organizing comments based on the criterion topics that we've included in the proposed rule. And what we have here is just a checklist, to make sure, there are only really two things you need, really one, it's just the rule and then make sure you're at the meetings and prepare for the meetings. We'll help with, I think, getting your comments on the – we, that being ONC, will help with getting your comments on the comment template for you.

Moving on to the next slide, so, I believe the Chairs, Co-Chairs have met and this is the initial focus areas that we identified for your workgroup and being part of the Policy Committee, I think we want you to look at these topics from a policy perspective. So, one would be our approach now to incremental rulemaking not tied to Meaningful Use and looking at our rationale for that, which I'll go into a little bit more in a few slides later. Also looking at our attempts to do some policy/program alignment and leveraging of the certification program, and that's – when I say policy/program alignment, I'm talking about other HHS programs, which is I think a lot of what you're working on right now with LTPAC and behavioral health.

So, 2015 – so, in this rule, if you're familiar with it yet or not, we have specific proposals for the 2015 edition, and then, what's essentially in reg speak is an Advanced Notice of Proposed Rulemaking related to the 2017 edition. And what that really means is just we're requesting comment now on some potential proposals for that next 2017 edition proposed rule, and we want to get your feedback early to shape those proposals. So, on this slide we've tried to identify, I know you guys have limited time, what topics we were hoping you could cover. So the big ones are, the discontinuation of the complete EHR definition, which would begin with the 2015 edition and go forward with any additional edition that we would ever adopt. The non-MU EHR Technology Certification, which is essentially removing the burden for some MU requirements related to calculation, attestation and measurement for the objectives – MU objectives and measures.

We've also come up with this concept of certification packages, so we want you to take a look at that, it's a way of communicating within an EHR product – HIT product. We also have a proposal to use a Certification Mark that's been developed by ONC and is in the process of being registered with the Patent Trademark Office related to – it would go – it would be associated with any product that was certified under the program, so that would provide some consistency and visibility and assurance. And then I think based on how much time you have, any other topics that the Chairs think is – and the workgroup thinks is something you guys would like to take on.

But looking at now, also the other topics we have here, which is the 2017 Request for Comment topics, I'm not sure if you're going to be able to get to any other topics. The additional patient data collection, if you haven't looked at it yet is a lot. We are asking for comment on whether we should collect disability status and accommodation requests, whether we should collect information on sexual orientation and gender identity, and when I saw, I said that an EHR should be capable of, also looking at veteran status, occupational status of a person, probably I'm missing one or two. I think that covers the main ones. And when you're looking at that, it's also an issue of whether it's just recording it or also being the ability to transmit it. And so, those are some things you want to look at.

I think we want you obviously to look at certification of other types of HIT and for specific settings, it's a way of reworking our program to be – give more attribution to what the thing is being certified. So for example, if it's a health information exchange that's getting certified, it's not going to be called an EHR module anymore, based on what we're thinking, at least. So that's just one example, there's a lot more about the different types and settings of certification, you have children's EHR format, things like that are there. Blue Button, should that be part of the certification program and whether you can get certi – Blue Button Plus, that is, certified to it? And then again, other topics to be determined. But I feel like you have a lot right there to chew on and give us great feedback on. So, I don't know, do you want me to stop it here Larry and see if anybody has any thoughts yet or should we keep going? Or Marc, anyone?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I'm open for further comments at this point. Maybe we should point out that the Federal Register version is out there and maybe just for ease of access, if you could either distribute a link or distribute the document.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

We could probably distribute the document, it's also hyperlinked on slide 7, as well.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Oh, great.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

And that was – numbers, they could just open that hyperlink and it should take them right there.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Oh, perfect. I didn't see the link. Thank you.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, it's just embedded, so. All right, well we can move on and then if there are questions at the end. Slide 8 – or excuse me, I guess next slide, I should say. I'm looking at my – can we move – next slide please.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

Its Don, by the way, when you click on the link it gives you just the overall, top-level page, at least in my browser, for regulations.gov.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I think – hmm – I'm going to –

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

This is Michelle, we'll just send out the document.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

We can go ahead and send out – send it out to you.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

– stuff on the gray wolf and killer whales and other things, so – that would be super helpful if we could just get the direct thing, as well as the – is this the – like the typed version you can read as well? It's the three column Federal Register –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, it's the three-column Fed Reg version. I just clicked on it and opened it, so we must have had some problem at some point, but we'll get it to you, yeah, it's the three-column version –

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

Yes, we'll share the other version as well.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Is there a human readable version or not?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I think we can go back and try and get you the Public Inspection Version, I think – Michelle has that, that's the one that's in word if that's what you're talking about?

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

Yeah.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Yeah, yeah, the one that's sort of typed double-spaced kind of thing.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right, we can get you that, but it may lead to some confusion when people start referencing page numbers and things like that, but we can definitely get you both versions, just so you're aware of that.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Okay, thanks.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

All right, so I think we've moved on, right, to the next slide.

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

Yes – no – could we go back –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

All right, so I don't know the – did we lose a slide, I'm so –

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

Well, I don't know. So based upon the criter – or the categories that Mike just reviewed –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

All right, yeah.

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

– we need volunteers. And we're hoping to distribute the wealth of it, Larry and Marc have been very busy helping us with the LTPAC recommendations, of course, all of you have helped participate in that, but we are hoping that we could have volunteers who can help lead the discussions related to the NPRM. And our thought with that is that the individuals who volunteer can do some initial thinking around the topics that we've identified and share those with the workgroup to react to and then that will help spur discussion and come to consensus as a group, rather than just doing all of the thinking on the call. So if there's anyone that wants to volunteer now, we would love that. If not, you could always send – this is Michelle – you could send me an email if you'd like to volunteer or, we could also assign volunteers.

**Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare**

Michelle, when do we – when would we need to be prepared to do these?

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

So we are still working on scheduling. Our plan is to have two 2-hour meetings in April to discuss these, so, I'm just guesstimating the first week in April and closer to the end of April. But those meetings have yet to be scheduled.

**Paul Egerman – Businessman/Software Entrepreneur**

And Michelle, when you say two 2-hour meetings, those are 2-hour meetings of this workgroup?

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

Correct.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Yeah, this is Mike Lardieri, I'll – I'm going to be doing it anyway, so I'll volunteer.

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

Great, thank you Mike. And if there's anything in particular that you have an interest in, that would also help.

**Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare**

Can we go back to that slide?

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Don't know yet until I go through it.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

This is Jennie I'll volunteer. I can work with somebody I guess, maybe Mike, on the 2017 edition request for comments, the second bullet.

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

Does that work for you Mike Lardieri?

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

For 2017 – um, yeah, sure, I think so. Are we going to get more detail about the thinking there, because I think many of the issues that Mike Lipinski identified we're in discussions with them around – including those issues anyway on making recommendations. So yeah, that would be fine, Jennie, I'd like to do that.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

Okay.

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

Okay, so we'll plan that will be the second meeting that we have, so once we identify a date, we'll obviously share more details, so yeah, we have two volunteers for the 2017 edition. So, if there's anyone else for the 2015 edition, floor's open.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

Don Rucker, I'll volunteer on the 2015. I don't – I'm not sure I fully understand the exact, specific topics out of the five, or I guess the four specifics that are listed, but, I'm happy to participate and can take one of those or some variant of those.

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

Thank you, Don.

**Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare**

Just because it has my name in it, I'll take the ONC Certification Mark.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Just when we figured out how to spell your name –

**Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare**

Yeah, well.

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

I know, you're confusing us now.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

This is Jennie again and I think it might have been Don who volunteered for at least some of the 2015 things, one of the 2015 items that I'm interested in is the non-MU EHR technology certification –

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

So you're willing to take that too, Jennie.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

Well, I'll participate.

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

Or participate. Yup. Okay.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

And the point I would make there, if you read the rule, it's a first step so this is the step we propose we can take, talking with our general counsel and what not. The 2015 edition non-MU EHR technology certification was a first step, and as you read it, you'll see that when we talk about the 2017 edition certification of other types of HIT and for specific types of healthcare setting, that would be the next step. So yeah, they do go well together, if somebody was going to one, they could definitely work on the other one.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Yeah, this is Mike, I feel the same way, so put me on both.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I think – this is Larry. I think that there's both a technical and a policy aspect to this, to the non-MU certification. My understanding is the intention is to remove some of the statistics that are required in the MU certification, because there's no mandatory reporting. So I know there have been lots of issues about how things get counted in MU, but I don't know if that's been around the functions that are part of certification as opposed to the quality measures. So I'd want some assessment from the vendors about, does this actually make a difference in the amount of work to do a function.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

And I think on that point, Larry, there is a list of questions that we ask in the rule. I want to – I'm trying to find the page right now, it's – it begins on this would be the tri-column version, on 10919 through 10920. So we ask about our – is our regulatory burden assumption correct? We ask – we want to hear from providers, does this matter to them? Would there be a dis – would the impact versus small developers versus large developers? Large, for example I think we say, large developer could have more resources to put – doesn't matter to them putting in these MU requirements, but a small developer it could make a difference, so at least that's some of the assumptions we're using. So, definitely – those questions and assumptions and give us feedback on that.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

This is Carl, I'd like to participate in that workgroup, having felt this firsthand for a while.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**

This is John Derr, if Blue Button is a separate one, Blue Button Plus, I would volunteer for that, I'm interested in that.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, this is Paul. I'm just trying to understand what we're talking about. We're talking about separate meetings or just people who are leaders. Will we be at all – I thought there were two 2-hour meetings of the workgroup.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

No, the workgroup would be meeting as a whole to discuss this, but we're asking if people are willing to take on various sections that they would prep for workgroup discussions.

**Paul Egerman – Businessman/Software Entrepreneur**

They would sort of prep to lead, okay. That's what I wanted to clear on, thanks.

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

We're hoping that they'll propose some initial thinking, I think we've all found that it's easier to react to something than to start from nothing, so –

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

So Michelle, when this – when everybody has volunteered for the things that they're interested in, will you send out to the workgroup members the kind of sub-workgroups that are interested in particular topics and maybe people's email addresses, so we can communicate with each other offline about the topics that we're interested in.

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

Yeah, we'll share the workgroup assignments. I did – Carl Dvorak, I missed what you had volunteered for, I'm sorry.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

Oh, for the topic related to the burden, what it actually takes to develop and implement the different pieces, that part of it.

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

Thank you.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

That was really, Carl, to be clear, that was around the non-MU piece or more broadly about some of the assessments for the burden, because there's also a section of the NPRM that looks at burden.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

The more broad burden one, I'd be happy to work on both, but the broader one as well.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So the – I mean, in the interest here of time, Carl, we definitely would be interested on that difference that we're asking about the non-MU part. I know that we anticipate feedback from the vendors association on burden as well. So, I mean if you guys can get to that as a workgroup as well, that's great, but just in terms of managing your time, just wanted to mention that. So –

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, and this is Paul. I think Carl's point is a good one because there's an issue not just of the burden on the vendor, there's an issue about the burden on the provider or the purchaser, who has to possibly deploy multiple systems. And there are issues of – non-MU terminology, there's an issue of does it make sense from the purchasing standpoint to have that distinction or does it confuse people. So I think there – I think it goes beyond just what the EHR Association is going to be saying.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

No, no, I agree. I'm just talking about that top – this is Mike from ONC. I'm just talking about that topic in general, I wasn't sure if Larry was relating to the – essentially the regulatory impact analysis for the whole rule, which asks about the burden for each of our certification criteria and all our proposals. So, that's what I was alluding to, so sorry for the lack of clarity there.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yeah, so this is Larry. I was trying to get accurate information to Carl, since he was talking more broadly about burden beyond just MU, non-MU counting distinction. So I wanted to clarify that and –

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

Maybe Mike and Larry can – offline –

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

This is Don Rucker. I'm not sure that – on the slide that we're looking at, I guess its labeled slide 9, in the – under the 2015, are those four topics really the sort of the best way to describe the review you would us to do? That seems like, I mean are those sort of the four key areas of the NPRM that you'd like us to review and sort of as written. They seem like a little bit of a – it seems like a little bit of a, I don't want to use the word hodgepodge, but it seems like a little bit of an odd thing for what – not having seen the actual document, from what I would expect you would like us to help you review. Just to confirm that those are the four topics, because it may be better to – maybe there's – we – the – or rewrite them a little bit more specifically since we're getting folks to look at the areas and maybe matching the topics to specific pages in the rule, might be a way of getting that done effectively.

**Paul Egerman – Businessman/Software Entrepreneur**

That's a good point. We're –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

If I can help – so the rulemaking, like I said, has two things to it, it has – actually, I mean you can even break down to three. It has proposals for 2015 edition, which is related specifically to certification criteria. It has proposals related to the certification program, which a few of them are right – a majority of them are on here, listed. And then it has a Request for Comment related to the 2017 edition. So that's kind of – and then you have like as I listed, or as we've listed in those two first bullet points, if you wanted to give comments on that, this new approach, comments on alignment, leveraging the program. Those are the over high-level ones.

I would mention, and Michelle would not better even than me, we have a lot of other workgroups looking at different parts of the rule and one focus, like for instance under Standards Committee, the Implementation Workgroup is looking – and a few of the other workgroups are looking at the criteria themselves closely. And the Impleme – and we thought that it would be good to get from a policy perspective, the view of the workgroup that would be you, related on these issues. Could you get to other issues or not, I mean, that's, I think, a discussion to be had. But these are the ones that we thought it was important to get your feedback on.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Maybe then if you could just – .

**Paul Egerman – Businessman/Software Entrepreneur**

So can we – is this one of the topics, the very concept incremental rulemaking. I mean I'm thinking about Carl's comment that would also be something I'd be interested in discussing, well, what do we really think about incremental rulemaking, is that a good idea. Is that –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right.

**Paul Egerman – Businessman/Software Entrepreneur**

– is that something that's going to accomplish the flexibility that's implied? Is that a topic that we can be focusing on then?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Well I mean, that's what we had put on the slide, so we thought it was a topic you could get to. It's just a timing thing, too. I don't – I have to defer to your Chairs and your time and Michelle as to whether – what you can cover. These are – the big picture ones were the incremental rulemaking, policy alignment, leveraging the program and then we tried to pull out some of the proposals for both the 2015 and 2017 that it would be good to get your feedback on.

**Paul Egerman – Businessman/Software Entrepreneur**

(Indiscernible)

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I heard it's only two 2-hour meetings, so, that's a lot – just right there is a lot to cover in that short period of time, in four hours.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

(Indiscernible)

**Paul Egerman – Businessman/Software Entrepreneur**

So I'd be interested in the incremental rulemaking. I don't know if that's also where Carl, you wanted – I think –

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

Yeah, I think I'd like to participate also there, probably because –

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, because I think there are some interesting issues there, both from the development standpoint and from a purchasing and provider's standpoint.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So how about we try this folks. Mike volunteered these might map to sections in the NPRM, so, could we get a revised outline that does map these back to the right sections in the Federal Register document and then indicate where we've had discussions today on who thought they were interested. Circulate that to the workgroup and as people review the documents, we'll let people update their thoughts on which sections they're most interested in, and do that over the next week. Does that sound like a reasonable plan for all of us?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Sounds reasonable, yeah.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Yup.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay. Well, are we may be done early today?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Well we did have –

**M**

There are a few more slides there – right.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right.

**M**

Okay, great.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So, if we go to the next slide again. So this is, I think, what Michelle was talking about, just – we didn't spend much time on it, but this is kind of, what the expectations would be of the people that are volunteering for each of the topics. So, just wanted to point that out again and emphasize it.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

So on this slide – its Don – can we – when we get the revised outline of the topics – of the line-item topics, I guess, as well as the overall – as well as the topic of the overall impact on both the customer base and the vendor base of incremental rulemaking here, can we get the ONC staffer who's the contact person with their email?

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

So I think that's going to be Kate Black, I want to ap – and then me.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Okay. I mean it may be the same person for everybody, but just so we have a specific – because when you go through – there are a lot of people on the email –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

– header and it's sort of a little bit hard to know.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right. And I'm not even sure if there would be other staff that are willing to help out, too, because I know they've been staffing this workgroup for a lot of the issues that – for other types of HIT in other healthcare settings, so those folks may be interested as well.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

And we have other workgroup members who aren't on the call who might be interested.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So I think what we'll need to be – so we'll get you out – I'll work with Michelle, we'll get you out a mapping of the Fed Reg – Federal Register pages to those topics that are listed. Then I think what the workgroup is going to determine is, when those meetings are going to be and what topics will be discussed in each meeting, I think would be the other steps. And then from there, whoever will be leading for whatever topic for that meeting would work with the ONC staff, in terms of at least having a few just talking point slides to guide the – they don't have to be super in-depth, it's just to guide the conversation. Does that make sense to everyone?

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Yup.

**Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy**

Yup.

**Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare**

It does to me.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay, so I guess we can go to the next slide, and it's just a real high-level, I have a few slides in here that really regurgitate what we say in the rule. Because with an open comment period, ONC can't really say much more than what we said in the rule in terms of why we're proposing something and so forth. So we could probably move on to the next few slides.

Okay, so why incremental rulemaking? I've already heard some people really interested in that, and if you were at HIMSS, this – Steve Posnack also made these points. And so we think that this can help in terms of like the workflow for a vendor and even in terms of – it's a voluntary edition, so there's potential to make some of these changes as you go, you don't have to do it by a certain date. So, you can pick and choose and then so maybe the burden won't be so high when we come out with the next rulemaking that would be the new baseline to support any additional MU Stage 3 proposals and capabilities. And that would be as – and we'll get to that, the timeline, but you could see there could be a big leap between when the 2014 edition proposals came out and then like the 2017 edition proposals.

It also lets us keep up with updates. Standard development organizations are always out there improving the standards or coming up with new ones for issues. I know I heard earlier, there are some standards not even available for some things, so this, more frequent rulemaking allows us to capture development more quickly, because rulemaking is a very bureaucratic process and a slow moving process, it's not nimble. So we're trying to make it as nimble as we can. And then it also, like I said previously and want to emphasize, gives you, the stakeholder, an opportunity to provide comment and inform both our proposals and then our final decision. So what the 2017 edition we already are requesting comments from stakeholders on that, and you guys are going to touch on a few of those topics.

So moving on to the next slide.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

One quick question on the incremental rulemaking as we're looking at this top level. I think one thing that's come up in some of our meetings in the past, and maybe actually I see it on the middle thing is, the standards policy – maybe you're going to get to it, I'll just hold off. Because I think we have a lot of standards that I don't think are actually standards, so we probably need some sub-vetting in the ONC process –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Oh sure.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

– of what level of use in the real world would be required in order to have something count as a standard or be referenced as a standard?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Sure. So, and I'll make – when I get to that, I'll give you a little reg speak related to that. So –

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Thanks.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– like I said, this is just a little more deeper dive of some of the reasons why. So greater interoperability, we want to see – that timing point I made, the last time we made any proposal related to any adoptions was February of 2012, and so it's been two years and a lot happens in two years in terms of standards development and interoperability. And so we're trying to not wait, like I said, it would have been if we waited to the 2017 edition, you're talking almost three years.

So, standards policy direction, we're trying to create somewhat of a roadmap in how – where we're headed with standards interop – using standards for interoperability and for different capabilities or use cases. And so we're hoping this helps with that process. As far as – oh, so the reg speak I want to tell you about standards, there's a statute that requires us to devel – to adopt consensus-based standards whenever possible. There are some unique circumstances when we don't and we actually touch on that issue in the rulemaking, it's early on in the first few pages of the rulemaking, about that process of how we approach standards adoption. And I think a lot of you are also familiar with the S&I Framework where use cases are put up for discussion and then they work towards standards development to support that use case. And then it usually gets kicked to a standards development body, whether it be IHE or HL7, and then they go through their balloting process for that standard.

Did you want – the last point I want to just make, and it's fairly important in our opinion, is gap certification. Now there would be gap certification from any EHR technology that was certified to the 2014 edition to the 2017 edition. What the 2015 edition does is gives you the option of cutting down how much you would have to do after the 2017 edition rule was proposed and finalized. Because you could get – now we can't guarantee everything that's in the 2015 edition will be in the 2017 edition, but there is that potential to get a head start, so to speak. For example, you could wait, because we're planning to propose the 2017 edition in the fall, and you could see what was in the 2017 edition that's the same in the 2015 edition, and you could be either developing or certifying or testing the 2015 edition, and then you would be able to quickly gap certify to the 2017 edition. So that's one thing we see as a way of giving vendors and providers more time and trying to expedite certification and reduce regulatory burden.

And then obviously the other big thing, which you guys are going to look at, is certification beyond MU and so, you have a couple of proposals and ideas that are in the 2015 edition rule that you're going to look at and give us feedback on.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

This is Carl, I have question.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Um hmm.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

A lot of times you mentioned that the purpose of this was to make things easier for vendors. I'm – I guess what I'd like to ask is, did you collect specific feedback from the vendors who have gotten people through Meaningful Use today, and if you have, can you share that with this group.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So I'm – I mean we did use stakeholder feedback as part of our rationale to go in this direction. I don't have – other than what's in the rule, we can't go beyond that right now.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

You said there's a relatively short list of maybe a dozen or so ambulatory and a dozen or so inpatient that have actually moved, most of the nation through Meaningful Use so far. I wonder if would be helpful for this committee to get specific feedback on whether the belief that this makes it easier is –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right and –

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

(Indiscernible)

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– and then I do want to make the point that that’s not the only reason for the 2015 edition rule. There are multiple reasons, I’ve hit on a few of them already, the alignment issue with other programs we have noted in our rule. Bug fixes was another reason, as you’ll see, we fixed syndromic – we proposed to fix syndromic surveillance. We’ve embedded a lot of adopted, codified, however you want to look at it, some of our frequently asked questions related to like the 2014 edition; we’ve done that in the 2015 edition. Clinical summary is a perfect example of one where we’ve tried to clarify, make both the reg text more clear, as to what the requirements are for certification. Then, like I said update the standards for interoperability. So it’s not just about making this easier for vendors, I don’t want people to be, that’s the take-away why we did the 2015 edition rule, there are multiple reasons why, and they’re all listed in the rule.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

And I guess what I was asking, and maybe more broadly than just with regards to vendors, I’d be interested in getting some specific end-user – EHR user feedback on stuff too, but I –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Yeah –

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

– this it would be helpful understand actual perspectives from those who have gone through it and to share those with the committee rather than just the general assertion that this is done to make it easier for people when in fact, most people may have a different perspective on whether or not it actually makes it easier for them.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right, I think that’s what we’re looking for in our proposed rule is to get that type of feedback related to assumptions and proposals. So I think I’ve covered all this. The last slide that we can go to next is just to show how, if we were to continue this new incremental approach, how things would look going forward. So you have the 2017 edition, which would set the new baseline as to – at least we anticipate would set the new baseline for Meaningful Use. And then assuming we kept this same approach, there would be a 2018 edition rulemaking, which we would anticipate would be voluntarily – voluntary, similar to the 2015 edition, and so forth. So, that just wanted to give you a sense of how the timing on this would be. I don’t believe I have any more slides beyond that.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

Don Rucker, I had a question. I’m just – I was curious about the sort of the legal, I guess, the enabling legislation for this. I understand obviously the Meaningful Use and the HITECH Act, but the – let’s say 2017 and beyond, which I don’t think were covered by the HITECH Act, is that covered under some sort of Act of CMS as a purchasing agent. Or is there a specific other law that was passed or – I’m just curious what the sort of the legal framework is, because there are a lot of rules here with a lot of user burden that’s sort of sitting in the clinical setting. We’re all sort of honestly a little befuddled by quality measures and heads are spinning on this. I was just curious what laws there are and if those laws sort of have the – that big picture. And I know you guys are trying to harmonize, and I guess in the SGR thing there’s a lot of effort to harmonize the various quality measures and the SGR Fix I believe.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right, so there is –

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

But that’s just – not law.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– actually a – pending legislation and what’s in that legislation. But let me just give you ONC perspective, because I’m not in a position to speak for the Department or CMS. CMS is – provides payment for services and then they have a program like MU that says – an incentive program, and so our – and then they have requirements to meet to get either incentives or for payment, right, under Medicare and Medicaid.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Yeah.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So our program is a voluntary certification program that essentially CMS is leveraging, because they say you have to meet the definition of certified EH – you have to use certified capabilities when doing Meaningful Use and you have to meet the definition of certified EHR technology. So they are leveraging the voluntary – it’s a voluntary certification program, for the purposes of Meaningful Use. Their HHS programs could use this program as well. Under HITECH we just have – we have authority to develop a voluntary certification program and then under other sections, we can adopt certification criteria, the Secretary, that is, can adopt certification criteria, either certification criteria recommended by the Standards Committee through a process outlined in the statute or the Secretary can do independently.

So that’s pretty much us in a nutshell, ONC, from the certification perspective and the adoption of certification criteria. We could, theoretically, continue to propose and adopt certification criteria but if nobody points to that, they’re just certification criteria and a certification program that anybody could use, because it’s a voluntary program. So does that help at all set the context.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Okay, yeah, I guess voluntary is sort of a semantic thing, if you want to get paid by CMS.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right, because CMS is pointing to our definition of certified EHR technology, what – you have to have EHR technology certified to whatever particular edition that’s cited in the definition. So that’s how our program is essentially being leveraged –

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Yeah.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– by the – program.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

So I think then one of the – it seems to me then one of the guideposts, which I think we’ve done so far, but certainly would be important as we looked at 2017, 2018, is making sure that the rules in their totality also provide good value to CMS. Because sort of essentially us in our hat as taxpayers, right, so that they maximize the amount of clinical care that’s provided per buck on these things and are sensitive to the costs of both the software and the costs of the use. Because I think clearly the cost of software to customers have risen in this project and I think the cost to the providers have also risen in terms of staff. So we want to be careful there, I would think, as well.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

And I would also add the cost of innovation for the missed opportunities. I think Meaningful Use has certainly, by rule, grabbed everyone's attention and it's definitely a forced march. You say words like voluntary, but it's not really voluntary. I have one more comment on the voluntary and that is, I suggested to Steve Posnack, and I'll suggest it again, that we should mark a 2015 certification rule as for guidance only and not for actual certifying. Because I think it does signal the market maybe incorrectly, people may spend a lot of time and effort not realizing the 2017 may totally undo it or change.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I mean, that's a comment you guys can make. I mean the other point I would say about the 2015 edition, besides all the bug fixes and some of the other things we've done in there is we've split out and some of the – like transitions of care, we've split out the transport standards and we've done that in VDT as well. We've split out the CPOE certification criteria, so it does provide a lot of flexibility as well for vendors and providers. So that's another thing that's in the criteria as well in the proposal is that may interest some folks, so some vendors and some providers, in terms of –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

So this is Mike. I hadn't thought about that, so the id – so, if you move forward with a 2015, 2017 might undo it? Is there any way to identify the stuff that's going to stay?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So the way it works – yeah, we can't tell you what's going to be in the 2017 edition, it's just APA wise, which is Administrative Procedure Act and so forth, we – and we don't know what will be in that. So there is always that, I guess risk. Like for instance, if you got certified – and we say this – what I'm telling you now is in the rule itself, it says there is a risk that if you got – edition, it doesn't guarantee that all those same criteria would be in 2017 – and it goes to the definition. So, you know how I said CMS ha – is actually required by statute that they have to b – providers have to use certified EHR technology.

So they point to the definition and the definition right now says, you have to use the 2014 edition. And what we've added is a 2015 edition as well. So you could choose to use some products that were certified to the 2015 edition and some products certified to the 2014 edition. All this – you're not required to move to the 2015 edition based on our proposal, it just gives you added flexibility. So if you don't have a product yet say certified to the 2014 edition, you may think I'd rather have the new option for transitions of care in terms of I don't want to have a product that has the tranmi – the ability to transport it worked into one product itself. I want to have separate products and that I want to use an HIE to do my transport, that's been separately certified to the transport.

I – CPOE, I'm not going to u – like as we say in the rule, I'm not going to use rads and labs. I'll either meet the exclusions or I'm in Stage 1 and it's not a separate measure. And so I'm just going to get EHR technology that supports my ability to do CPOE for meds –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

I understand, I understand that.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

But I guess my question was –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I just wanted to lay that out.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

– from, no, I understand that, but – so going from 2011 to 2014 –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Um hmm.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

– was there any – I mean we didn't drop everything or we didn't –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

No.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

– aren't we building on what's going on? I guess I got –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right, and we do make that point, we are building –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

– lab goes out when – yeah, but if you're building and then what was just said, it might just drop off the table, how does that make anybody secure with even looking at that is my question.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I guess my only response to that is, I can't – I'm not in a position to say – I can't say yes or no to that point, you know what I mean, I – is it possible? I guess everything is possible, right. So, but you can see what we – like we say in our points, is that we're trying to show you the direction we're going in. So our expectation is that we are going to follow our roadmap, as you've seen. Like we're saying, we built from 2011, we went to 2014, and you can see how little – less has changed from the 2014 to the 2015 edition. I think there was like an 80% change from the 2011 to the 2014, and from the 2014 to 2015, it's under 50%, I think or right around there or under there.

**Paul Egerman – Businessman/Software Entrepreneur**

I – 50 or under 15, I didn't hear that correctly.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Under 50%, under 50% change.

**Paul Egerman – Businessman/Software Entrepreneur**

So you've got under 50, you've got like more than 40% change from 2014?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, I believe that's accurate, I think that's what the number is.

**Paul Egerman – Businessman/Software Entrepreneur**

That's huge amount of change.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

The changes can be – implementation guide. So, when I say change, it's all the criteria themselves and splitting out a criteria and things like that lead to change.

**Paul Egerman – Businessman/Software Entrepreneur**

And I wanted to return to Mike's question, I think it was Mike, about the way I was hearing what you're saying is there's no guarantee. In other words, whatever you put in 2015 for certification, the vendor – if the vendor implements it, the vendor's rolling the dice, because there's no way to know whether or not that's going to make it into the 2017 version. And that's the way I understand the situation and I also understand that there is, although it could be an issue that could be argued, that ONC has not done a very good job of signaling. A lot of things that have been signaled have not occurred in the past, so there are reasons why vendors would be skeptical of the 2015 version.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, this is Larry, I'm hearing what feels like some very good policy discussion about some aspects of the NPRM, sort of more at the bug fix or more granular, modular level might be seen as these are good directions to go in. Other things are problematic like the extent to which the NPRM – these interim NPRMs act as signals to where ONC is going, given that so much has happened, that that lead to the signaling not turning out to be the case. So, I suspect in our review we should be looking to make some useful distinctions here about some aspects might be helpful and others not helpful.

**Paul Egerman – Businessman/Software Entrepreneur**

And also – we're talking about the 2015 isn't necessary for CMS, in terms of the Meaningful Use Program, but it's possible that the 2015 certification could be adopted by some other regulatory agency, either at a federal or a state level, isn't that right?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Well, I mean, that's – yeah, that's the potential, and we've talked about it both in the rule, also in presentations, but it doesn't necessarily have to be adopted. Like so, I'll just point out the lab one, so we've adopted some specific CLIA requirements, like for instance, a test requisition, in terms of the order, and also how you display the test, which align with CLIA requirements. So if you were trying to get to a point where you would have both certified EHR technology and meet CLIA compliance, that option's starting to be there with certified EHR technology. And on that point, the CLIA folks at CMS have already issued guidance saying that to meet one of the requirements, which is the ensure that the test results got to the provider, if you use Direct delivery notification, that would their requirement. So, we've put in Direct with delivery notification as a certification criterion, as a proposal that a lab could get certified to, whether it be a hospital lab or an independent lab.

**Paul Egerman – Businessman/Software Entrepreneur**

And so that's an example though where CMS might not require that certification for Meaningful Use payment, but some state government could require it for Medicaid payment or for something else.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

They could and – but in this instance, it's just really there to help improve your CLIA compliance, like so if CLIA – CMS CLIA group has said, if you use this, we agree that you're CLIA compliant on that one provision, so they can get certified and say, I was certified to this. I mean, still does that – certification means you have the capability, it doesn't necessarily mean you're using it all the time. But, we're trying to provide.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

I think the concrete concern though is that with two of these rules out there and we claim that it's optional and beneficial, and yet what we could find is that certain states, other federal programs might pick nuances of different elements from different certification sets. And that would really lead to an indirect requirement that everybody be certified on all certification sets at all times, and I think that's why I suggest that if we're going to do this –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

This is Mike those are good comments. I can't respond directly to them, because that's the point, we want to get these comments. I'm just able to tell you what our proposals are and the rationale for those proposals as included in the rule.

**Paul Egerman – Businessman/Software Entrepreneur**

Well it seems like we're in this wonderful regulatory phase where we could say anything you want and you can't respond. That's terrific.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I mean, other than tell you, what we're looking for, these types of comments on proposals.

**Paul Egerman – Businessman/Software Entrepreneur**

I'll just say this is interesting, there are some interesting policy issues here.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I knew you guys would be interested.

**Paul Egerman – Businessman/Software Entrepreneur**

There are some very interesting policy issues here we've got to wrestle with.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

Yup, and given that we are the certification committee, I still think it would be worth a discussion of what are the alternate paths that would provide more time for innovation. For example, if we stayed with a 3-year regulatory calendar, force the straightforward certification set in the first year, that would give people 2 years to react, respond, develop and probably significantly more time open for innovation rather than this uncertainty and potentially conflicting every year certification. I think that greater discussion is probably – from a policy level, but it feels like we sort of skipped over that and jumped to this new method asserting that its good, but I'm not so certain that we've really talked to all the right people that would help us understand if it's really beneficial and worthwhile.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I think that's within our scope is to raise those issues, Carl.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

Okay.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I recognize your concern that we may be an echo chamber and not have sufficient input to do this well.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

I think – its Don, I think another issue may be but sort of a broad, not a line item issue is in terms of certification that seems to be driving this sort of wedge in the whole healthcare IT space. Between all the sort of flyweight iPhone, Android type of apps and sort of the, if you will, big iron type of apps and this is – if you go to sort of like HIMSS versus one of the eHealth kind of or mHealth type of conferences, that dichotomy is pretty stark. And hopefully the modular stuff will start breaking that down, but since so much of the best smarts in software development now are on – more on the lightweight side of things, we may want to be thinking that we're sort of increasingly certifying a narrower and narrower set of possible computational solutions.

**Paul Egerman – Businessman/Software Entrepreneur**

And so this is Paul. Just to respond to that, I agree with your last comment that you want to have narrower and narrower solutions, but the – sort of the mobile device, you said iPhone, those kinds of activities, we have to make also a distinction between the EHR system, which is an enterprise system, between that and a consumer-oriented product. And there – it's not just healthcare where you have that, I mean, you look at like diet plans. In the old days when there used to be bookstores, you could find all kinds of books about how to take care of yourself. There is a whole consumer-oriented healthcare marketplace that is a very different marketplace.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio – Ohio State University College of Medicine**

But I'm thinking –

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

Yeah and I would assert also that it's a bit of a false dichotomy. So, the vendors that do big iron are also doing mobility apps, they're also doing cloud-based things. I think that's a false dichotomy, I agree with Paul. This is about EHR requirements for providers and how that trickles back into any software solution, be it modular, complete, it doesn't – I think that's a false dichotomy and we should look at it more holistically.

**Donald W. Rucker, MD, MS, MBA – Associate Dean for Innovation, CEO IDEA Studio, OSU Wexner Medical Center – Ohio State University, College of Medicine**

Right, no, I was saying, I mean I think everybody sort of with bring your own device kind of things. But I think we're driving a dichotomy, my point was, that we're driving a dichotomy that shouldn't actually be there.

**Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation**

And I think the dichotomy right now is just between those who are regulated and those who are not and as soon as those who are not regulated find out what may actually apply to them, they'll jump to the other side as well.

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

Does silence mean there's no more discussion?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

It means that my phone was on mute, but I was asking the same question. And we're currently at the end of the slide deck, is that correct? I apologize for –

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

Yes, we're at the end of the slide deck.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– earlier thought we were done.

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

So it sounds like we'll follow up. I did – Altarum did send out the – both the Federal Register Notice version and the PDF version of the – as well as the template for providing comments. So we will follow up with the list of areas to comment on and the assignments that we heard. If you could all validate that and make sure that what I heard is documented appropriately, we will follow up with those individuals to help you with the work that you've been assigned.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

And this is Mike again. One quick point, that public comment template, if you scanned it, you could get a sense of like a quick sense of what's in the rule, because it lists all the criteria, whether they've been revised. To tell if they've been revised or not is whether or not they're eligible for gap certification. Because if they haven't changed, then they can be eligible gap certification.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Could you repeat that? Which document was that, Mike?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

The public comment template –

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Oh, okay.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– that I just sent out. I mean, it's just a quick way to see what's in the rule, if you wanted just a quick glance.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Gotcha.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I was just thinking that could be something you could look at real quickly to see what's in the rule.

**Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health**

Um hmm.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I'd also like to point out that we have other workgroup members who are not on the call, so when we send that notice out to the workgroup as a whole, to encourage the folks who didn't make it today that they have the opportunity to volunteer, and we might actually tap some of them on the shoulder as well.

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

And this is Marty Rice, anything you need me to volunteer for, just put me on a committee.

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

Thank you. All right, Larry, it sounds like we're ready for public comment.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Let's do it.

**Public Comment**

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

Operator, can you please open the lines?

**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 are listening via your telephone, you may press \*1 at this time to be entered into the queue. We have no comment at this time.

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

Thank you everyone, we appreciate it.