



## HIT Policy Committee Meaningful Use Workgroup Transcript June 20, 2014

### Presentation

#### Operator

All lines are bridged with the public.

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

Thank you. Good morning everyone; this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Meaningful Use 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. Paul Tang?

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

Here.

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

Hi Paul. George Hripcsak?

#### George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University

Here.

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

Hi George. Amy Zimmerman? Art Davidson? Charlene Underwood?

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

I'm here.

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

Hi Charlene. Christine Bechtel? David Lansky? David Bates? Deven McGraw? Greg Pace? Marc Overhage? Joe Francis? Leslie Kelly Hall? Marty Rice? Marty Fattig? Mike Zaroukian?

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

Here.

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

Hi Mike. Neil Calman? Patty Sengstack? Paul Egerman?

**Paul Egerman – Businessman/Software Entrepreneur**

Here.

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

Hi Paul. Rob Taglicod? Stephanie Klepacki? And are there any ONC staff members on the line? There is somebody walking around if you could please mute your line that would be helpful.

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

Oh, that was mine, I'm sorry.

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

That's okay. And we'll now turn it back to you Paul.

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

All right, thank you very much Michelle and thanks for attending. This is just a – this is – what we're going to do is we – as you all know we had a couple of listening sessions and we're going to review the results of those listening sessions for feedback here and make sure we captured everything before we present it back to the Policy Committee.

And I had a problem with my e-mail so I can't get to the actual, let's see – so at any rate I think what I'll have to do is go through – I don't know what is showing on the screen right now, but let's go forward to – I'm still having trouble with – okay, go forward to slide number two, which shows the listening sessions May 20<sup>th</sup>. We split it up on – there are four panels; we split it up into two listening sessions.

Session one had eligible professionals and eligible hospitals and session two had a more general group looking at HIT supportive advanced models of care as well as the EHR vendors on panel four.

The focus of both listening sessions are take advantage of the experience we've had with Stages 1 and 2, and how would you use that experience to inform us about recommendations for Stage 3 knowing that we've already submitted our recommendations and they're in the process of rulemaking right now for the NPRM that's coming out later this year, but we're preparing – we're gathering – we continue to gather information from the public to prepare our own response to the NPRM when it comes out later this year.

And if we go to slide number three that was the panel with eligible professionals we had representation from both small and large groups as well as a patient.

Slide four is a summary of the information we heard, at least this is our first draft of a summary and open to input from this group of course. I think what we'll do is we'll go through all of the panels and then come back and we can update each of these summaries and suggestions after we finish going through the whole thing.

You'll see there is quite a lot of overlap and prior to the call people mentioned also that there is overlap between this and our certification hearing as well, which is all true.

Okay, from the eligible professionals we heard actually throughout the hearing, the listening sessions that Stage 1 was uniformly useful, it was on target, as you know our purpose for Stage 1 was to get information into the electronic health record system, get it to be used and start putting in information as structured as possible so they can be used by the computer to provide for example the clinical decision support, that was felt to be useful for all of the providers, eligible professionals and hospitals, and not particularly burdensome and that was true we heard later from the vendors as well.

Stage 2 was challenging and as you know in our arch Stage 2 does focus really on exchange of health information in a secure fashion to the people who need the information to take care of patients. The particularly challenging places were transition of care and information going to the patients.

Transition of care probably people spent the most time talking about, in one case it was not well defined meaning what's the content of that "document" that electronic document that goes from one provider to another during a transition of care.

And the other complication is well, actually care coordination is something that has not been good to start on paper or otherwise and so putting in place the workflow that would have a more reliable path for information of flow from one provider to another is a big challenge in and of itself, and then to make it electronic has other requirements.

There are issues with referral sources, well who is out there, who is out there, who has a Direct address for example and later on we'll talk about, well gosh some hospitals even had to provide – set providers up with their own Direct address and maintain the directory of what those addresses were.

So, there is a challenge, in many parts of the country you have people that can help you meet the 10% electronic transfer of the ToC information, other times you really didn't have anybody ready or you certainly didn't even know who was ready or not.

The whole notion of Direct was called in, you know, people talked about. Some people already had connection between one EHR and another and to swap that out for the Direct protocol actually in some cases felt like they were taking a step backwards in terms of the actual integration of information.

I think a lot of people talked about how the ToC, the health information exchange certainly is a good goal but because of this issue of whether you have any control over who can receive the information whether the Meaningful Use objective should require an absolute percent or not.

So, the goal is good, the intent is good because it takes two to tango it really puts an additional burden on the person trying to send information to make sure it's received and actually paid attention to. So, that's why they thought that despite the goal being good forcing an absolute percent, a couple of people mentioned was, where the challenge came in for some parts of the country.

In terms of the patient, the transfer of information to the patient, again mentions good intent but sometimes when you don't have all of the – as expressed they didn't have control over whether the patient wants to receive or initiate information as in secure patient messages that can become a problem for the EPs.

And so one of the panelists mentioned that while it's good to make sure that the EHR can do this and it's good to make sure that you can implement, that you have implemented it, but not necessarily achieve a specific percentage.

Comments from the EPs included that certification process can be overly rigid and complex from the EPs point-of-view that impacts the usability of the function that is developed and given to them by their vendors.

I already mentioned the concern about some of the things that are out of control of the physicians, at least that's their belief, and the redundant reporting requirements, a lot having to do with CQMs.

And next slide has some of the suggestions that they had which is shift the – it's really timing, two things time and timing. So, the first one is the timing, again, people thought that the intent was good for health information exchange, it sounded like there is more time needed to establish the infrastructure and so pushing it to Stage 3 would have been part of their recommendations, it's already in Stage 2, but that's sort of their reflection of the timing, how much time it takes to implement this both from a developers point-of-view as well as from the provider point-of-view.

So, along with that the 2-year cycle or let me put it this way, the nominal 2-year cycle, originally 2011, 2013 and 2015 was felt to be too fast, so it's turned out that we've delayed it so it's more or less a 3-year cycle, but so the notion was the original 2-year cycle was just too fast to implement the changes.

There is the notion that I mentioned about requiring implementation and demonstrating its use but not require specific percentage because it can be pretty hard to achieve a certain percentage, particularly for this transmission of information for everyone.

Focus on outcomes-based measures referring to CQMs and rely less on individual, use of individual functionality, again the focus of interoperability not necessarily the percent and accommodating reporting to registries and public health agencies.

Next slide, eligible hospitals the next panel again small and larger medical centers and hospitals. Slide number 7 talks about a summary. The experience was that vendors were often behind and of course that caused the providers to be in a time crunch so again the notion of it being fast came up.

Some commented that while vendors may have, you know, in principle have the functionality there it's sort of, from their perspective, the vendors sort of worked on some check off lists and they did what was expected to pass the test but it may not be either usable or it may interfere with an efficient provider workflow and so that's the consequence of paying too much attention to the letter but not the intent of the regulation.

Repeating about the Stage 2 timing is aggressive and pretty much repeating the same kind of transition of care challenges, who can receive this and they have to receive it using the Direct protocol even though they may have something else going and then sometimes in a, you know, let's say in a rural setting you may actually literally have to go out and set up the Direct mailboxes for the doctors. Sometimes doctors had more than one Direct e-mail address and who actually watches that mailbox?

So, VDT was also challenging for hospitals, that's sort of brand new concept, on the one hand some hospital says, yeah, it was challenging but it was worth it, because the information going to the patient and patient engagement was a definite benefit for that and again the repeated message of CQMs not being aligned amongst the various programs whether they're in the public sector or the private sector.

So, suggestions, the next slide, slide eight, is that Meaningful Use is a good program in the sense of its intent but really for exchange which was the main point of Stage 2 standards and protocols, and workflow need to be more consistent.

And another problem arose where organizations, whether it was provider or hospitals, when you cross state boundaries the policies or the Regs may be different in different states and that's challenging both for the vendors and for the providers.

A suggestion again is back to the timing, the vendors weren't ready particularly for the time for Stage 2 so there is some concern for Stage 3 and of course the late delivery of everything cascades if the criterion and objectives, and tests are late well that impacts the delivery of the product and that impacts the implementation and measurement, and again the alignment of CQMs was brought up. Next one is panel three and George is going to take over here talking about panel three and panel four.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Very good, okay, so panel three is about support for advanced models of care and having a broad view of this from, not industry, from employers, from the regional extension center, from public health and from patients. So, that is on slide nine. Next slide.

So, their Meaningful Use experience, so they, and this is kind of reflects back the slides that Paul just went through that in some ways the letter but not the spirit of Meaningful Use is being met and that kind of dovetails with Paul's earlier comment.

And the big problem with this is that vendors and providers are viewing the data as proprietary which is then undermining the attempts to do health information exchange and so what we're seeing is across all the panels a focus on health information exchange is our major problem.

The interoperability and the standards continue to be a challenge, because the vendor systems while they have provisions for exchanging within customers and that's, you know, that's part of their product, exchanging across products has not been a priority and is not really moving forward at the rate that we're hoping.

There was a feeling from public health that the public health agencies are generally ready and committed but it's difficult for the provider to know who to report to. Paul was that a comment about local versus state or who in the agency to get to?

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

I think that was public health agencies.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Okay, no I know, but I meant which one or who within the agency is difficult? So, we'll have to go back over that.

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

That on the patient side that the move forward for patient engagement, I mean, I think it's going forward very well, but patient's ability to receive and digest information is limited by health literacy so we need to address that for this whole thing to succeed.

There is an observation that the pass or fail concept feels unfair because a provider can fail and can do all this work and spend all this money but fail on one technicality on one measure and that part of the incentive is lost for them and that can first of all its felt unfair and two can be demoralizing and may actually stop people from trying to move forward for fear of failing. We can actually check that across our own experienced regional extension centers.

But the good news is that patients overwhelming believe that health records are useful across the range of clinical and patient basic functions that this is a good idea and generally that we still have the support in fact of the community. The suggestion there is that this is a good thing and the momentum needs to continue but the key thing, again, is the exchange in the local community.

From the public health side we want – looking for sources of additional and more stable funding to support the public health informatics infrastructure to sustain the public health gains in the future after as the program incentive part ends we need to still push forward on the public health side.

Now electronic lab reporting and syndromic surveillance that's going on in many public health areas and that infrastructure that's needed for those things leads to greater capacities for future things like early disease detection and real-time health assessments of the population during health emergencies, in other words during an emergency you can't just decide you need an infrastructure that infrastructure has to be built in an ongoing fashion so that when there is an emergency you have it available to use and this program through those things can build that infrastructure.

We need to build – we have wonderful not just pilots but examples, working examples of immunization and reportable conditions in various cities and states but we need greater, broad HIT capability across the country in those.

And finally on patient portals have to accommodate a wide range of literacy and should provide access in the preferred language and for persons with disabilities interoperability with assistive devices so that, you know, the first phase was just to get it out there and get started but now we need to mature the technology to be broadly – to broadly reach our population. Next slide.

And then vendors we heard from a range of vendors on slide 12 and moving to slide 13 their Meaningful Use experience, they feel that the tight timing even with the delay has led to concerns that the Stage 2 certified product can be made available and be implemented quickly enough so getting back to that 18 month timeline from the time that it's set the final rule specification and tools, to be able to, you know, finish the product and implement it. Basically saying that yes we're getting, what do you call it, not triggers, we're getting, you know, evidence of what is coming but they do need the final rules and specification and then time to implement them.

QA testing tools, quality assurance testing tools I don't remember that one, Paul you had put that one in so we'll come back to that.

And then implementing measurements is time consuming that is the measurement and I'm going to get back to measurement on the last bullet. They're looking, again just as the other panels, more focus on interoperability, care coordination and then also to align and fully specify the CQM quality, clinical quality measures so that this can be more outcome oriented.

But they made this point that I don't think was really made clearly in the previous panels, the need to measure Meaningful Use performance has led to design decisions and workflows that exist solely to facilitate automated measurement or semi-automated measurement I'll call it and not to enhance the value, usefulness or usability of the EHR.

So, you know, in order to get this thing done we had to measure, if you don't measure you can't accomplish it, but the fact of measuring then has a bad effect which is that sometimes you spend more of your effort measuring the thing than actually doing it.

In some cases it's been reporting that, you know, actually implementing the measure, doing the thing that was required, the medical thing that was required was actually fairly easy, but then starting back improving that it was done in a measurable way is where all the work went and that gets back actually to Paul's initial comment about the percentages. Going to suggestions –

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

And yeah, George I can chime in about the QA testing tools that was where vendors tried to use the testing tools to qualify for certification and then found that those were buggy. So, they were asking for that to be QA'd more before they were –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

They need better QA of the ONC testing tools?

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Okay, got it. Thank you. So, the suggestions on slide 14 needing more time to develop tests and certify with an 18 month lead after everything is finalized, I have to look and see, you know, back did we have the 18 months say for Stage – will we have the 18 months for Stage 3 given the 2017 delay.

Focus on high priority areas where infrastructure is needed namely interoperability and quality measurement. They talked about the – we need policy to facilitate the interoperability, state regulations, the ability to match patients across vendors, across – within a region and then again alignment of the CQMs.

And then requesting that we incorporate the 90 day reporting period that is the further 9 month delay effectively for each new stage which gives them almost half that 18 months that they need after the final regulation. Paul?

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

Okay, next slide, please. And so as an overall summary and this I think captures a lot of the spirit, it may not capture a lot of the details, but I think a lot of folks wanted to, and this is what's consistent with the certification hearing, wanted to focus on, at least for Stage 2, the information exchange for care coordination and patient engagement, that especially in this exchange of information sometimes it's not just the technology that's in the way it's the business interest of either the vendors or the providers that really impede exchange, that exchange also has to concern itself with the state boundaries and that patient matching is raising its head in terms of one of the things that makes exchange an accurate matching challenge.

There is a lot of focus on, when you're focused only or focused primarily on meeting the letter of the certification or the law then accomplishing the spirit a lot of things can fall by the wayside like provider workflow.

One of the suggestions is to avoid being overly prescriptive that would allow more innovation and greater tension, according to the vendors on usability and everybody wants the quality measures to be aligned so that we're producing comparable measures but also reducing the burden of measuring overall when you look at all of the reporting programs.

Okay, so let's go back to the findings from panel one and let's get your comments. If you could back up, yeah, there we go, thank you. Okay, comments on – well, you know what let me open it up to overall comments in terms of where, you know, was this comprehensive in covering sort of the observations people made on the various panels and some of their suggestions and then we can go into details on each of the panels.

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

So, Paul, this is Mike, since I'm going to have to get in the car and listen mostly to the last part of the testimony – I can. So, number one I thought those were great summaries that you and George gave and really captured the main themes.

But a couple of points I guess I would want to emphasize, one relates to not only sending and receiving C-CDAs but the consuming of summary of care document content above and beyond what's required today.

I'm at the AMDIS meeting right now which means I'm with 300 other CMIOs that are, you know, either resonating with or commenting on some of the same principles so they very much resonated with what the eligible professionals described and also talked about the sort of double-jeopardy they feel like they're in which they may be at the leading edge, but because other people are not yet as ready as they are to receive what we would like to send for example that they could indeed get caught on a technicality and not achieve Meaningful Use because there is just not enough out there.

And they were wondering if, with the NPRM that's out there, whether that constitutes an example of delayed availability to fully implement the functionalities that you have because there is no one on the other end to receive.

So, the other point I just wanted to make sure that were represented was, as it relates to patient messaging the issue of portal competition was a fairly big theme here with people seeing patients with 4, 6 or more portals that eligible professionals will need to try to convince them to use theirs rather than another because the halo effect won't count for their practice or their providers given the number of different portals and providers patients have.

And then just representing the patient that was part of the process, the issue of portal usability without barriers, the notion of literacy languages, assistive device, interoperability and adding upload to view, download, transmit was significant. So, I'll stop there.

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

Thank you Mike that was great. Other overall comments?

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

This is Charlene, I had a couple, I like the way that you covered it because it really started to pull out, Paul and George, some of the policy issues that I think we're facing.

And I like the piece that you talked about and this is George, where you said, you really talked about the key to exchange is in the local community and I remember in the first or second panel they really used some great analogies to the highway system and they said, bottom line is like we are still traveling on dirt roads, we need super highways and so that whole – if we can move forward in terms of we just need to put more focus on getting this exchange – a couple of these areas like getting exchange to happen, I thought that was really powerful. So, that was one of the points that I think needs to be stressed.

The concept of meaningless use was raised and I think this kind of goes to what Mike was saying is that, you know, and again it ties to the prescriptiveness, it ties to the need to do the measurement there is a lot of reasons for it, but again, we need to make sure that that's not the mantra of our program that it is kind of meaningful and that those unintended consequences get addressed.

The other piece I thought you called out in a powerful way was the instability of the public health system and, you know, if that's a public health priority or a policy priority then, you know, we need to look a little bit more holistically in terms of how we move that forward.

And I'm going to make just two more points. Again, the timeline, I think you called out, but I think if for anything because it is so misaligned and the fact that the hospitals start and the physicians aren't ready, and it's all those processes that happen because, you know, you're trying to meet the measure but not everyone has their software because – all of that has to be aligned and synchronized, and recognized, and/or not measured or whatever the approach is, but it's just not fair to make people go out and expend time and effort to, you know, do things because of just, you know, poor planning.

And then the other piece I think on the CQMs you measured the need for alignment but the other positive on that was that while it was hard to do it was helpful in changing the culture and so, you know, there needs to be continued momentum in terms of advancing. I think the concept of measurement and quality improvement, but because that's a culture change we're going through.

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

Good thank you.

**Paul Egerman – Businessman/Software Entrepreneur**

Paul?

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

Yean, go ahead Paul.

**Paul Egerman – Businessman/Software Entrepreneur**

So, I have a few observations. I mean, first thank you for a very good job of summarizing a lot of material, it was an excellent presentation.

But to me, as I look at this there is one thing that sort of stands out as compared to some of the other hearings is the whole area of the transitions of care and related to that the Direct protocol and somehow it seems to me that ONC is in some weird state of denial around this subject but it's basically just not working.

I mean, the comments and criticisms are very significant and it's also a subject that's like really critically important. I mean, the transitions of care that should be like at the center of the radar screen for Stage 2 and to have something this important be this dysfunctional there really needs to be a lot of discussion about how that could possibly happen and so that's my observation.

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

Okay, thank you. Maybe, let's switch to individual panels and I think some of it's been covered but let's just take a look at each piece and see how we can improve the presentation to better capture the sentiment.

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

Paul, could I talk? One more comment?

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

Yeah?

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

In response to Paul Egerman, so Paul I definitely get what you're saying, I would also speak as a member of the physician species at least, I mean, I know there are other people involved. The same sort of thing happened at the AMDIS conference here.

I gave a presentation on a number of aspects of Meaningful Use and one of the things I did was remind them of their own words about how Meaningful Use has helped them to help them give balance but recognizing that physicians are experts trained in seeing what's wrong with something and what needs to be done to fix it we will very often see that balance come to the floor even when there isn't much good to be said.

So, I completely get what you're saying and appreciate and respect the need to make changes but it's just important to also strike a balance that in a calmer time they can also describe some of the great benefits that have been produced.

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

Appreciate that Mike, in fact, I want to make sure that we reflect the sentiments and I think it was especially on the EP side that they expressed that same sentiment. This is a good program, it's well intentioned, there are, as Charlene mentioned, unintended consequences if we're not careful, whether it's either being too prescriptive or perhaps being too fast but let's not lose the perspective that Mike just talked about because it certainly came through in the provider panels.

Okay, so on the EP summary, actually that first point is there a couple of, you know, more than a couple people mentioned how Stage 1 sort of worked well and the focus was, as Paul Egerman was saying, Stage 2 the transition of care was the main thing and there you have a number of things really it's the who is home, who do I send this to, how do I send it to, that's the Direct, and then all of the things that go with sending that's the workflow.

Now one of the interesting things is it's not as if what's happening is we're putting in electronic form something that was working well before, it really was pretty absent in the paper world and we're just getting started. So, I think there is a lot of challenge and pain in getting something that wasn't happening but yet is good and needs to happen even more to work. So, you know, we have to recognize that as well. So, any other editions to what's on the page?

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

So, this is –

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

Paul, the other –

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

Go ahead?

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

The other comment, this is Charlene, yeah and I'll add one, you know, with – I don't know if this came through in the hearing or it was a conclusion I made, but it seemed like and we see this in our customer base, where they've got HIEs in place there more amenable to be able to do this so if, you know, where there is infrastructure in place it's working, otherwise it's, you know, a real challenge and, you know, for a lot of the reasons that were mentioned and, you know, so that one is a critical success factor. So, we shouldn't lose that because I think that's a message to us, right?

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

Right.

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

You know we're –

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

Right, absolutely and I also appreciate Mike's comment about somewhat of a double jeopardy, if you're there in the leading edge and you can't find anybody –

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

Yes.

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

To play with then it's a challenge, yeah, and we don't want that to happen. So, good comments.

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

So, this is Mike let me toss in one more. So, that whole issue of what it takes to send I think is a really interesting one, but, in my own organization and also at this discussion here at AMDIS one of the other things was the cultural issue of being ready to receive because I think many physicians can see how an EHR system that can help them send summaries of care to others, especially making these easy, but if those of us who are physicians or some others involved in healthcare systems know how hard and how long it was for us to get the e-mail address of a physician in their – either a personal professional e-mail address or a practice e-mail address because of the fear of being deluged with things that are not relevant or will add to their work is significant.

So, even in my own organization that's going live with Direct next week, we had to parse this out into phases starting with the people most ready to be willing to accept things and least fearful about being overwhelmed much like they would be feeling overwhelmed about patient messaging that just doesn't happen obviously.

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

And this is Charlene, I wanted to add onto that just another perspective and this is on the sending side as well as the receiving side, the requirements are that, you know, from a hospital you send a lot of information and what some of our customers are doing – and the providers on the other side are “please don’t do that to us” right “please don’t do that to us, we don’t want all the vital signs of the whole patient’s stay or the lab results or blah, blah, blah.”

So, that nuance in terms of what gets sent and how it’s used is really critical in the process and if the interpretation is so broad then it’s not going to be successful because you’re going to get the reactions that Mike talked about.

So, our customers are, you know, whether it’s the letter of the law or not trying to make it work and cutting the scope of what’s in it rather than following the letter of law and that could be a problem in the audit process, right?

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

That’s a good point we should re-emphasize. Remember that’s what we went through with the clinical summary.

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

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

And so whether it’s an interpretation of the vendor or the provider this full data dump actually defeats the original purpose.

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

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

Yeah so that’s – yeah, let’s make sure we –

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

So, somehow, yeah, somehow, because it ties into exactly what Mike was saying is like if you’re going to overwhelm them they’re not going to want it, right?

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

Right.

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

And then that makes it harder to actually execute and meet the objectives.

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

How would we write –

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

Right.

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

So, we had that same problem, remember we – in the clinical summary –

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

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

What we said was to make sure that the provider has a chance to be able to configure that clinical summary. It seems like that is not – I mean, that's necessary but not sufficient to get more meaningful transmission of things whether it's the clinical summary or this POC document. I wonder if there is a way for us to somehow include that concept. At any rate, so, yes, we'll definitely list that, enumerate that as an issue.

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

And this is Mike again, the other unintended consequence that I think speaks to our – the theme we've had before which is use it but not necessarily meet a threshold.

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

Yeah.

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

Right now they get credit for sending even if they send it to the wrong place and attentiveness with which they pick the correct Direct address for a provider who may have more than one because they practice in more than one location.

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

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

And they could have information land in the wrong EMR, which then has its own issues of legality, liability, etcetera, etcetera is a major concern –

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

Yeah.

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

That's holding back a lot of folks that I've talked to.

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

Okay.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Paul, this is Art, I just want to make a comment that follows on what Charlene was saying. We've been trying to do some work here using the transition of care document to get people referred to quit lines and –

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

I'm sorry, you're a little muffled, Art, referral to?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, referral to quit lines.

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

Oh, okay.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

And it turns out that there is too much information being sent out that the providers do not want to share all that content for something such as a referral to a quit line.

So, I agree with you we need to figure out how to write into this – a way to make the transition of care a little more flexible in its scope and content.

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

So, you know what, so we'll record these things and we'll need to have, I think Michelle a parking lot of this particular issue of configuring information – it's the right amount of information going to the right place.

We need to think as a Meaningful Use Workgroup on what could be done as part of our response to the NPRM, what could be done to get that concept employed without being prescriptive, at any rate that's one of our parking lot things I think we need to work on more. But go ahead?

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

Paul, this is, Mike again, one other big pain point related to the summary of care document that speaks to your issue of being selective is there is a tension between the issue of providing patients with patient education resources that are identified by the certified technology and the requirement to include patient instructions because a number of vendors will take whatever that patient education resource is and put it into patient instructions which takes what I think may have been the intention of a few lines of patient instructions –

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

Right.

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

And turns them into 4, 8 or 14 pages –

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

Right.

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

And then the recipient physician is very unhappy to receive that.

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

Right. As we go through let's make sure we pay attention to our own guidance to the panelists meaning, okay, so how do we take some of these challenges and make them better in Stage 3?

But you're exactly right, so somehow we have to figure out what kinds of objectives or guidance we can give to make these things better.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

I think Paul the answer is going to be reduce the – like once again, reduce the number of objectives and focus on rational HIE. I mean, that's what probably needs to be done in Stage 3 in answer to this whole presentation.

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

Other comments about this summary slide? Okay, no these are really good points and we'll make sure to include that probably a better way of saying these. Next slide, please. So, these are some of the suggestions that came out, it really focuses on ToC and the speed, the pace.

So, this could – so just picking up where George's recommendation, so it's focus on a few things and try to – they used the phrase rational HIE, and somehow design the objective and the certification criteria so we really focus on getting the right information to the right place. It's going to be hard for us to come up with exactly how to do that but I think that's what people are asking for.

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

So, this is Mike again, I think that a couple of comments I'd make on this slide are one the focus on interoperability but not percentage has again been a recurring theme here at AMDIS about the notion that, you know, prove that you can do it even if you may only have a very few people ready to interoperate with you at this time and believe in the principle that says if you can exchange effectively you will.

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

Yeah.

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

And as the population willing to receive that expands then we can start to worry about threshold percentages, but right now having people prove that they can actually do it is a big enough lift. So, that's one piece.

The other piece that really resonated and actually Jacob Reider talked about it a little bit at AMDIS too is this notion on measurement rather than measures and outcomes-based measures particularly giving some organizations some options on how they might be able to report on outcomes per se not just measures, the lag measures rather than the lead measures so to speak that matter to the organization is worth thinking about as we try to tackle the issue of the current problems with measures, alignment, details, specifications and so on.

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

So, let me make sure that I understand your measurement more than measures, is it the ability to come up with whatever measurements are important to your organization or were you commenting on the CQM versus the measure of compliance with the functionality or maybe both?

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

Yeah, so I'm not trying to interpret Jacob too accurately, but he tried to share the general principle that says getting tangled up in the specific measures and their specifications and getting that reported out has been both challenging and complex, and that the general principle, if you will, of having measurement going on within organizations in a more straightforward way to report out on the outcomes that matter rather than the process pieces that we believe relate to quality but which is a moving target such as aspirin for primary prevention, etcetera, etcetera.

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

Right, right.

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

I don't know that I can specify it more but I think we can get greater detail about ONC's vision for that from Jacob and others.

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

And this is Charlene; I've got two points on this one. Under the time to get ready –

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

Yeah.

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

I think it should be the alignment of the timeline too. So, like this is kind of the thing where one is ready –

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

Right.

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

And the next is not ready –

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

Right.

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

And that kind of thing, so don't miss that point under there.

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

Right.

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

The other point on the measurement, another interpretation of feedback we get is like in – if you think about the pay-for-performance program it's about improving. So, even as we think our CQM stuff it's teach one do one concept and if this could align to the broader program and even if you think about it in terms of just the arbitrary measures that they talk about, you know, if you choose an area you're going to improve then demonstrate a plan to improve on it because that teaches, I'm sorry, I've got noise, critical thinking and that type of process so that you actually are working to improve care. So, that's kind of another theme that, you know, our customers talk a lot about.

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

And Charlene when you say align and time you mentioned the difference between the EP and the EH time this whole quarter, you know, fiscal versus calendar year.

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

Yes.

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

Is that what you meant or where there other timelines to align against?

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

Well, broadly in terms of, you know, and we're going go back to CQMs, it's the timeline of having the testing facility, the CQM specifications ready all those kinds of things are critical to get the product out the door so that's, you know, where we come from.

But from the implementation side it's the timeline in terms of, you know we've got tons of customers out there where, you know, the hospital is ready to go and they've got to report this next period and, you know, the –

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

Right.

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

Physician practice down the road, you know, isn't ready yet. So, you know, what are you going to do?

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

Right, right, right. Anything else on this slide? These are all great comments. Okay. Next slide is on the summary for the panel two. Open to edits for this?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

I mean, the previous comments apply here too.

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

We don't need to say them over again.

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

Right.

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

And I just wanted to add a positive comment here. You know all the panelists from both the physician and the hospital panels were just thrilled to be able to bring their story and experience to the table to help others.

So, the one hospital that was able to attest in this particular case it was way out in front of the program and doing all the right things, again, when we asked them, well what about if we defer transitions of care to Stage 3 would that, you know, bother you.

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

Right.

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

And they said, no, no this is like good stuff, way too hard, but important that we all work on. So, again that comes back to the intent of what's trying to be accomplished and that's what we want this program to be about not the other unintended consequence that is happening. So, that was a really powerful statement I thought that was made. I don't know if the others heard that, but.

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

No I think that's right, that's interesting. So maybe there is almost a way to share stories to help, that happens at vendor UGMs, user group meetings, but maybe there are other venues that could be convened.

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

Yeah, because our customers have the interpretation issue, oh, my goodness, you know, it's like it makes your head spin on some of these topics.

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

Right.

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

And what might we do, again, but then you run into is it the letter of the law, is it how the vendor interprets it?

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

Right, right.

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

You know it's just so complicated out here in terms of, you know, trying to interpret, you know, what was really meant and what's going to get them through the process.

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

Actually that reminds me of another comment that we're not capturing here is some kind of centralized and rapid turnaround time for FAQs so that official interpretations can come out more quickly and there can be one place. Now there really is one place now I believe on the web.

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

But, I mean, we've got customers that sent in, you know, examples of that and like these are for starting to attest in the beginning of July and they can't get the answers.

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

Yeah, okay, timing as the turnaround time, okay.

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

Yeah.

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

Single source and usability are both issues with regard to FAQs as well as all the other documents. So, I resonate with that.

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

Sorry, the what and usability?

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

So, the single source of truth for both the, this is Mike, regulations, the FAQs, the usability of the tools to be able to find the answer to the questions. Even – something that's a clear statement of answer rather than sort of a restatement of a rule – understandable.

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

Right, okay, yeah that's true that came up. Okay, you want to go to the next slide with their suggestions. And actually this last one I think the single source of truth for interpretation could be put here.

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

Yeah, this is Mike again –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Paul, Paul this is Amy, I joined late, when we – on several of these slides we've seen need alignment for CQMs am I recalling this correctly that we need alignment of the CQMs with other quality measurement or was it across the CQMs themselves?

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

That's –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

We're talking about alignment here in general, alignment and harmonization –

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

Right.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Of measures across all the different payers and the Meaningful Use CQMs correct?

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

Correct, that's correct.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Okay, I just want to make sure that we're clear on that.

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

And –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

That it's not an alignment within our own CQMs for Meaningful Use. We might want to be a little clearer.

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

Not that that can't be challenged too, but I think it's broader; it's the broad one view, right.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Okay.

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

So, provider –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

That was my understanding of what I heard and I would probably totally agree with that.

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

All right. Someone else was going to make a comment? Okay, these are all really helpful comments so we'll fix up and probably do some organization of both the summaries and the suggestions. Okay, next panel, the summary from panel three.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Art do you have comments on the public health aspect?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I'm just getting to my office just give me a minute to settle and I'll get on again, okay?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Okay.

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

Paul, one of the points you made, this is Charlene, on that panel as we listened to, and I'm forgetting his name, Brian whoever it was –

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

Intel?

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

Yeah, Intel talking, was that how he structured his program such that in the measures that he required, you know, how we tried to do this, you know, ultimate pathway, that it required the use of certain – it required the use of EHRs and some of the functionality there and you made the comment that it may make sense to hand the baton off to payment reform, I don't remember if you recall that one?

But, and then we went into the whole discussion about well that could cause – this is, you know, there are some legal barriers to exchange, you know, that we talked about and if, you know, how, you know, the ACO concept allows you to, you know, not be coupled by some of those legal restrictions in terms of sharing data.

So, I don't know if you want to call that out in terms of – because we had that whole conversation around, you know, because, you know, you can share data and then you don't have those restrictions because the Department of Justice is going to say that, you know, you're referring to the wrong person or, you know, you're referring inappropriately and that type of thing. So, I don't know if you want to call that out in some way?

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

So, can you restate that, I'm not sure I got the point?

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

Okay, so, in the ACO to participate today in the ACO the Department of Justice says –

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

Right.

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

It's okay to exchange data and we're not going to hold you to some of the Stark requirements which require, you know –

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

Right.

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

You not to refer – restricts your referral capability and that type of thing.

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

Right.

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

So, there was some discussion around, you know, some of the reasons that exchange is difficult is there can be the current legal requirements may actually, you know, require you not to be able to do exchange.

So, do we need to look at the ACO Program and consider, you know, broader legislative reforms that will enable exchange, so it comes back to the broader topic of we really need to focus on getting this care coordination exchange to work and if there is any legal barriers that are there those should also be included in the conversation.

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

Do you have an example of what would be illegal to exchange? I mean, I think about the pricing and things like that but what would be illegal to exchange that is impeding HIE right now?

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

I don't, actually I don't have that because I just put in my notes what you kind of said – but maybe you could offer relief to some of the legal barriers to data exchange. So, I don't know my –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Charlene, are you talking about across state boundaries or are you talking about within – I mean –

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

This was coming from Brian –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

– about sharing systems with local doctors that don't have EHRs and that's usually why Stark has been blamed for some stuff because you can't just say, okay, everyone in this community I'm going to give you an EHR because it was seen as an attempt by the hospital to improve their admission process and there were kickbacks, the feeling that these were kickbacks for admission so that's what Stark is about. I don't know if there is any information limitation from Stark, it's about getting any services for free.

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

Yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

But it still – you know so now actually with increased adoption it's becoming less of an issue because you don't have to buy systems for the doctors because they've got one now.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Right.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

But there certainly must be federal policies that could facilitate – I don't know I'd have to think about what it would be.

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

Yeah, I would just, you know, as they rolled out the shared savings program there was a lot of restrictions that were listed by the Department of Justice to enable some of this, I'm not sure it changed, but governance across the organizations and those types of things.

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

Yeah, see I think it's more the governance because really organizations have to work with each other.

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

Yeah.

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

And the thread is that you certainly could be colluding to lock in –

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

Yeah.

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

Referrals.

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

Yeah.

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

Okay, other comments on this summary slide?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah, this is Art now I've finally settled in my office, thank you for waiting. So, George, I believe that third bullet there is referring to that providers don't know to whom they should be sending their information, immunizations in the hospitals, electronic lab reporting and syndromic surveillance, and I think what Charlie was trying to convey was that there is not a unified place to get that information.

I think that, you know, we're seeing as we have ongoing transmissions for those three public health population health activities in Stage 2 that each health department is having to set up a place where you can learn that and I think what Charlie was saying is that it might be easier if there were one stop shop to find out for all hospitals, eligible providers, etcetera where you can be sending your information that's what I think Charlie was referring to.

And I just want to make a comment. I did hear Charlene use the word instability in public health and I think public health is stable and ready, and willing to do the receipt of these types of information and I think it's very much looking forward to bidirectional, as Charlie described, there is bidirectional happening in some states already. I think it's the instability of funding not instability of public health.

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

Okay. All right.

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

Paul I want to – I quoted you a lot in my notes, so the other thing you said was, time alignment, oh, no, no that's wrong, I wanted do the policy interoperability may outweigh the need for technical interoperability.

So, what you were talking about there was – and you referred to this earlier, your case for patient matching consideration of the opt in, out states for thresholds, privacy, policy for sharing data across state lines, etcetera. So, you mentioned that in your summary, but I liked the way that you kind of framed it in terms of the need for policy interoperability.

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

Okay, thanks.

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

Because that's, you know, the broader policy consideration.

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

Right. Okay, so anything more on this? We can go to the suggestions. Next slide, please.

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

Just one other comment on the experience. I took away that patients and actually employers or maybe other stakeholders believe that exchange is already in place so it's in addition to believe they're useful, but, you know, they expect that, you know, the exchange component is available. So, did you take that away from the hearing?

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

Yeah I think it's – yeah, it's more of an expectation that – from the employers that I expect you to just do your job like anybody else and from the patients is they certainly think that we should be talking to each other.

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

Right, right. So, that it was not only useful but –

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

Yeah.

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

And exchange is adherent, right?

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

Right.

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

All right.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So, this is Amy and you've got the last bullet on patient portals did this already come up in the conversation, and if it did I apologize for being on late, about sort of the redundancy of patient portals and having to log in. Did that come up under another section? Because I know there was a fair bit of discussion as I recall on that.

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

Yes, Mike reminded us.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So that the consumer – yeah, did you already cover that, okay.

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

Mike reminded us and that needs to appear.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Okay.

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

Okay, you want to go to the next slide, summary from the vendor panel.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Oh, question, this is George, do we have 18 months for Stage 3 or will we rather?

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

It really, this is Charlene, it really depends when, you know, when the rules come out at this point, but if the Stage 3 NPRM is scheduled, right now we're hearing the end of this year, and again to get ready for the final rule we're saying, okay we need the specifications done for the CQMs and we need the test procedures done, all that should be concurrently with the, you know, creating the final rule which again is a complication because when you see with the final rule it's still – I think Stage 3 is still going to be a challenge in terms of meeting those requirements.

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

So, I guess –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

So, if I interpret the – so the NPRM will come out the end of this year. So, maybe they'll come out July 1<sup>st</sup> or something the final rule but then you're worried that the specifications and all the tools won't be out until after that.

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

Yeah, yeah.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

So, it's 18 months until the final rule but not 18 months for the tools?

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

Right.

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

Well, it's actually not even 18 months.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

– nine months.

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

It's not 18 months for hospitals either.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Yeah, yeah, yeah.

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

Because that's 15 months right there, right, yeah.

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

But the nine months give you the – the 90 day gives you another nine months.

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

That's true.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Well that's why they're asking, that's one of the suggestions.

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

So, I mean, one of the recommendations was, you know, when you think about the timeline, you know, you don't want to say, you know, people who aren't ready shouldn't, you know – people who are ready just need to go, but there needs to be a transition period that's more rational to get to these future stages rather than everyone starting on day one and I know the legislation makes that complicated, but if you have a couple of people starting in that first year then you wear out, you know, then you work out all the bugs and the issues and those kinds of things and then the masses can come a little later in the process.

So, it just has to be a rational process to transition to Stage 3 as opposed to everyone get ready to go at the exact same time which crunches the industry, makes it more expensive for everybody because, you know, they don't have staff to get it done, it causes all this chaos and, you know, they've got to rationalize this transition to Stage 3.

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

What does – still I think what Mike Zaroukian said at the beginning is this whole alignment of timing, and you said this too Charlene, but what's interesting is we didn't see this issue with Stage 1 because everybody could control their own destiny. With Stage 2 you had to have this you have to play with somebody else and that created this need to harmonize timelines.

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

Yes.

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

And that made it that much more difficult.

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

Yes.

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

Good comment.

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

Yeah and then timelines with, you know, you had to do three public health initiatives –

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

Right.

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

You had to rationalize those timelines.

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

Right.

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

You had to rationalize with all the providers, make sure the patient was on you know.

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

Right.

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

Choose a few areas and let us focus on them very well, you know, or much better, that was said at the certification hearing.

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

Maybe what we can do is go to the suggestions because I think that does summarize it. Next slide, please.

I think we did not hit both the harmonization and rationalization of the timelines that has come up in this discussion so let me add that. It's really harmonize and synchronize timelines.

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

Yes, synchronize is one, yes.

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

Yeah, okay.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Well there is synchronizing the stuff that ONC can do first of all the specifications, tools –

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

Right, right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

And then there is your own business which just –

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

There you just need more time –

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Because you're trying to coordinate with other doctors in your area or whatever. So, we can't do everything but we can at least synchronize the part – ONC can at least synchronize the part –

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

Right.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

It's in charge of.

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

Right. Okay, let's go to the final slide and I think what – okay, as I hear – let me ask you what you think of this idea. The way this slide set has been laid out right now it's panel by panel. There is so much overlapping but also overarching lessons and recommendations, my temptation, you know, as an acknowledged lumper, is to actually put these slides, you know, after we've done the edits, as appendices, as an appendix but then present the summary of the listening sessions in basically an overarching kind of a way and it clearly would focus on timing, timeline, this whole notion of needing a recipient so that you have to have these dyads, let's see the whole letter versus intent, the alignment of the quality measures and some of the policy interoperability.

I mean, that's just off the top of my head but there are certain things that came up almost in every panel as well as other venues like our certification hearing and one of the conclusions is the same as the certification hearing is focus on a few and get them really – and do them really well.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

So Paul do you mean –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Paul, I'm sorry, this is Amy, I do like the idea of the overarching themes that have come out across all of them as sort of a lead in.

The other thing you could do if you wanted to is if it was some way in a tabular format or somehow you could then put which panels these – you know, like if a few things came up in every panel that may carry more weight than something that came up in two panels.

So, either tabular or somehow putting underneath a bullet, you know, these were the panels where the issue was raised or just saying these are something that all – or just picking those themes that came up in all panels, but I think it will give more weight by doing that, but I think sort of the overarching stuff that came out through all of them and the themes and presenting that first where this is backup is a great idea.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Paul, this is George, it depends on how – if we have 15 minutes then we have to do a summary across all the panels.

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

Anyway. I think we have a half hour total.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

If we have a half hour what we could do is go through the panels but do that in 10 minutes, you know, and then spend more time on the overarching picture. There is some power in saying, here's who was on the panel, here's what they said even with duplication.

When you went through the slides you put in a lot of back – you talked around the points extensively. If you just touched on the points they knew the content of each of the panels, you know, if you went more quickly through the slides and said, I'm going to do the overarching – I'm going to give you the big picture, spend more time on it but I just want you to see how the day unfolded sometimes that has more power because then the people feel like they're hearing from the people. But if you only have 15 minutes then you've got to go for the summary so it really is a matter of time.

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

I suspect if we have a half hour we do want – I'd say we're going to have more than 15 minutes for discussion. So, I'm almost looking –

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

I agree.

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

Privacy and security does this really well, in other words just put the summary of findings and recommendations up front and leave the detail as appendix so it's all there but they focus on the discussion of the major points and there is so much overlap here and so many main points that it seems like that's where we should spend the committee time.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**  
Okay.

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

I'm just sort of using the benefit of their success.

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

Yeah and this is Charlene, I would support that because as you summarized, as you talked about it you really pulled forward the key policy issues that they had focused on and I think that's, you know, really important.

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

How do other people feel? Does that make sense?

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

So, this is Mike, I like the idea as George stated and you certainly have the clear sense of what works best at the Policy Committee so I definitely want to defer to that, but I also like the idea of trying to paraphrase the themes and show how many different panels that theme can cost and I think that one slide that can do some of that would add additional power. I'm heading off to the airport so I'm going to probably have to jump off so I apologize.

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

Thanks, Mike.

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

Yeah and Paul I think just to kind of reinforce that, I know I listened to the certification hearing and again where you said all the words there still wasn't recognition I think of the need to reduce scope to really make certification work, you know, and Paul Egerman I know was there too in terms of trying to advocate for that.

So, somehow that feeling, the intensity feeling that we get from the hearings need – and you do a great job on that, needs to bubble up and they need to understand that these recommendations are coming from a thoughtful process.

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

Good point. I think we'll tie together the same message we heard from the certification hearing.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Paul there was a point that Charlene made earlier about, and I think you agreed, that a way to help providers and hospitals learn from others, you know, this source of truth whatever that – whatever we called that summary that seems like it might be part of a summary slide that we're trying to put together here that there is an effort to aggregate the information and make it available for those who are still yet coming along or those that have learned something that others should not step into that's one piece of sort of informing others that might be a bullet on this overall summary slide.

But, back to the point that Charlie Ishikawa was trying to make was there might be a way to create a national database that allows providers and hospitals to know about the rules, the readiness, the availability of institutions, public health institutions whether they be, as George was asking, they be state or local, how as a provider in this jurisdiction should I act and with whom. So, you know, those might be lumped together in informed bullets here.

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

It's a good suggestion Art, so I was thinking – so one of the summary bullets might be resources and people are looking for an authoritative source of truth about interpretation in particular, gosh there is so much time wasted –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**  
Oh, my goodness.

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

Of use doing bad or inaccurate interpretations either by vendors or by providers and it would be wonderful – and everybody is looking for, well what does CMS say and so that's certainly a big one.

Now what you're suggesting Art and it does along with what Charlene highlighted is, gosh it would be nice – people are willing to share their both lessons and successes now where could we host that.

So, individual vendors have their user group meetings and they have their – probably their, you know, user sites and people understand that those are just opinions if ONC hosted a forum like that would that inadvertently give some kind of endorsement, which I can see that they would be reluctant to do, but how could this be done in a broader scale?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

I don't know. I think that's something we could spend some time talking about. It could be done maybe through the AHA or ACP, I don't know.

Maybe it would be member organizations more than – I agree with you that we want ONC to participate in this but we don't necessarily want it to appear that there is some level of endorsement, there may be at some point a reason for ONC to actually weigh in on something and give its opinion or CMS as well.

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

It's hard for them to do that because it has to get cleared and all.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yeah.

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

So, Charlene, CMS has a user group forum?

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

Yes.

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

Yeah and I'm guessing all the vendors do – so maybe –

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

How about the vendor association?

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

It is vendor – it is produce dependent though. So, I'm wondering if what's being asked – the greatest lever that CMS has is an authoritative fast turnaround FAQs, answers to FAQs to help interpretation. How does that sound Charlene? Do you think that hits the – would that be the most helpful?

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

Yeah, I mean, the other recommendation and again this could be a near term recommendations as opposed to even waiting for Stage 3 because, you know, there is still a lot of people that are interested – so absolutely, a more respectful rapid turnaround would be really important in terms of some of these issues from CMS.

And the other thing is, you know, where we've talked about, you know, doing this Kaizen, you know, some approach which, you know, like there are current processes but just kind of like we talked about, you know, there's got to be a better way of understanding what are these issues and get the information back to the people and that effective process and so we set up a – even if you just get a real near-term Kaizen just like a – issue and figure how to do it better because it is exactly what you're saying, you know, I get calls all the time in terms of interpretation and we think this, we think that and we think you over interpreted it, you know, and then it strains the relationship then between vendors and providers you know. So, it really has a negative consequence on this whole process.

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

Anything else?

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

I think you need more than 30 minutes.

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

Yeah, well, the person –

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

I think this stuff is important –

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

Yeah.

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

In terms of setting the stage for making Stage 2 successful as well as Stage 3.

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

Well, the person who sets the agenda is on the call, so she may be able to help us out.

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

I've been looking at it, we can adjust it.

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

I've been loud, I thought I'd put it out on the table.

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

That's fine.

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

I mean, we've done 2 years of work on Stage 3 so, you know –

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

Yeah, that's right, that's right. No, that is really important. Anything else?

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, this is Paul Egerman, I have a question.

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

Yes?

**Paul Egerman – Businessman/Software Entrepreneur**

Based on our overall summary are we saying that Stage 2 is successful?

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

I don't –

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

I don't know that that's within our – I mean, I don't think that's the question we are even set up to answer.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

I mean, we're definitely not saying that because if you look at our summary it says Stage 1 – what we're saying is Stage 1 was more or less successful.

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

Well, defined by what though? Yes people agree that Stage 1 is successful, people agree that Stage 2 is hard that doesn't mean it's not successful.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Right but we're not saying it's – right.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I don't know if we're at a point where we can say that Stage 2 is successful or not I think it's too early.

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

Right.

**Paul Eggerman – Businessman/Software Entrepreneur**

Well then we're not at a point where we should be making any recommendations, right?

I mean, if this thing is a roaring success and everybody really loves it once they implement it we shouldn't be changing focus or anything.

So, if it's too early to really judge it then it's really too early to make any recommendations.

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

I'm not sure I – I'm not sure that's true. In fact some of the panelists said this is – everybody recognizes that the fact that health information exchange is important, they also said we haven't done it before, it is becoming even more important and it's hard.

And if you step back and you say it's hard for these reasons, not everybody is on at the same time, sometimes it's hard to interpret things. There is a lot of stuff that is just normal for hard things.

I'm not making a judgment on, you know, Stage 2 I'm just saying what we're trying to accomplish with Stage 2, sharing information in an appropriate way is really hard, never been done before even on paper and yet everybody agrees it is extraordinarily important.

So, I don't know that anybody actually even – they said it's taking longer than we have allowed or than we thought but they didn't say don't do it. I'm pretty sure that's a fair statement.

**Paul Egerman – Businessman/Software Entrepreneur**

I guess my interpretation of what I heard was slightly different. What I heard was the transition of care document and the Direct protocol was released at a point when it was not ready for primetime and that people struggle with it and they were forced to try to use it and a lot of people check the box by getting the percentage by doing odd things like getting other physicians to get a mailbox or something that there is a lot of – that it was released before it was ready to be released and something was released that was in many ways a step backwards in term of interoperability.

And I think that the difference in what I'm saying versus what you're saying, which is we did pretty good and it's really hard and it's on its way to success, the difference is important because if I'm right basically or if I'm close to right there is also a chance that we need to fundamentally reassess some of the way in which we do things.

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

And, you know, to add onto that Paul, kind of the note I wrote was the industry is not ready to meet this requirement. I think that may have been said, you know, so on the transitions of care. So –

**Paul Egerman – Businessman/Software Entrepreneur**

Can you repeat that I didn't hear you, can you repeat?

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

The industry is not ready to meet this requirement. So, except where there are HIEs in place and these things have already been worked out, it's just a real uphill climb right now.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, but I don't know quite what that means when you say the industry is not ready?

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

I think it –

**Paul Egerman – Businessman/Software Entrepreneur**

I mean, supposedly – we're supposedly preparing and proposing IT material that industry can use.

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

Right.

**Paul Egerman – Businessman/Software Entrepreneur**

And so it's sort of an odd thing to say it's not ready, it's sort of like designing a consumer product and you say, well it's ahead of my time the consumers didn't like it but they'll like it eventually. Now that's not really designing a consumer –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I think what –

**Paul Egerman – Businessman/Software Entrepreneur**

Product you know?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I wonder if that's referring to the fact that there are so many EHRs that aren't certified yet for 2014 which meet the Stage 2 criteria. I mean, that's sort of what I was hearing that that's a huge barrier. I mean, that's why the new rule is out, the proposed – the changes to the rule is out.

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

Yeah. Well, I think there's a lot of dimensions to it like, you know, to reinforce kind of what you said is the standards were not, you know, robust enough, Direct is not sufficient, they need a better exchange infrastructure that's why I think, you know, pulling this forward as a major focus is a really critical topic. I think it just supports the first conclusion we come to.

**Paul Egerman – Businessman/Software Entrepreneur**

Well, I agree with that first conclusion, I just am not sure I know what it means to prioritize. It sort of says we're going to do a little more focus on that but we're to keep doing things the way we currently are and I'm just asking if there is another lesson here that we haven't discussed.

If our fundamental processes are wrong, if there should have been another step in terms of the transition of care and Direct protocol that those weren't ready for primetime, there should have been some additional step of testing, of getting large organizations to use it, to gain some level of experience before you did a national rollout.

That perhaps that would have put us in a better position to advance the care coordination that we're trying to advance because you've got an odd learning process now where you've got certification and you only have feedback from a handful of early adopters and now we're making some recommendations on that. I'm not sure that we're making the right recommendations.

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

You know and Paul kind of on that one I would agree with you that we need to be able to do that especially since it was a brand new standard and we stood it up, but there was experience, again I think of some of the advanced learners even in Stage 1 who were doing this and some of that learning wasn't brought back to the table either.

So, I think there was experience that was happening out there that may have not got factored in. So, I think there are two pieces of it, there's got to be not only, you know, getting the experience but that feedback loop to feedback into what we need to improve on. So, it's a –

**Paul Egerman – Businessman/Software Entrepreneur**

Well, yeah and all I'm saying is, your last comment to me is sort of like on the right track what I'm trying to suggest is we should be looking at, what experience was there in advance, was there a feedback loop and what went wrong.

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

Yes.

**Paul Egerman – Businessman/Software Entrepreneur**

Maybe there was experience but it wasn't the right experience, it wasn't enough experience, maybe it was experience but we didn't listen to the feedback loop, something must have gone wrong here for us to have done this and I would think that ONC and perhaps the Meaningful Use Workgroup is in a little bit of a strange sense of denial that we sort of think that Stage 2 is successful, everything's great, it's just a little bit hard, give it time, industry will adapt and I'm suggesting maybe that's not the case.

Maybe there was some reason that it was really hard was there are some things there that just shouldn't have been there, that people sort of had to go through hoops and stand on their heads to implement and they're very good people and they implemented it, and they're very diplomatic in talking to us, but we missed – we could have done this a lot better if we had done something differently and to try to understand what that is and to learn from it.

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

So, Paul, I think you're miscategorizing what we're saying, it's not that things are smooth and that it's just a little hard, what we're saying is that we're taking in feedback and there are a number of observations we've made on this call, I think they're all legitimate and that we're trying to constructively look into how to make things better going forward.

So, I don't think any of us are denying that this is a challenge, what we are saying is that it's expected to be a challenge because we are doing something that hasn't been done before even in the current situation, even on paper and yet everybody acknowledges that we need to go there. So, people are trying to find the best way to go there that's what we're all trying to do.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Plus we, this is George, our scope right now is we had a listening session to see the best we could at this point in time where we are and where we should head. In fact we're going to give a report which is reminding us what to – you know, which is just background information for when we actually have another point, leverage point. The next leverage point we actually have is the NPRM six months from now.

So, I think we have to just do the best we can to say, where it looks like we are, where it looks like we should go and then as you say, we need to be gathering or the new group needs to be gathering additional information as Stage 2 unfolds to do an even better job of steering Stage 3.

**Paul Egerman – Businessman/Software Entrepreneur**

And George as a minor observation you said NPRM at the end of the year. I think the NPRM comes out in the fall for Stage 3.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Right, that's...yeah, yeah.

**Paul Egerman – Businessman/Software Entrepreneur**

And the rule is supposed to be at the end of the year.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Sorry. Is the rule –

**Paul Egerman – Businessman/Software Entrepreneur**

At least that the way I understand the schedule I might be wrong.

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

Let me just clarify what it is that we know and don't know. So, they are saying that they will have the NPRM in this calendar year, early on they had mentioned the fall and they mentioned that they'd have the final rule out in the first half of 2015. So, that's all we know right now. I mean, that's all I'm aware of. So, I don't think they've ever said they'd have the final rule out in this calendar year.

**Paul Egerman – Businessman/Software Entrepreneur**

But getting back to what you're saying Paul, you're saying we're trying to do something that's never been done before and that's an interesting observation. And so the question I'm asking is, is there something that we should be learning about what you do when you try to do something that's never been done before. That perhaps that criteria means that it's going to be very hard to do, that maybe there needs to be some additional level of testing or thought before you go do a national rollout.

Because, you know, it could be an interesting analysis would be to say, well, where are the most difficulties in Stage 2 and it might be exactly what you just suggested Paul is whenever we try to do something that was very new and so that itself is perhaps a useful learning to understand, well, gee you can't do too many things that are very new and also maybe there is some additional, I don't know what it is, testing, due diligence, thought analysis that's needed before you try to roll out something that's never been done before.

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

Well I think that's what – that's a lot of what we've said today is that we want to concentrate on the things that are most important and are probably the hardest to do because they are changes and for the public's good one of the things we're concentrating on is care coordination. It's not that it has never been done but it's certainly not been effective as it should have been and part of the limit – underneath that is the limitation of paper and how cumbersome it is to get that to other places and make use of it appropriately.

So, we are trying to do something that is sorely needed on behalf of the public's good in terms of health and that I think everybody recognizes the only way to do this is electronically so we're moving in that direction and it's hard.

And the other thing that I think Charlene was eluding to is remember at the end that people thanked us for the opportunity to contribute to making it better and so our role is to take in those thoughts, to summarize them and to, you know, share them with the Policy Committee on the way towards coming up with a response to the NPRM.

So, I think that's our function and I think we had some very helpful panels who were similarly motivated and, hey, look I want to share with you what we've learned and tell you where the pain points were in the hopes that things will be – you'll incorporate this and put in future actions. I think we're all okay with that.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

So, one of – well one of the things that I'm wondering as I'm hearing the conversation, this is Amy, is if some of the real pain points it's not just hard because it's never been done or never been done well right before, but where there is a fair bit of redundancy or overlap and what I mean by that is, and I have to sort of explain the full thought, so Charlene before was saying that where, you know, transitions of care was working a little better is where HIE's could facilitate it. We heard that patient portals, you know, patients don't want to go into 10 different patient portals with every provider and measuring VDT is very hard because of who gets to count what.

And so the themes that I sort of heard and the theme that I'm sort of, I get in my own work, is that – or even thinking about the whole conversation before about transitions of care versus other, you know, streamed more narrow sets of data and information it's sort of like we're trying to pick these things and we're either building the functionality into every EHR so that there tends to be a fair bit of redundancy which could be good or bad, or there is a lot of overlap in terms of some of the functionality without clarity of where to navigate and I think to me that's what causes a lot of the confusion, the misalignment of measures is another one.

So, it seems like what I hear from providers and stuff is like it's not just that it's difficult it's that there is a lot of overlapping redundancy and I don't think we've really been – in our efforts to try to reduce that I think in some ways we've increased that and I don't know if anyone else senses that or has heard that but to me that's a lesson learned.

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

No, I think that's true and that's something that both we and I know CMS is both aware of and is actively trying to harmonize, you know, their programs and their measures. So, that is something that can be changed –

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

But –

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

Not necessarily overnight, but can be.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah and I'm not even just talking on the measures I'm talking on some of the functionality. So, we were talking before about sort of discharge summaries, transitions of care, states have their own continuity of care forms, you know, patients downloading their own set of information, there seems to be like lots of, you know, patient education material, how can you multipurpose one for more, does that complicate or not complicate where are the redundancies.

I mean, that's a whole other level of workflow but I think in some ways that has gotten more complicated in an effort to try to make it electronic and streamline it, at least that's I think the way it's perceived often by providers and to some extent as well patients, less, except for the patient portal issue.

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

Anybody else have comments? Well, I think there has been a very helpful discussion. I really appreciate all the thoughts. We'll try to edit the slides to reflect the discussion. We'll try an approach where we can concentrate a lot on the overlapping themes which are – really I think which are dominant and try to come up with a summary of the recommendation, the summary of the suggestions that have been made by the various panelists and introduce some of our own observations, but our obligation is to get the summary of this listening session back to the HIT Policy Committee, as I say on the road towards responding to the NPRM.

I think a lot of good – we've been learning all along the way and I think there is a lot of good lessons here and ways to improve the program and to try to reduce the unintended consequences while preserving the intent. Anything else before we open to public comment? Okay, can we open to public comment please?

**Public Comment**

**Michelle Consolazio, MPA – Federal Advisory Committee 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're listening via your telephone you may press \*1 at this time to be entered into the queue. We have no comment at this time.

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

All right, well thank you everyone for participating, very, very helpful comments and we'll edit these and incorporate all the feedback we got today. Thanks a lot.

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

Thanks everyone, have a nice weekend.

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

Have a nice weekend bye-bye.

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

Bye.

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Bye-bye.

**Public Comment Received**

1. Question is around TOC Direct messaging. There seems to be confusion about message delivery confirmation. There was guidance offered on the “Direct Edge Protocols” on 5/15/14 by Paul Tuten that the “...appropriate level of certainty for Stage 2 MU – Transitions of Care was Message Delivery Notification that the message was processed by the source STA” (slide 34). Does that mean that this functionally needs to be in place for the entire attestation period? This guidance was given when ¾ of fiscal year was over, and was not part of the 2014 Edition Certification process. How should attesters be confirming delivery of Direct messages?
2. Summary of Care (Measure 1) Much of the published guidance around this objective has been on Measure 2 and the use of Direct messaging. This question deals with Measure 1. The objective requires us to provide a summary of care for each transition or referral. “The hospital can send an electronic or paper copy of the summary care record directly to the next provider or can provide it to the patient to deliver to the next provider, if the patient can reasonably be expected to do so and meet Measure 1.” From CMS measure specification sheet
3. This statement suggests that we can deliver the summary of care in a number of ways, electronically or on paper. It also suggests that the summary of care can be given to the patient as long as the patient can reasonably be expected to deliver it to the next provider. “For Measure 1 of the Summary of Care objective, include the transitions of care in which a summary of care document was provided to the recipient of the transition or referral by any means.” FAQ 9690 If a EH is sending the summary of care document to the patient portal and providing the patient printed instructions on how to retrieve the summary of care document, does this meet the measure? From the portal, the patient can view and print the human readable summary of care document, or even download or send the XML version to the next provider of care.
4. Considering the timeline for Stage 3, especially for the hospitals, don't justify the 90 days reporting in that 'this will give 9 more months'. If the EH start date is Oct. 1, 2016, the vendors need to be completely ready with certified products for those hospitals that do want to be on MU3 certified software in the first 2 quarters to have a 'practice quarter' before the attesting period, the last quarter. This is again a jammed schedule in the design, development, testing and certification for vendors. There also needs to be the time to implement hundreds of hospitals with the proper educational documentation, training and time for workflow changes and education of clinical staff. Thank you.
5. I got the impression from the HIT Policy Committee's interpretation of these sessions is that the certification process needs to be streamlined (which is true); however, they did not seem to be amenable to reducing the scope of all objectives, measures and criteria for MU3. Please stress that the entire program from the view of providers, vendors and certification bodies needs to be streamlined.
6. Stage 2 is not a success. It is not a bust, but there are too many participants struggling to achieve the goals of the program. There is also an intense level of fear in the Eligible Provider and Eligible Hospital camps related to the possibility of a CMS Audit.