



HIT Policy Committee Consumer Workgroup Final Transcript April 28, 2015

Presentation

Operator

All lines are now bridged with the public.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Consumer 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. Also, just to let everyone know who's following along online, if you had previously been submitting public comment they had been becoming part of the transcript, but we are now going to start reading those aloud during the public comment period, if appropriate. So please be aware of that and we'll make time to read those, if there are any, during public comment. With that, I will now take roll. Christine Bechtel?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Good afternoon.

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

Hi, Christine. Amy Berman? Brad Hesse?

Bradford W. Hesse, PhD – Chief, Health Communication & Informatics Research Branch (HCIRB), National Cancer Institute – National Institute of Health

I'm here.

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

Hi Brad. Clarke Ross?

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Hello.

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

Hi, Clarke. Cynthia Baur?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

I'm here.

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

Hi, Cynthia. Dana Alexander? Danielle Tarino?

Danielle Tarino – Lead for Consumer Education, Health Information Technology Team – SAMHSA

Here.

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

Hi, Danielle. Erin Mackay?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Here.

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

Hi, Erin. Ivor Horn?

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children's Hospital

I'm here.

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

Hi, Ivor. Kim Schoefield?

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

Here.

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

Hi, Kim. Leslie Kelly Hall?

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Here.

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

Hi, Leslie. Luis Belen? MaryAnne Sterling?

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

I'm here.

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

Hi, MaryAnne. Nick Terry? Phil Marshall?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Good morning.

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

Hi, Phil. Teresa Zayas Caban? Theresa Hancock? Wally Patawaran? Wendy Nilsen? Will Rice? And from ONC do we have Chitra Mohla?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Chitra. And Dan Chaput?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Here.

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

Hi, Dan. Anyone else from ONC on the line? Okay with that I'll turn it to you, Christine.

Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer – Caradigm

Dana Alexander joined as well.

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

Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, well thanks everybody for joining again and welcome to our continuing discussion, or welcome back to our continuing discussion of Stage 3 Meaningful Use and 2015 VDT certification. Next slide, and one more. All right, so here's how we're going to structure today. We've got 90 minutes, we're going to pick up where we left off, so our resident federal expert Dan is going to help us get answers to our remaining questions around APIs.

We're then going to continue our review of objective 5 and then we will turn, and I hope we have time, to the VDT certification criteria, which Dan is going to present as well. Hopefully we will at least have time for him to present that to us, so that if we don't have time to discuss, we can get your comments and feedback offline and then move next call, on Thursday I'm hoping, to objective 6, which is kind of the continuation of objective 5, where it actually gets used. Okay, so any questions or comments before we jump in to Dan that cleanup on API. Okay, next slide. So...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

All right, so...oh, sorry, go ahead Christine.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I was just going to hand it to you, Dan; go for it.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Okay, so before we start answering the questions that were left over from last time, just a cou...a little bit of level setting on APIs in general. APIs are used in computer systems everywhere to allow one program to either access data or functionality in another system. So in our case, we're talking about EHRs, so the API is part of the EHR and is there so that another program can access data within the EHR. So it allows an external system to come and make a request.

It's not something that people use, like an individual...you... as an individual, you wouldn't use an API directly. Typically programmers use APIs to develop new applications whether it be a web-based system or something running on your smart phone, APIs are used by programmers, they're not used directly by normal people. That said, everyone uses them indirectly all the time. For example, when you use Expedia to look for an airplane flight, what's really happening is the API...the Expedia program is using an API to go out to the airline reservation systems to find the information. So just want to make it clear that like other than programmers, you never directly access an API; typically there's another App or an application doing it for you.

So, there was a question outstanding from last time, what does it look like when a patient downloads data in regards to privacy and security, data segmentation or computable consent? When a patient downloads data, the data is now in the hands of the patient. The patient is now responsible for the privacy and the security of the data, okay, so there's no...you're not covered by any sorts of consent laws or privacy laws, the individual, the patient or consumer, can share it with whomever they want or not share it, so.

What legal framework governs the data that sits in an App? An App or an application on your phone or on your computer that you're using is responsible to connecting to the API and to use a secure connection. The API itself, not the application but the API will confirm the user's identity, what the individual accessing the data may be able to see and then if the application, if the App that accesses the API stores data, then that's again in the hands of the consumer on the local machine or telephone, wherever the information is. Okay?

Oh sorry, I actually did those out of order, so that question was on the next slide; that was, what's the legal...or that's the second part, what's the legal framework that governs the data that sits in an App? And again, so that would be your license with the application or the cell phone App. At that point you've pulled data out of the EHR and it's in the consumer's hands. So, I'll stop there...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

You're sort of in the application hand right, Dan? Kind of...right, I mean it's in my hands but it's also in an App and the application developer might have...might want to use the data in certain ways that they might ask me to agree to in their privacy policy, is that correct?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

That is correct; that is...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

...and that is not unlike reading the privacy policy of say Facebook when you come into Facebook.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

So, excellent question. Any other questions then on that first one about privacy and security and an App that accesses data through an API?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

This is Erin, I just have a question about your comment which was really helpful about that APIs are not something individuals use directly, it's another application doing that for you.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

So under the NPRM, what is it that a patient would receive if they...if their provider opted to enable this API functionality and the patient then wanted to access his or her data, can you describe for us a little bit about what that transaction or interaction would look like and what it is that the patient is getting if it's not, because as I understand it, it's...I guess it's not the API itself, maybe it's information about how to access the API?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Umm, well I can't...I'm limited to...in terms of what I can comment on the API on the NPRM. What I would expect would be that if a provider opted not to provide a portal, say, and suggests that the patient use the portal from another vendor; that the provider would give the patient or consumer that information to say, you don't get at my data through...this is how to get at the data in my system, you use this tool.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

And what was...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Yeah and this is Leslie. So for instance, like if I'm going to my bank at Wells Fargo I give them my user...my driver's license and my identity and they come back to me and say, here's your user ID and password and then I can go register to mint.com and assign it Wells Fargo. So is that what you're envisioning is that perhaps the provider gives a way for the person to go and access the information using an App and gives them tools to have the App be recognized by the API?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

That is a good interpretation.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

So Christine, this is Erin. I think my only sort of remaining concern/issue is I just want to understand what it is that a patient or a family member will be receiving from their doctor; you know, if their ultimate goal is, I want to know what my mo...what meds my mom is taking, what are the hoops they are going to have to jump through to get that information and are they going to understand how to progress through this sort of process?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

I would expect that it would be an ID and a password.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Um hmm.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

And quite possibly a recommendation for a particular application to use.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Um hmm.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

And some basic instructions on how to use that...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

...not unlike the instructions that I've received to access a patient portal.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay. That's helpful, so it's almost as if the mechanism is similar, it's just you're being directed to a different endpoint.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Right.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay, thank you.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

But again, you would have some sort of an ID/password scenario from your provider because that is the piece that then allows the App that you're using to get at the data in the EHR.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay, great. Thank you.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

So the next question was, is there a baseline set of functions we should be pushing for Stage 3, there are certain requirements; certified, secure, what API calls are available, push for a certain minimum number? So I'll address that one first. The...what it's called for in the API is to access...be able to access the common clinical data set or, either the entire document or parts of that document as requested. So you either say give me my entire record or could you just give me my labs. And that is what's currently...is what's currently defined and will actually get...

Christine Bechtel, MA – President – Bechtel Health Advisory Group
Dan?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes, go ahead.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sorry, it's Christine, just to clarify. When you say the entire record, do you mean literally any piece of data that's kept electronically in that EHR about me or do you mean the common clinical data set?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

The common clinical data set, the entire common clinical data set...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

...is the floor.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...that's the floor, okay. So, just so folks know, that doesn't include some things like the provider's visit notes and things like that, but it does include a lot of things and we can outline what that is, but that's essentially, I think, how VDT is set up. I'm not...I don't think that the API...the way you access the data isn't changing the data that's made available, that even under VDT and a portal, it's still the common clinical data set. Do you know if that's correct, Dan?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Will the...this is Leslie, but it's also in VDT we have the ability to get the transitions of care and the common clinical data set, as I understand it, is just key fields, so we get...so, Dan, would help me there? Is that we want to make sure that VDT functionality is available through the open API, not just the common data set.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

An excellent question and I think we hit that on about slide 19.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay. Great.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

So, if you wouldn't mind, I'll...

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

No problem.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

...it's in the presentation later.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Thank you.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

So the next question was, are there still HIPAA logs? If one wanted to see the flow of information as you can in the EHR, would they be able to see who is receiving the info? And if there is a breach to have the ability to see where the breach may have gone? So the API, remember the API is really part of the EHR, can log who has accessed the information, what time, you know, can give any information in terms of what was accessed, who accessed it and what was requested and what was sent.

So again, once again, after that point it's out of the hands of the EHR and it's in the App, okay? So and again at that point it's out of the provider's domain, which is covered by HIPAA and is in a domain that's governed by the license agreement with the App or the application that the consumer is using. So I'll stop there for questions.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Dan, its Christine. The HIPPA log piece makes sense, which is, if your EHR can do it, then the A...then that's...the API is part of the EHR so in some ways that's...it would log who's accessed, transmitted, sent the data from the EHR, but once you get it in the hands of whatever your particular App is, then it depends on whether the App has that functionality and has an audit trail and all that kind of stuff like that; is that correct?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup, as well as...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

...does the consumer show someone else what's on the screen of the App. I mean...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

...so the consumer can share the information at that point in time, right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Exactly. So I actually want to back up to the bullet above it because the piece that I didn't hear is about the functionality that when...so we had a question last time about is there like a baseline set of functions and you actually started by saying, when you were doing the level setting, which was really helpful, that an API allows one program to access either the data or the functionality in another system. That's a big question that we have, which is...so today with a portal you have functionality that's often included like online refills, secure messaging, umm, you know, online appointment scheduling, blah, blah, blah.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So does...what happens to those functions if you go to this API approach? If a provider doesn't offer a portal, what happens to those standard functions?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Those functions would not be available if the API was working to the floor, again, which is just returning data. That's not to say that someone could do that programmatically, but it's out of...it's beyond the scope of the proposed rule.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so when you say, umm...so the rule is basically saying...the API only has to return data, so if there's no other requirement around, for example, medication refill, then it's possible that a provider would go from having offered online medication refills to not, if the App that they've selected does not perform that function?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

And their portal had.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Exactly. Right.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. Thank you. Other questions for Dan? Okay, let's go to the next slide then.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Okay, by choosing one API or another, does that limit me to certain Apps? Again remember the API is part of the EHR and so the developer uses the API that's part of the EHR so one doesn't really choose an API. So maybe what was implied was another question.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Dan, its Leslie.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

So for instance, let's say Cerner has an API...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

...and EPIC has an API.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And both of those APIs are certified under this new program.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And there is an App store out there called Patient App Store...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

...and in this App store are all different Apps that maybe certified also to work with a health IT API. So is the vision that a person could choose or have their provider help them select an App that works with their environment versus saying, Cerner is selling a bunch of Apps or EPIC is selling a bunch of Apps; this is really an individual choosing an App that can work against a certified API, perhaps by having a certified App themselves. And that App may be at the provider's suggestion, it may be on the open market, but the notion of the API whether it's Cerner or EPIC is that there's continuity and equality so that any of the Apps certified to this API could work in any EMR. Is that correct?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

But it...but there's a small but there.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

But it is possible that in a...let's say there was a Cerner API and a Cerner App on the Cerner App Store, it's possible that the Cerner App from the Cerner App Store had functionality over and above the floor, that if...right.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And if it were or if I were Cerner and I have my API, but then I also have Cerner Apps in the App Store that go above and beyond the requirement; does it mean as long as it's compatible with the certified API of anyone that I could use that Cerner above and beyond App with EPIC?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

You, I would expect and I don't believe it actually says this in the NPRM, I believe it would work with the EPIC for the floor functionality but if they had above and beyond functionality that was just Cerner functionality, that that would only be available for a Cerner EHR.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, that's very helpful, thank you.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Obviously. Yeah. I mean there's nothing that limits.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so let me see if I can translate this correctly; its Christine, since you guys are both so great technical people, this is awesome. So if I have a primary care doctor, he or she offers...says here are three Apps you can pick from; they all use a certified API. I pick the one that allows me to do secure messaging and online refills with my primary care doctor. Now let's say that my cardiologist also uses an API-based approach and it is a certified API, I would at a minimum be able to import essentially my minimum data set, that common clinical data set, into the App that I have that I used as a result of my interaction with the primary care practice.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Um hmm.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

However, because secure messaging, online med refills and anything else is not part of the functionality certified under the API, I could not use my one App to communicate, let's say, or request a refill back to my cardiologist. I could really only use it to download data from their certified API into my App that uses the certified API; whether or not it's the exact same or not, right?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, that's very helpful. So the minimum floor is I have to be able to download information that's going to populate in a structured way. What about upload? So anything related...is there anything that I can do with the common clinical data set besides download it? Like what if...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

No.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so just down...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

There is no update, add, modification, delete functionality described.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

But Dan, what about the personal health information described with the example of its an advance directive where there is the ability to have an EHR request that information from an App or link, how does that fit into this?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

You would have to point me to the exact point in the rule, I'm not sure.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Okay, I'll see if I can dig it up.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Okay. And if we can't do it here, we can do it as a...we can do it offline and we can amend the minutes or however you answer questions after the fact.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Okay any...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

So Christine, this is Erin, do...oh, sorry.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Go ahead, yup.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

I was just going to say, so just to sort of recap in different words your recap. So it sounds like we're moving to a place, under the API proposal, where consumers or patients would have a centralized place to which they could download and aggregate data from multiple sources. But in terms of...and so thinking of that as sort of one way, one directional access; but if that patient wanted to somehow communicate with those providers, they would be directed back to the provider's sort of individual, I'm going to call them platforms for lack of a better word. That's correct understanding? The data's all in one place...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I think...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

...but if I want to talk to my cardiologist I might have to use their App as oppo...you know, whereas if I want to talk to my or send something back to my primary care physician, more than likely it sounds like we'd have to do that separately under separate platforms.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Dan, I think that's right and I think what Erin is saying, and it's a really important question and potentially observation, which is, secure messaging is a requirement that's been proposed to be part of Stage 3 Meaningful Use so either it means...so if secure messa...the secure messaging function is not been proposed in the rule as part of a certified API, and near everybody has to keep a portal because it does secure messaging and they don't have a certified way of doing that through the API, or they've got to figure out how to have...everybody's going to have an App that is certified to download a data set but has to have a function of secure messaging, but it's not certified so it will be a totally different approach technologically based on the provider office that you're talking to; which means from a patient view, you would still have multiple Apps because you could only send a secure message from that particular provider's App or portal. Is that right?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes. Yes.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Unless the App had the ability to do secure messaging under the same standard of the certified EHR, right Dan?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

But that's not being proposed, Leslie, right?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

But...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's the issue.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

That would be, yeah, that would be over and above what is proposed.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

Hmm.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Probably the best way to think about this...this is Phil; is that just like ePrescribing is a required core functionality and so is secure messaging, right? And so that's been sort of established and you're right, Christine, that a portal of some type is going to be required in order to do that, or some type of application that meets the requirement. But I'll give you the example, GE Centricity is an EHR certified for secure messaging, but it achieves that by integrating in with a variety of third-party secure messaging applications, like Cryptic. And that's done entirely through an API.

Now that fits into the above and beyond category that Dan was talking about, but, as an application developer, as long as EPIC or Cerner or GE avail that secure messaging capability above and beyond the core data set API functionality, then as an application developer I can develop to that and give consumers more options at that point. The thing about the common data set, as I understand it, is that this is going to be, as Dan said, a floor and patients will be able to choose whatever application they find value in that's going to give them the added service that they get value out of, based on that common core data. And as a starting point, it's sort of a V1 of the API, you know, that makes a ton of sense.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Well but if consumers are...if it's...right, here's the challenge I'm seeing. So on one hand a consumer can pick an application that provides the most value and...but the only thing I can guarantee is that as long as it uses a certified API, then I would be able to import my health data in. However, if I want to send a secure message to my primary care doctor and a week later to my cardiologist, because it's not...because it is, as you say, above and beyond, it's very possible that it would...I would have to have two different Apps for that function...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yeah, you're...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...unless those two providers happen to use...that's what I'm concerned about, I just want to make sure I understand.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

So I...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yeah, I think you're right.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

...and yet, we're talking about added and new ways of patient's being able to get their data, so this is all additive. But I can tell you after having worked within the secure messaging environment that an API that reliably and in a certified way does support the electronic messaging functionality, is probably about 5-10 times more complicated than getting either old data sets or parts of data sets and so that's no doubt why that's not really being sort of rolled into this first version.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

The secure messaging standards you mean?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Yeah, to actually do secure messaging through an API is a leap in complexity compared to the core data set.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Right, what I think I hear you describing Christine is a portal of portals where you had one portal that can connect with any portal and do the functionality of all the portals from within one place, and that's far beyond the scope where we are right now.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Say that again, Dan.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

I mean, I think what I hear you starting to look for is this portal or this App which can do all of the functions of all of your portals.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Right and this is just...yeah.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So at a minimum, it...all I'm saying is, that might be what I would like and I'm not saying that's what the group would like, but I just want to be clear that the observation is true that...we're going to talk in a second about the options proposed under the rule, but it is true that if a provider only used an API-based approach that consumers could lose functionality they are accustomed to in the marketplace today, that's all.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

I don't think so, Christine. The secure messaging function is still a Meaningful Use Stage 2 requirement; there can be no loss in that functionality; you're right to say that...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Well...go ahead.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

You're right to say that they would now have a, at least a secure messaging function in a portal and the ability to achieve the VDT requirement through an API; those two things might be true. But it's still using all their same login credentials at that point because the same login credentials is what the certified API is going to be certified as using, so there is a point in simplicity there. I think the Mint reference earlier and the bank reference earlier is exactly right; Mint, I don't think, allows you to securely message your bank but it does allow you to aggregate all of your banking details from across multiple institutions. So that's kind of the example.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Chris...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, let's keep moving, oh, unless folks...

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Christine, this is Cynthia; can I make one comment?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes, of course.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

So am I hearing correctly though that the API App approach doesn't necessarily get us out of siloed portals? Yeah, so question mark; is that what I'm hearing? The API/App approach could simply continue to replicate silos in the same way that patient portals have created silos or can create silos.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

What I'm understanding, and Dan will correct me is, it does potentially, if everyone uses a certified API, it does potentially get you out of the silo with respect to here's all of my health information in one place. What it does not do is potentially get you out of silos if you want other functions or if you're used to other functions on top of that. So if you want...if you have secure messaging, it might...you might have to have different either Apps or portals for messaging your providers because it's not included in the API certification or you might lose functionality, like online refills or appointment making if your provider dumps the portal and goes to an API.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

So practically I would have an App open, I'd be looking at my data, but I'd have to open a second App to message my provider about it.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That is possible.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right Dan? I mean, I believe that to be true.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yes, as Phil's example using Mint was spot on.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yup.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

And this is Leslie, is it likely that people will take away functionality from their current portals with all of this rather than just have kind of a...either a transition approach or a both/and approach? They're getting so much uptake; it's convenient for them too to have patients refill online and do appointments online.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So let me...I'm not sure that's totally what we're hearing, although it should be the case. But let's hold that because we're going to talk about options in a couple of slides and there's a...right, so the rule is asking us to comment, should we...should they allow providers to do either an API or a portal, should you require both, should you req...so there's like a whole different set of options, so let's talk about those trade-offs and potentials when we get to that slide. So should we...let Dan keep going and answering the questions and then we'll come back.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

So the last question here that we had was, how does the provider know that the person with the App is the patient? And that gets back again to the doctor providing the individual with a logon, you know, ID, password or something to use to log onto the system. And the 2015 certification rules require that the API log all interactions between the application and the data source. So, there is logging in terms of what's going on and we actually discuss some of that later in the presentation. Okay, but it's the...again it's the ID password. Again, if you share your ID and password with another individual, there's...then the provider obviously...the provider knows the ID and password, not necessarily who's actually using it, so.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Okay, so let's keep...unless somebody has a question, let's keep going; we'll go to the next slide. Okay, so this is again just to kind of anchor us in where we are; we're trying to weigh in here on objective 5 which is provide electronic or API access to health information and education resources. And at this point the pr...in this measure, the proposal is that 80% of patients would have online access to their health information within 24 hours, either using a portal...well, we're going to talk about the either/or here in a second. So let's focus on measure 1 and go to the next slide.

Okay, so just...this is pretty much, I think, exactly what I just articulated, access within 24 hours; so let's go to the next slide and actually let's go one more. We're going to come back to this. Okay, so this is the alternatives that have been proposed in the rule. So there are three essential options here; one is the "and" option, which is you are able to view online and transmit your health information. That's the VDT approach. But you're also provided access to an ONC certified API, so you could use an App or the portal, whatever you choose, because you have both options. Okay.

Alternate B is...oh, Chitra, is the "and" something that we commented on in alternate B or is that something that is suggested in the rule? I don't understand why that "and" under alternate B is red. Chitra, are you on mute?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Sorry, I'm here. It...this is the exact verbiage in the rule; I just highlighted the differences between the three alternatives.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. All right. Okay, so I'm not sure...okay, so we might comment on this, but I'm not sure why we would go from patient "or" authorized representative to patient "and," but let's just...we will comment on that, and I know MaryAnne is on the line. So alternative A is you get both; here's your VDT, which today is mostly done through a portal and here's your...or you can use an App, but you get to choose. Alternative B is one or the other, they pick, the provider picks. And then alternative C is just the API.

So I'll throw out a starting point, which is, alternative A only because I'm personally concerned that there...in doing some provider interviewing this past winter, it's clear that there are definitely some providers who are still a little bit in the check the box mentality and haven't really shifted into thinking about how to make this...these functions really useful and create efficiencies for the practice as well as for the patient, so, I'm a little bit concerned about that and would love to see alternative A, just so we kind of cover our bases and have a couple of years of really understanding the impact in the marketplace.

So we've got both alternatives in play and the market can really choose the solution that, and particularly consumers, can choose the solutions that work for them and so this could be really revised later, once we see what it is that consumers are preferring in the market. So I'll throw that out as a starting point and welcome your reaction.

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children's Hospital

Hi, this is Ivor Horn. I agree with what you're saying, I think giving the market a chance to evolve and for people to get an appreciation for what works best for them with having all the alternatives instead of sort of turning one on...you know, turning it off and turning it on. I think it would be helpful both for the patient as well as...for the consumers as well as for the providers.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks Ivor.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Hey Christine...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

I was going to say this is Erin, I agree; I think because we have so many outstanding questions about the above and beyond capabilities, this additional functionalities of many portals, the secure messaging, the refill reminders; it makes sense to at least at this point requ...as I understand it, require offering both.

Leslie Kelly Hall – Senior Vice President of Policy – Healthwise

This is Leslie; I agree. I think they're doing the first anyway to meet Meaningful Use 2 they have to do the VDT in their current portal. The API is not yet available to be certified so I don't think we're asking anyone to do above and beyond what they're already going to do.

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

And this is Kim Schofield; I do agree. I think as a consumer advocate, I think this does answer some questions and I think that this is going to be the best bang for the buck.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Hey Christine, this is MaryAnne and I completely agree that this functionality must be available to patient and the...obviously the family caregiver who has permission to view that information and anything short of that is going to undercut the role of the family caregiver here.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

This is Phil...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So MaryAnne, are...

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Oh, go ahead.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sorry Phil, just give me one second to clarify with MaryAnne. So are you...what direction to this...it's like some of these alternatives it says patient or patient authorized representative and then in alternative B it says patient and patient authorized representative. Do you have an opinion on that?

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

You know that's a tough one because there...you could read those as being identical. Patient or authorized representative, gosh, I'm sorry I'm at a loss for words because it's technically...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I agree.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

...the same thing so, I guess I don't have a preference.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I know.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

I like the "and" because "and" seems inclusive as opposed to the word "or," so maybe that's the best way to choose.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

And I'm sorry, Christine, I'll just say I have the rule in front of me and I...we could have been looking at different pages, but the pages I am looking at for all three alternates use the term "or."

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, all right. Okay, great...

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Hi, this is Clarke Ross. I know this is grammatically incorrect but is "and/or" "and" slash "or" the solution?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's what I was thinking.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

There are some...

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

I like that, yes.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

...individuals who, particularly people with mental illness, who do not want their family caregivers to have access to this information. Most people want anyone who is connected to them and they depend on to have access to the information; but it's not "or" it's "and." So would "and/or," "and" slash "or" finesse this?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I like it and unless anybody speaks up to say otherwise, let's go with that and we'll keep moving.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

This is Cynthia; just one quick observation. In the federal plain language guidelines they're not in favor of the "and/or" combination; it's not considered a plain language approach to explain...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Oh, I appreciate that. The one difference, I think, is that the audience is regulators here and not general public; otherwise I would completely agree with you. Okay Phil, you were trying to say something.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Yeah, so I just, with the addition of the "and," in other words, you require them to continue to have their patient portal and they also have to have the API; I just want us to realize what the implications of that are. And let's all keep in mind that sort of there is, as we all know, there's a huge groundswell of providers screaming about all of these requirements and, especially when it comes to patient engagement.

If we add the “and,” we have to think about what the measurement criteria looks like for that. So, when it comes to offering the portal and API, do those have to be measured separately? Do they have to be reported separately? Are they separate numerators and denominators? That could add to yet more complexity that the providers are screaming about. I just want to bring that up and just have us be sensitive to that; so, that’s really it.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So Phil, I think that’s a good point. Let’s go back two slides please. Okay, sorry, one more. Okay, so there is only one measure proposed for this, but two mechanisms. So I don’t think under the way CMS and ONC proposed it, it would create a whole second set of measures. It’s just that you have to offer 80% of your patients access to their health information within 24 hours and that’s going to mean the portal and that the EHR, as I understand it from Dan, now is going to come with an ONC certified API.

So the patient’s...so I think where the workflow happens that is potentially additional is that when providers are telling their patients...so correct me if I’m wrong, when providers are telling their patients about the portal, they can say, you can pick, either it’s the portal or it’s one of these Apps that uses...that can talk to my system and here’s the different and it’s up to you. So there is some extra education in that, I think, but is there anything else? Because it’s still only one measure, it’s just two different...

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

That works well in the “or” scenario, when it doesn’t matter, but how do you prove “and?” In other words, how do they prove that they offered both? Because if it says “and,” then the measure has to require some sort of proof that they offered both and so this measure doesn’t do that. And so that’s what my concern is...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Um hmm.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

...is that there’s got to be some additional, you know yet more, requirement on the provider to prove that they offered both. And I worry about that, I worry about the blow-back.

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital

Yeah, this is Ivor. I tend to agree, I mean it is, it’s two different reporting things, not just one if you use “and.” And then it also gives the requirement for the provider to wrap up to the level of where they are with the portal with the A...with this separate API, you know, coming out of the box. And that means having to identify the Apps and, you know, certifying them, making sure that they’re okay and then sort of ramping up at a very quick pace and being at the same level with the API as they are with the portal in the “and” scenario. If you’re using this same sort of measure and same metric of greater than 80%, and I don’t know that all portals are going to come out of the gate with the API.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Well, so let me back up here and say, so...that the count would happen automatically, but that’s what we’re going to talk about in the next objective; but the idea that a person went on and downloaded should have...that’s not going to be extra work for providers. And so they went to the API or they went to the portal, the technology is going to count so it’ll be a little extra work for the vendor to program it.

But I think what I'm...so what I'm wondering is, we have a lot of people who liked the idea of an "and;" is there a way to make it so that the attestation is not burdensome for the provider because you simply are saying you're attesting yes or no on doing this. We did that a lot in Stage 1, you simply had to say, yup, I'm doing it and that was it. So it wasn't a big, burdensome process; would that help? I'm trying to find a solution here or hear a proposal that somehow reflects the concern that we don't know enough about what's going to happen, given the certification requirement floor is just the common data set.

And we don't really know enough about what's going to happen in the marketplace to these other functions. Some other proposal that helps consumers be in the driver's seat and have some options here so we can learn from...for a couple of years. Or, some other proposal that makes the attestation just be very easy. So Phil and Ivor...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

So Christine, I'm trying to...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...I'm going to put that on you. Go ahead.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Oh...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Go ahead, Erin.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay, it's like; I'm not Phil or Ivor. But I know Dan was saying that it's...the rule seems to, with the API option, what the provider would give to the patient is an ID, a password, recommendations of Apps and then instructions about how to use that application. My question is, would that ID and password be the same for a portal or the API option? And if so, like can you help me understand what the attestation burden would be there if it's the sa...if you're providing the same login information but for the different...

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Yeah, no, you're right, mechanistically it's likely identical but when you put the word "and" there, that means that the requirement is that you offer both. How do you prove that you offered both? And so...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

And the both is you're talking about the API and the portal?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

That's right. So how do you prove that you offered both?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

It's one thing to have a measure that says, it really didn't matter how you offered it, you attested that you offered one or the other. And maybe to Christine's point they can simply attest that they offered both to so many people and that's totally fine. I do also separately, of course, worry that by putting it to an "and," all we're doing is reinforcing the patient portal as sort of the go-to and instead, allowing this market to really open up on that VDT functionality. But I doubt that that would be a problem, I just think the attestation may be a little sticky.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Can I...let me back up and ask a question, but before I do, I just...I don't want to forget, it's Christine, again. The answer to your question Phil is the way that they attest today is you...the idea of offering really is defined more in terms of electronic data is made available for 50% of your patients, that that is...that function is on. How you show that people used it is different under Stage 2, but for this purpose it's pretty easy, and I think it would probably be similarly easy for an API approach.

But here's the question that I have, but I realize I don't feel like I know the answer to, I'm hoping Dan can help, I'm not sure; and that is, in Stage 2 we intended for people to be able to have this functionality and so the providers could choose. I would either offer a portal or I would offer a transmit feature so that I could tell my patients, hey, sign up for HealthVault, or whatever and that's where I'm going to send your data. What happened that makes it so that everybody just implemented a portal and we don't...was there not a technology standard that allowed for the download, transmit part or, help me out to understand why we suddenly need the API piece? Anybody?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

I can help there; it's Phil. So, unless Dan, you want to chime in. I...the API is just a huge leap different. So when you have the standard of viewing, downloading or transmitting, yes if you do the transmit function, it's pretty loosey goosey and EHR company can basically say, how it wants to transmit. With the API functionality, which is now a standardized way that any App can gain access to that information, now you're opening it up really for not just the EHR chosen functionality, which are really quite limited and in my experience, pathetic; but any application the patient's choosing to be able to get that, it's...you know, yeah, the patient may choose HealthVault, but they may choose the new application from Mint that's now for healthcare, say. And because it works against that certified API, they are allowed to do so and so it just completely opens up the field as opposed to just reinforcing, as Cynthia said earlier, the silos. And even that transmit function, in my experience, has been siloed and this API just breaks down those silos.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so at a minimum we do need to comment, and I think there is agreement that regardless of whether it's "and" API or "or" API or whatever we sort of arrive at, it...the way the rule is written now, it feels like it's really the provider or actually the vendor that ends up basically default selecting the App and not the consumer because you might...is that true, you might have different Apps that would work with different systems or did I...am I misunderstanding here?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

So what Dan said earlier actually it is the fact, it is, in fact, a certified and standardized API that any application of the patient's choosing can access, as long as they have the credentials. And, so at the current situation of the EHRs having their own application and closed marketplaces, actually would go away under the scenario. So it actually solves the problem that you're raising, in my opinion, from what I'm reading.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, but we think the control is going to be more in the hands of consumers who say, but this is my App and as long as the App plays off the ONC certified, then at least you'll be able to download, but you might not really be able to do much else.

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Yeah, that's right and I'm just going to sort of share with the group here a very brief story. So...and trust me, I'll keep it really short. So at HIMSS I interacted with a company that's gaining some real traction, very consumer-oriented and right now, in order to help a consumer go and grab their data from different systems, and they're the only system...they're the only company I've ever seen do this, they actually have to go and screen-scrape the portals. The patient gives them their username and password, they go and screen-scrape the portals and have to do some fancy footwork to try to get any of that data to aggregate it on behalf of the patient.

With this API functionality as proposed, as I read it, no longer would it be difficult or burdensome for companies like that and many, many others, to go and work on the consumer's behalf to help them get their data and do whatever additional services they need to provide. And so what people are going to...and they're getting some real traction with that functionality; people want to be able to leverage that kind of functionality, but boy the hoops they have to go through right now are just terrible and this would eliminate those.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so let me see if I can get a sense of the group. I think the group generally likes the idea of APIs with some concerns that we have articulated. I think...so we've got three options, A, B and C; A is you offer both and our comment here would be, we like this but we want to make sure that the attestation process is not overly burdensome to providers, but that we want to hedge bets a little bit for consumers and make sure we really understand how this is going to work and let the market decide. Or we're going to say, it's B, either or; or we're going to say it's just API.

So, does any...I've heard, so far a lot of support, most of the support for A with some concern about potentially being burdensome in terms of attestation but if we make the comment about simplifying attestation. Then does that help folks settle on A or does somebody want to argue for B or C? Okay, anybody want to argue for B or C? Okay, then we will go with alternative A with the comments that I mentioned about we want to make sure it's not...the attestation process is not overly burdensome for providers. Great. Okay, so let's go back a slide, I think we had another, oh sorry, forward...I'm sorry, I was on another slide in my brain. Keep going.

Okay. So there are some additional request for comment and I think we've mostly discussed both of these. So if we have a both umm, then we've answered these questions, right, so which is, how do...if...are there additional requirements needed to assure that if anybody does the API option, you can...you still have these two pieces in play, but if there is both, then I think that helps, right? That answers that. Anybody want to comment on that? Okay. All right, next slide. And we've answered that so next slide. Next slide.

Okay, so they're requesting comment on an exclusion, whether an exclusion is still appropriate for providers located in counties with less than 50% having the specified broadband? And two, whether to create an exclusion for EPs that don't have any office visits? So does anyone have comments about the broadband piece? I don't personally feel totally equipped to comment on that; I mean it sounds reasonable, but what would I know? Does anybody else have comments? Okay, so we're going to leave that off...we'll leave that out of our comments entirely since we don't feel equipped.

Second is whether or not to create an exclusion for EPs that don't have office visits. Thoughts on that?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Christine what do you think the purpose is of that one? I mean, why if you have an entirely telehealth practice would you be excluded from this functionality?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I think that's a good question. I mean, I think they're not s...my guess is, but they've not artfully worded it, they're thinking of things like specialists who don't see patients face-to-face, whether that happens in person or via telehealth, should they have to...but who are eligible for Meaningful Use, should they have to provide online access to health information? You know, I think we would...I think in an ideal world what some providers would want would be to say, look, if I don't have...if I don't really see patients face-to-face, but I do have some health information about them, then I would be able to make that available maybe only via an API, but not have to pay for a portal because I just don't have enough health information. So that might...I'm going to throw two scenarios and just let you guys react to them.

The second area where this might not be an exclusion, but where you might want to say, A or B instead of A and B would be for people like let's say your optometrist. So I happen to go to my optometrist the other day, they are eligible for Meaningful Use and they were not able, in this case, to attest to Stage 2 because of the patient portal component because what happens is, under the law, they must give the patient their prescription on a piece of paper in this state, when you walk out the door. So patients had absolutely no reason, this was Lenscrafters, zippy reason to go online because they had the prescription in their hand so they couldn't get them to go online within the 90 day reporting period.

Now, would patients want to go online 12 months later or 6 months later when they lost their prescription? Yes. But for the physician to pay for the portal and then be accountable for use was harder for them as an optometrist. And so might there be some areas where maybe it's not an exclusion, but maybe you might allow folks, if they have a very limited data set, to do only an API? Would that make sense? I'll just throw that out for you guys to talk about.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Christine, this is Clarke Ross. So let me throw out two situations that make me uncomfortable with exclusion being the word. Increasingly in the Medicaid Home Health Program for people with either a history of pressure sores or actual pressure sores, the home health worker will connect to the physician by Skype and talk through what the situation is, and that's a real visit and it's very important to the overall health. And it seems like excluding those visits would not be helpful.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Um hmm.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

And then the second situation in the mental health area, we're doing more and more telehealth visits that are actually therapeutic and the whole notion of excluding these important interventions makes me uncomfortable. So I'm uncomfortable with the exclusion word; if there's some modifier and further explanation and description, okay, tell me what they are. But I'm uncomfortable with excluding these important interventions, which are increasing and not decreasing in intervening with folks.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, I agree with that, you know, I'm going to throw something out there, because I would love to find a good way that will not be gamed or have crazy unintended consequences about giving some physicians who needed the little bit of flexibility because the portal proliferation thing is a problem for the health consumers. But there are definitely some physician types who are eligible for Meaningful Use that have a very limited data set, you know, like my optometrist only has my eyeglasses prescription or, I don't know, I can't think of all of them right now. But, I wonder if maybe between now and the next call we can all give some thought to this question of how we might do something for those clinicians where they have a very limited data set, they might only have to do API. Because I don't want a portal from them really, now I'm going to lose the secure messaging component, so like these are the things we have to think about, there may be unintended consequences.

But I don't know if you kind of rather than defining things based on office visits, given telehealth, because Clarke, you're totally right and Phil said the same thing. So let's make a comment that office visit isn't the right denominator, but maybe there is a way to think about some of the, you know, not primary care or cardiology, some of the not named main folks who've got lots of data and lots of visits, whether they're online or offline, can we create something for them that enables their data to be pulled into other places for...so consumers have it, but they don't have to go and go through a whole bunch of hoops. Do folks want to take some time and think about that between you know, now and Thursday? Does that make sense or am I off on the wrong track, what do you guys think?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Makes sense.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, I'm going to take...any other comments on that?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Christine, this is Cynthia. This isn't a comment about that but I had...I wanted to return to 1 if there's a minute.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sure.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Does anybody have comments about 2, I didn't want to interrupt that but I just wanted to go back to 1 after everyone's done with number 2.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. So let's finish up number 2 real quick. I think maybe what we'll do is, I'll ask Chitra to pull the list of...from HITECH of all the...or from CMS, whatever, all the provider types who are listed as eligible for Meaningful Use and let's think about API and whether there's an opportunity to create some flexibility so that not everybody has to do a portal, but we need to find the denominator by which that would...not the denominator, but the kind of classification by which that makes sense, which is, I don't know if it's provider type, I doubt it, or if it's the type of data you have. We all agree it's not whether you have office visits; it might be whether you have direct patient contact, so those types of things, just to be really thinking about that between now and Thursday. And if there are any other type of information or data that would be helpful for you to have, just send us an email. So hopefully Chitra can do that for us.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Okay, so Cynthia.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Right. Yes. So I guess it would be a question to the ONC staff, because in light of the full discussion of Apps and what their future might be, one is very much...seems to be not really commenting on the fact that people would be living in a much more intense mobile environment. So I was really wondering what 1 was about and what the thinking was for writing...even offering that as an exclusion.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great question.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Because yeah, I mean broad...unless I'm misun...again, unless it's a matter of sort of in-artful language, you know, broadband is about wire connectivity.

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital

Right, but still, even with broadband connectivity, people, even though they have their mobile...they don’t necessarily use...they don’t use their cellular data for going on the web, even with their mobile, they use broadband and the use even sort of library broadband or public broadband or broadband in their housing division or housing units to get onto the Internet, even though they don’t have a computer at home. So in some ways, when you say less than 50% broadband, what I think they mean is the fact that they don’t necessarily have as much access to be able to go onto the Internet, not to mention the fact that they don’t have computers in their homes. So, I’m speculating and guessing, I could be wrong but that’s what I read into that.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Right, and that’s completely consistent because in our Healthy People topic area, we have an objective on increasing broadband use, so I’m familiar with that data. My question is more about though how do you sort of marry that up with the whole discussion of Apps being the way that con...you know, that you’re really opening up the world to consumers, too? I mean particularly for lower income consumers because, you know, mobile phones are a way of access that we’ve just never seen desktop computers and tablets and whatever as the devices. So I’m just having a hard time kind of reconciling that as an exclusion with the whole discussion we had about Apps.

W

Right, good question.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So why don’t we do...yeah, why don’t we do this, why don’t we just say that we really want to encourage ONC and CMS to rethink this given the increasing focus on APIs since applications will often use cellular data to download. And this is an exclusion, I think, and Chitra can help verify for us, just for VDT; so it’s not like this is a whole Meaningful Use exclusion, right, you know, I think it’s just you get excepted out of this if you don’t have broadband access. I mean, there might be more elegant ways to think about it like saying, you know, having a patient reported measure here; but I think in this case this is really VDT and we just want to encourage them to consider the appropriateness of this exclusion if more and more people might be using applications that can use cell phone data, right? Does that make sense?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

Yeah, I think that would be great.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

This is Dan; just briefly, APIs are not just for cell phone or portable devices.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Any computer system can access an API, so they're not...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, that's a good reminder.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Dan, I'm just making a note. That's great; thank you. Okay, let's go...so we need to hit measure 2 and we're going to try to do that in 10 minutes or less so that we can give Dan a chance to do the VDT criteria, which we will definitely not have time to comment on, but he can just review them and we can comment offline. So measure 2, which is on the next slide, I hope. Yes. Measure 2 is using the certified EHR technology to identify patient-specific educational resources and provide electronic access to those materials.

So, this is...the measure here is 35% of unique patients are provided electronic access, so that's great, I think that's a good change, to patient-specific education resources using clinically relevant information that was identified by the EHR. So in my mind if, and Dan or Phil or somebody will correct me if I'm wrong, but this is creating a certification requirement in VDT that does not exist for the API and so it might be more support for the approach to use both to see how this plays out in the marketplace. Or to say, you know, I guess you could also argue that they need to add that as a certification criterion for the API. Any thoughts on that?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

Dan, any thoughts there?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Umm, I'm sorry Christine, could you repeat the question?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sure, I was just thinking that this new measure on patient-specific education material is provided through the VDT function, which is...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yup.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...mostly a portal today. So if it's not certified as part of the API, like included as functionality in the API component...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Umm hmm.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...then it...then, well I think two things; one is, for the workgroup it's more reason why we would suggest a both approach, because if you only allowed a provider to use an API, I'm not sure that...then this measure, I think, wouldn't apply to them because there's not a certification criteria that has the API able to do this function; so that's the first question, right?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Those would be appropriate comments to make, yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, great political answer, Dan. And...okay, so that's good. And I think, this is for the workgroup, not for Dan; if you're still requiring secure messaging, patient-specific education resources in the portal, which is a big change here, we're going to get to those comments, by the way, I promise, on the measure itself. But if you're still requiring functions like that, then I don't see how a provider could do anything but provide both an API and a portal kind of functionality because the APIs won't be guaranteed to do these things, education resources and the secure messaging. Am I off-track on that or on track?

Philip Marshall, MD, MPH – Founder and Chief Product Officer – Conversa Health

It's Phil; I think you're on-track with regard to the fact that they have to be able to provide that functionality. What's interesting is could they ch...their EHR be certified to provide that additional functionality and through the API alone? Education resources through the API, by the way, would be really quite straightforward because these are links for the patient, you know, something that can be easily conveyed through an API; so that's something that would be far easier to include than secure messaging. But, you know, but I think you're right, I think that all these additional requirements would still require some sort of portal access unless certification was able to be achieved by going above and beyond in those two areas, by the EHR company.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah. Or, well, and I don't think we want to rely on that one because we want to create a standardized infrastructure, but I think I have enough to comment for you guys to react to and I think it'll just be look you either got to add it to the API so it gets...you know, the API is equally as capable as VDT or you've just got to do both. So I'll get the comment out to you guys.

Any comments on this actual measure though, which is going from...there are kind of two changes here; one is it's not just providing materials to 10% but now providing education materials to 35% and you're providing them online. So you don't...it's not a paper thing anymore, so hopefully that addresses people just sort of printing it off and handing it over to meet a measure, but they're really making it available electronically. So based on the comments from the Strategic Plan and the Interoperability Roadmap, I think there's probably a lot of support on this from the group. Is there anybody that wants to express any concern about this?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control and Prevention

This is Cynthia. No concern, but just a grammatical issue because the way that it's stated it basically creates two measures; one measure being about patient-specific educational resources and the second measure being about electronic access. So I think grammatically it needs to get rid of the "and" and just specify that these are electronically accessed or patient-specific electronic resources that are accessed electronically.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

This is Clarke. I have no concern but I have a technical question. If a practice provides a web link to patient-specific educational material, does that satisfy the requirement?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

It depends on how they do that, Clarke. It...this has to be patient specific, so in other words, it has to...the EHR has to actually look at my record, not like, here's a link on my public website for anybody with diabetes. I don't have diabetes so it's going to look at my record and it's going to think about and identify patient education resources that would be helpful to me based on my health information. And then provide them electronically, which I think could be a link in my portal, but it's going to be specific to me. Leslie, I know you work in this field, did I get that right? We might have lost her.

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

I think Leslie's not on the call anymore.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. So Clarke, I think that's...I think I'm right, anybody else want to chime in? If you want to maybe email that question, we can confirm it or Chitra can confirm it for us; but I think that is the case.

Clarke Ross, MA, DPA – Public Policy Director – American Association on Health and Disability

Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Any other comments on this? Okay, next. All right, so Dan, we got 7 minutes, can you do it?

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Sure; next slide. This is fairly straightforward; the meaningful use objective; provide access for patients to view online, download or transmit or retrieve their information through an API within 24 hours of its availability. I know that the last time we discussed what exactly that 24 hours meant and that's probably still something that you'll want to be discussing on the next slide.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Um hmm.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

This is the Health IT Certification; again, this is all...this is for view, download and transmit to a third-party; that third-party is described as the patient and their authorized representatives that it makes it clear all the time that it is not just the patient or consumer, but their authorized representative. This is all patient-facing functionality. And again, view, look at it online; download is to bring it to a local device be it a computer or a telephone or whatever; and transmit is a push to another provider and that push needs to be through secure standards as described in §170.210(f) is the Direct standard. Next slide.

The view at a minimum, the common clinical data set which is documented elsewhere. There is a difference here between ambulatory and inpatient; with the ambulatory there's obviously more provider information. With the inpatient, you have admission and discharge. They do augment the section on laboratories here and make reference to corrections. So for example, if you have a lab and you get an inconclusive result because that's what the lab had come up with and they run the test again and it's followed by a positive or a negative; that's also included, so that is what is considered corrections, along with obviously true errors, as well as the diagnostic image reports and that would be the text narrative that describes the diagnostic images, that's the view.

On the download, on the next slide, again we have similar information here. It does describe the actual document structure that needs to be downloaded. In section 2 where they're talking about the data, once again they make that same reference to the ambulatory and inpatient, and again, the (e)(1)(i)(A)(1), (2), (4) that's just referring back to that narrative that's in the view section. And here in the inpatient setting, you notice that this is where it refers to the transition of care or referral. So it does differentiate again with the download between the ambulatory and the inpatient and states the exact standard that the information is to be stored in.

On the next slide, on transmit...thank you. And again it's the third-party being the patient and their authorized representative. And again it's the same ambulatory summary, inpatient, the differences between those two and the standards, again is the secure health transport, the primary Direct project specification. Those are the...that's the refer backs that you're seeing to other sections of the rule. And again, in the inpatient only, it includes just like with the download the fact that it's the inpatient setting only. So again, this is the patient or the consumer saying, I would like you to send my information to another provider and supply the Direct address of the other provider where you want your data pushed to. Next slide.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And Dan, I'm going to interrupt for one second, because we're going to try to juggle a couple of things.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Yeah.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So Dan's going to go...he's going to finish this piece, which is Dan, I think I'm going to ask you stop short of the health disparities...

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Okay.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

...we'll get to that next time, but to finish this section. But while he's talking, can we go ahead and open the lines for public comment, to give people a little bit of time to call in, in case there is a public comment?

Public Comment

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

Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the telephone and would like to make a public comment, please press *1 at this time.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And Lonnie, can you go back to where we were in the slide deck; thanks. Perfect. Okay, keep going Dan.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

Right. And so this refers to the activity log. We spoke about that earlier and you notice that the action, view, download, transmit or the API response that you store the date and time of each action, the user who took the action; so you would have the ID and where applicable, this would be in the transmit to whom the data was sent. So, I think that's fairly clear. The next slide or is that it?

Okay, umm, this refers to the security here where it is speaking about the API. So the API needs to have a) it needs to meet security standards; b) the patient selection, you have to limit the person alloca...or using the API access data to only their own records or other persons they might be authorized to access data for and c) just refers to the scope of the request, either all the request, all the data which is number 2, or just the data specific category within the C-CDA. And, next slide please.

Documentation; this is purely for the programmer. When programmers access an API you get all sorts of lovely online documentation which tells you how to call the API, which functions you can call, what data you have to supply, what you're going to get back, how to connect to that software. And so this is really...this documentation is all for use by a programmer, so it mean...this says it needs to be a well-documented API. And ditto with those terms of use; those are the same.

And could we back up one slide, because the question earlier was, that I said would be there later would be the question of transition of care and the difference between the data that was requested from the API in an inpatient versus an ambulatory setting. And I don't see that there, so I will have to follow up with that question. So, that's it for me; I think those are all our slides, sorry to rush through.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Awesome, that's perfect. So, okay, so the plan of action is, you guys have in your email the call materials today; there's a word document that has all of what Dan just outlined. If you've got comments on that, write that up sometime between now and let's say Monday, next Monday so that we can get those comments from you. Send us any questions that you have and we will go from there. And then we'll reconvene again this Thursday to keep going through our objective and I want to just before we open for public comment, tell Dan thank you so much for being on the call; tremendous resource for us; really, really appreciate your time today.

Daniel Chaput – Public Health Analyst – Office of the National Coordinator for Health Information Technology

You're welcome.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thank you. Do we have public comments?

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

No public comment.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

All right guys, we'll talk Thursday; can't wait. Have a great rest of your day!

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

Thanks everyone.