

**HIT Standards Committee  
Implementation Workgroup  
Transcript  
June 10, 2013**

**Presentation**

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

Thank you. Good afternoon everybody this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Standards Committee's Implementation Workgroup. This is a public call and there is time for public comment built into the agenda and the call is also being recorded and transcribed so please make sure you identify yourself when speaking. I'll now go through the roll call. Liz Johnson?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

I'm here.

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

Thanks, Liz. Cris Ross?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Here.

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

Thanks, Cris. Anne Castro?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

I'm here.

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

Thanks, Anne. John Derr?

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

Here.

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

Thanks, John. Tim Gutshall? Joe Heyman? David Kates? Tim Morris? Stephen Palmer? Sudha Puvvadi? Wes Rishel? Ken Tarkoff? John Travis? Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady?

**Kevin Brady – Group Leader, IITL Interoperability Group - National Institute of Standards and Technology**

Here.

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

Thanks, Kevin. Tim Cromwell? And Nancy Orvis? And any ONC staff members on the line if you could identify yourself please?

**Scott Purnell-Saunders – Office of the National Coordinator**

Scott Purnell-Saunders.

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

Thanks, Scott. Okay, with that I will turn the call over to you Liz.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Thank you. Today we're going to move quickly right to the agenda items and our purpose today would be to review the instructions and questions for potential panelists and the intent having completed that work and a very sincere thank you to all the persons who participated in getting this to the place where it is which we have three sets of questions, one for our eligible hospital panelists, one for eligible provider panelist and then a third set for, a group of panelist speaking to HIE and interoperability.

I think the work that was done in preparation for this meeting is tremendous and I am, and I know Cris is as well, very appreciative of that work. So, we're going to immediately go to the questions that were suggested for the eligible hospital and as we read through those what you will find, if you've reviewed the materials in advance and I know you've had them for a short time, is that many of the questions we would ask of the eligible hospitals we would also ask of the eligible providers so I think that will help us get through that content earlier, quicker I should say.

I would encourage everyone to remember that part of the philosophy with which we want to form these questions is one of a positive environment where we would ask people to contribute to improving what is out there and, you know, as Cris and I were talking last week, you know, we always want to meet that very sacred ground between making sure that we get legitimate and complete input from our panelists while not turning this into, forgive the vernacular, but a bitch session, because what we want to do is have workable solutions come out of the panels.

And finally, I wanted to remind everyone that this is simply a list of suggested panels and questions that would go to another group which is composed of the chairs of the Certification Adoption Workgroup as well as the Meaningful Use Workgroup, as well as Cris and I and together we'll formulate what the end product will look like in terms of both questions and the numbers of panels. So, early work but what we want to be sure is that everybody understands, although we've suggested three panels and three sets of questions that may not be the end product that we, you know, decide upon, but we'll share that back with the Implementation Workgroup. So, a lot of information fairly quickly. Cris, did you want to add anything?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Can I just give a really friendly amendment? You talked about the EP and EH, just as a reminder to everyone these questions were largely based on hearings that we held about 2.5 years ago and were updated. The EP work was completed first, Liz and I took a look at those and with the context of trying to make this into a solution oriented, constructive set of hearings as opposed to a bitch session, attempted to kind of reframe the EH questions a little bit. So, I don't think we would ask exactly the same questions to the EP, I think you said that in shorthand Liz I think, but we might want to think about modifying some of the EP questions to take on the flavor of the EH questions if that is the will of this group.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

And that's a great point and I think once we get to the EP questions if we like the flavor and we think it asks and meets our needs, the objective of the hearings then we can take a friendly amendment and go ahead and make that change prior to sending it onto the next group. So, I'm not on the website today, I've just pulled up my documents so that I can actually edit as we speak. So, are we showing the questions or can we show the questions for the EH panelists please? And let me know when they're there.

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

We're uploading them now, Liz.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, so, I don't – do most of you have the documents open in your own e-mail or are you waiting for the upload?

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

In my own e-mail.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, Anne?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

I'm good.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, Cris, how about you?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

I was just looking at the document I've been trying to –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, okay, as we bring them up – the first thing that I would ask and while we're loading that up is that we would look at the purpose of the EH panel and I'll make a friendly amendment to our own work which is at the end of that paragraph we added a sentence that said results should include suggestions specifically related to identification of the most critical areas for focus.

I think that can be incorporated into a question and there is a question that's related somewhat to that and we could limit the purpose to a simpler purpose which would be the single one that begins, the eligible hospital panel will help to inform recommendations prepared for the – by the HITSC, HITPC on how to enable EHs to be more successful in their efforts to meet Stage 2 Meaningful Use and provide input on proposed Stage 3 requirements of the program and that would be the sole purpose. Any conversation on that? Should we eliminate the last sentence and move that into the question area?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

It's good.

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

I actually think it's good, cut it.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

We've asked questions related to it already, I agree delete it.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes, okay then I am in track and I will delete that sentence. Okay. All right and now we're going to actually go through the sentence, through the questions themselves and what you'll see is there are a lot of questions here, I think they're all very, very important and we may have input from the group that it's – obviously it's too much to talk about in a panel, but remember that we also get written responses on these questions so there is a great deal to be learned from the eligible hospitals.

The first one is what innovative approaches have you employed to meet the new requirements for Stage 2? How would you improve the design of Meaningful Use incentive programs for your facility? What are the suggestions for addressing any implementation's barriers to greater levels of participation? For example measurement definition, quality measures related to population health, attestation timelines. What we were trying to do here was sort of suggest the kinds of things that we might get some innovative thinking around if we stirred the imagination a bit.

So, based on that first set of questions really looking at meeting Meaningful Use 2, the Meaningful Use incentive programs and, you know, how we participate, have we covered the waterfront?

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

I think you're going to find that all of these things more than cover the waterfront. I have a suggestion based on what you said before, maybe we should prioritize them for what ones would be given verbally and then please answer the rest of them in your write up, you know, type of thing.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

That's an interesting – yeah, that's interesting. Why don't we – John what do you think about us waiting until we get through all the questions and then we can say, you know, in your – you know, this is the most important or if we want to direct the speaker that way. Does that make sense?

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

Yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay. Any other comments on the first bullet? Now the second bullet, and again like Cris shared with you, is it came – it was a combination of EP/EH. The second bullet in many ways repeats the first bullet and my question to the group is, is there anything in the second bullet that is not covered in the first and if not can we delete it?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

I would delete it; it's actually a negative slant I think.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

The other issue too Liz in looking at it that way is I'm not – I mean, if we got feedback on modifying Stage 2 objectives I'm not sure how we could accomplish that in any case.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right we couldn't, I mean realistically.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

I mean, looking at it in that light I'd probably delete it, huh?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes, I have deleted it. The third one, what guidance or actions by ONC maybe most conducive to increased adoption of public health standards, should ONC or CMS develop resources for identifying specialty registries able to accept electronic transmissions recorded, pardon me, able to support required Stage 2 standards?

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

Are all – isn't public health sort of a specialty or does everyone get involved with public health?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, yeah, I think I – in thinking about the EH measures we are required, obviously, to report under the portion where we report to lab and to immunizations, you know, where we report lab values, CDC and immunizations to the registries and now we have the new requirements around cancer, I think that is where this was going.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, Liz, this is John Travis, I'm sorry I'm late.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

That's all right.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

I just joined in.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Welcome.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

This one was – thank you, this one came out of our ambulatory business unit and their point was really that on the EP side with the specialty registry requirement they're hearing a lot of feedback that EPs are having a hard time, for whatever the reason, identifying specialty registries that are able to accept electronic submissions so that's part of it, that, you know, is there any kind of resource or, you know, in a manner of speaking a clearing list of specialty registries that is above local knowledge I guess that ONC or CMS through the – you know, it could be a REC, a nice thing for the RECs to do compile an authoritative list of who is able to accept these submission to meet this requirement.

Specialty registries is the goofy use objective because it's not tied to any specific Meaningful Use certification criteria just generally requires you use a certified system of sufficient scope to meet the prerequisite for use of CEHRT.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, if we remove the second question, the second part of the question and we – and this was geared at the EH standards around public health reporting the three standards would we still ask it or do we feel like people are well positioned? I mean, the problems that we're having, so I'll speak to ours and Cris probably knows where Mayo is, we're having the most challenges which really have very little to do with the measure but our biggest challenges have to do with immunization registries and the lack of any standards and that has –

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

That has very little – ONC can't – I mean, I suppose they could, but I mean you're talking about and in our situation we are talking about county requirements at the county level and so for an organization that operates in 11 states and many, many counties obviously that provides lots of challenges, but I'm not sure that's an ONC/CMS problem.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, so they may not have a lot of influence there, true.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz, I take your point, I wonder if we might modify it to just say HHS because then it would be inclusive of groups like CDC and I just know from previous life working on a grant to try to connect to public health agencies that was sponsored by CDC this is going to be a big issue.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, maybe what we say is what guidance or action by HHS might be most conducive or may be most conducive to increase adoption of public health reporting standards and leave it at that?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

I would just broaden it to HHS to make it inclusive of the whole agency. John, I don't think that does damage to your recommendation.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

No –

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

But I think this is a big hairy issue.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, what we – you know, there is obviously about 3 things going on here. The first question really is kind of Liz what you say is there really the ability or are there barriers to public health submission generally, because –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

The lack of support for these, not just any standard but in particular the ones that are required by the certification criteria. The second part of it that specialty registry I would understand to be a distinct question really a specific focus for EPs.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Whether we want to keep it or not.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

The third one kind of as well, you know, it came out really as a result of a lot of our client bases doubt that there are cancer registries really using the certification specification for cancer case reporting, you know, they're using something but it's not that.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

And so they're very concerned that effectively that's not an available menu option for them in many jurisdictions and, you know, so that's constraining to them, so –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

– over there.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right. I think, taking out the second sentence, second question for EHs I am changing CMS/ONC to HHS and we're going to leave – but we are going to give the panelist an opportunity whether it's in writing or speaking to talk about what we can do to improve adoption of public health standards and then we'll cover the more specifics in the EP component. Is that okay with the group?

**Stephen Palmer – Texas Health & Human Service Commission**

Liz, hi, this is Stephen Palmer, I got on a little bit late.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Stephen Palmer – Texas Health & Human Service Commission**

One thing I want to mention on this and just to weigh in on it I guess in general in support, in working with a lot of providers on the ground and our State Public Health Agency on these measures there are some discrete things that even ONC and CMS could do. There certainly are some other things that CDC could do and to a couple of points that were raised there are the relevant component units of CDC that are involved with cancer registries and immunization registries have promulgated implementation guides for submission to those sorts of things, but they have some – they're silent on some key issues and they're not – those implementation guides are not adopted across the board.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, excellent, so –

**Stephen Palmer – Texas Health & Human Service Commission**

Let me just finish.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Sure.

**Stephen Palmer – Texas Health & Human Service Commission**

The broader issue and where ONC in particular could have a positive impact is around the transport standards even where there are well defined implementation guides for the particular types of data submission there are not necessarily – there is not necessarily consensus or guidance from ONC on the transport layer and that fits directly into their ability to comply.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, okay.

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

So, this is John Derr, so upon a panel like this if we know the answers why ask the question?

**Stephen Palmer – Texas Health & Human Service Commission**

We think we know the answers.

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

Oh, okay.

**Stephen Palmer – Texas Health & Human Service Commission**

I'd say on these things that it's always good to get validation from real providers in the field who are having to deal with this.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, what if we added the prepositional phrase after a health reporting standards including transport standards would that begin to stir the imagination there Stephen?

**Stephen Palmer – Texas Health & Human Service Commission**

Yeah, I think so and I meant to –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Stephen Palmer – Texas Health & Human Service Commission**

Put a modifier on my previous statement, one is even if we think we know the answer is it's good to get the validation from the providers.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Absolutely.

**Stephen Palmer – Texas Health & Human Service Commission**

And I've not seen this come up with the Policy Committee or Standards Committee so I don't know that they know the answers.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, so we'll add that and any other comment on that bullet? I am going to be real cautious of time so that we can get through the – so we can try to get through all three questionnaires because we are going to provide these tomorrow. Okay, the next question is, what Meaningful Use objectives do you believe should be given highest priority for their inclusion in Stage 3 and why? I mean, I think it's a great question.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

That's the essay question.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

It is.

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

Yeah, right.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

But I think it's why we felt comfortable removing that from the purpose of the hearing because it gives them an opportunity to say that. The next one is, what kinds of resources do you believe most important, useful for ONC and CMS to provide or to support so as to improve the ability of hospitals to effectively and economically achieve Stages 2 and 3?

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

Since we don't know what three is do we – would we include Stage 3?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

I could go either way. I mean, you're right we don't know what Stage 3 is but I think we are anticipating, because we will have commented earlier on what we think should be included. I would go with the consensus of the group.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

With my Mayo hat on I would say even – John your question is a fair one, but even not knowing the specifics of Stage 3 I think we could speak to the resources which is different than maybe the previous question which is around, you know, specific objectives. But I think we know what resources we would benefit from.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Now, right, we're about to go into the consumer portion of the questions. What I don't see as I look at it, you know, it's easier when you're kind of removed from it, what I don't see is anything around the two view, download and transmit or and maybe we'll pick that up in the earlier question about what's going on, what are you doing to meet the standards, where do you need help? What have you done that's innovative?

But, you know, kind of the consistent message out in the talking world of EHs is that the summary of care and the new requirements as well as view, download and transmit and the increased requirements is challenging and I think people are looking for ways to get there, but do you think we have covered that question by giving them an opportunity to talk about the new requirements for Stage 2 in the first question? Or do we call it out specifically?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

This is Cris; I can't remember if the NWHIN Exchange or the Information Exchange Workgroup from Policy Committee are participating in these, but I would assume they would raise those issues, but if they don't I think a question about view, transmit, download would be really appropriate.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

We could add it here – I'm going to add a bullet that says view, download and transport, and if the group will trust us, Cris and I will formulate the question. I just think that much like what Stephen said as with public health reporting standards there is, you know, really looking for answers, you know, what are others doing in that area and how can we be successful.

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

And Liz, this is John Derr, is this a point where, you know, we never really talk much about receiving information on the hospital side, is this – would this be a point to say transmit and receive, view? Because again, we send stuff electronically and I've been finding that sometimes they're not capable of receiving.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

I think the question would be – John, go ahead. John Travis was that you?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

No it wasn't.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

That was me fumbling with my mute button, but is that not addressed in the 7<sup>th</sup> bullet?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

That's what I was thinking.

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

Got it, yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, so now we move into the consumer world and we're asking about effective means for engaging our patients. I think it's a good question. I think it's thought provoking and innovative. Others? Do you like it? Do you understand it? Is it one we should include?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz, I think it makes sense.

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

It does to me, this is John Derr again, but most of the time the transitions of care from a hospital are based on whatever they were in the hospital for episodic, but they should put in that thing what the consumer could do to prevent it from happening again. So, I think it's a good question.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

And do we want to take the next one which is barriers and just add it as part 2 to the previous question in lieu of making it a separate?

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

Yeah.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

How do either one of those tie to the view and download?

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

It's a different section Anne.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

But is it viewing and download by the consumer? I just misunderstood that.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

No, view and download is by the EH for availability to the patient.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Right, it's from the EH to the patient.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

So, it is a way to engage them?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

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

And to the private physician as well, right?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC a**  
And any referring physicians.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
I guess I was just tying the fact that there is an independent question about view and download but that really is a tie to consumer participation.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

It is, you're absolutely right, because summary of care is how we deal with other healthcare entities, view, download and transmit is how we deal with patients, you're right.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
So, I was just thinking just move what you said earlier to this section.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, so you're saying add a question about view, load and transport to the beginning of this question in lieu of making a separate – take the three questions and make one.

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

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
Yeah, that's I think what I'm saying.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, I'm okay with that. Does anyone object to that?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**  
No.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, all right. So, now we're moving –

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
I'm thinking – Liz, I'm thinking that one of the other things that begs to be asked is, is there a priority to these questions because if we're putting them into a big pot is there a way for us to convey what's most important to us to not be thrown out?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, I think we've – that is sort of what was a little bit of what John was asking, we have 4 more questions to get through and then maybe if you guys are willing we could quickly say if the group that meets tomorrow wanted to know the top four questions here they are. How about that?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
That would –

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**  
Or the ones that they should comment on and then the ones they should write about that was what we were saying because I think there all –

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
Well, how about they comment on the top four, three or four but then they write to all the rest?

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

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**  
Right.

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

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, all right, we'll do that as soon as we get through the last four questions if that's okay with the group? All right, you know you have to speak fast or I'll keep going right? Because it's 12:30. Okay, have you established, this is on the transitions of care and it specifically states it's with nursing homes and healthcare facilities. My only question here and I didn't modify it, Cris and I didn't modify it until I had a chance to ask the group, my concern here is those are not the only people that we have to communicate with. So, my suggestion to you would be that we wouldn't limit it to just skilled nursing and home care, I would think anyone we're transmitting to, we can call these out specifically and John I clearly understand why they've been called out specifically, but that is not the only people we communicate with. So, I would say have you established sending and receiving electronic transmissions of care with other healthcare facilities including.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Only –

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
I agree.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**  
That's okay with me.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**  
And in fact maybe don't use the word facilities but use the word "providers" maybe.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, done. All right. And then I think the two follow along questions are fine. I think they help people think.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
What about the second bullet, the same –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

The same kind of modification?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**  
Right.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Got it.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**  
Yeah, because behavioral health is one of the other areas that doesn't get attention.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

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

And we've got all those psychos running around.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Including the ones on the phone right now. No I wouldn't say that about anyone, just kidding, okay.

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

–

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, so I've made that change. The next question is Stage 2 indirectly includes and we've said who it includes. For Stage 3 if we want to more directly address do you have specific suggestions for criteria? I don't have a problem with this question overall. I think it's one they should write to and not speak to.

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

Yeah, right, that's what I was thinking they should write to this one.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right, but I think it's a good question. Would anyone like to offer a friendly amendment or does not want the question included for some reason?

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

And you'll get the wrath of John Derr, no.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

You know noticed I couched it as carefully as I could. Okay. Okay, the next question is what are the most important things vendor can do to make attestation easier and more likely? I would say actions and again I didn't do – I tried not to make friendly amendments without the knowledge of authors. I would say it's what are the most important actions vendors can take if that's okay?

**Scott Purnell-Saunders – Office of the National Coordinator**

I'd say in supporting attestation.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

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

For this one it's a vendor supporting the hospital to get money?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, yeah, I mean, it's making sure you're code works, yeah.

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

OIG won't get upset?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, I think what we're saying is how can the vendors – one of the things that we talk about consistently is code being ready, it goes both ways. I mean, obviously this is from the EH's perspective, but having it coded in a timely manner, making sure the code works, not being limited those kinds of things I still don't think it hurts to ask the question. Again, I think –

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

Maybe put in parenthesis as an example coding or something so that –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah. Okay and Scott I didn't understand where to make the change to take your amendment?

**Scott Purnell-Saunders – Office of the National Coordinator**

So, instead of saying "to make attestation easier" I was going to say "in support of attestation." Because there are other things that for example you mentioned coding I would say another aspect of that is, you know, even in some cases better integration with their environment so that they can get the things that they need out of the system in order to provide for attestation. So, it's not just making it easier it's providing the necessary support to that particular care setting –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Scott Purnell-Saunders – Office of the National Coordinator**

Whether it be a provider or hospital in that case.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, got it.

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

Yeah, maybe use the word support instead of easier.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, I've got it. I said what are the most important actions vendors can take in support of attestation?

**Scott Purnell-Saunders – Office of the National Coordinator**

Right, thank you.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes, and then our final question is should CMS take additional steps to provide EH guidance on how to prepare for audit? And I love the – it was interesting I was just in a conversation last week, last Thursday, over audit and how can we do a better job of preparing and how can ONC/CMS help us, you know, I love the suggestion I don't know if we've got it worded exactly right but the concept is exactly right.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Can I ask a question? The prior bullet if you said ONC or vendors wouldn't it be asking the same question?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

–

**Scott Purnell-Saunders – Office of the National Coordinator**

No they're asking – they're looking at the – it's the other side of the coin so when you're looking at the audit or Meaningful Use attestation versus just making or meeting attestation it's a separate process.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right and what we've –

**Scott Purnell-Saunders – Office of the National Coordinator**

–

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right and we've asked that question earlier Anne when we asked what kinds of resources do you believe most important, useful for ONC and CMS to provider's support to improve the ability of hospitals to effectively and economically achieve Stage 2 and 3. This is specifically for the vendor.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Okay, thanks.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Sure. All right. What I would ask now is very quickly, because we do have two more of these to go through, one I think we can get through pretty quickly. What do you think the four most important questions are and I – let me ask a question of the group, would it be easier for us to resubmit this to you and have you vote on-line? I don't know if we – or if we'll get consensus quickly.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

That's a great idea.

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

Good idea.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, all right than that's what we're going to –

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Just give us a deadline.

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

And put numbers instead of bullets by them.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes, yes, all right then we will do that shortly after this call, because we would like to get this out to the other group for review in the morning. All right. So, with those thank you for your help with that. Let's move to the EP panel.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

So, Liz, I'd like to make maybe a simplifying suggestion, the questions here were almost exactly duplicate except worded slightly different for context.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

I'm wondering, given our time, whether it would be acceptable to this group if we were to modify the questions we just went through into the EP context and not go through them again.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, it's certainly okay with me, John?

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

It looks like they're all the same here.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

They are.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

That's a good idea.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, Stephen and John are you okay with that?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Stephen Palmer – Texas Health & Human Service Commission**

That's fine with me.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, perfect, thank you, Cris.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Speed wins.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Speed wins. All right, we'll make those appropriate changes and then we'll move now to the EH and interoperability and would either John or John Travis, or Anne, or Scott like to lead this discussion?

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

I think John Travis is the one that took the leadership wasn't it?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, I can – Wes did a lot of the work.

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

Yeah.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

But, yeah, we can kind of find our way through it. So, I'm looking at it now I'll just kind of dive right in. The purpose we thought was, you know, I think as stated to inform recommendations to achieve interoperability required for Stage 2 and what can be foreseen for Stage 3. So, the first thing was kind of a context setter to ask them there, you know, identify historical challenges and successes and overcoming barriers when providing electronic support for transitions of care to try and get at, you know, is that issue of trading partner availability, is that issue of, you know, level of adoption in your own case things of that kind that they may have encountered whether or not using the standards and then definitely also from their testing experience in Stage 1 if they had that.

The second question there was really looking at how they tried to support the exchange of structured data. I think the intent of this question was more on what are you doing now to prepare and what are you trying to do as to your method or your approach. So, are you going through an intermediary, are you doing two-party exchange, you know, I don't think it's getting into the roles involved in producing the transition of care necessarily or the workflow involved in all of that but more, you know, are you following approaches that would be concordant with what you could continue to do to meet the use requirement in Stage 2.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

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

Excuse me, John, this is John Derr?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah?

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

On stage – on bullet number one you mentioned in their standards, do we want to put as an example standards because the word is not there but I know Wes talked and you talked a lot about standards.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, yeah, I think it kind of hones down from the first to the second question and that maybe a good idea although I wasn't sure if Wes thought it constraining to suggest a standard in that first question. So, you might have been involved in doing – you might have experience doing exchange just perhaps not quite the way it's contemplated in Stage 2 but still you've built an experienced point. So, I don't know if he was after the broader point there or necessarily limiting it to only –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, I think when we talk about getting to Stage – you know, at the end of the day if we spend a great deal of time in either reading the submitted materials or listening to panelists that talk about solutions that will not meet Stage 2 requirements have we accomplished the purpose of the hearing?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

True is it interesting.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

It's very interesting.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Well, I should say you're right, is it supportive to the purpose at hand?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes, right.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Well and then I might accept what John had said is an amendment to make it specific to the standards that are required here and –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

And that would mean maybe we combined questions –

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

One and two.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

One and two or two and three I'm sorry.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, because they really seem to hit a lot of the same.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

What do you all think?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Two and three combining makes a lot of – this is Cris, makes a lot of sense to me. As I scan ahead I think we haven't asked the question about, you know, essentially are you prepared to implement the Direct standards required in Stage 2 and are they sufficient for what you need?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

I think that's a great way to actually word what I think we were trying to do with the first.

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

Yeah, because we are the Standards Committee and I know people out there, a lot of them, complain whether it's from lack of knowledge or awareness or what that the standards really aren't there.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, Cris, will you restate that? Are you prepared to meet the standards required for Direct?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Are you prepared to implement the interoperability using the Direct standards as required by Meaningful Use Stage 2.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Hang on a minute, I'm sorry.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Sure.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

And then if they are not you kind of have the third question could be a sub-bullet under that.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

You could definitely break it up into pieces but I think it's got two parts to it, one of which is –

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Are you prepared to implement Direct kind of, how's that going?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

And then the second is, is it sufficient to meet your clinical and business requirements?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, because I think that's –

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Just broadly stated.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, now I do think and it would be good not to lose the point that runs something like this, so you're prepared but what are the barriers you faced.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Sure.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

So, that could speak to the trading partner issues, the availability of other providers to exchange with who are not using or who may or may not be using the same certified system you are, I mean, there are those elements.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So, are you prepared, are clinical practices that you typically interact with prepared and –

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yes, something like that.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Are these standards sufficient something like that.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

It feels like we've got to get at that question because it's pretty core.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, despite your own best effort you may still be trapped. That kind of distills down the first three questions into possibly two.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Well and I wasn't thinking about those as substitutes I think those other questions are interesting and relevant because there is going to be exchange that happens outside the standards.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Maybe I'm offering an opinion but I think there is going to be exchange that happens outside the standards that we want to hear about in addition.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay and I think on this one what I will do, and again we need to keep going, we've got about 15 minutes and I do have a hard stop so Cris if we go past 1:00 you will need to take it and, you know, but we're moving pretty quickly.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I shall.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, thank you. The next bullet, the challenges identified in meeting Stage 2 and what approaches have we used to meet them it's somewhat redundant but I'm kind of like Cris I would rather ask and then we can consolidate or condense later.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah and if you ask them and they think they've already answered it they'll point you back.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right. The next one is how well have the vendors done to support? Is it how well or what if we ask instead is "what have vendors done" and that way we're not putting a judgment on it?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, that's true.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Is that okay with everybody?

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

Yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

So, you know the purpose of the question was still that lingering –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Absolutely.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right and then we've asked about gaps which I think is a legitimate question. Any comments on that bullet other than changing "how will" to "what?" What have vendors done to support interoperability between vendors, what gaps still remain? Okay and then the next one is do you anticipate challenges because the EHRs may require the use of specific HISP? How can those challenges be met? I don't know what this question means.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Here's what that question means and maybe HISP is too technical.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Oh, it's not HISP I know what it is.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

I know what it is, okay.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

But you know where this is going Liz?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

It's because certification is both informants to the implementation specification for C-CDA as well as to secure transport vendors are going to certify to a capability that addresses both and in many cases may well be pointing to their own secure transport.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

That includes use of their HISP.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

And they can't do it any other way. Is that going to bring additional costs, is that going to –

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, let me ask you a question, so we're going to be completely open on this call and tell you, at Tenet we need to use the Cerner HISP.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Right.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Or we're not going to be able to do anything, so I'm not sure what input I could get from this panel that would change that.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Well, I think there are folks who are wrestling with it though Liz and, you know, they maybe in a multi-vendor environment or other kinds of things. I think I would suggest if, John, if you don't disagree, we were to put this underneath the question that related to implementation of Direct.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

Yeah, I think that's a good place for it.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

And make it a sub-bullet.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

And I'll tell you it's never too late, I'll offer the opinion for ONC, to learn of whether or not what is one criteria should be two. So, if – just for supposing if secure transport were its own criteria and you're really certifying to the utility of the secure transport and it could be coupled with anything, is that something worth hearing about or do we think we'd hear about it and, you know, that might be something to consider for Stage 3 criteria development or 2016 criteria development that wouldn't be the first time that we learned that something certified together might better be certified separately.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Or God forbid Stage 4.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, it is coming just hold your breath. Okay, so now we're talking – so, I've moved that up under the previous part about Direct and we've now gone to what HIE services are most important, I think you meant in meeting EHR.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

EHR, yes, darn spellchecker, that's Wes's fault my spellchecker would have caught that.

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

It's Bill Gates' fault.

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

There you go.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, what HIE services are most important in meeting EHR as requirements I don't know what that means.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I think we drop the “as” right?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

I think we lost a noted change in there.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I think of it just as in meeting EHR requirements be sufficient wouldn't it?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

I think so and it's a question. So, now it reads, what HIE services are most important in meeting EHR requirements?

**John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation**

You know what I might offer is because I don't know if that means use or certification, do we want to just say “use” because it really seems like it's more aimed at the implementer than the vendor.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes, I've got it. Okay and with respect to achieving the clinical benefits of interoperability what additional requirements make sense for Stage 3 and now do we want to say additional or what if we just said requirements and that way we're not looking to expand the world we're looking for focus. We're looking for focus so if today we can dream up 25 requirements but the reality of it is what the Meaningful Use Group is looking for is input on what's the most important. If we can only pick 10 of those 25 which 10? So, do you want to use – it's yawl's call, additional or –

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

I'd say drop additional because that makes them defocus on really – we want them probably not to do de novo but to actually just take what we've given them in Stage 2.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

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

Additionally, might just make a long list and we have to answer all those.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Scott Purnell-Saunders – Office of the National Coordinator**

My suggestion would be to drop the additional and then take that second more expanded question out and just make it more focused.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Well, yeah, I was going to say either that or make it for example, but I could do it either way.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, on this what – suggesting I thought instead of saying in general I was going to say “for example” but either way I’m okay with.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I think Scott, this is Cris, I agree with Scott’s suggestion make the first question broader and drop the second clause.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Done, I’m real good at delete I can handle that one.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

This next bullet is a Wes Rishel question, you can just – I think, it sure reads like Wes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, you think?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, it’s a really good question I like it.

**Scott Purnell-Saunders – Office of the National Coordinator**

I would remove “costs” and say change “costs” to “challenges.”

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

The other thing that I would suggest about this question to you is we didn’t ask for any solutions all we asked for is to tell us what problems you had.

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

And that gets back to what Anne said in previous ones we need specifics rather than just generalities.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, maybe we – if we took those two questions and we then – the third question under the bullet which is a lot of stuff is, you know, to ask for proposed solutions, I mean, we’re supposed to be looking for answers is that fair?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, I think we probably need to have one more walk through this to get this to a solution oriented set of questions.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I think we go back and do that or Liz perhaps we can distribute that for balloting like we discussed earlier which would let us get to the next couple of questions and public comment.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, all right.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Does that work?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes. Okay, so what we're saying is on all three sets we're going to ask you – we're going to make sure they are solution centric while still understanding what people are facing then we're going to ask you to then rank them so that by the end of the day we can then provide them – I think we have an 8 o'clock meeting in the morning is that right, MacKenzie?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Tomorrow, yes.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, so we need –

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

We've got a committee chairs meeting.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, so we've got to move pretty quickly.

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

Will you guys be able to get this back to us in time before – I know – I guess since you're both on central time it will okay.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Liz, I've got a little gap this afternoon, I've got about 45 minutes, so if you can send me your edited versions I can send a best guess on kind of reframed versions of this.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

I will do that.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I have not been –

**Scott Purnell-Saunders – Office of the National Coordinator**

–

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

What John?

**Scott Purnell-Saunders – Office of the National Coordinator**

This is Scott.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

That was Scott I think.

**Scott Purnell-Saunders – Office of the National Coordinator**

– idea?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes.

**Scott Purnell-Saunders – Office of the National Coordinator**

And give responses?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah I think what Cris is saying is he's got a little bit of time, I can take the edits that we're making right now, he can incorporate them and then we can put – people can put a number – and all we need you to do is put a 1, 2, 3, 4 in place of a bullet where you think those numbers should be that's all we need.

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

Hey, Liz, sorry it's MacKenzie I accidently hung up instead of unmuting my phone, the call is tomorrow at 9 a.m. Eastern time.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Right.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Okay, okay so that's 8:00, well that allows us a tiny bit of time not a lot. Thank you. Okay, so the next one is, electronic transmissions to skilled nursing and home agencies. The only thing again I would ask here is that we don't limit it to skilled nursing.

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

And just say providers, but put, you know, as an example like you did before.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right. So, I would put in healthcare providers including.

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

Yeah and the way worded this it is a positive thing.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

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

To make a barrier into a success.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right, exactly and then the last question I like a lot because I think this finally touches on what we had talked about earlier which was how do we get – how are we doing on getting information back? I think we're going to have a lot of trouble figuring out which order these need to be in, I think. Okay, thank you, look what we did it's – we've gone through them all, I'm sure we will have – and please feel free as you respond to Cris and I, MacKenzie and Scott that if you have other things you think of, do not think of this as the final version because tomorrow we'll get input and we will have additional input, but I think we've made tremendous progress.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

So, MacKenzie and Scott if Liz is going to send this to me and I'll make a walkthrough to make these HIE questions with a positive solution spin as opposed to a bitch spin, excuse me, if I send those to you can you send out the polling e-mail?

**Scott Purnell-Saunders – Office of the National Coordinator**

Yeah, I'll work with MacKenzie to get the polling stuff done.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Beautiful, thank you.

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

So, just in terms of timing, we're not the ones that send out the poll though, so do you have any idea of when you think that document will be ready to be sent out, because Altarum would have to send out the poll?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

So, okay, so all we wanted to do MacKenzie and I realize it's just semantics so I get it, all they have to do is take a bullet and make it 1, 2, 3, 4, identify the top 4 questions.

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

Yeah, just say no bullets.

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

Okay.

**Scott Purnell-Saunders – Office of the National Coordinator**

We may not need a bullet at all we just need to edit the version of the document right?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

So, I'll send you – I don't have a gap today until my 3:30-4:00 o'clock hour, so 4:30 to 5:00 your time, so I know it's the end of the day that's the only time that I've got.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah and Cris I'm sending those to you now and I'll send them to MacKenzie and Scott as well.

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

Okay.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

And I've put the –

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

That sounds good.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yeah, I've put the changes in but I have not accepted the changes I made Cris, so they're tracked, okay.

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

Okay. Actually I might be able to get it to you by 4:00 Eastern time, all I'm going to do is just do a light edit on this and we can turn it around.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Right.

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

That's fine if it's after 4:00 then I'll just send it around myself so that's okay as just an e-mail to the group.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Thank you, MacKenzie. I think in deference to time we're ready and I apologize because I don't mean to cut off conversation but I am trying to watch the hour, we should open it up to public comment. Does anybody have a burning concern they want to bring up in the interim?

**Stephen Palmer – Texas Health & Human Service Commission**

Liz, this is Stephen.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Yes?

**Stephen Palmer – Texas Health & Human Service Commission**

I missed the intro so when is the joint committee meeting?

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

It's like July 23<sup>rd</sup> is that right MacKenzie?

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

Yeah, we're still trying to confirm the hotel but right now it's I believe July 23<sup>rd</sup>, 24<sup>th</sup>.

**Stephen Palmer – Texas Health & Human Service Commission**

Okay, thank you.

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

The follow-up Workgroup meeting.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Anybody else? Okay, MacKenzie can we open it up for public comment, please?

## **Public Comment**

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

Sure, operator can you please open the lines for public comment?

**Rebecca Armendariz – Project Coordinator – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press \*1 or if you're listening via your telephone you may press \*1 at this time to be entered into the queue. We have no comment at this time.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Great, well, thank you everybody for all your hard work we've move very quickly and I think the work is very good. We look forward to – and please respond quickly to the poll because we want to get it in front of our chairs meeting tomorrow and don't know when the next meeting is, MacKenzie can you help me?

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

Yeah, let me pull that up.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Thank you.

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

I've got it here I think it's the 24<sup>th</sup>.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Perfect.

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

Yeah, 25<sup>th</sup>, June 25<sup>th</sup> Standards Implementation Workgroup.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Great.

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

Eleven a.m. to 12.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

There you go. We will be getting you back – feedback from this group once we meet with them in the morning then. And we look forward to your input via the poll. So, thanks everybody for great work. Cris?

**Christopher Ross, MBA – Chief Information Officer – Mayo Clinic**

If you could send me the document Liz I'll turn it around. Thanks to everybody.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

All right, we've got it. Thanks everybody.

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

Thanks everybody.

**Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation**

Bye now.

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

Bye.

**Scott Purnell-Saunders – Office of the National Coordinator**

Bye-bye.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Bye.