

**HIT Standards Committee
Implementation Workgroup
Transcript
June 25, 2013**

Presentation

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good morning, everybody. This is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Standards Committee's Implementation Workgroup. It is a public call, and there is time for public comment on the agenda, and the call is also being recorded, so please make sure you identify yourself. I'll now take the roll call. Liz Johnson?

Liz Johnson – Tenet Healthcare Corp

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Liz. Cris Ross?

Christopher Ross – Mayo Clinic

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Chris. Anne Castro? John Derr?

John Derr – Golden Living, LLC

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, John. Tim Gutshall? Joe Heyman?

Joseph Heyman – Whittier IPA

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Joe. David Kates?

David Kates – NAVINET

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, David. Tim Morris? Steven Palm? Sudha Puvvadi? Wes Rishel?

Wes Rishel – Gartner, Inc.

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Wes. Ken Tarkoff? John Travis? Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady? Tim Cromwell? Nancy Orvis? And for ONC staff members, Scott Purnell-Saunders?

Scott Purnell-Saunders – Office of the National Coordinator

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Scott. And any other workgroup members join in after I announced their name? Okay. With that, I'll turn it back to you, Liz and Chris.

Liz Johnson – Tenet Healthcare Corp

Great. This morning, what we want to do in a fairly rapid form, and I'm going to work from the documents that we – that Cris – that Scott sent out this morning, so that I can capture the input of the group. I know they'll probably be showing online. I am online, too, but I think it's going to be difficult – it'll be easier for me, let me just put it that way, for me to capture comments by working on – through Word.

So what we'd like to do is go over the draft agenda and get any input that you may have there, and then share with you what has – we've had lots of terrific input from various chairs and so on to upgrade the – or to update the questions that we'd be asking each of these panels, and today would be our opportunity to have some more input into that. And then we have what I would probably consider sort of a final planning meeting on the 8th of July, and the – we're now beginning the – to ask persons to come and participate in that hearing.

So that's where we are. So we've had another –

Wes Rishel – Gartner, Inc.

Excuse me. What is the date of the hearing?

Liz Johnson – Tenet Healthcare Corp

The date is the 23rd of July, from 9:00 to 5:00.

MacKenzie Robertson – Office of the National Coordinator

And then – this is MacKenzie. In discussions, we were talking about having on the July 24th a half-day in-person workgroup meeting. So whoever of the workgroup members that attend in person for the hearing, they would stay over and have an in-person workgroup call the next day.

Christopher Ross – Mayo Clinic

MacKenzie, this is Chris. Can we just go through the mechanics, too? Are all of the workgroup members invited to participate in the hearings?

MacKenzie Robertson – Office of the National Coordinator

So it seems that the implementation workgroup, meaningful use workgroup, and certification and adoption workgroup input, so the implementation workgroup members are all welcome to attend. Once we get the agenda locked down, and especially the agenda for the following day, I can send an email out for travel. Obviously, we would like everyone to participate at the hearing, and if you can, stay over the next day, schedule permitting. That would be ideal as well. But I realize, you know, it's almost July already, so if you already have a conflict for the follow-on day, I understand. But yep, all the – all the implementation workgroup members will be invited to participate.

Christopher Ross – Mayo Clinic

Well, I will say with all respect for our colleague committees who worked to put this together, when we go through these documents, I think members of this group will find an awful lot of input from the implementation workgroup. I think the work from this group has been fantastic, and makes up a big chunk of what we're going to covering in the hearings. So thanks, and congratulations to everyone here. So if people have an opportunity to participate in the panel, that seems really appreciate, and I think we'll have a good panel, because this group is really smart and engaged.

Liz Johnson – Tenet Healthcare Corp

I – you know, yes, yes, is what I say to that. Yeah. So essentially, you know, what Cris is being very politically correct about is we took all of the work that was produced by this and then we offered it up to the other groups for their input. And so I think you're absolutely right. The core and foundation of the work is there. And then I think the other groups, particularly the meaningful use group, did a nice job of trying to add to and add some more usability pieces to it. So great – great work by all.

So my suggestion, Chris, is that we start with going through the agenda to sort of set the stage of what –

Christopher Ross – Mayo Clinic

Yeah.

Liz Johnson – Tenet Healthcare Corp

– the accomplishments would be from the panel, and what we're trying to get overall, and then look at the individual questions. Is that okay?

Christopher Ross – Mayo Clinic

Sounds great.

Liz Johnson – Tenet Healthcare Corp

All right. So if we will open up the agenda item, and, you know, certainly it's up on the screen as well. And again, you can see this is marked as draft, because we've not had a consolidated meeting since this was proposed. But you can see that we would start with a presentation by the folks that were engaged to look at human factors related to the usability of products. And what that was inclusive of, which was reflected in a letter that we shared with you at the last workgroup meeting, was that the – this group of folks visited nine different vendors and they really were there to learn about their user-centered processes and so on.

Now I can certainly tell you some of our input into that, which was because they asked the vendors and not the users of the products, I think we would all acknowledge that that information is just that, is that the perceptions of the – of the vendors. Now what will be informative about it, I think, is that what should have been revealed was actually usability testing mechanisms and design processes that would then show us what they're using today to do usability.

I can tell you that no question that when we did this process through the adoption and certification workgroup, and we talked about introducing some measures for meaningful use stage two, which would include some usability measures for the vendors, those were eventually, you know, not incorporated by meaningful use. So the first 30 minutes of the – of the panel, it's being suggested that we would get the feedback from the group that was commissioned by I guess ONC. Is that right? Who did this commission?

MacKenzie Robertson – Office of the National Coordinator

I believe – this is MacKenzie. I believe it was in Office of the Chief Medical Officer's Office, so Jacob Reider's office.

Liz Johnson – Tenet Healthcare Corp

Okay. All right.

Joseph Heyman – Whittier IPA

This is Joe. Could we know who the vendors were?

MacKenzie Robertson – Office of the National Coordinator

There was a one-page summary that we sent around at one of our last implementation workgroup meetings. It was the one-pager that was summarizing the study. So I'll pull that up and see if that has the vendor information in it. I can't remember if it does or not.

Joseph Heyman – Whittier IPA

Okay.

Liz Johnson – Tenet Healthcare Corp

Yeah. And then certainly, Joe, that's a great question, and certainly we would expect that to be if not in the one-pager, certainly to be part of the disclosure at this presentation. Now what may happen with this presentation is that since they only have 20 minutes, there may be more detail included in their written comments, and then they would do a presentation followed by, you know, ten minutes of discussion, to either, you know, better understand what their – what their process was, or make suggestions for further discovery that need to be made.

Joseph Heyman – Whittier IPA

Righto. I just was wondering whether it's a cross-section of different, you know, vendors that are more acclimated to larger systems, or to small practices, or to hospitals. I mean –

Christopher Ross – Mayo Clinic

Great question.

Liz Johnson – Tenet Healthcare Corp

Yeah.

Joseph Heyman – Whittier IPA

So it would be really good to know who those vendors are.

Christopher Ross – Mayo Clinic

Mm-hmm.

Liz Johnson – Tenet Healthcare Corp

Yeah.

MacKenzie Robertson – Office of the National Coordinator

This is MacKenzie. I just pulled up the one-pager that was sent around. It doesn't include the specific vendors, but it says that they were diverse in size, both in terms of total employees and market share, and included inpatient and ambulatory products. So I'll follow up with my _____ here in the office and see if we can find out exactly who the vendors were.

Joseph Heyman – Whittier IPA

Yeah, that would be great, because diversity is in the eye of the beholder sometimes.

MacKenzie Robertson – Office of the National Coordinator

Exactly.

Liz Johnson – Tenet Healthcare Corp

Right. And even in the kind of preliminary conversations, I know I heard Epic and Cerner, so I don't know beyond that. And obviously, since they talked to, you know, nine of them, I would hope that there would be other vendors that would, you know, represent the field of vendors, as you described, Joe.

David Kates – NAVINET

And was the objective – I missed a number of meetings, but was it patient safety? Was it adoption? Or was it just broadly usability and –

Liz Johnson – Tenet Healthcare Corp

The best I understand, David, was it was broadly usability.

David Kates – NAVINET

Okay.

Liz Johnson – Tenet Healthcare Corp

And how did they – what kind of design process did they have to capture or to ensure usability of their products? I'm sure we have – all of us have lots of questions, because again, this particular study was really geared toward the vendors' perceptions, and one of the things that you'll see in the questions is we would like some feedback from the end user as to how that worked out. And you'll see that also in the usability panel. So I think this is sort of the revealing of what did we find, and then through the panel process, we will get more feedback from end users on usability of their products.

Okay. Moving to the –

Wes Rishel – Gartner, Inc.

So for this panel, I – oh. It just it seems – I guess the politically correct way to say this is there's room for a lot of subjectivity, and sort of revisionism when a vendor describes its design process to a visitor.

Liz Johnson – Tenet Healthcare Corp

Yeah.

Wes Rishel – Gartner, Inc.

The –

David Kates – NAVINET

I'm shocked.

[Laughter]

Wes Rishel – Gartner, Inc.

The non-politically correct – the non-politically correct way to say would – bring your waders, it's going to get pretty deep in here.

Liz Johnson – Tenet Healthcare Corp

Yeah.

[Laughter]

Liz Johnson – Tenet Healthcare Corp

I think that – I think at minimum Cris and I probably had the same visceral response that you're having, which is if you were – if I was a vendor and you were to come to me and ask me the kinds of questions we suspect got asked, I would certainly provide you with very good answers to the questions from my perspective. And I agree with you, Wes. I think, however, that it's a great step in the right direction.

Wes Rishel – Gartner, Inc.

Okay. Well, the presenters will not be the vendors? They'll be the team reviewers that –

Liz Johnson – Tenet Healthcare Corp

Correct. Yes. That is correct.

Wes Rishel – Gartner, Inc.

Well, maybe they have some objective standards to apply to what they heard. That could be a –

Liz Johnson – Tenet Healthcare Corp

Right.

Wes Rishel – Gartner, Inc.

That could create some insight.

Liz Johnson – Tenet Healthcare Corp

Yes, it could. We'll certainly hope so, right?

Wes Rishel – Gartner, Inc.

Yep.

Liz Johnson – Tenet Healthcare Corp

Okay. Any other comments on the panel – just the first presentation, which is really meant to be informative, and to – the reason for doing it first would obviously be that it would be new information that has not yet been published, and so this would be sort of the unveiling of that information. And I think, Wes, you've hit upon our ability to react to that in ten minutes is going to be probably pretty tough, but maybe it will then in the second day of this lead to some suggestions about where we might want to go from here.

Christopher Ross – Mayo Clinic

It's also the case, Liz – this is Cris – that the last panel of the day then also closes on usability.

Liz Johnson – Tenet Healthcare Corp

Correct.

Christopher Ross – Mayo Clinic

I'm sure everyone is reading ahead, but I think it's important to note that that may be the, you know, happy prospect introduction. And I think we can test that against maybe some other data later in the day.

Liz Johnson – Tenet Healthcare Corp

Yep.

MacKenzie Robertson – Office of the National Coordinator

And this is MacKenzie. I just have two things. I just asked the – Caitlin at Altarum to redistribute that one-paged fax sheet on the opening presentation, just so the workgroup members can read it, if they didn't last time. And then in terms of the agenda, I really just assigned things and assigned timeframes just to put an agenda together. So we're not wedded to these 70 minutes for panel 1 or 90 minutes for panel 2, or even the order, if you want the hospitals to go first. So just keep that in mind. There is a lot of flexibility in the agenda.

Liz Johnson – Tenet Healthcare Corp

Right. Thank you. And so that's a great point, MacKenzie. I think – if everybody's okay, let's just kind of get to the general content, and then if someone has a suggestion on a different order or different timeframes, if they would offer them up.

The second panel currently suggested is that we would go to eligible providers, and this is going to be in response to many of the questions that were asked by our group, by the group that several of you participated in, as well as from usability. The third panel would be eligible hospitals. And again, would be, just like with the eligible providers, would be a representative panel of the diversity, so that we're not all big group providers, or all big hospital systems, but instead, the idea is that you would have four – four-ish persons that would represent, and a very difficult job, but would represent – you know, a small, independent practitioner in a rural area has a very different set of challenges than a doctor that participates in a large academic medical practice. And the same sort of scenario could be said for the eligible hospitals.

And then the third panel was really geared towards, Wes, a lot of influence from you here on – and others, on the HIE and interoperability. And we'll look specifically at those questions of really dealing with what's expected of us today, and what will be expected of us in the future, and how can we understand how people are responding to that, and what we might want to add or take away in the future.

And then finally, as Cris suggested, there would be a usability panel at the end, and this would really be used, again, to really look at what is going on with the end user related to usability, and where do we need to make sure that at the end of the day we're really promoting what this whole meaningful use adventure was geared towards, which was improving care through the availability of information, you know, sorted in an EHR or an HIE or whatever.

So obviously, very brief sort of run through sort of the panel, so I think we – that Cris and I would like to ask two questions, and MacKenzie introduced them earlier. One, is this the right order? Has anybody got a suggestion for a different order? And are the timeframes appropriate? Chris, any add-on to that?

Christopher Ross – Mayo Clinic

No, I think that's great. I think the one question I would have, MacKenzie, is did you have any notion about this first panel? It looks like there's less time for it. What can you say about that?

MacKenzie Robertson – Office of the National Coordinator

Sure. That was based on one of our initial planning calls, when we actually had staff members from MedStar on the phone. They were talking about how they could do about a 20 minute introduction. So that's why I put the shortened presentation in the beginning. And I also just wanted to make sure, with the hearings, we really want to hear from the panel members. So presentations, although they're helpful to set the stage and be informational, we don't want to spend too much time on a presentation and take away from the panelists that we have testifying.

So we can always do a longer presentation if we want, perhaps at the workgroup level, if that's something that the workgroup members would want.

John Derr – Golden Living, LLC

Are we still in – this is John Derr. Are we still encouraging them to write a longer white paper sort of thing?

MacKenzie Robertson – Office of the National Coordinator

We sure can. We can have written testimony if we want to, because I know we had quite a few questions that we had narrowed down. So we can ask people to – the panelists to provide written testimony. We don't usually require it, but we do ask them if they're able to, to answer specific questions we have. Another item related to the – to the time allotments for the panels, it may be something that will become more clear when we start identifying panelists, if we can find – if we have a lot of different panelists we want to hear for eligible hospitals, and perhaps not on eligible professionals, and I'm just using examples, and we may want to give more of the time to that panel.

Christopher Ross – Mayo Clinic

And then just –

Liz Johnson – Tenet Healthcare Corp

Go ahead, Chris.

Christopher Ross – Mayo Clinic

Sorry.

Liz Johnson – Tenet Healthcare Corp

No, go ahead, please.

Christopher Ross – Mayo Clinic

So that's really helpful, MacKenzie. And then the other is I think we were talking – I think we were talking about having four panelists. Is that true for all of them?

Liz Johnson – Tenet Healthcare Corp

MacKenzie –

MacKenzie Robertson – Office of the National Coordinator

I don't recall if there was a specific number per panel.

Christopher Ross – Mayo Clinic

Okay.

MacKenzie Robertson – Office of the National Coordinator

We've had – I mean, it's varied across workgroup hearings and committee hearings. We've had – I mean, four seems to be a nice number to give them each five minutes to present, and then it gives enough time for discussion, depending on how the day is planned. But we've had up to like eight, eight panelists per panel before.

Christopher Ross – Mayo Clinic

Yeah.

MacKenzie Robertson – Office of the National Coordinator

So it all depends.

Joseph Heyman – Whittier IPA

And we've actually – we've actually held them down to three minutes on occasion, or two minutes, I remember.

MacKenzie Robertson – Office of the National Coordinator

Yeah. It really depends –

Joseph Heyman – Whittier IPA

On the very large panel.

MacKenzie Robertson – Office of the National Coordinator

Yeah. And time-keeping becomes before important, the more people that you have, so –

Joseph Heyman – Whittier IPA

I would assume the first panel would be just one person. Is that right?

Liz Johnson – Tenet Healthcare Corp

When y'all say panel, are you talking about the presentations?

Joseph Heyman – Whittier IPA

Yeah.

Liz Johnson – Tenet Healthcare Corp

Yeah. I don't know –

Joseph Heyman – Whittier IPA

I would assume that's just one person.

MacKenzie Robertson – Office of the National Coordinator

Yeah, the vendor user-centered design process is just – is an initial presentation that will probably be one or two people from MedStar who worked on the project. But then we have the specific panels following that.

Joseph Heyman – Whittier IPA

Right.

MacKenzie Robertson – Office of the National Coordinator

And that's where we'll have the panel members coming to testify and provide written testimony.

Christopher Ross – Mayo Clinic

That sounds good. I – it would be good to get opinions from folks, but it seems to me as though presentations of more than about five to seven minutes get to be long, and in fact, the Q&A is oftentimes more illuminating. I don't know what other people think, but I toss that out as a starting point.

Liz Johnson – Tenet Healthcare Corp

Yeah. I would say – I would – having been there, you know, five minutes – are you saying five minutes is okay, or shorter than five minutes, Chris?

Joseph Heyman – Whittier IPA

Well, five minutes is certainly okay.

Christopher Ross – Mayo Clinic

Yeah. I thought –

Joseph Heyman – Whittier IPA

In my humble opinion.

Christopher Ross – Mayo Clinic

Five's about right. I don't think we'd want to go longer than that, would we?

Liz Johnson – Tenet Healthcare Corp

No, me either. I mean, when we did it before, for those of us who have been on the implementation group for a long time, which is a lot of us, we've even done it – one time we did it where we had an eligible provider – an eligible hospital along with their vendor provider, and that wasn't as smooth as it could have been. We got a lot of information, but what happened was a lot of times the eligible hospital kind of deferred to their provider. I mean, their vendor –

Joseph Heyman – Whittier IPA

Their vendor, you mean?

Liz Johnson – Tenet Healthcare Corp

Yeah. And so it kind of led to a lot of this is the way we see life as a vendor, and I think what we were looking for – and we got – we got our answers in the question period, but I think – I would suggest to this group that when we do the eligible hospitals, that we have the eligible hospital do the presentation.

Christopher Ross – Mayo Clinic

As opposed to the vendor.

Liz Johnson – Tenet Healthcare Corp

Yes. That would be my suggestion to this group, because I think we – what we're really looking for at the end of the day is how is it going for you, the person who's doing this, and how are you – how are you, you know, coping with stage two, and what kind of input can you provide to the meaningful use group on stage three? From the implementation workgroup, I think that's our goal, but I would like verification from the group.

Wes Rishel – Gartner, Inc.

I'll agree. I don't want to divert the agenda, but I wanted to also add a comment. Yesterday's virtual hearing had a somewhat different ratio of panel presentation time to panel discussion time, to question time. The question time was longer in proportion to the presentation time. And I thought it went pretty well. So we may want to consider – I guess I don't know how many – right now, it looks to me like if it's five minutes per presentation, are we talking about seven panelists on panel one, nine panelists on panel two, and so forth? Is that – am I reading too much into this?

MacKenzie Robertson – Office of the National Coordinator

Yeah, that's where the draft word is going to come into play.

Wes Rishel – Gartner, Inc.

Yeah.

MacKenzie Robertson – Office of the National Coordinator

So that was completely just – I think I used a different hearing template that already had the times in there, just to give everybody an idea of what it would look like.

Wes Rishel – Gartner, Inc.

Yeah. But –

MacKenzie Robertson – Office of the National Coordinator

So it's completely arbitrary.

Wes Rishel – Gartner, Inc.

That's fine. So I think back to Liz's question about do we agree on the purpose –

Liz Johnson – Tenet Healthcare Corp

So – and I'm hearing from Wes and others, are we on track for the message, and it's certainly – I think what we reflected in the questions, which was how are you doing with stage two? What are you thinking about stage three, and what – you know, where should our focus be? And then I think we have added some usability questions, just so that we could get that. And I agree with you. And it's very helpful to hear that yesterday the additional time for discussion was very helpful. That's what I'm hearing, Wes.

And so if we have five panelists on the EH panel, for example, then maybe we would end up cutting that to, you know, 30 minutes, and the discussion time would be lengthened. Is that – is that what you're saying, Russ? I mean Wes?

Wes Rishel – Gartner, Inc.

Yep. Yep.

Liz Johnson – Tenet Healthcare Corp

Yeah.

Wes Rishel – Gartner, Inc.

Yeah, we did five minutes of presentation, which was, you know, with some strict enforcement, and it was a – it was a sprint for the presenters, but they had to – they really had to focus on what – the questions we asked, as opposed to the obligatory picture of the building with the flag flying in front, and picture of the –

[Laughter]

Wes Rishel – Gartner, Inc.

– CEO and so forth.

Liz Johnson – Tenet Healthcare Corp

And how many beds do you have, and how many patients do you have? Yeah.

Wes Rishel – Gartner, Inc.

Yeah. Yeah. They still had it in the deck, but they didn't spend any time on it.

Liz Johnson – Tenet Healthcare Corp

Yeah.

Wes Rishel – Gartner, Inc.

The – and then the discussion really was quite illuminating, and particularly the ability to ask one question of multiple panelists I thought worked really well. And of course, we had people who were capable of answer questions ad hoc, you know, who knew more than just what the deck said.

Liz Johnson – Tenet Healthcare Corp

Well, yeah. I think that's a great concept. And in fact, as we begin to talk about who should we have, I think that is the key, is that if you bring people in that sit in a very loft chair but don't have any intimate knowledge of what's actually going on, they're going to struggle to help us answer the questions – to help answer our questions. That's a great concept.

Wes Rishel – Gartner, Inc.

I think – I think one of the advantages of a virtual hearing was that chairs are cheap, so they didn't – each of them brought a couple of sidekicks. That might not happen where there's travel involved. But overall, I was – I went in expecting kind of a whirlwind signifying nothing, but it actually came out pretty well.

Liz Johnson – Tenet Healthcare Corp

Great. What was the topic, Wes?

Wes Rishel – Gartner, Inc.

The topic was what's called – it's about queries where the exact HDO, health delivery organization, that you're querying isn't know. So somewhere, there's a way to find out where Wes Rishel was treated and then query that place.

Liz Johnson – Tenet Healthcare Corp

Okay.

Wes Rishel – Gartner, Inc.

Instead of just saying, get Wes Rishel's data from the, you know, Alameda General Hospital.

Liz Johnson – Tenet Healthcare Corp

Okay. Great. All right. So others, any other suggestions? I think what I've heard is we should shorten – we should reallocate the time once the number of panelists are picked, and we should allow five minutes for each panelist, and be very strict about that, and then reallocate additional time to the discussion portion. We should make sure that we have persons that we've selected that are knowledgeable of their – of the meaningful use measures and how their practice or their hospitals have met those, as well as, you know, some working knowledge of what at least has been suggested for stage three, so they could provide us with some at least insight from their perspective on focus for stage three. Usability is certainly going to be a copy. Any other suggestions? Is the order right? Any other suggestions of that nature? Because I want to get us to the questions.

David Kates – NAVINET

This may – I agree with the overall format, and so this may be more in the question area, but just making sure that the panelists come prepared with specific observations where there's challenges around meaningful use two or concerns around meaningful use three, as well as positives. But, you know, make sure that they – they may not need the prompting, but structured around some specific input that will help guide the meaningful use ____.

Liz Johnson – Tenet Healthcare Corp

Okay. That's a good point. Any others – thank you, David. Anybody else? Okay. So Chris, we've got four sets of questions with only about 25 minutes. I don't think we can get through all of them. I think you will find the EH and EP panel questions very – as Cris alluded earlier, very, very familiar to you. You – I don't believe you've seen the usability questions at all. Would we like to go there? What would be the preference of the group, given the time remaining?

Wes Rishel – Gartner, Inc.

Usability.

Liz Johnson – Tenet Healthcare Corp

Okay. Anybody – if I don't hear otherwise, we're going to usability. Okay. So if y'all will – let me see. We'll pull up the usability questions. Perfect. Boy, you guys are way ahead of us today. So we have those up, so we'll just start through them. You can see now the overall statement of purpose is really to look at how we can get our usability challenges identified, and potential solutions. I think we all know they exist. So then let's just move – we have questions for vendors and for EHs and EPs, which would obviously clearly indicate to you that the panel would be composed of both, back to kind of your original question, I believe, Wes. So let's look at the vendor questions, and then we'll look at the EH/EP.

So I think the first one is – hopefully, was somewhat covered in the – in the work that was done by this outside body, but they're asking, you know, how do you actually put usability objectives and criteria into your design process? You know, how do you input the – take what your users, your customer users have to say? How do you evaluate? How do you capture it? From the – from the customers.

One of the things that I will say to you is that I would certainly believe is that with a question of this nature, unto itself, you could obviously spend more than five minutes. So this kind of goes to John's question about would we expect written response? I would hope, in response to these kind of questions, we would get it. So how do you feel about –

John Derr – Golden Living, LLC

Also, maybe – this is John – this is John again. Maybe we ought to specify what kind of person comes, because if you get a really good, with all due respect, geek, you'll never hold them to five minutes. And –

Liz Johnson – Tenet Healthcare Corp

You haven't seen MacKenzie in action.

MacKenzie Robertson – Office of the National Coordinator

Yeah, we –

[Crosstalk]

MacKenzie Robertson – Office of the National Coordinator

___ ___ clock that goes up there.

[Crosstalk]

Scott Purnell-Saunders – Office of the National Coordinator

___ ___ you got to do what you got to do.

John Derr – Golden Living, LLC

Yeah, and I know – well, I know, I've been to all of them, and I think that five minutes is good, and usually held to, but I've seen some guys just ignore it, and then MacKenzie has to step in. Anyway, my point is that they can go so far in depth on some of these things that – I don't know, anyway, maybe –

Liz Johnson – Tenet Healthcare Corp

So is there –

Wes Rishel – Gartner, Inc.

Those of who are questioning the panel, if – can hold them to five minutes.

Liz Johnson – Tenet Healthcare Corp

Yeah.

MacKenzie Robertson – Office of the National Coordinator

And my two cents to – having been involved in several of these so far, is when there's a list of questions that we send out to the panelists saying, here's some questions we'd like you to address, it's more effective if you assign like one specific question to each panelist, so you at least – if people get five questions to look at, maybe they'll pick one that you didn't necessarily want them to respond to, or they'll add a little bit from all of them.

So if there's a list and specifically want one panelist to respond to a specific question, emailing them that one question is always very helpful.

Liz Johnson – Tenet Healthcare Corp

That's a good – I mean, when I look at the five questions under the vendors, I know the one I would like – as much as I'd like to get into what they believe they've done for us in terms of usability, I am – I am most interested in what they think they need to do to make meaningful use possible. What are y'all thinking?

[Crosstalk]

Wes Rishel – Gartner, Inc.

I think we should drop question one.

Liz Johnson – Tenet Healthcare Corp

Interesting. Okay. We can –

John Derr – Golden Living, LLC

That's what led me to my comments, was question one.

Wes Rishel – Gartner, Inc.

Yeah.

John Travis – Cerner

Yeah, that – this is John Travis. Sorry, I'm – just to let you know I'm here, Liz.

Liz Johnson – Tenet Healthcare Corp

Hey, John.

John Travis – Cerner

Question one is actually something that every vendor is asked to self-attest to in – now I don't know if that information is being made publicly available, but they're all self-attesting to that kind of a question in stage – in 2014 certification. So maybe that's an avenue of response that you could go see about collecting information about from the ONC ACBs, if you really want to know it.

Liz Johnson – Tenet Healthcare Corp

So I wrote down on my notes back to the chairs that we – there's a – we are suggesting they drop this question. Self-attestation is required. Is it drop the question, or provide the response in writing only?

[Crosstalk]

Wes Rishel – Gartner, Inc.

Well, I – go ahead, John.

John Travis – Cerner

No, I was going to suggest maybe, if it's not untoward to ask it of them, if they've already been through certification, would be to ask them to provide the same information that they submitted through certification as to the process they use for user-centered design, and just that sort of thing. You know, or if they want to abstract something out if they haven't gotten that far along yet, and that entirely could be a matter of supporting material.

Liz Johnson – Tenet Healthcare Corp

I wrote –

John Travis – Cerner

So I'd keep it in, but I wouldn't ask them to speak to it.

Liz Johnson – Tenet Healthcare Corp

So Wes, did you have a comment?

Wes Rishel – Gartner, Inc.

I was just going to say I don't think they can begin to do justice to that question in five minutes if they only addressed it, and, you know, unless we come up with something that's less broad and open-ended –

Joseph Heyman – Whittier IPA

Which – are you talking about question two?

Wes Rishel – Gartner, Inc.

Question one.

Liz Johnson – Tenet Healthcare Corp

No, one.

Joseph Heyman – Whittier IPA

Oh, question one, I think you should just drop it.

Wes Rishel – Gartner, Inc.

Yeah. I mean, we could ask them to, because of the other – is this – because this is the theme, usability, we could ask them specifically to submit in writing some – a few pages of information about their design process, and identify any known methodologies they use, or anything like that. But I definitely don't think we can have them testify to it.

Liz Johnson – Tenet Healthcare Corp

So what I wrote down as sort of kind of coalescing ____ says suggestion is provide the same information for self-attestation as required for 24 edition user-centered design requirements. Provide information in writing only. And it's – and that's not to say that they wouldn't have a question that was addressed to that, because most of us read the written materials in advance. But you're right. If – they could spend 15 minutes on this one question each.

John Derr – Golden Living, LLC

So Liz, I think ____ –

[Crosstalk]

Joseph Heyman – Whittier IPA

I'm sorry. Go ahead.

Christopher Ross – Mayo Clinic

Go ahead, Joe. Go ahead, Joe.

Joseph Heyman – Whittier IPA

No, I was just going to ask, is this going to change anything, to ask them that information?

Christopher Ross – Mayo Clinic

Well, that's –

[Crosstalk]

Christopher Ross – Mayo Clinic

That's exactly where I was going to go. I think it's a totally fair question, and I think I drafted these questions. I do not have pride of authorship in them, but I thought it would be useful to get – I was assuming that we would get good written answers, and that we would use the panel as a chance to dig into it.

Liz Johnson – Tenet Healthcare Corp

Yeah. I think –

[Crosstalk]

Christopher Ross – Mayo Clinic

And it felt to me as though – it felt to me, if we were prepared going into this hearing, and if some of us took the task of looking across the various answers, I mean, I think usability is like one of the most ferocious problems we face. So even though this is a gnarly problem, I think we have a responsibility to put a pretty bright spotlight on this.

And therefore, you know, at least speaking for myself, I would want to be in a position of wanting to read what the testimony was and to try and – try and draw out at least some conclusions on this, because I don't – with all due respect to John and his great firm, I don't think that these organizations are going to give a damn about usability unless customers en masse really push hard on this.

Liz Johnson – Tenet Healthcare Corp

Well, I will tell you, too, that Paul added some of this usability, more – because I can tell you, and this is – this is why Cris is really good at this, the question that Cris proposed were a little simpler than this. Paul added some more complexity to them, which is also appropriate, but I would say, Chris, you're – that's why I was thinking if we got it in writing, I think you're absolutely right. This is a real issue for us. We can begin to expose what we're – what they're doing or what they believe our problems are without spending the entire panel time talking about that. What do you think?

Christopher Ross – Mayo Clinic

I agree, and my last editorial point would be I also think that the vendors are in a little bit of a rock and a hard place, because users have such radically different notions about what usability means, that it may be difficult to hit that mark. And it's not our responsibility to save vendors from a difficult market. But I think some dialogue in the open about this is a big deal. I wish the questions were still simpler –

Liz Johnson – Tenet Healthcare Corp

Yes.

[Crosstalk]

Christopher Ross – Mayo Clinic

But I think we can live with what we've got.

Joseph Heyman – Whittier IPA

This is Joe. Liz, the second question asks exactly what you just were hoping to get from the first question.

[Crosstalk]

Joseph Heyman – Whittier IPA

So, you know, this is why I'm asking –

Christopher Ross – Mayo Clinic

Good point.

Joseph Heyman – Whittier IPA

I don't know why we need the first question. It's not so important to know what they do behind the scenes as to know what the product is, and how usable it is, and what the barriers are to their archiving it.

Christopher Ross – Mayo Clinic

Yeah.

Joseph Heyman – Whittier IPA

Rather than having some statement about how they handle it, I mean, it – I – I mean, if you want to ask it, it's okay with me. I just don't want to spend any time on it at the –

Liz Johnson – Tenet Healthcare Corp

So here's what I did, because sometimes I think that when I read a list of questions, I might get hung on the first one before I ever even look at the rest. So here's what I did. So this is for your approval. I moved question one to question five. I preceded question five by saying, in your written response, consider including, and then I wrote – and then the question follows, and then I made the – I continued with a suggestion that they could look at their self-attestation information and provide that to us. So that would move it from first question to last. It would clearly say we're only asking you to respond to this in writing. What do y'all think about that approach? And you can see it when it's done.

Wes Rishel – Gartner, Inc.

I think you could be more definite about not including it in the oral testimony.

Liz Johnson – Tenet Healthcare Corp

Okay. All right.

Wes Rishel – Gartner, Inc.

Right.

Liz Johnson – Tenet Healthcare Corp

Okay. So we'd say –

Wes Rishel – Gartner, Inc.

I think we need to move on to the first question of the second group before we run out of time. I mean –

Liz Johnson – Tenet Healthcare Corp

Okay. Okay. So I'll do that. I'll take care of the other part only. Okay. And so are there any other – so we can go to the EH/EP? Is that where you want to go?

Wes Rishel – Gartner, Inc.

Yeah. I – you know, just we've spent a lot of time on one – that first question out of the box, so –

Liz Johnson – Tenet Healthcare Corp

Right. So would you guys do us a favor, please? If you have any other suggestions about what are now questions one through four, or what were previously questions two through five, would you please email those to the group by the end of the day? So that you – I'm not trying – we're not trying to cut you off if you have something else. I like the – the next four questions under the usability for vendors are much simpler and easier to understand. So that's what we would ask of you. Then we would move to questions for EHs and EPs. Okay with everybody?

Christopher Ross – Mayo Clinic

Yes.

Liz Johnson – Tenet Healthcare Corp

Okay. All right. So now we're to EHs and EPs, and Wes?

Wes Rishel – Gartner, Inc.

I think the first question under question – within question one, which has several questions, is very difficult for people to answer in a public forum, and you tend to get very bipolar answers. It's either wonderful or awful, if they're fighting with their vendor, and nothing in between.

Joseph Heyman – Whittier IPA

I think if we ask just the last question in question one, what are your priorities for usability improvement, that would be enough.

Christopher Ross – Mayo Clinic

Huh. And make the – that's interesting, Joe. Make that the point of the spoken testimony piece?

Joseph Heyman – Whittier IPA

Right. Because then they don't have to –

[Crosstalk]

Joseph Heyman – Whittier IPA

– describe all their complaints.

Christopher Ross – Mayo Clinic

I love that.

John Travis – Cerner

It cuts to the chase. This is John. I do, too. That's what's left –

[Crosstalk]

John Travis – Cerner

– after all the other stuff.

Liz Johnson – Tenet Healthcare Corp

Okay.

Christopher Ross – Mayo Clinic

Liz, I like that.

Liz Johnson – Tenet Healthcare Corp

I do, too, and I can tell you, a lot of this other was added. And so it's not – it's very good input, but – and we'll suggest back and see what we come up with, but I like it, too, because it keeps it very focused. It's an excellent idea. What we did was we took all – just as would do with you, we took all of the input we received from the various groups and incorporated it. So I have now from a tracking perspective taken out the first three questions and stuck with what are your priorities for usability improvement. And I do think we need to say related to your certified EHR.

Joseph Heyman – Whittier IPA

Right. And I think on the second question you could say how do your vendors engage you in improving usability? You don't need to know what the vendor's efforts are to improve usability.

John Travis – Cerner

Yeah. I would agree.

Liz Johnson – Tenet Healthcare Corp

Okay.

John Travis – Cerner

Do you feel like your voice is heard? Liz, I have a question, and I don't know that it's appropriate to ask, but we get into a lot of implication that accessibility is its own category of usability. You know, section 508 stuff. Is that at all in the scope of this discussion? I suppose it could be if somebody saw it as significant to them.

Liz Johnson – Tenet Healthcare Corp

Or would it come up under interoperability? What do you think?

[Crosstalk]

John Travis – Cerner

It wouldn't, I don't think.

Liz Johnson – Tenet Healthcare Corp

Okay.

John Travis – Cerner

It would deal – it borders on some things that are usability concepts, but it doesn't quite – it's a first cousin, because it's not so much focused on the workflow, unless accessibility gets in the way of use. But it does get towards are you supporting and embracing accessibility needs in your user-centered design? It's hard to – it's been a long and torturous decision here.

Wes Rishel – Gartner, Inc.

Yeah, it's got to do with people with visual handicaps, or –

John Travis – Cerner

Yeah.

Wes Rishel – Gartner, Inc.

– handicaps that prevent them from using a keyboard and so forth.

Liz Johnson – Tenet Healthcare Corp

Oh, okay.

John Travis – Cerner

And I'm not trying to make it a topic of this. I'm just curious if it was expected to be a copy of this.

Liz Johnson – Tenet Healthcare Corp

I would think that if it was a problem for you, it should be. But whether or not people would think about it, I think the fact that you and Wes bring it up, and you I think operate in a different place than a lot of your sort of day to day –

Wes Rishel – Gartner, Inc.

I want to make it clear, I'm not suggesting we include it.

Liz Johnson – Tenet Healthcare Corp

You were just defining it.

[Crosstalk]

John Travis – Cerner

No, I was not, either.

Wes Rishel – Gartner, Inc.

I was just describing it. Right.

John Travis – Cerner

Yeah.

Liz Johnson – Tenet Healthcare Corp

Right. Okay. Okay.

John Travis – Cerner

More my question of curiosity.

Liz Johnson – Tenet Healthcare Corp

Yeah. I would say that we – what we do is if this – if it's a problem, and this may be a little Pollyanna-ish on my part, but if it's a problem that they are really facing on a regular basis, I cannot imagine that it won't come up.

John Travis – Cerner

Yeah. Yeah, that's true.

Liz Johnson – Tenet Healthcare Corp

And I – and it may ___ –

[Crosstalk]

John Travis – Cerner

___ ___ priority or –

Liz Johnson – Tenet Healthcare Corp

– it may be – yeah, because I was just going to say, it may be sort of peeling the onion. If you're still up here dealing with workflow screens, you probably haven't thought a lot about visually impaired, you know.

John Travis – Cerner

No.

Liz Johnson – Tenet Healthcare Corp

Because you're sort of **main populous** right now, and going, I'm having trouble with this. And I also –

John Travis – Cerner

Right.

Liz Johnson – Tenet Healthcare Corp

Yeah. So right now what we've done is we've shortened one to what are your priorities for usability improvement related to certified EHR products. Number two, we've – how do you engage your – how do they – it should be your vendor – how does your vendor engage you in improving usability? The third question is as is, and the fourth is as is. Does that meet where we want to go for now?

John Travis – Cerner

Works for me.

Liz Johnson – Tenet Healthcare Corp

Anybody else have any input?

Christopher Ross – Mayo Clinic

Sounds good.

Joseph Heyman – Whittier IPA

Me too.

Liz Johnson – Tenet Healthcare Corp

All right. Let me save this, and then we will – hang on a minute. So would you like to go to interoperability next, or to – how about that?

David Kates – NAVINET

Yeah. That'd be great.

Liz Johnson – Tenet Healthcare Corp

Okay. All right. So we were going to interoperability. And – okay. All right. So this is obviously achieving interoperability for stage two and looking towards stage three, and here are the questions, and we'll just jump right in. So past successes and challenges overcoming electronic transport or transitions of care. Everybody okay with the first suggestion?

Joseph Heyman – Whittier IPA

I would – I would take out the challenges, and just ask what their past successes in overcoming barriers

_____ –

[Crosstalk]

Liz Johnson – Tenet Healthcare Corp

Yeah, you know, it's interesting, because we suggested that, and somebody added challenges back in, so

–

Joseph Heyman – Whittier IPA

All right.

Liz Johnson – Tenet Healthcare Corp

– you know, I think what they're trying to do is get a balanced picture, and obviously, we agree with you 100 percent. We need to be focusing on if you're just going to tell us it's broken and you're not going to tell us how you fixed it, it probably is not going to do – be new information to the – to the public. If – so –

Wes Rishel – Gartner, Inc.

Well, in support of the current situation with stage two, there are new approaches on the table for stage two that were not available to overcome challenges before.

Liz Johnson – Tenet Healthcare Corp

Right.

Wes Rishel – Gartner, Inc.

So it – normally I would – normally I tend to think like you do about these questions, but I think there's a little bit of special consideration here.

Liz Johnson – Tenet Healthcare Corp

Well, the only thing that we would say here is I guess I am – I too want to – I mean, I think it's self-evident that we're talking about related to this **adventure** that we're currently on, and I would hope that we wouldn't go back to, you know, as they say, when the – you know, the stagecoaches were coming across the United States. I would hope that this would be real specific to meeting meaningful use. I worry – so what am I trying to say? I'm trying to say I worry about the word past.

John Travis – Cerner

Do you define it in any particular way to limit the exploration of previously discovered society?

Liz Johnson – Tenet Healthcare Corp

Yeah.

[Laughter]

John Travis – Cerner

Like perhaps put it in the context of what they may be planning to do now.

Liz Johnson – Tenet Healthcare Corp

Well, and that's where I think – when we to go question two, I'm not sure that we don't get there, I hope. I mean, obviously, this is dealing directly with DIRECT, but then we have HAE requirements, and then we have interoperability between vendors. And, you know, if you go on through the questions, which again, like MacKenzie said earlier, this is a laundry list.

Wes Rishel – Gartner, Inc.

Yeah. So let's – I mean, the issue is that transitions of care is the only functional question we ask until we get to seven. So why not just say identify – describe how you will address the meaningful use stage two requirements for inter-organizational transitions of care?

Liz Johnson – Tenet Healthcare Corp

Obviously, y'all can hear me typing.

John Derr – Golden Living, LLC

I think you should put the word barrier in there.

Wes Rishel – Gartner, Inc.

I'm – all right. So –

John Derr – Golden Living, LLC

And MacKenzie, can you catch up the WebEx or something? We're still on the last one on that one. Okay. We're not on –

MacKenzie Robertson – Office of the National Coordinator

Sorry. I'm not the one controlling it. Caitlin – is there a specific page or number you want to be on?

[Crosstalk]

Liz Johnson – Tenet Healthcare Corp

Yeah. They need to go to the HIE questions. This is back on the usability question.

MacKenzie Robertson – Office of the National Coordinator

Okay. Thanks.

Liz Johnson – Tenet Healthcare Corp

Yeah. There you go.

John Derr – Golden Living, LLC

Thanks.

Joseph Heyman – Whittier IPA

So what does it say now on question one?

Liz Johnson – Tenet Healthcare Corp

Well, I think what Wes suggested, I think this is in lieu of identifying your past successes. Is that correct?

Wes Rishel – Gartner, Inc.

Yes.

Liz Johnson – Tenet Healthcare Corp

It would instead say, and so correct me if I've not gotten this correct, describe how you will address the meaningful use requirements for – is it intra or inter-organizational transitions of care?

Wes Rishel – Gartner, Inc.

Inter, hyphen, I-N-T-E-R.

Liz Johnson – Tenet Healthcare Corp

Yeah. That's what I thought. Okay.

Wes Rishel – Gartner, Inc.

Yeah.

Liz Johnson – Tenet Healthcare Corp

So describe how you would – describe how you will address the meaningful use requirements for the inter-organizational transitions of care, period.

Wes Rishel – Gartner, Inc.

In stage two.

Liz Johnson – Tenet Healthcare Corp

Oh, in stage two. Thank you. And John, I hear what your question is about barriers, but I think that that is self – I think that will occur without us encouraging it, but I certainly want to not, you know, in any way negate your suggestion.

John Derr – Golden Living, LLC

Well, no, I understood. I'm just thinking that the question's so broad, and if you did the barriers you foresaw or have, how you overcome it would limit the number that they would put down, and it might be more focused. But I'm okay either way.

Joseph Heyman – Whittier IPA

Well, you'd have to limit it to how are they going to overcome those barriers.

Liz Johnson – Tenet Healthcare Corp

Right.

Joseph Heyman – Whittier IPA

Because if you ask them for the barriers, you're going to get a laundry list of complaints.

Liz Johnson – Tenet Healthcare Corp

And if you ask them how they're going to address it, you should get their solutions, right?

Joseph Heyman – Whittier IPA

Right. Right.

Liz Johnson – Tenet Healthcare Corp

Okay. So let's move on to –

Joseph Heyman – Whittier IPA

Can I – could I just ask who these panelists are?

Liz Johnson – Tenet Healthcare Corp

We are – they're – that – so particularly given the time, and there may be a suggestion for other questions, the panelists will be persons that are suggested through the chairs and ONC and others. If you have a specific suggestion, MacKenzie, can we send those to you, or Scott, or where do you want them?

MacKenzie Robertson – Office of the National Coordinator

Yeah, send them to Scott.

Joseph Heyman – Whittier IPA

But what kind of people are they? Are they EPs? Are they HPs? Are they vendors? Who are they?

Scott Purnell-Saunders – Office of the National Coordinator

I mean, I think it – MacKenzie and I kind of talked about this – would really be the group of folks that you think would best be able to kind of tell the best story. Certainly, I think a cross-section of all those work, but because we're dealing with, you know, a very short time period, folks that you think would be willing to give of that sort of time and that information is going to be helpful.

[Crosstalk]

Wes Rishel – Gartner, Inc.

I think we should leave vendors off.

John Derr – Golden Living, LLC

Yeah. It might be –

Liz Johnson – Tenet Healthcare Corp

Me, too.

John Derr – Golden Living, LLC

– the people who are running HIEs.

Joseph Heyman – Whittier IPA

Well, that's what I was about to think we –

John Derr – Golden Living, LLC

Yeah.

[Crosstalk]

Scott Purnell-Saunders – Office of the National Coordinator

The problem is that DIRECT –

Joseph Heyman – Whittier IPA

Yeah.

Scott Purnell-Saunders – Office of the National Coordinator

– doesn't necessarily require the full all bells and whistles HIE, and they might bring a specific – the full ones might bring – but I don't see why we couldn't have an HIE representative there.

[Crosstalk]

Joseph Heyman – Whittier IPA

I also don't think it's so bad to have the full ones there and to show the advantages of full ones over DIRECT.

Liz Johnson – Tenet Healthcare Corp

So I'm – so let me tell you what I've kind of jotted down as potential panelists and see if I've gotten it. And Scott, you and MacKenzie may have others as well. Sounds like an EP and EH, an HIE person, and a DIRECT person would be helpful for – to provide, you know, different perspectives. Now the challenge is, of course, when you go to a single EH or a single EP –

Joseph Heyman – Whittier IPA

Right.

Liz Johnson – Tenet Healthcare Corp

– and it is what it is, you're going to be limited to that person's sort of – where they come from. I mean, because you can't – what we can't do is have, you know, four EHs and four EPs and three DIRECT – HIEs, and, I mean, we're just going to have to recognize the time constraints we have. If we do that, do you have a – is there a particular –

Wes Rishel – Gartner, Inc.

So I don't see why we couldn't have two each of –

Liz Johnson – Tenet Healthcare Corp

Two each –

Wes Rishel – Gartner, Inc.

- EH and EP, one HIE, and that would be five presentations, would be 25 minutes, leaving the 45 minutes for – ____ 35 minutes for – from 75 – 40 minutes for discussion.

Liz Johnson – Tenet Healthcare Corp

Discussion. Yeah.

Joseph Heyman – Whittier IPA

I think you should have two HIEs.

John Derr – Golden Living, LLC

And I – this is John. I'd recommend the Indiana one. I know I'm being a little selfish, but I know I got 21 nursing homes part of that Indiana one, and it would give a broader perspective, especially when you get to seven.

Wes Rishel – Gartner, Inc.

There were – there was great testimony from about eight HIEs yesterday, all of which were – at least claimed to me – I can't vouch for all of them – but a number of them were actually operationally successful, which is a rare quality.

John Derr – Golden Living, LLC

Yeah. Right.

Wes Rishel – Gartner, Inc.

And I think we might at least look at that list. IHIE was one of the – one of the ones that testified.

Liz Johnson – Tenet Healthcare Corp

Okay. We'll take – thank you for that. We'll take a look at that. So look at yesterday's list. Okay.

Joseph Heyman – Whittier IPA

The other list would be – I think some consultation with Micky Tripathi would be a good thing.

Wes Rishel – Gartner, Inc.

Yeah. Yeah.

Joseph Heyman – Whittier IPA

He did some summary work for the Policy Committee which was just outstanding. I know he interviewed a ton of people.

Liz Johnson – Tenet Healthcare Corp

Got it.

Joseph Heyman – Whittier IPA

And in some ways, Micky can speak both to his environment and to the industry in good ways, in my opinion. I think Micky is always extremely insightful in these things. And if he doesn't testify, there may be some other people who he would recommend.

Liz Johnson – Tenet Healthcare Corp

I've got it. Great suggestion. Okay. So we are out of time. What I would ask, again, on the – this, on all four sets of questions, if you – if you will take the time, if you've got any time at all, if you have suggestions for Cris and I, then if you'll send them to Scott, then we will incorporate them for our call on the 8th. And it's not that we have to have everything today. My concern is sometimes we get busy, particularly with the holiday coming up, and so I'd suggest if you can possibly get those in to us today, that would be great. Scott, if you're willing, we could give them till the end of tomorrow. But I just – I just know if we give you till the 7th, that you'll – we'll – any one of us, including me, will get busy and not get to it.

MacKenzie Robertson – Office of the National Coordinator

And this is MacKenzie. I'll just add another note, is that the more time we give – the sooner we identify panelists and invite them, the more time we give them to prepare written testimony, the better testimony you're going to get.

Liz Johnson – Tenet Healthcare Corp

Yep. That's an excellent point.

MacKenzie Robertson – Office of the National Coordinator

So we don't want to be waiting the week before to invite people, and tell them they have two days to do written testimony.

Liz Johnson – Tenet Healthcare Corp

No.

MacKenzie Robertson – Office of the National Coordinator

So the sooner we can identify people, the better.

Liz Johnson – Tenet Healthcare Corp

Right. So if you have suggestions for the questions or for panelists for the panels, Scott, are you okay with setting the deadline as tomorrow at the end of the day?

Scott Purnell-Saunders – Office of the National Coordinator

That's fine. We'll get them compiled –

Liz Johnson – Tenet Healthcare Corp

Okay.

Scott Purnell-Saunders – Office of the National Coordinator

– and sent back out.

Liz Johnson – Tenet Healthcare Corp

Right.

Scott Purnell-Saunders – Office of the National Coordinator

But the panelists, folks, like we're saying, please move soon so we can try to get folks on board.

Liz Johnson – Tenet Healthcare Corp

Yep. All right. So we will do that, and then can we open it up for public questions, and then we'll come back and close?

Public Comment

MacKenzie Robertson – Office of the National Coordinator

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

Operator

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

Wes Rishel – Gartner, Inc.

While we're waiting, Scott –

Scott Purnell-Saunders – Office of the National Coordinator

I'm here.

Wes Rishel – Gartner, Inc.

I have a question for you about attribution when you use a health information exchange for meeting meaningful use's contact with the patient through a portal. You know, all the physicians are on the portal. All the hospitals are on the portal. And all the patients are on the portal. And they can do all these things that are required for meaningful use through the portal. So what I'm wondering if – has anybody considered the fact that there may not be any easy way to count when the patient contacts a particular physician through the portal? Or is that part of the certification process for HIE vendors?

Scott Purnell-Saunders – Office of the National Coordinator

Off the top of my head, I'm not sure. _____ –

Wes Rishel – Gartner, Inc.

Well, every single person I've asked that question has said the exact same thing to me. Off the top of their head, they're not sure. But they never get to the bottom of their head. So I do think it's a really important question, because a lot of us are going to be relying on a health information exchange to accomplish the goals of meaningful use, and I think the goals are more important than the counting is. So somebody needs to think about that at ONC.

Liz Johnson – Tenet Healthcare Corp

Right. And do we have any questions, MacKenzie?

Operator

We don't have any questions at this time.

Liz Johnson – Tenet Healthcare Corp

Great. Thank you. So as always, lots of great information. We never have enough time, but it's amazing what this group can come up with even in the short amount of time that we dedicate. Please get your feedback so that Scott can incorporate it, and, you know, again, thank you so much for all this hard work. I think it's really going to show up when we do the panel. And Chris, any closing comments?

Christopher Ross – Mayo Clinic

None. Good work. Thank you.

Liz Johnson – Tenet Healthcare Corp

Thanks, everybody. Have a great 4th of July.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everybody.

Wes Rishel – Gartner, Inc.

Bye bye.

John Derr – Golden Living, LLC

You too. Bye.