

**HIT Standards Committee  
Implementation Workgroup  
Transcript  
July 30, 2013**

**Presentation**

**Michelle Consolazio – Office of the National Coordinator**

Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the HIT Standards Implementation Workgroup. This is a public call and there will be time for public comment. Please remember to speak your name when speaking as the meeting is being transcribed. I'll now take roll. Cris Ross?

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

Here.

**Michelle Consolazio – Office of the National Coordinator**

Liz Johnson?

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

Here.

**Michelle Consolazio – Office of the National Coordinator**

Anne Castro?

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

I'm here.

**Michelle Consolazio – Office of the National Coordinator**

David Kates?

**David Kates – Senior Vice President, Clinical Strategy – NaviNet**

Here.

**Michelle Consolazio – Office of the National Coordinator**

Gary Wietecha? John Derr? John Travis? Joe Heyman?

**Joe Heyman, MD – Whittier IPA**

Here.

**Michelle Consolazio – Office of the National Coordinator**

Kenneth Tarkoff? Micky Tripathi? Sudha Puvvadi? Stephen Palmer? Tim Morris? Timothy Gutshall? Wes Rishel?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Here.

**Michelle Consolazio – Office of the National Coordinator**

Kevin Brady?

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

Here.

**Michelle Consolazio – Office of the National Coordinator**

Nancy Orvis? Rob Anthony? Tim Cromwell? Are there any ONC staff members on the line?

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

Scott Purnell-Saunders.

**Seon Davis – Office of the National Coordinator**

Seon Davis.

**Carol Bean, PhD – Director, Certification & Testing – Office of the National Coordinator**

Carol Bean.

**Michelle Consolazio – Office of the National Coordinator**

Good morning all, was there one more?

**Anna Cloninger, MA – Consultant - Deloitte**

Anna Cloninger from Deloitte.

**Anna Cloninger, MA – Consultant - Deloitte**

Anna Cloninger.

**Michelle Consolazio – Office of the National Coordinator**

And with that I'll turn it over to Liz and Cris.

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

Good morning, thank you and particularly those coming from the West Coast we realize this is an extraordinarily early time in the morning to do a meeting, but we have some pretty important stuff to do as a result of our hearings last week and there are two things that Cris and I would like to really focus on and then we have some presentation back from Scott related to clinical-based scenarios which are, you know, plays into this and then Joe Heyman I think wants to talk about CCDs and CDAs, and how to work that into this.

So, I don't know how many of you were able to – I know that Anne and Cris and I were there at the hearing and Joe, so it was very apparent to us in listening to the hearings, which went very, very well is that there are two things the Implementation Workgroup can bring back to inform the process for not only moving forward with Stage 2 but as importantly how can we have a readiness and success with our Stage 3 measures?

And the first of those was – and charged to us as a Workgroup, is that we want to prepare a timeline of the time that is required for all of the necessary steps to take place from the time a measure is formally approved until that measure is ready to be used in an end-user setting and we won't go into all of those pieces and parts right now, but as you think about that think about the fact that not only does the vendor have to prepare and test code, it has to be certified, we have to look at the integration into workflows and then the usability to code before we reach the time that we should be using that code to measure and gather information needed for attestation.

So, and Cris and I will share with you that our timeline, on at least getting a preliminary look at that, is very short. Paul Tang would like to report back to the Policy Committee and Michelle you can help me, I think it is the second week of August, preliminary findings from the hearing and how that might impact Stage 3 and then Stage 3 in general, and then we have one additional month to really formalize the timelines and then secondarily to talk about the clinical scenarios, the testing scenarios and how they could play into making more useable code for the future. A huge challenge in front of us, but I think a really excellent opportunity for the Implementation Group and all the knowledge that we have among us to come back and really influence this whole process. And with that I'll turn it over to Cris for further comments.

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

Thanks, Liz, so a couple of things, first we had great attendance from this Workgroup, people that Liz listed plus also John Travis, Wes and David were also at the hearing. So, we were really packed out. The second is I think we've got some materials today that are probably a preview of what is going to be presented at the August Standards Committee related to scenarios and, you know, we can perhaps deal with that in pretty straightforward fashion, we've looked at those materials a couple of times.

Then the ones, Liz, that I would say I believe that in addition to the comments about scenarios being used to support usability, I think there was also a conversation about using clinical scenarios in support of attestation which was sort of a – maybe a parallel or congruent kind of process that might fit in with the deeming kind of approach.

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

Yeah.

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

That talked about evaluation and specific measures as opposed to measuring the outcome and I think there was some intrigue in the group around using the scenarios for attestation purposes as well.

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

Yeah, that's great point and for those – and sorry to leave some of you out, I guess it's earlier in my part of the world than I realized, the deeming concept, in fact I've seen some more Internet traffic on it this morning and yesterday, is quite – is picking up quite a bit of momentum and the idea is not to continue to ask us to rework or to add more work to measure, but instead to look at the work that we're already doing and to be able to use that to qualify for attestation, good point, Cris.

And before we go further than that I would ask, you know, I don't think John has joined us yet, but Wes or and I didn't hear David Kates either, but Wes or, let's see who else is on – Wes do you want to add to the comments there?

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

Actually David was on; he's on a cell phone in a car.

**David Kates – Senior Vice President, Clinical Strategy – NaviNet**

Yeah, I'm here, can you hear me now?

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

Oh, there he is, okay. So, anyone of you, because several of us, like Cris said, attended the meeting, can anyone of you add to kind of Cris and my impressions and let's quickly make sure that we are talking about the right things today.

**David Kates – Senior Vice President, Clinical Strategy – NaviNet**

This is Dave Kates; I think you covered it from the stand-point of the scenarios and some of the ancillary value that we could get out of that. The other topics that maybe for subsequent discussion or maybe some of the things that Joe wanted to bring up relate to interoperability and some opportunities to improve that whether it's, you know, leveraging Direct and directories to support more effective use of some of the Meaningful Use Stage 2 and 3 capabilities and then quality reporting are things that we might want to address down the road, but as it relates to the scenario-based things I think you captured it.

**Joe Heyman, MD – Whittier IPA**

And this is Joe, I think you mentioned it sort of in passing, Liz, but I think one of the things that we suggested was that when the actual measures are being proposed before they actually go out for public comment that there should be a consideration about usability before we actually have to put those measures in place.

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

Okay, thank you, that's – you know, like I said we were I think working diligently to try and capture all the ideas and as we have the conversation today we can certainly, you know, add to it as we're talking and something gets referred in your mind please, you know, speak up. Anne did you have anything?

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

I think I just checked off everything from my list with everybody's comment.

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

Okay, good and Wes?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I'm good.

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

Okay. So, based on that what we probably want to do is go – I suspect we need to get through this testing scenario quickly and then we're going to need to talk about in particular the timeline and how we produce something and Michelle can you verify what the date of the Policy Committee is?

**Michelle Consolazio – Office of the National Coordinator**

Sure, Liz, the next Policy Committee is August 7<sup>th</sup>, but we have an extremely packed agenda so I don't – perhaps it could be a quick update as part of the Meaningful Use Workgroup.

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

No, yeah, I'm sorry, Michelle, it would not be – we would not present that would not be the point.

**Michelle Consolazio – Office of the National Coordinator**

Okay.

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

The point would be that we would provide to Paul and the Meaningful Use Group input as I presume that he would bring back the Meaningful Use Stage 3 recommendations early and that this would be part of that discussion that was what we talked about at our debrief meeting. Does that make sense?

**Michelle Consolazio – Office of the National Coordinator**

Yes, so, yeah, so the meeting is August 7<sup>th</sup> and then the next one is September 4<sup>th</sup>.

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

Okay.

**Michelle Consolazio – Office of the National Coordinator**

And actually the Meaningful Use Workgroup has a meeting today, so they're spending a few minutes discussing the hearing as well.

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

Right, okay, great.

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

So, Liz, it sounds like – we need to check off on the materials for the August Standards Committee and then get to this timeline issue probably first priority don't you think and then get to the user scenario, the third topic?

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

Yes, yes.

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

Okay.

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

So, Scott can you go through these materials and please if these materials are different than what we've seen before would you point out the differences to us so we can move fairly quickly?

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

Yes, I will and there were e-mailed out yesterday, there were two, one other thing, one clarification with the timeline comment from the meeting there was also the specific mention of upgrading from one stage of Meaningful Use to another, so I wanted to make sure you guys captured that as well from the hearing last week.

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

Good catch, thank you.

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

All right, so we can get started. Can you please –

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I'm sorry; could somebody explain what that means?

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

So, in the discussion during the hearing, I mean, as was mentioned this morning to try to prepare a timeline for measure development and how that goes from inception or conception to development for, you know, preparation by vendors and then implementation in an end-user setting. There was also the comment of using that timeline as a way to figure out and determine what is actually required to go from one stage to another.

So the utilization of – development and utilization of measures as a way to see really what's the actual time that it takes to go from Stage 1 to Stage 2 as the development of Stage 3 begins to really determine if the amount of time between when Stage 2 would end and when Stage 3 would begin would be appropriate and enough time for people to do what they need to do to be prepared and actually operating successfully.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Thanks.

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

Okay, we will move ahead, Scott.

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

Great. Please can you display the test scenario overview PDF in the WebEx please? Thank you. Good morning everybody I'm Scott Purnell-Saunders let's get started, the next slide, please. This is just an overview of the 2014 addition test scenarios. We've presented some of this information before but we are now moving into the next stage of development as we get into further refinement and deployment of the actual scenarios. Next slide. So, sorry, go back.

The context – so we'll go through the overview, review where we've come from, start looking at a development timeline, go through our goals and start in details and we'll then delineate between our group 1 set of test scenarios that we're developing and group 2, and then the next steps and our expectations for what we need from the Implementation Workgroup as well as the Standards Committee as we move forward in August and September. Next slide, please.

Just a basic review of what we mean in scenario-based testing, our main goal as we talked about last week is to develop clinically plausible scenarios and assure the ability to use data across and within systems that is usually important as we try to build towards getting towards real interoperability. We've noticed in our demos and as we developed this that there is an increased value of testing, improved efficiency, reduced setup time, and also a reduced cost as we've talked about briefly as well and the idea with this as a whole is to make our testing scenarios consistent and replicable so that they can be used instead of the unit-based testing that we're starting with currently. Next slide.

This is our testing scenario overview diagram. This is something we've reviewed before. As we've talked about this is an alternative or an optional method for testing for the 2014 edition, it is not required by rule and statute, so we're just trying to offer this as an alternative with all the benefits we talked about before. It uses all the dependent tests with threaded data, so information that starts with test one and continues through test two and three, has some inherent requirements for data and information to be passed.

We are designing these so that if something or a test is skipped or replaced that the information or data that comes from a previous test can be inserted to continue in that scenario directly. This diagram is something you have seen, it was what we worked with Wes on earlier this spring and made some small refinements just for consistency's purpose, but this is something you guys should be familiar with. Next slide.

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

Hey, Scott?

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

Yes, Ma'am?

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

At the end of each slide – I mean and literally because we only have an hour for, just so to speak, a nanosecond make sure you pause and ask is there anything that someone doesn't understand about the slide or wants to change okay?

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

Okay.

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

Thank you. So, no voices, move to slide five.

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

Got it, next slide. So, this is our overview of the development that we're designing for the testing scenarios. What you'll see is two large groups, group one our development timeline would be between now and the end of calendar year 2013 and then group two would start its development in 2014. So, you'll see that there are, you know, five major groups in group one and then the three that we're building, deploying later in 2014. We'll get into more details with this later as we start to show specifically where the groupings came from and how they were developed, but just wanted to give you guys and overview before we look at the specific timeline. Any questions with this? Great, next slide.

So, here is our development timeline. As you'll see this is specifically to the group one piece that we just talked about. Right now we're in the development phase. If you look at the top line we're basically in the beginning towards the middle of August. In September where you see the yellow star and the second line we'll have our draft publication of our group one test scenarios and that's when we'll start to need your feedback as we see with that blue line with the purple star on the next line below. Essentially once these go out for public comment we will, you know, lean on you guys as well as the rest of the public too sends us feedback.

What we're trying to do now and our proposed process with this is to present this information to you here to receive any additional feedback on the approach and idea that we're using with this right now to then present this again in some more detail to the Standards Committee at the August Standards Committee meeting on August 22<sup>nd</sup> in preparation for our publication at the beginning of September.

During the month of October and November we'll be doing our revision pieces with the feedback that we received during the month of September and our final publication to happen, as we're proposing, on November 29<sup>th</sup> with the red star that's at the bottom of the timeline. You'll also notice at the bottom that the milestones are listed left to right with the green star, the yellow star, purple and red as we've discussed. Any questions here?

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

I just have one question, you're saying 2014 edition test scenarios, I think as was said earlier around deeming or something, I'm not sure how this interplays into 2014 because at that point most vendors who are going to be engaged should be already certified. So, I'm having a difficult time looking at the dates and understanding what the vendors would be certifying for when they're already certified.

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

So, currently, the 2014 edition program starts on January 1, 2014 or January 2, 2014, excuse me, not every product that's going to go through testing will have met testing by that point in time. We started the development of the testing scenarios last year or this past year as an alternative to the unit-based testing. Even now we currently see products that are still coming in and sitting for testing for 2011 edition certification still today even though we're about 6 months out towards the end of that being, you know, a program option.

So, we certainly are offering this as an alternative, certainly we're not requiring anybody to do this but in developing it we're trying to make it so that if someone is able to go through testing and decides to update their product or release a new one they can use this as an alternative as opposed to going through the unit-based testing as they did before.

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

Okay, so January – I'm not sure, January 1<sup>st</sup> for EPs for hospitals that year begins October 1<sup>st</sup> of this year, right?

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

Right for the 90 day reporting period.

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

Okay, so, yeah, so you're talking about two or three months from now, three months?

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

Correct.

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

Okay.

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

So the test scenarios we're proposing should be done, the group one should be done by the end of November for, you know, publication then so that they can then be – you know, we can upgrade or work with our test labs and certification bodies so they're able to use those in testing and certification beginning in January, that's not to say that all the – because the group two won't be done by then and the group one piece will be completed so that people will have the option to use that as they sit for testing in the future.

Certainly, this is the 2014 edition so we understand that as of January 2<sup>nd</sup> the 2014 program doesn't end and all products won't be developed by then, but just to try to get a set of test scenarios out there so we can work to try to build this for the future.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

So, this is Wes, if I understand this properly we have an expectation that the many vendors are working to support their, at least the early implemented clients to do the qualification of their test period not the certification test period during the first 90 days that they can, that will only be possible for vendors who have completed certification at that point.

I don't know what the data looks like from phase 1, Stage 1, but my understanding would be that it's not even throughout the course of Stage 1 that there was a preponderance of vendors that qualified, that certified earlier in Stage 1. My understanding is that if we have that same pattern most of those vendors won't have the option of using anything except the unit testing approach is that correct?

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

So, currently there are – I'll backtrack, there are 126 products that are certified for the 2014 edition on the CHPL as of right now. Certainly those products and those vendors have completed the unit-based testing and there are others that are in progress right now.

As far as the number that we expect by the end of the year, I mean, we honestly don't know at this point, but the goal is to get something out there that's an alternative that will work for those that go back. Certainly, we've seen even vendors who decide to update their product based on updated measure sets or, you know, updated code sets and they do have to sit through testing again.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, okay.

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

And that – let me finish please, that recertification would allow them to go through the scenario based testing if they decided to.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, that's fine, I mean, I'm not thinking we could have done this any sooner, I'm simply pointing out that a unit-based testing is still an alternative and in fact a lot of work is going on under the unit-based testing even as we speak.

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

That's correct.

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

Well, one of the things –

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

–

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

Go ahead, Cris.

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

Sorry, this is Cris, Scott can you say a little bit about the two things, one is just remind me so we can be clear at the Standards Committee hearing are the certification bodies required to implement scenario-based testing?

**Scott Purnell-Saunders – Program Analyst – US Department of Health and Human Services**

No, every –

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

Second, okay –

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

Go ahead.

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

Well, I'm sorry, my second question is do you have any guidance already around the certification bodies around their interest in offering scenario-based testing in addition to unit-based testing?

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

So, two answers, no it's not required, we're certainly encouraging and trying to get as much steam behind this and we did complete some demonstrations this spring and the overall feedback we received was extremely positive.

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

Right.

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

As I mentioned during the hearing last week people were really excited about it because it reduced time and it could reduce cost of testing.

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

Okay, Scott, I'm sorry to interrupt you but I want to make sure we're answering the question, because I think I'm confused. The certification bodies, CCHIT, Drummond, etcetera, etcetera do not have to offer this today or the vendors do not have to use it today or both?

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

Until these scenarios are developed it does not have to be offered or used it's still optional. So, once they're completed and published they're then available to the testing labs and certification bodies for them to be essentially upgraded to support scenario-based testing. Once they can then support it the vendors can choose to opt for the unit-based testing or opt for the scenario-based testing.

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

But if Drummond wants to use it and CCHIT decides not to, I just made that up, that's allowed, I think based on your first answer.

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

That's correct.

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

Okay, okay, but you have reason to believe, based on the feedback like you mentioned, that the certification bodies are going to be interested in adopting it.

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

Yes, that was one of the reasons why we opted for this process was because we received feedback from the certification bodies and the test labs that this was something they were already doing in some way, shape or form. So, each one of them exhibits or connects, or links some of the unit-based test and some string that makes sense to them because it reduces time. Us deciding to do it this way standardizes it across the board so that everybody is doing it the exact same way so that it can be repeatable as we said and replicable across all the different test labs and certification bodies. The idea being we leveled the playing field with this.

**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, so one quick question, is anybody doing this today?

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

No.

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

All right.

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

It's not available yet.

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

No, it's not available yet. The demonstrations worked successfully and that's one of the reasons why we pushed forward with this development.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

What I understand is that under unit-based testing there is nothing that prohibits them from creating a procedure similar to this and that is happening at least in some cases but it's idiosyncratic to the specific testing body is that correct?

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

That is correct.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Thanks.

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

All right, let's go to slide 9 Scott, because we'll – of course time is of – you know, quickly passing.

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

Understood, next slide. So, we talked about briefly the goals ideally to develop the comprehensive set of testing scenarios in two separate groups, group one to be developed by the end of calendar year 2013 and group two for 2014. We'll need the feedback on group one by October 4<sup>th</sup> in order for us to meet the deadline for getting our feedback integrated into the program and our revisions done and ideally like we said the assignments on the criteria back to the – because the next Implementation Workgroup is going to be on August 19<sup>th</sup>. So, we are hoping that we can get initial reads from the Implementation Workgroup before then so we can make any changes before we meet with the Standards Committee on the 22<sup>nd</sup>. Any questions here? Next slide.

So, as we said it is a clinically plausible workflow, it's to represent just one way of getting through all of the 20 additional certification criteria, it could be linked together, we're talking about developing 8 scenarios 5 being in group one and 3 being in group two. I'll reiterate it does not represent the only way this test could be done and does not imply any way that the electronic health record technology should be used it just is a single way we can get through a particular workflow. Next slide. Any questions here? I'll pause for a second. Next slide.

So, here is the breakdown between group one and group two, certainly group one represents the scenarios that are more at the clinical end of the spectrum and could be performed by members of the care team and/or patient. Group two represents those that are more the administrative pieces and are, you know, geared towards administrative users. So, we've developed the names that, you know, encounter intake, encounter interoperability intake, the encounter care ordering, the encounter care results and the encounter post care for group one.

Group two would be reporting, privacy and security and then overall system. The encounter interoperability intake scenario was one that we've shown to you guys previously, that's one of the ones that was developed earlier this spring that we did some initial review on, that has then been expanded to complete was moved over into part of group one that we're using and that will be very familiar once you guys are able to see that in more detail in the beginning of September. Any questions here?

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

We've moved from scenarios based on clinical setting to scenarios based on a subcomponent of a process, can you explain to us how we got there?

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

So, we looked at – and generally looked at how the care was delivered and tried to figure out the best possible way to break down developing the scenarios that made best sense given where we looked at care delivery, certainly the split between the encounter and then the administrative or the care delivery the administrative pieces looked to be about the best way we could do it.

Certainly, our initial focus was looking at specific types of, you know, care whether it be emergency room, whether it be, you know, a pediatrics, delivery or what have you as we developed last year and we realized that specifically focusing on those types of individual care settings may not cover the best possible set of data that was allowed or available to us. So, we tried to take a set back and tried to cover a more broad stroke and that's where we developed these particular five groups or the eight looking at group two included.

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

Yeah, I think group two in particular is a really good idea and makes sense. I think that until we see the actual content we can't tell you because my concern that I'm going to express is if we move away from workflow again and really ensuring that this is not introducing more steps into a workflow, you know, we heard clearly at the hearing that we need to have products from a usability perspective and measures that are a byproduct of the care that's rendered not something else the clinician has to document.

So, taking them out of context I just can't tell – I'm sure others have thoughts as well; I can't tell what that does to recognize the reality of a clinical workflow versus just looking to see steps in a process. So, it's difficult for me to say without more content.

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

I understand and I think as we get further into this you will see more of that especially as we start to have the drafts of these scenarios out so people can actually read through them.

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

Okay.

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

Any other questions? Next slide.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

This is Wes, I'm – Liz, I think you would prefer sort of an overall discussion to wait until the end of the presentation, right?

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

If we can.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, that's fine.

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

I think you're right, Wes, we probably need to move quickly through this.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, I'm sitting on a big question, but I'm going to continue to sit on it.

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

All right, all right, well, Scott go ahead.

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

Next slide. This with talking about, you know, overall what the workflow assumptions are. So, we're talking the testing proceeding in a particular sequence through each scenario where you start with scenario one and continue to scenario five and we're going to provide additional guidance for any additional criteria that are needed if something is not tested in sequence and that goes back to the discussion we had earlier on the overview slide that looks at if a test or a scenario is skipped or replaced the additional information that is needed. Any other questions here? Next slide.

This goes into a little bit more detail of the five scenarios which are included, as we talked about the encounter intake, actions could be performed by any member of the care team before they see a provider. Interoperability intake looks at, you know, incorporating a summary of care document from one provider or hospital before treating the patient. Scenario three was the encounter care ordering as well as actions related to the ordering of care for the patient whether it's medications, lab or imaging during the care episode.

Scenario four is the encounter care results, so actions related to the results of early care orders for the patient or provision of resources for the patient and provider and visit notes. And then the post care is scenario five which happens after the patient care is ended but are related to the patient care specifically looking at some creation of summary of care records.

And at the bottom you'll see the number of criteria that are going to be associated with each particular scenario. So, for scenario one you have 10 criteria, scenario two you have 2, scenario three you have 5, scenario four you have 6 and then scenario five you have 6. In the next few slides we'll look at the specific criteria that are going to be included in each particular scenario as we move forward. Any questions here? Next slide.

So, this is just a breakdown of the scenarios by criteria. This is a screen shot of the attachment document that is an overview table that was also e-mailed out by Michelle and Caitlin that accompanies this document. So, this first screen that you are looking at here is just the front side of that page that goes into detail of what criteria are included for each particular scenario. So, please review that after the call and if there are any particular questions about grouping or specifics to that just let us know and we can have off line discussions about that in more detail, but for the essence of time we'll continue through this. Any other questions? Next slide.

So, this just specifically looks at the grouping for group two for the reporting, the privacy and security and then the system. The reporting basically relates to actions looking at how a provider or reporting any information to CMS by the administrative user of the EHR, privacy and security looks at the Direct privacy and security requirements fulfilled by the EHR system and the system looks at the automated actions performed by EHR systems related to system design, seven criteria associated with scenario six, nine with scenario seven and then four with scenario eight. Any questions here? Next slide.

This is just a call out to the group two selection and scenarios that were developed, so this is a call back to the scenario tables we looked at a couple of slides ago and this just looks at reporting for scenario six. Next slide. Now this is where we get into the next steps. So, essentially we would love your feedback and appreciate your feedback before the August 19<sup>th</sup> Implementation Workgroup meeting so that we have a few days to make any revisions or adjustments one to this presentation and two to the information that has been sent to you prior to the meeting on the 22<sup>nd</sup>. Hold on for a second, sorry about that. There was a vacuum cleaner near my office.

We're going to present this presentation to the Standards Committee on August 22<sup>nd</sup>. During the month of September we're going to post the draft scenarios from group one on September 4<sup>th</sup>, expect overall feedback from the public by October 4<sup>th</sup> and the standard feedback title is the [onc.certification@hhs.gov](mailto:onc.certification@hhs.gov) e-mail address works and we'll be working on some other methods for feedback as well and during October our feedback period ends on October 4<sup>th</sup> for us to start our revisions. So, we're through all the slides so I'd like to open up the floor to any questions or comments right now.

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

So, Wes, you're sitting on a question?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Oh, it's squished now, actually my question is not about the process which Scott presented which is clear and seemed straightforward. It is about the item on our "to do list" based on the hearing that somehow relates this to usability.

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

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

And I don't understand and I didn't understand during the meeting, but I got tired of bringing it up. So, is the goal for them to add usability testing to this process? I mean, Scott made the point very clearly and I agree with him that this is a fairly arbitrary way of grouping individual test items together based on the data flow among them not something that has been created from or reviewed from the point-of-view of usability of the system. So, I just want to know the rationale or maybe I misunderstand the goal, but that's my big question.

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

So, I can try to comment here, I think our goal was developing the testing scenarios was one to try to work on a way to, one to streamline testing so that it could mimic a clinically plausible workflow. Certainly, it is not – these developed scenarios are not the only set of ways to get through them, certainly a point that we've raised earlier and raised before is that this is just the beginning of this development process that once these are developed in the program that our goal is to develop a big library of scenarios that can, you know, be more specific to particular settings, once we get this first set out. We had to take a crack at getting it done in one way to make sure that it was going to work and then once that's done we'll be able to expand it.

As far as the usability pieces from the hearing and the meetings last week I think, you know, not to be contrary, but I think they're trying to just slide it in to this process. Certainly, is it something that could happen later with – once the scenarios are developed to certainly look at usability, I think so, but I think right now because this is certainly a new process trying to do that now with all the other development processes that we're doing may not actually work.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, I'm not – I mean, I certainly want to support you and not throwing in a huge, you know, stink bomb, you know, two months before it's due, but in addition I'm not convinced that the hypothesis is valid. I mean, just in a minor way there are unit tests here for entering medications, allergies and problems, if we were to somehow imply that the preferred way in terms of usability for the physician was to first go through one and then go through the next, and then go through the third as opposed to allowing having a user interface that allows physicians to deal with the fairly – not necessarily well organized input they get on these topics from patients – we'd have to have a whole opinion base to see whether that was an advance or a setback in usability.

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

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I mean, I think that certification testing and usability testing are entirely different beasts and there maybe, you know, there may be some specific criteria that can be worked in to these and become a test module on their own such as is the patient identification in the upper left or do we use tall man identification scheme for drugs. But those are more unit tests rather than scenario testing kind of tests.

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

So, with the permission of the group I'm going to try and draw us back to sort of how we started these and sort of the evolution that took place at the meeting. You know, when we started this adventure, so to speak, it was because we discovered that the testing, you know, the unit testing level with Stage 1 there was clinical data that was used in the test data that was not clinically relevant, in other words drugs that were no longer on the market and that sort of thing, that's what started the whole discussion about how can we make sure that as we ask vendors and those who self-certify to use test data that it was actually relevant to the current world of medicine and then that led to wouldn't it make more sense if we took data and ran it through a clinically relevant scenario so that we knew, one I think there was an attempt, maybe feeble, but there was an attempt to show that the product that was being certified was usable in a clinical setting and I think, you know, Wes and others this is where we get to the definition of usability.

I agree with Wes that trying to jump to clinical scenarios that prove or disprove usability in the next 60 days is out of the questions it's not plausible, it's not – whether or not we want to or not is sort of a moot point, but I do think that we could talk about giving this approach, can this be evolved for Stage 3? I mean, frankly Scott, you know, what I'd like to see us do is start to think ahead.

I mean, as we talk about the timeline and we think about deeming and usability and not, you know, moving the pup forward so to speak, we can start to think about that, because although certainly I understand that we only got edition 2014 right now, you know, we need to be thinking about the future because obviously one of the reasons we want to talk about the timeline is this is representative of a terrific idea that doesn't have time to get fully developed before it's time to have it implemented and go onto the next one. So, I'll put those comments on the table for input from the rest of the Workgroup. Wes?

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Well, I'm certainly willing to follow any discussion path that we set out, but I am not convinced at this point that the kind of testing that's done for certification and particularly the implication that it's in the interest of economy we're testing each feature of the system of care about once.

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

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I'm not convinced that is a reasonable scenario for usability testing.

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

Yes.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Accept in the limited case that I described where there is some general characteristic of the system and a consensus. So, I think that into the extent that we think Stage 3 is the long-term I think we should probably seek to get someone working with us who has usability testing experience to help us decide, I mean, unless there is general agreement on the working group that what I'm saying is correct.

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

So, Joe and Anne, and Cris and David comments?

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

I totally agree, this is Anne.

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

And so –

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

I think we need something further out.

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

Yeah and I also think that Wes's advice and comment is correct that it's a little bit about apples and oranges here, right now we're really looking at the certification process and we were trying to make it clinically relevant, clinically relevant doesn't tie directly to usable unfortunately.

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

That's right and I'm not sure about the idea that we even understand usability.

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

Yeah.

**David Kates – Senior Vice President, Clinical Strategy – NaviNet**

Yeah, I mean, I agree with the sentiment of doing some usability testing but it needs to be deferred and to that point, I mean, the discussion at the hearing and it seems like state-of-the-art is that there are mechanisms to ensure that there are processes in place that organizations use to focus on usability but there is not a great set of objective measures other than, you know, click counts or time to a scenario that has their own pros and cons.

So, I mean, I think it's a great topic, obviously an area of huge amount of focus, but that needs to – we need to put that on the parking lot or, you know, focus on it but not make that critical path for the certification process.

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

And then Joe?

**Joe Heyman, MD – Whittier IPA**

Yeah, well, I guess what I would say, first of all of course there is not enough time to do anything about the second stage, but the other thing I would say is when the criteria are proposed in the first place it's important that if there is something that should be done either clinically or administratively and we're supposed to be trying to make sure that the end-user is capable of doing it and does it then at the same time, forgetting about where the icons are and where the, you know, what kind of – what it looks like on the screen, forgetting all of that what we need to make certain of is that the only thing that the physician, as the end-user, has to do is the clinical or administrative job that they're being asked to do that there shouldn't be an extra step that they have to take –

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

Right.

**Joe Heyman, MD – Whittier IPA**

Because of the measure and I don't think we're doing that either in the certification process or in even the measure development process.

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

Okay.

**Joe Heyman, MD – Whittier IPA**

And that's what I think would go a long way to making these things more usable.

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

Okay.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

Yeah, not –

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

Go ahead.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

I know you're trying to wrap up, but –

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

No.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

But I just think that is so important.

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

It is.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

It deserves and entirely separate topic.

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

Right.

**Wes Rishel – Vice President & Distinguished Analyst – Gartner, Incorporated**

And it deserves, you know, we should create a position and propose that to the Policy Committee and get some coordination on it as soon as possible.

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

Agree and that's where I was – listening to all the comments I think I'm going to try to summarize and then I'm going to ask for where I missed it. I think what we're saying clearly is that Scott we will have some input into the particular process that you have suggested today and we'll talk about that in just a minute.

I think what we were saying as a group is that the clinical scenarios as currently, particularly with the changes, and proposed here do not test usability and that, as Wes just eluded to and David, and Anne, and all of us, we need to, and Joe, we need to develop a position and some recommendations around how usability might be promoted and coming from an implementation perspective, you know, and make those positions or suggestions recommendations to Standards Committee.

So, that is a separate topic and Michelle we'll need to have – I mean, we really can't wait until the 19<sup>th</sup> to have that discussion to even begin to formulate. We will not be ready for preliminary anything in August, but we need to have some more meetings to have those kinds of discussions.

**Caitlin Collins – Project Coordinator – Altarum Institute**

There is a meeting on the 9<sup>th</sup>.

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

Okay, of August? Okay, thank you. The slide said the 19<sup>th</sup>, okay; terrific that's one of the things I was going to ask you about, great. Okay and so I think what we will do for the Workgroup is that we will take the discussion around usability and have a separate – recognizing that there may be tools that we use like clinical scenario but certification testing is not the same venue or methodology that you use for usability at this point. Does anybody disagree with that position for the Implementation Workgroup to take?

Okay and then going back then to the presentation, Scott, you know, others may – I certainly have a lot of questions around moving to functional process testing in lieu of clinical-based testing and it maybe that we're getting – parsing words incorrectly, but I think when I think about Joe's comment and all of our concern over and over that we not create code that gets implemented into our work environments, our care delivery environments that creates more sets for us to take to capture, and so when we divide the clinical workflow back out into functional pieces that opportunity exists.

So, that would be my sort of 50,000 foot comment about this being divided up again into functional areas intake and so on that we could, again, create vendor's certification processes that then leads to what we get in our clinical scenarios that creates a workflow that is not relevant to our work.

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

Understood, I mean, we are concerned with that as well and we're trying to make sure that it doesn't specify a direct workflow but we understand that and will take that back.

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

Right and then if it doesn't specify a workflow, which I'm like Wes, I want to be very careful that we don't create, you know, a situation that has worsened to where we are than improve where we are. And then finally, I think we're all of the mindset that clearly we need to be working on the next stage, because if we continue to focus on Stage 2 and our readiness for that we will miss the boat and we're not going to do that.

Obviously, we don't have time today to talk about one of the pieces that's critical and so I guess I'll give Paul a call and say, you know, the timeline that we need to put together as a group about how much time it takes from the time a measure is approved to the time that it's actually, you know, in the clinical setting and being used in a successful way prior to using it to collect data, we really need to capture that that's, you know, a huge opportunity for us and so Michelle that will be the focus of the August 9<sup>th</sup> date and I want to work real hard on that whatever time – do you know what time that is currently scheduled for, because I would like to not get the California folks up quite so early in the morning?

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

It's in the afternoon.

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

Okay, great, but that is something I think that we can bring back quickly to the standards group and then Michelle what we will do is formulate a message to Paul that as part of the recommendations that he goes forward with which the Implementation Workgroup will produce that not that we will have anything to produce for the August 6<sup>th</sup> meeting.

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

I'm sorry, Liz, it's at 11:00 a.m. on August 9<sup>th</sup>.

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

Okay that's fine, okay. So, Michelle does that work for you and does that work for the Workgroup?

**Michelle Consolazio – Office of the National Coordinator**

Yes, I think it will, I'll communicate that to Paul when we have our call today.

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

Yes, so and just as a sideline, Paul had asked that we get added – stay on the line afterwards if you can for just a moment or I can call you in your office on the Meaningful Use Workgroup okay?

**Michelle Consolazio – Office of the National Coordinator**

Okay.

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

Okay, great. Any further comment? I think that as we move forward and one of the things we may need to consider for the 9<sup>th</sup> is do we need two additional meetings or a longer meeting, because that timeline – and I would ask all of the Workgroup to please be thinking about the timeline and the fact that all of the components that will go into getting from a usable measure, from an improved measure to completed within the code and actually in use in our clinical settings and what that incorporates and if you can think about that in advance of the meeting that will help us move, you know, faster through the meeting and in the meantime we will try to come up with a strawman that the group can work on so we're not starting with a blank page.

Any other comments before we get to public comment? And Cris, I think Cris had to drop off about 7:30, but I want to make sure he didn't stay on the line. Okay, any other comments from the Workgroup?

**Joe Heyman, MD – Whittier IPA**

Well, this is Joe; obviously we don't have time to discuss my topic.

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

Right.

**Joe Heyman, MD – Whittier IPA**

But, I want to keep it on the –

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

And we will do that Joe.

**Joe Heyman, MD – Whittier IPA**

Yeah.

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

Okay, others? And those who didn't pick up on it, Joe sent an e-mail out late yesterday evening and you might want to read it so that you understand what his comment is and, you know, a lot of passion around being able to get information between providers and make it usable. Okay, Michelle can we open it up for public comment please?

## **Public Comment**

**Michelle Consolazio – Office of the National Coordinator**

Sure, operator can you please open the lines?

**Caitlin Collins – Project Coordinator – Altarum Institute**

If you are on the phone and would like to make a public comment please press \*1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. We do not have any comment at this time.

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

Thank you. So, thanks to everybody. Take a look at Scott's presentation and we can have another discussion about that one. We will focus next time on the timeline and how the work on representing that appropriately and then finally, certainly Joe's topic will need to have in a future meeting and then I think the group has come to a consensus that we want to talk about usability and how to make it – what kind of recommendations can we formulate to make to the appropriate Policy and Standards Committee around how to incorporate usability into the future, but recognizing that is separate from the clinical scenarios and that would be sort of the summary of where we got today. Any final comments from any of our work team? Great, thank you all so much and we will talk to you very soon.

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

Thank you all for your input this morning.

**Michelle Consolazio – Office of the National Coordinator**

Liz, this is Michelle, can I just send you my phone number and you can call me directly.

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

That would be great, thank you, Michelle.

**Michelle Consolazio – Office of the National Coordinator**

Okay, thank you.

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

Bye.

**Michelle Consolazio – Office of the National Coordinator**

Bye.