



HIT Standards Committee Implementation, Certification and Testing Workgroup Final Transcript November 19, 2014

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio, MPA – FACA Lead/Policy Analyst – Office of the National Coordinator for Health Information Technology

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is the first meeting of the Health IT Standards Committee's Implementation, Certification and Testing Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Liz Johnson?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

I'm here.

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

Hi, Liz. Cris Ross? Andrey Ostrovsky? Danny Rosenthal? John Travis?

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

Here.

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

Hi, John. Rick Moore? Sarah Corley?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Here.

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

Hi, Sarah. Steve Waldren?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Here.

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

Hi, Steve. Udayan Mandavia? And Zabrina Gonzaga? And from ONC do we have Brett Andriesen? Okay, well, I'll turn it to you, Liz.

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

Okay, great. So...

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Liz, this is Kyle Meadors, I'm here, too.

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

I'm sorry Kyle, thank you.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay. Thanks. So I think we ought to start with introductions. First of all, welcome and thank you for making this commitment. I think some of the work that we'll need to be doing in the next year or so is critical, as always, and I'm really looking forward to continue to work with some of you and working with for the first time with others. I think we'll have a very productive workgroup going forward.

So I'm Liz Johnson. My day job is I'm the Chief Clinical Informatics Officer for Tenet Healthcare, which is some fancy title for, I'm responsible for all the clinical systems, strategies, implementations, MU, regulatory, acquisitions, divestitures, interoperability, that kind of stuff. And in the last several categories it relates not only to clinicals, but to all activities in the offices. For those who aren't familiar with us, we're a large for-profit healthcare provider, currently 80 hospitals in 17 states, 160 clinics, 20,000 doctors, 110 employees, 110,000 employees.

So anyway, that's sort of the Reader's Digest, I'd love to hear from each of you. John?

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

Sure, thanks Liz. This is John Travis. I'm Vice President and Regulatory Solutions Strategist for Cerner Corporation. That is a development role. My involvement with Cerner is focused on Federal regulations, especially around HIPAA or HITECH, Affordable Care Act, Medicare, the Office of Civil Rights and certainly ONC. And I was a member of the Implementation Workgroup of the Standards Committee before the reconstitution of the workgroups and committees now. And I've overseen Cerner's EHR Certification efforts for about the last 9 years.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Terrific. And we'll kind of go back to the list. Sarah?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Hi, I'm Sarah Corley, I'm a primary care internist. I'm the Chief Medical Officer for NextGen Healthcare, an EHR vendor. I'm also Vice Chair of the EHRA, the vendor association. I'm a former CCHIT Commissioner and part of my duties have also been overseeing the certification of our products for the past, I guess it has been almost 10 years now since CCHIT started certifying. And I'm...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

That's great.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

...to be part of your workgroup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Great, thank you and welcome.

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

Liz, I think we had a number of people join, so I think Udayan might be on.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Great. Udayan?

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

Maybe not.

Danny Rosenthal, MD, MSc, MPH – Director of Healthcare Intelligence – INOVA Health System

I'm sorry, this is Danny Rosenthal, I was just test...a public line to make sure that it worked, and it works out very well, thank you.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

We're glad to know that, of course.

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

And I think Zabrina is on as well. So, I'm sorry, I guess Udayan isn't but we can skip to Danny, because I think he's the next one who is on.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay, great. Thank you.

Danny Rosenthal, MD, MSc, MPH – Director of Healthcare Intelligence – INOVA Health System

Hi, this is Danny Rosenthal, I'm an internist. I'm currently director for Analytics here at INOVA Health System in Northern Virginia. I used to be at the National Quality Forum a number of years ago when we were working on building out the first handful of eCQMs or e-Measures as we used to call them. Since I've been here at INOVA, I've been through attestation for Meaningful Use with a homegrown system and then more recently with a large vendor product; nice to be on the workgroup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Terrific and welcome. We went to John, Steve? I think Steve Waldren said yes.

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Yup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Oh great, do you want to go ahead?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

My name is Steve Waldren, I'm a family physician Informaticist, and I work for the American Academy of Family Physicians. I direct our alliance for eHealth Innovation, responsible for our health IT advocacy and physician education and have worked on several of the different standards that have been part of Meaningful Use and glad to be here.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Great. Terrific. Did anyone else join us? All right, well we'll start off...

M

Michelle...

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

I think we have Zabrina, is she on?

Zabrina Gonzaga, MSN, RN, cPNP – Senior Nurse Informaticist – Lantana Consulting Group

Yeah, sorry, can you hear me?

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

Yup, we can hear you.

Zabrina Gonzaga, MSN, RN, cPNP – Senior Nurse Informaticist – Lantana Consulting Group

Ah, great. I think I was also on the public line. Well welcome. My name is Zabrina Gonzaga, I'm from Lantana Consulting. Our consulting group does focus on the standards for health information exchange. We support standards development through the HL7 process. I am a Nurse Informaticist at Lantana, by

training I'm a pediatric nurse practitioner. Prior to my work with Lantana, I worked 6-7 years with a pretty large EHR vendor and have gone through the Meaningful Use attestation process also in terms of implementing the certification requirements and helping clients get up and running; so, very excited to be part of this group.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Hey Liz, this is Kyle, do you want me to go next?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Absolutely.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

I'm Kyle Meadors, I'm director of EHR testing with Drummond Group, which is one of the ACBs, ATIs for the ONC. So, I oversee the work that we do in our test lab for ONC certification. I do some other certification efforts here at Drummond besides that as well and glad to be here.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Great, anyone else join us?

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

Okay, I want to do one more check, Udayan, do we have you? And what about Rick? Okay...so just a note to folks...

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

...hello?

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

Hi, Udayan?

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

This is Udayan Mandavia. Yes, sorry my line was dead, so I used my cell. I am Udayan Mandavia, from iPatientCare, President and CEO. We have our...as well as ambulatory EHR both certified for 2014 and we have a long history of certifications that we started way back in 1997. In 2006 we were in the first batch of CCHIT certification, so, we are very glad to be part of this elite group.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Thank you.

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

Thank you. And just a note to folks, please use the number that's in the outlook invite that you are sent moving forward because that gives you the ability to call in and speak. It sounds like we had a number of people call in to the wrong number today, so, we'll work through those logistics and, sorry Liz to...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

No problem. And Michelle, and so Bert, Kyle, somebody else was on if you guys would introduce yourselves as well, please. Michelle?

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

I think we got everybody now.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

No, I meant would the ONC staff introduce themselves.

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

Oh, I'm sorry. Brett Andriesen, are you on?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes, I am. I had to join a minute or so late, but I am on if you guys can hear me, am I on the right line?

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

You are.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

You are.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Excellent. Hi, I'm Brett Andriesen, I am going to be serving as the staff lead for this workgroup. I work with our Office of Standards & Technology here at ONC on a number of different things, but one of those is interfacing very closely with our certification program team to be supporting this workgroup and get you all the information that you need and help get recommendations that you all make back to ONC in a timely manner.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Great.

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

Okay, I think we actually now have Rick Moore.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay, great. Rick, would you introduce yourself to the group...Rick?

Rick Moore, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

Hello?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Hi, Rick. This is Liz Johnson and we've all been introducing ourselves and we'd like for you to introduce yourself as well, please.

Rick Moore, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

Hey Liz. Hi, this is Rick Moore, I'm from the National Committee for Quality Assurance. I'm the Chief Information Officer here, been here for 7 years now working on standards interoperability for quality measurement and know several of you on the line; so glad to be part of the workgroup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Terrific, welcome. Well great, we went from a...this is great attendance, thank you all. We know how busy you are, we'll be very respectful of your time and like I said, we'll kind of go through our charge and an overview of what we'll be doing and talk about kind of where we go from here. So we'll move to the next slide, please. So Michelle, do you want to talk about this part or do you want me to talk about it or...

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

Yeah, so the next couple of slides I'll take and then maybe Liz you can interject if there's anything I forgot. So as you all know, we just restructured all of the workgroups on the Standards Committee side. We also talked yesterday a little bit about the workgroup structure at the Standards Committee. So these are the new workgroups that we've developed.

But we want the workgroups to be as agile as possible, so we've discussed that while we have these workgroups, we'll also be working to identify any task forces that might need to be formed, because you can imagine, a lot of the work across the Standards Committee may involve a number of different workgroups. So we may take some content experts from three workgroups, so let's just say if we're working on something related to C-CDA, we might take a few folks from Semantic Standards, Content Standards and this workgroup to form a task force to answer a specific question. Most of that won't happen until after the first quarter of next year, but just an FYI, we're going to be as agile as possible to make sure that we're making the best use of everyone's time. Next slide.

So let me first thank all of you for agreeing to participate in this workgroup. It's not an insignificant amount of work, but from an ONC perspective, we greatly appreciate the time that you dedicate to us. We...our FACAs are extremely valuable to us and for those of you who don't know, the FACAs are the Federal Advisory Committee Act technically, so we follow the Federal Advisory Committee Act, which says that all of our calls have to be open and transparent and public. So, after...at the end of all our meetings, we do have time for public comment and we have...all of our meetings are public at the workgroup level, not just at the committee level.

And we've implemented a few new guidelines as we've done this restructure to try and make sure that we are making the best use of your time. We didn't do as good of a job about it today, but hopefully in the future we will get materials out to you at least 24 hours in advance so that you have time to review materials, make sure that you come to the workgroup with questions, any thought provoking items that you might have so that we can have a deep, rich discussion.

We also ask that you try not to miss more than 5 meetings within a calendar year, it just gets difficult when people miss meetings to have to keep catching them up if that does become a problem. We do understand that there may be extenuating circumstances; so of course, we'll make sure that we're aware of that as well. But hopefully this will be a wonderful, rich experience for you and thank you so much for agreeing to participate. Next slide.

So I just want to quickly provide a little bit of background. I think most of you have participated in our Federal Advisory Committees in the past, but for those of you who haven't, what typically happens is most of the work does actually happen at the workgroup level. So the workgroups will be tasked from either the Policy Committee or the Standards Committee to take on a specific charge. Typically the Policy Committee will tell us what to do and the Standards Committee will tell us how to do it, at least that's in the simplest form.

Recommendations coming from the workgroup level will be brought up to the committee level, so this workgroup will then have Liz and Cris, on your behalf, bring recommendations to the committee. The committee will vote on recommendations and typically we bring a draft set of recommendations first so that the committee can provide feedback and then we'll come back with a final set of recommendations that the committee will hopefully approve. And once approved, those recommendations will be sent up to the National Coordinator via a letter of transmittal and then those recommendations will become possibly part of a rule, part of something that the Office of the National Coordinator has to act upon.

So that's just a very quick overview of how we use our advisory committees and of course we are always seeking public input. As I mentioned at the end of all of our calls we ask for public comment and through a number of different mechanisms; we have a blog posting on our website that we use to gather feedback. We also may have listening sessions where we gather feedback from the public or a hearing. So we try and engage everyone in the process and make sure that we have deep expertise and perspectives when we put together recommendations. Next slide. So I'm going to turn it back to you, Liz.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Sure. So in essence the way that John and Jacob and certainly with lots of help from Michelle and others put us together; we also then created charges for each of the workgroup and they're more generalized in nature. And again, they will become more specific as a particular, for example the Certification NPRM is assigned to us and then we'll come up with specific work task. But in general, what we want to do as a workgroup is we always want to think about the implementation challenges and we really want to think about it not so much in terms of policy, because that really is what the policy group does, but really more along the lines of standards and what recommendations we could provide to improve existing standards and testing.

Now there's never a question and so we want to be clear that this group is, as John Halamka often says to us, sort of the feet on the ground and the bringing real life experiences, although many people in the Standards Committee have that knowledge, to really putting out if we see a challenge. So again, first focus is always around standards and how existing standards might work and what the maturity of those

standards might be. But also bringing, and this is a terrific make up of people that can bring those kinds of insights into the certification process, for example, and what you may have experienced and is the new NPRM going to meet those needs. And Michelle will help us if we go over into an area that isn't necessarily appropriate for the workgroup, but not one that we want to capture input we'll do that, recognizing that recommendations would be more toward the standards and less toward observations and observations would be separate.

We'll definitely make recommendations around the testing process, really obviously keeping our eyes on interoperability and information exchange. It's been, just over the last year, particularly with Karen's leadership, and it's become very clear that the Standards Committee and the Policy Committee really need to focus beyond just the concepts of Meaningful Use and really think about what the ultimate goals were with the proliferation of EHRs and exchange of data. So you'll get a lot of thought provoking questions around interoperability and exchange and how we're supporting that.

We certainly want to look at the test methodologies. We want to make sure that the IT functions and standards that need to be tested are identified and I think it's really critical that we talk about the maturity and certification testing. My hat is really off, having been and John was a part of this too, the certification and many of you experienced it on a...level as did we, we self-certified several products.

We really have appreciated ONCs very proactive stance and under Steve Posnack's leadership to really relook at certification and how can it be more effective and really give us products that are usable for the future. So, I think this is our opportunity to provide them further impact, but I think we want to recognize that they really self...directed themselves to get here, certainly haven't heard from many of us, but I think the effort that's been put into this is remarkable and I personally am very pleased to see a substantial response to it because I think going forward it's going to be critical that we get products for certification means, to get a product that really will work and provide the functionality that we need to have going forward. Next slide.

I think this next slide is the timeline, let's go back to the previous slide. Any questions about...can you go back to the previous slide, thank you. Any questions about the charge? I know it's general in nature and will become more specific as we get into activities, but I still want to ask the group is there something that you think is missing, a question about the charge?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

This is Steve Waldren, I have one kind of question and maybe it will help me understand the difference between kind of policy and standards.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Um hmm.

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

One of the things that I've been thinking about as I think about the certification process is the process as a whole a quality assurance issue or we want to do something on quality improvement and quality assurance. What I mean there is, is the testing just going to be a products been developed and we determine does it meet the criteria or not and what are the deficits or do we want to work on a

certification process that actually helps vendors and products become certified? It sounds like kind of a more of a policy question than a standards question, but...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, it is more of a policy question; however, I think when we actually get to, in the next few weeks, we get to the actual Certification NPRM, we'll be able to answer that better. And we have talked about that question and that's where we often turn to Michelle and say, okay, is...as we talk about this, and we're going to talk about it because it's going to be our nature based on that we're not...we don't live and breathe in a single piece of the globe, we go across the globe. But also because if it's truly a policy question and Michelle has been very helpful, if it's...something that we think we really need to ask of either taking it back to Steve and/or to the policy group if it's outside of our realm. And that's the way we've dealt with that in the past and again, if there's an observation we'll be able to funnel it back to the appropriate person or maybe make the observation in an additional comment section to recommendations. Fair enough?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Sounds very fair.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay. Other questions? Okay, thank you. Let's go on to the next slide, please. So I think this is overall, and Michelle correct me, but I think overall this is really kind of looking in a more global sense of how we're kicking off the workgroups, when the Interoperability Roadmaps are coming out, you all are obviously aware we've got an HIT Strategic Plan, we've got comments coming out for that. We know we have certification coming out and I think it's just as we move forward and those types of documents are released, then we will do the, with Jacob and John's acknowledgement, we'll bring the appropriate ones into this group for our review and comments back to the Standards Committee. Any other comment from Brett, you or Michelle on that...on this roadmap or FACA milestones?

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

I think you summarized great, thank you Liz.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay. All right, let's go on to the next slide, please. So this is in terms of the work plan again, you can see this is generalized, but we're trying to give you a sense of the kind of work that will be coming forward over the next few months. And I will tell you that what we do when we actually get into a specific assignment, we develop a much more detailed, often week by week plan with how we're going to get through some of the documents.

NPRMs are generally and certification documents are generally very detailed and in order to be effective and complete the work on time, it becomes much more this week we're going over this, we make assignments, this week we're going over that. We often will ask someone in the workgroup to either volunteer for or we volunteer you for, depends on how it goes, to have the opportunity to participate and maybe do a deeper dive on a particular section, because when we're doing weekly meetings, all of

us have very busy schedules and cannot necessarily devote every single week the same amount of time. So that gives us an opportunity to share that responsibility, give many persons other than Cris and I the opportunity to bring information back.

Everyone is always invited to comment regardless, but in terms of deep dive, that is a way of getting this work done on time and to distribute the work. So as we, again, as we get, for example, in the Certification NPRM, then Brett will be very, very helpful in helping us dissect it, divide it up into portions that are manageable. I'll tell you another thing that ONC does for us that's very, very helpful is, and we talked about doing this at the next meeting, bringing us sort of the overview, getting us oriented to the document, beginning to answer immediate questions so that we're not...you're not having to do this cold.

You will have that resource and what Brett...that they...we've had really a lot of help if there's something we need to do a deep dive on and need additional information, whether it's from the ONC or other places, they will help us do that, always recognizing depending on where they are on any given NPRM, for example, if you think there's a relationship to something else that is coming, please recognize that they're often it is not published yet, they're in a period of silence and they will just tell us they cannot answer particular questions because they're in the process of developing...the document's not...or developing what the final document will be and they can't answer. But again, just the fact that they're straight with us on it makes it easier for us to understand what information we're going to have to operate on and it may create a question related to a document because we're waiting for an answer in a document that will be published at a later date.

So you can see here as we go forward between now and the end of January, we will get testing efficiencies and again, we will provide you, as Michelle said, information that gives you time to read ahead so that when we come to the meeting, we're prepared to have discussions on assorted topics that's already been given to us. Or we...actually, we primarily develop them. And please understand that this is a very dynamic group and the qualifications are outstanding so there is always the opportunity to add to, make suggestions about modifications. This is a process that will work much better if we are contributing as a group, not simply following our leadership plan. Let us go on to the next slide, please.

So, you see a little more detail here, we have another meeting on December 4 and we would get...our thought was when we prepared for this meeting is that we would have ONC come and talk to us about the actual charge and what the...what was included in testing efficiency and open methods and so on and then we have discussion. And Michelle and Cris and I and Brett will work in advance of the meetings so that anything that we could provide you, any insights, the person that would be speaking during the meeting and so on, that will be pre-planned so that we'll be effective during the meeting times, their design for us.

I will tell you that following that, and John has been through this before and I'm sure you've been through it in your organizations, when the NPRMs come out, they are very time consuming and so that's...the sooner that we get that, we get the presentation as to what's included and divide it, the more effective we'll be. Because if you look at it, when we get a...for example, when we start on an NPRM in January, early January, then we'll be wanting to take back comments to the Standards Committee in early February, so it's a very quick timeframe; I mean, you can see the timeframes kind of going forward from there...about either the overall schedule or, and I know it's a little hard to ask questions when you don't have anything in front of you, but...

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Hey Liz?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

This is Kyle. Since I'm new to the committees here, I just had a question about the transparency required by FACA. How much discussion between members occur like offline, like after we...does everything have to be discussed like in the meeting itself or is there any kind of work that's done between meetings as far as...I mean, I'm just kind of getting a feel for what that looks like.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Sure. I'll answer and then Michelle, I'll ask you to comment please. We have had some work done offline but it always comes back to the committee because any work that's being produced should become transparent to the public. So a working session between two members of the workgroup to create what they're going to bring back to the next meeting, we haven't made that public, it's not because the ultimate is we bring it back and we make no recommendations to the Standards Committee or even certainly beyond that unless they were done by our individual companies, that wasn't given an opportunity to be discussed in a public forum and given the opportunity to have questions. So that's the way we've done it, Michelle, is that acceptable?

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

Yes, that's perfect. Perfect answer, thank you Liz.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay, so that's the way we do it. Because sometimes, Kyle like you said, sometimes it's faster for a couple of us that are working on a particular section, whether it's a quick meeting or some email exchange to come to what we're going to present at the next Implementation Workgroup, it just expedites the whole process. Because what we want at the meetings, the workgroup meetings, if possible, is to come to conclusions and continue to work through and it's very helpful if one of our members has had the time to do a deeper dive and can give us more content and color to the questions to be answered or what they believe is in the NPRM.

The other thing that helps doing that, so I'll offer this piece of advice, is when doing a section of the NPRM, you hit something that you're not sure how to interpret, I mean, obviously...that's your job, I mean, that's what you do, but all of us obviously recognize that sometimes there might be more than one interpretation in the particular...the way something's stated and we'd always encourage you to reach out to Brett...Michelle and Cris and I and ask those questions ahead so that they have time to get you an answer and then therefore get the committee or the workgroup an answer before we meet, works much better.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

That's a good...explanation of kind of what to expect kind of in between meetings, thank you.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, it's not...generally, like when we're working on the NPRM, and John you could...depending on what's assigned to you during that time, it could be 2-3 hours the week before the workgroup meeting. But, it depen...we try to divide it up in small enough chunks that we're not asking anybody to spend hours and hours, meaning 10-12 hours...

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Um hmm.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

...between meetings, that would be very unusual that that would actually have to happen. But, if you're doing the...if your section is the one we're going over at the next meeting, you might have to spend a couple of hours in preparation. The other thing we want to do, if possible, is get those materials to ONC so they can publish them, whatever...I mean, it doesn't have to be presentation quality, it has to be a document, PowerPoint is easiest to use, where...and ONC can help you, where we can have a discussion about what you discovered or what you would recommend, based on the assignment and it facilitated conversation.

So that usually takes a little bit of time, but again, I would encourage you guys not to spend, and ladies, not to spend a tremendous amount of time on polishing a slide, creating perfect graphics or anything for a workgroup meeting. If you have that propensity and you want to do it, we're more than thankful for it, but that...really they should be each of you thinking about if you were having a workgroup in your own organizations, what would you use to guide that conversation where the persons participating would have enough information to have that discussion with you.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Yeah, I wasn't sure how much...like if there was like after this call, for example, there to be little sub-meetings or whatever, just to get at the...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yes.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

...it's really more of we set forth some agenda it...or action items and we work on that ourselves with maybe a couple of clarifications through email on some things, but then mostly it's coming to that meeting to present and to have that as the public discussion.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

I think that's a good description.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

All right, thanks.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Any other questions? Great. Okay. Next, next slide, please. Okay, so Brett and Michelle, I'm assuming these are the questions that we've already started to develop or you guys have?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes, these are.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Do you want to talk about these Brett or do you, I mean, I think I can certainly read them and I have read them, but...or you could talk about them.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Sure, I'm happy to walk through them.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So, over the next few slides we have broken down in a variety of areas as they relate to certification and testing, some questions that can help spur discussion as well as some questions that after some discussion with Steve Posnack here at the Office of Standards & Technology, as well as Alicia Morton, who is our Certification Program Director, are seeking answers to from this committee. So, first off, looking at what some of the key challenges are in conducting testing, as well as some opportunities to improve testing.

Looking at trying to find some information about options and recommendations to address some of those challenges we will, I believe on our next call here, see a presentation from the Certification Program team on the results of the Open Test Method pilot and we're going to try to also have them at least go through a few slides for background for everyone on the call on the Certification Program overall and some of the history, just so everyone is at the table on the same page.

Then we'll move into looking at scaling community-driven test procedures, what the process is like for developing those and the need for timely published test procedures. Looking at potential for modification of the community-driven test process to enhance some value and there are some additional questions there on the screen that you can see. As well as looking at potentially, particularly as we start to walk through the Rule, where there may be potential testing criteria that could be used to address multiple testing and certification criteria; so not just a single test, but a test that's able to test different criteria all at once.

M

Can someone define what community-driven means?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Community-driven would mean something, from my understanding at least, something that ONC is not developing, so potentially stakeholder driven test methods that are open, transparent and that others are working on.

M

So it is open source and that's really what you mean, an open source version of a community test...

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yup.

M

...of a test case I should say.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Correct.

M

Okay.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Thank you for that. Let's move on to the next slide. So kind of building off of that we've also talked about looking at alternative testing tools as well as testing simplification recommendations; so ways that we could include different types of test tools. So, something that...talking about who's responsible for paying and licensing such tools if they're developed outside, looking at balance and approaches for testing to be more efficient and not creating testing criteria that puts additional burden on vendors and developers to create something that is only for testing purposes. So, ways that we can build testing that leverages functionality that users will be using over all is really ultimately what we're getting at by some of the questions that we're looking for answers to on this slide. Any questions or comments before we move on to the next one?

All right, hearing none, let's move on to the next slide, which I think is probably the last one here. So looking at interoperability testing, looking for ways that ONC or third parties could develop testing tools that help show products are interoperable and what criteria would be necessary to determine if such a test is successful. So, really looking at additional potential testing criteria that could be used to help show products are interoperable.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Do you have questions for Brett on that, and then I wanted then to talk about sort of where we go from here.

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation
Liz, this is John, I have maybe a friendly amendment to this slide, or maybe it's a question that's just taken in the course of conversation. To date in the first two rounds of certification, there never really has been a recognition given to equivalent processes and methods that may be done by other bodies that test for the same thing. And the example that screams off the page for me is Surescripts with ePrescribing and some of the artifice that then I know at least NextGen's represented on the committee as well, we all had to do some things to support the pure NCPDP implementation guide for certification and there wound up having to be reconciliation with what Surescripts uses as an implementation guide and what most of us experience as production use.

Somewhere in here I hope there's room to talk about the potential to provide recognition for industry established testing approaches that are already being used for similar purposes. In that case, Surescripts, the ability to participate through their network, they're not invalid could be my main point, and they leverage things vendors are already doing that are required in the market in a production sense that could be very close. So I'd encourage that to be given some consideration that there could be a deeming almost...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, yeah, that was the word that was coming to my head, too, Brett was, we have talked about from time to time in a number of contexts, this one particularly being around testing or certification, the concept of deeming. Is that something we should keep for a discussion with Alicia/Steve or do you want to go ahead and take that back now and say, when you present to us next time, we'd like that topic addressed?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

So this is Sarah, I absolutely agree that we need to have a process where we can take existing certifications and have them count towards Meaningful Use because in the instance just mentioned, it actually...meeting certification requirements rendered our production interfaces with Surescripts inoperable and ePrescribing would come to a standstill if we had put what we did for certification into production environment. So, you really save time and effort on testing, as well as make sure that what we're testing for is what is being widely used in the community already.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

This is Kyle and obviously I'm here on the ground and I'm very aware of what some of you guys had to go through. And actually, I would be interested, too, in hearing how this would be. I would point out, I think, it's also not just though always looking at different test approaches, but then you also kind of have to, as things get pushed up to a policy/regulatory aspect, meaning like some of things that were being required in ONC testing that were not compatible with Surescripts weren't just different means of testing, but different requirements, like supporting the RxNorm codes and stuff in a certain way.

And so you didn't have a kind of a conflict of it's not just accepting another bodies testing, but how does that bodies testing meet or align with regulatory requirements. And if...obviously if there's difference, how are those reconciled? I mean, obviously I understand, I think that Surescripts is a great way to kind of work off that because people would do things to test that literally they would have to find a way to back out or modify to use in production and that doesn't make any sense. But it's not just aligning test

bodies, but conflicts maybe in frankly requirements that different bodies hold and how does ONC then kind of navigate that?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

So...

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

This is John Travis again. I think that's a great point, maybe that adds another aspect to it that this workgroup has a particular sensitivity or focus to which is to look for, you know in hindsight being 20/20, we might have, pardon me, pointed that out in our review. Maybe those are...that could be very tough for us to detect those sorts of things, but that maybe to maintain a vigilance for and then have the deeming.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Well I think...this is Sarah again. I think that that whole problem would have been identified if we'd pilot tested our certification testing scripts, which has not happened in the Meaningful Use Program, and did happen in the CCHIT Program. And by pilot testing, you identify where your data is wrong, so we've seen examples where medications that have not been on the market for 20 years were included in test scripts and similar things.

So I think that we absolutely should recommend that not only testing tools go through a pilot phase, because we have, as we all know, had enormous problems with some of the testing tools. But that the entire testing...the certification testing scripts undergo a pilot testing process to identify these so that any conflicts, not just corrections that are minor like the outdated drugs, but conflicts between what the requirements are and what is happening in real life are identified in advance and addressed.

Rick Moore, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

Yeah, this is Rick, I concur with the comments thus far. We at NCQA do both models of what you're describing; a deeming concept as well as a pilot concept and they're both critical to our success of getting comparable measures, absolutely.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

So, if you think about this is exactly, I think, very indicative of why you were all asked to participate because very telling comments that have examples behind them that really help substantiate why things should or shouldn't be included and options should be offered. And so obviously things that just came up is really looking at the variations that occur in the testing specifications between various bodies and yes that is a regulatory or even an agency-specific kind of an issue.

Again, something that wouldn't necessarily be caught in the ONC NPRM or questions around testing, but something that we should bring up for consideration, even outside of the ONC; when you look at testing, and all of us have certainly added examples and brought to the attention that we had testing for non-viable requirements...and those originated from the fact that there was an MU requirement that a vendor would have to prove they could meet and so they would create a way to test it fully knowing that the workflow in the clinician's environment would not...they wouldn't use this, it would make no sense. On the other hand we also know that people have created a variety of ways of capturing data electronically simply for the purpose of meeting measures and we can address that.

It'll be very interesting to hear how the Open Test Method pilot went and what that really means and how does that play into some of the concerns that are being...or observations that are being raised. But as we go forward, obviously we want to capture these concepts and the really true life examples that help explain to those who are receiving this information back kind of not only the what, but the why, why does this matter and kind of taking it forward.

So I can see, and it's so exciting. Michelle will tell you that there have been sometimes when there were two or three of us that did this and we know the passion is out there, so to hear the kind of real life experience and obviously critical thinking that's gone on around testing and then I think around certification as well will, I think, significantly add to our ability to add recommendations back.

Obviously we've got a large number of questions in front of us, Michelle, but looking at the schedule and trying to lead the workgroup plan of action to be able to answer those questions, I know that in December on the 4th we're going to have the conversation back with more education from ONC that Brett, specifically do we have a work plan to actually address these questions? Is it going...I'm suspecting this particular task will not go back in the...in terms of recommendations, it could, but I'm trying to put some framework around getting the questions answered by the workgroup so that we can meet the timeline and the appropriate format to get the information back to Steve and team.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yes...can you hear me?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yes.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Sorry about that. I think we can try to do so before the Certification NPRM comes out.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

The intent was...to get some answers to some of those questions prior to then as well as, if we go back to the work plan slide...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Are you talking about 9?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

One more, yeah, maybe...there we go. So I think we may end up having a bit more time prior to the Certification NPRM as well as we've allocated some time after to get some answers to some of those questions.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

So we do have a few different meetings that we can use to cover some of those topics and get answers back.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay, so what I would say to the workgroup and again, input is more than welcome, we will next time, I guess we'll need to open it up for comment as well, public comment. Next time we'll get more information from ONC and I don't know if Steve or Alicia, who will come and give us more background. And then at that time, we'll look ahead to the meetings and expect a date for the Certification NPRM release and again to divide...have a plan to divide the questions out so that we can have an organized and documented discussion to answer the questions, whether it goes on concurrently with the review of the Certification NPRM or we can somehow we'll get the time where we can get both activities done.

So, any...does that meet the expectations of the workgroup?

Multiple speakers

Yeah.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Good. Yeah, I think it will be...I think lots of good input and what we'll do is again, kind of facilitate when we capture major points that we think are very important as a workgroup to document, and then what we'll do is move on to a new question or another point because what we'll have a tendency to do, because this matters a lot to all of us, is sort of reinforce comments that are made.

In order to get through all the questions, one of the things we've learned over the last few years is that we have to move forward and kind of get more and then we always invite you, if you feel like that your comment specific to an observation or a conclusion we've drawn about the testing methodology did not get captured, please recognize that we will capture all of those, even via email, after the fact so that we are...everybody has a...if you have something specific that you thought got missed. Also when we sort of start to close down one question and go to the next, I will always ask if there's something that we did not cover, even if we stated it's different than what was stated, we'll invite that kind of input, because it's really important. That's why you were asked to be here is because you have unique knowledge and can help us shape conclusions that are as expansive as possible.

Okay, well, I think we've gotten through what we'd planned which was to get to know a little bit about the group and to begin to understand the charges in front of us and...immediately jump right into the topics at hand, which means that we'll get a lot of work done. Look forward to talking again on December 4. Before we open up for comment from the public, I just want to make sure does any workgroup member have a comment or question, clarification?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

So this is Sarah. So I am assuming from the timeline that the Office of No Christmas as we refer to it in the vendor community, will be dropping this NPRM right before Christmas?

M

Merry Christmas.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Merry Christmas, that's...

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

This is John, we have an office pool and my bet is New Year's Eve, to be consistent with 2011.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, Michelle and I were laughing about that because all of us well remember the NPRM that came out on New Year's Eve and how many of us ended up spending some part of that holiday because we just couldn't help ourselves, we had to look to see what was going on or what was coming in our direction and apparently we have no lives. But anyway, I don't know that we'll get a, and Michelle, I'd certainly turn to you, but generally speaking, we get kind of a quarter preview, we don't really get dates. Michelle, can you do any better than that or?

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

No, I actually can only do worse. This time they've given a season, so winter is what I've been told, so...that's all I can say.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

We know that it's not just this NPRM, but pretty much any important reg drops on a holiday weekend, Friday at 4:45, so, we'll just plan on either no Christmas or no New Year's since we're pretty sure it won't be no Thanksgiving since it's so close.

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

New Year's Eve keep the champagne...you'll need it anyway.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

I would say we're a bunch of cynics, but I think the reality is just kind of learned and you just kind of go with the flow, right?

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

Yup.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Yup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Anyway, great.

Rick Moore, MS, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

Hey Liz, this is Rick. To your question about the questions I guess that we're being asked are our charge, I think that these questions are completely on target, they're the right ones to be asking, thematically anyway. There are probably many more that will come from it, but I'm impressed with where ONC is headed with this and guiding us.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Great. Thank you. And thanks to ONC. Okay, Michelle, can we open it up for questions please.

Public Comment

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

Sure. Operator, can you please open the lines?

Caitlin Chastain – Junior Project Manager – 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.

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

We have no public comment. So thank you all, we appreciate you working with us through our first meeting. Thank you Liz.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Thanks everybody.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Thanks everyone.

John Travis, FHFMA, CPA - Vice President & Regulatory Solution Strategist – Cerner Corporation

Thank you.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Thank you.

**Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President,
Applied Clinical Informatics –Tenet Healthcare Corporation**

Have a good Turkey Day, bye, bye.

Public Comment Received During the Meeting

1. The time frames on slide 10 and slide 9 are inconsistent with each other. Slide 10 shows several tasks starting MUCH sooner than is shown on slide 9. Suggest cleaning up those slides to make them in sync.