



## HIT Standards Committee Implementation, Certification and Testing Workgroup Final Transcript June 1, 2015

### Presentation

#### Operator

Thank you. All lines are now bridged.

#### 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 a 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, and now I'll take roll. Liz Johnson?

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

Here.

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

I know Liz—hi, Liz. [Laughter]

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

Hi.

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

Cris Ross? Andrey Ostrovsky?

#### Andrey Ostrovsky, MD – Chief Executive Officer – Care at Hand

Here.

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

Hi, Andrey. Danny Rosenthal?

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

Here.

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

Hi, Danny. David Kates?

**David Kates – Director of Interoperability – The Advisory Board Company**

Here.

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

Hi, David. John Travis?

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

Here.

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

Hi, John. Kevin Brady?

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

Here.

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

Hi, Kevin. Kyle Meadors?

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

Here.

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

Hi, Kyle. Rick Moore? Sarah Corley?

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

Here.

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

Hi, Sarah. Steve Waldren? Udayan Mandavia?

**Udayan Mandavia – President and Chief Executive Officer – iPatientCare**

Here—here.

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

Hi. And Zabrina Gonzaga? And, from ONC, do we have Brett Andriesen?

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

I'm here.

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

Hi, Brett. And Scott Purnell-Saunders?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

I'm here as well.

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

Hi, Scott. Okay, I'll turn it to you, Liz.

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

Thanks. Thanks, everybody, for joining. I know a lot of you all are at Datapalooza in D.C., and so we'll try to get—get what we need to get done so you can get back to that and representing us. You know, always good to have good people there.

Today what we're gonna do is, Brett's gonna take us through a wrap up of the NPRM comments. Those were presented to the Standards Committee, but we just wanted to make sure there wasn't anything we missed, or someone had become aware of in the interim, so we can finalize that. And then we're gonna get a little bit of an education on the test certification criteria, and—do you want to go to the agenda, please?

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

Hey, Liz, this is Cris, just joining.

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

Oh, great. Thanks, Cris.

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

Sorry to be late.

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

No problem. Okay. Okay, so let's—is that, go back a slide, please. I thought we had an agenda, at one point. Anyway, that's okay—so, Brett will take us through that, and then we'll go through the, where our next opportunity to be helpful before the June meeting is with the test certification. So we'll be getting an education on that, and then what can we do so that we'll be ready to present in June, which I think is a virtual meeting—not that it matters; regardless, we can present comments. Or if they need to be presented just directly to the, to ONC, we can look at that opportunity as well.

So, Cris—additional comments?

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

No; sorry, I'm just getting caught up, here. What you said sounds just fine—let's proceed.

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

Okay, great, so Brett—

**Male**

And Liz, sometime before the end of the meeting, if any information, there are certainly rumors running around in terms of the dissolution of the various workgroups and reconstituting them and just any information, in that regard.

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

Sure. Yeah, we can have that conversation. I don't know how helpful we'll be, but we'll tell you what we know. [Laughter]

**Male**

Yeah, or if it's not ready—if it's not ready for prime time, that's fine, too, Liz.

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

Okay, sounds good.

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

I can come back to that, Liz, when we're ready—sorry.

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

So let's do this. Just based on the fact that it's distracting, let's get that out of the way, and we'll let Michelle, you can give us some insights, and then we can move forward with our work.

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

Okay. Thank you, Liz.

So, at the last Standards Committee meeting, as I'm sure most of you have heard, we talked about sun setting the current workgroups as they currently stand. It doesn't mean that we won't be, hopefully, digging into our players, or all the people that have made up all of the workgroups so far. We have just, and we started messages back in November, that we would be working towards more of a task force model. So, assigning different groups with specific questions that we need answers on so it would more time limited—because what we have felt has happened with some of the script is that they go on and we lose a little bit of the engagement that we initially had, but if we had the short term, you know, maybe a two month period engagement for a task force, people are much more engaged and we have much more public input and we aren't overwhelming everybody with all of the things happening in all the different workgroups.

Our goal is to still tap into the members that we've already identified for all the different workgroups based upon their expertise, and so there might be something—you know, for this group, for example, there might be something related to certification that we'd probably use most of the same members for, and—if you'd all be willing to participate—and it would just be more time limited.

So that's the goal, and we've already announced two of the task forces. One of them is the Standards Advisory task force, and the other one is the Precision Medicine task force. The Standards Advisory task force, we are in the process of finalizing chairs, and then the membership, and we're hoping to have recommendations fairly quickly. I think we're aiming towards August for their final recommendation, so they'll work through the summer.

We also have been working the Standards Committee workgroups really hard, between some of them helped inform the strategic plan, then the interoperability roadmap, as you all know, and now we're just finishing up the NPRM. So we—we also think it's a good time to kind of give everyone a breath, as we figure out what the next task forces will be.

So, I went through that quickly, but hopefully all of that made sense, and I'm happy to take any questions.

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

Michelle, this is John. One that comes to mind, I thought I heard this mentioned—to be considered interested, is there gonna be a process, do we have to go all the way back through kind of the—you know, the application process, if you will, if we're interested, or how might that work? Has that been covered?

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

So, um, all of our covered workgroup members will—you've already gone through the process and been selected for specific areas. If you've already filled out the application, though, and let's just say we announced the Standards Advisory task force and that's something that you are very interested in participating in, all you have to do is go in and update your application and check that you want to be a member of the Standards Advisory task force. Alternatively, the members—the workgroup members that have already been identified, you have my contact information as well; you can just send me an e-mail and say you want to do that.

So, it's much easier for those who have been engaged. The application process is really for those who haven't participated in a workgroup currently.

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

Okay, thank you.

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

Yeah.

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

I think we've got it. If anybody has any questions, or doesn't want to ask the question on a public line, just send Michelle or Cris or I a note, and we will attempt to respond. And I don't mean that in any flippant way whatsoever, I just mean we may or may not know the answer, but we'll tell you what we know. Fair enough?

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

No, that's very helpful; thanks.

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

You bet. Okay, Brett, you're on.

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

All right. Well, thanks, everyone. I think we just wanted to briefly kind of take a pulse here as we largely finish our work on the 2015 NPRM comments—and again, thank you all for all of your help. If you weren't able to listen in on May 20th, Cris gave them a presentation back to the Standards Committee with your streamlined comments which were attached to the message that went out this morning with your materials, so hopefully folks had a chance to hear that presentation or, at the very least, had a chance to read that, but just want to be sure that before we kind of move on to the next topic that we have to discuss today, that there were no additional items that you feel need to make it into comments back to the full Standards Committee or, at the very least, included in a decision memo back to ONC with those recommendations. I just want to kind of pause here and make sure that we are all set before moving onto the next topic.

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

I think we're—

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

Brett, this is Michelle—I'm sorry.

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

That's all right.

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

So, I was on vacation last week, so I wasn't able to make sure we're all in alignment, so my apologies in advance.

So, for the June 11th meeting, it's a virtual Standards Committee meeting that we have set up to just help prioritize things, so I just want to make sure that we send the recommendations that you've kind of pulled out areas where we should focus attention and where less focus should be made. And if it isn't obvious, maybe we could make sure that it's obvious.

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

Yeah, and the other thing I would add to that is, it's really critical that, if we believe that either the standards are nonexistent or the standards are such that they're not mature enough to be used, or that the standards are in great shape—that needs to be very, very clear in our, in our recommendations to ONC. Because, if you think about the work that we have to do, beyond the—clearly, we need to help them understand the implementation ramifications of these recommendations, but it is very, very important, because there is great confusion in many

places about standards and what is this, and what doesn't. And often people that are making decisions don't have that kind of information because it's not what they do every day. Does that make sense to everybody? And you know, if [Cross talk]. Go ahead.

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

This is Sarah—this is Sarah. I, I think we can clearly say that anything that's still a draft standard, or no even a draft standard, is premature, because you really don't want to put into regulation anything that is not in, you know, general release and already has all of the bugs sorted out by, you know, by being useful—well, the mature standards are what we need and we shouldn't, it's too early to put anything in the regulation that's a draft standard.

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

Agree, and in our, in our, um, slides, I don't know—let me just be honest. What may be extremely helpful is to pull those into a separate document, just the standard in draft. I mean, if we just say it's in draft, it's not ready, and I agree with you 100 percent. Then we're leaving it to the folks that are looking at these recommendations to figure out what we think is in draft. It really needs to be very precise, and Brett, I [Cross talk]. I don't know that we have that. I agree with the philosophy completely, but I don't know that these slides really say, "Here are the standards that we are dealing with or being asked to deal with"—Public Health is a good example, where there is no standard, or there's a standard in draft, or there's a standard that's, you know, three categories. Either it's in draft and not really available, it may not be even in draft; it's out there, but in very limited use; or it's widely used. And I don't know that we could go through this presentation and pick that out easily.

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

Okay, we can certainly do that. R2 of the CDA is not, you know, is not out there, so that's an example right there.

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

Liz, this is Cris. I totally agree with the point made about the maturity of standards, and Sarah's comments. The other piece that I would say just in the experience of reporting it out, we did our report out by subject area, and not by sort of category of comment, so I think we could—hopefully without a whole lot of effort—cluster our comments into maybe some different kind of format. So, for instance, we had some overall comments about regulatory burden and effort on effectiveness of certification, you know, that kind of thing.

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

Right.

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

We clearly had a bunch of comments about maturity of standards—we could cluster those together. I understand it's a little bit different format than going section by section through the rule, which was totally appropriate before, but if we wanted to have maximum impact, I think we would cluster our comments based on type of comment, if that makes sense.

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

Agree. I just—I'm trying to determine, based on timelines, how we get that done, Cris. Your description is perfect.

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

And when's the due date?

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

Uh—

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

The 11th.

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

There you go.

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

Well, boy howdy—right around the corner.

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

[Laughter] I knew it was coming up.

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

At a minimum, it would be really helpful if we could just take our report as is and find some sort of way to create just a little table that clustered our comments based on type. And I'm wondering—Brett, you know, you and your colleagues are probably the ones who have to do that work or think about it, clearly with help from this group, but what do you think about that idea of sort of categorizing our comments into clusters.

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

Yeah, Scott and I were actually sitting in the same room today and we were just looking at each other and thinking through kind of, how we can start to, to work on getting that in that format.

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

Does that make sense to you guys? I mean, I don't want to create work; it just felt like, as I was doing the report out, it felt like—and based on the questions—it felt like we would, you know, potentially help if we were to cluster them that way, but I could be wrong. You guys are really close to this; we'd love to hear your opinions about whether that's useful work.

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

I mean, I think it's certainly—

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

Brett or Scott?

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

- It certainly could be, yes. Sorry, I'm just coming off of mute. I think certainly that it could be \_\_\_\_\_. I know that there were several sections where it seemed like the comments were

very much along the same lines and along the same themes, and you know, we can certainly make sure to call out specific references for, you know, different sections of the NPRM when, when things are, are referencing those versus just general broad comments. But yeah, we can certainly work to try to reformat these into—into that alternative that you've brought up. I think that could certainly be helpful.

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

Great.

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

So, given the, given the task at hand—and, and thank you for being, you know, helping us get this done—what kind of time frame do you need so that we can take a look at it? We may have to do it asynchronously if we're gonna make June 11th. Michelle, do we have another meeting in the interim? I can't remember.

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

You don't. Maybe it's something that we could do via e-mail and have the workgroup confirm.

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

Right. That's what we probably need to do, because in the meantime, we also have to get to this testing stuff. I'm okay with that if—if, Cris, you're okay with that, just in terms of making the timeline, and then Scott, obviously—

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

I am.

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

- Okay, and Brett and Scott is, say, in, I don't know, by next Monday, could you maybe have something put together?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

That's what Brett and I were just gonna suggest, that we can get something out by, by Monday the 8th, and then that will give us enough of a, of a turnaround time to, to do any additional revisions before getting stuff in on the 10th.

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

Great.

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

Well, I'm thinking this is no more than, like, you know, three to five categories, you know, and the three that I can think of—

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

That's right.

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

- is kind of, you know, regulatory burden or something like that, another set of comments on maturity of standards, and a third could be everything else. And if we end up breaking that “everything else” bucket into, you know, two or, worst case, three by category, I think we will be helping a lot.

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

All right. We will go to task on this.

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

Thanks, Brett.

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

Right. All right, I think that is—unless somebody has anything, like I said, specifically that they thought of post presentation to the Standards Committee that they felt like we never really got to or didn't, didn't include. Well, Cris, I'm thinking, hearing none, we can move onto our next job.

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

Let's do testing.

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

All righty.

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

So is this [Cross talk] for Scott?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

I was trying to hit the mute button—this is Scott. [Laughter]

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

All right. Thanks, Scott.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Thanks, everybody, for calling in today. I'm searching this live deck as a quick overview to the 2015 certification test, and then we'll go into a request from the certification program for review of 11 certification criteria, which will be used or kind of targeted from our group to get feedback from this particular workgroup on an individual basis, given the fact that, as Michelle said earlier, the standards, this particular workgroup is gonna disperse. We won't be able to fully receive feedback doing the standard mechanisms which we're going through with comments for the rules. So we're asking or seeking feedback that will be discussed potentially at the next ICT meeting in June, but also more formally submitted through our standard comment process that we'll go to shortly. Next slide.

This is just a review of the certification program instruction process, just to kind of remind folks of what we are, the ONC is literally the scheme owner at the top that approves NIST, our

laboratory accreditation partner, and ONC—the ONC-AA, which is ANSI in this case, ANSI governs the ONC certification bodies, the ACBs, and NVLAP works with the ATLS. The standards that we are governed and supported by are listed to the left, that's 17025, NIST 150, and the NIST 150-31 for the labs, and the ISO standard of 17065 for ANSI and then the accreditation bodies. And then finally, at the bottom, once products are tested and they're certified and passed to the CHPL—I list this here, because we were working to try to work through some changes for the scheme to try to work through some of the suggestions that we received over the last, say, year or two with changes in some requests that folks would like to see within the certification program.

So I just wanted to remind, you know, folks what the structure looks like of this program and how we're gonna deal with things moving forward. Next slide.

Again, this is just a kind of vertical and visual representation of how the certification program works. We start with regulation, as everybody's familiar. Developers, they create products, the ATLS then test those particular products which are submitted. The ACBs certify those and then providers and hospitals implement. I know everybody's familiar with this, we just wanted to make sure we had a level setting before we move forward. Any questions on those two slides, to start? Great. Next slide.

And here are a list of the approved test labs that ONC authorized certification bodies, just for reference. Next slide.

Great, so the test method is composed of three different components—that's the test procedure, the test tools, and test data. What we're seeking feedback on are the published or draft test procedures that have been released, or were released at the same time that the, \_\_\_\_\_ were making was released for the 2015 certification program edition. Next slide.

This is just the test development process; a little bit of a revision from the last time. As I indicated while talking about the last slide, for the first time in this process, we released the draft test procedures along with the release of the \_\_\_\_\_ proposal we're making. So, typically, our process will be to not work on any drafts that were in line with the new or updated regulation release until that regulation became final. So we're working through this process in parallel with the NPRM, so our comment series for the draft test method, the draft test procedures extends 30 days past the end or the close of the comment period for the \_\_\_\_\_ proposal we're making.

And then, following the same exact test development process, we will go through a subsequent comment period once the draft test method—excuse me, once the \_\_\_\_\_ rules we're making have become final. That will happen at some point in the fall. The dates for those haven't been detailed as of yet or released, but we'll make sure that we coordinate with folks who are interested in commenting again in the fall to provide some additional feedback. But again, with this slide, it's going to indicate that, once we receive public comment, we'll do our updates to the test method, finalize that test method, and then work through implementation, and in some cases, this does involve making changes to the test method has been raised on calls previously.

Any questions on this?

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

Yeah, Scott, hang on just a second. Let me slow up a little bit, if you don't mind.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Not a problem.

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

This is probably second nature to you, but I just want to glance through it real quick.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Not a problem.

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

And where are we in this process with the work that we're doing right now?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

We're between two and three, so we—the draft test method is released, and has been released, and we're receiving, we're in the midst of public comment to it right now, so we have—

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

Okay.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

- just about 30 more days in June for that comment period to be open, and then we'll work through updates of the test method based on the comments that are received.

**Female**

So I have a question. I don't see anywhere where you have, additionally, a public comment, because remember that, you know, these procedures, some of them were minimalized to the point where they're meaningless, so we know those are gonna have to be revised, and if there are significant changes in the certification requirements based on public comment, you would need to make changes to the test methods as well.

And so that sort of means there's gonna be no additional time for public comment on a more complete or more \_\_\_\_\_ version of these test methods than what we've got right now? Because some of them are just—you know, there's so little there as to be meaningless, and we know that they're gonna have to change, or basically every testing body is gonna be doing something different.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

So, as I indicated earlier, there will be an additional public comment process, but literally, with this particular flow that we've designed now, the regulation publication is inclusive of

\_\_\_\_\_ proposal making or final rule. So every time that a regulation is published—in this case, NPRM—we follow this process, with the exception of implementation and maintenance, until we actually get through the entire finalized test method, but we still have to go through an additional public comment period once the rule is final, an additional test method update, and then an additional finalization of the test method before it's actually fully implemented in maintenance.

We know that some folks want to get started, and essentially get started with this as soon as they can with an earlier release of draft test procedures or draft test rules and test data, so we're trying to accelerate that as best we can.

**Female**

Okay. I just didn't see anything on this timeline of a second public comment period.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yeah, it's—I mean, and I'll make sure that, in the future, we clear it up, but that's why it's regulation publication at the beginning, which is inclusive of both phases. That will happen for the draft and \_\_\_\_\_ proposal making or a final rule.

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

So Scott, this is Cris. That was a really helpful answer, but within number three public comment, do you have the dates yet for when the draft test methods will be posted on the website, and when the public comment period closes? Do you have those two due dates?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yeah, they're in the next, next couple slides. It closes on June 30th—

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

Okay.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

- and the website to submit comment is listed on that particular slide as well, but they have been open at this point for about 60 days or so, so we're kind of coming into the home stretch.

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

Yeah. I guess my question is, how much time will people have to comment after the draft test methods are posted?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Well, the test methods have been posted for the last 60 days, so there was a total of a 90 day comment period that was available—

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

Oh, oh, oh—right.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

For folks to comment now, but we're not sure what the second length of the comment period will be. A lot of that is going to be predicated by the release of the final rule, which we, you know, assume will happen some time during the summer or early fall.

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

Okay, so the final version of the draft—there's no further revisions of the test methods planned in this phase, is that right?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

No, there will be a revision, so we're dealing with the current draft proposal and we'll deal with the comments that we receive and make revisions in version four and then post that particular as, like, the final draft before the—

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

Yeah.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Before the final rule is released, and then once the final rule is released, we'll go through steps one through five again.

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

I got it. Got it, got it, got it—thank you.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Not a problem. I'll make sure we have, I'll have an arrow back that points to number one from number five to kind of make that more clear, but thank you for the questions; that definitely helps.

Great. Next slide. So this just lists 2015 edition Health IT goals. Some of these slides will be familiar, as were used with the release of the NPRM, so they were presented during the Standards Committee, I just pulled a couple of slides to try to reinforce exactly where we're going and kind of where we need feedback. So the big areas of improvement for 2015 are interoperability, access, user/market reliability, and then supporting the care continuum. Next slide.

This slide just goes into more detail with what we're looking for with respect to interoperability so that it qualifies as new and updated vocabulary and content standards for the structured recording and exchange of health information including the 2015 Base EHR Definition, which you guys have responded to, and the Common Clinical Data Set, which you guys reacted to as well, and then additional updates in the transitions of care for both versions of the C-CDA, 1.1 and 2.0, and the Edge Protocol, which is included there as well, and then rigorously testing the C-CDA creation templates, vocabulary codes, and then the XDM processing, and then patient matching data with constraints.

I'll pause here just so folks can kind of read through it and ask any questions that they may have. Great—next slide.

Great. Again, looking at the interoperability and kind of expanding it with how it reacts—or the next group of 2015 Base EHR Definition. I mean that's, obviously, the Base EHR capabilities on the right and the certification criteria which kind of correspond to it, so it includes the patient demographics, the clinical health information such as medical history, problem list, and on the right you'll see those qualifying certification criteria. Again, capacity to provide clinical decision support, the capacity of support physician order entry, the capacity to capture and create information relevant to health care quality, the capacity to exchange electronic health information with and integrate such information from other sources. The last one, mostly, you know, would be in the transitions of care data portability and access to other information as well.

So I'll pause here for any particular questions. Great—next slide.

So, moving on to interoperability and access, this talks about the common clinical data set, which includes key health data that should be exchanged using specified vocabulary standards and code sets as applicable, so you'll see, on the—some examples of that and where they particularly fall, so patient name, sex, date of birth, race, ethnicity, and then the qualifying data on the right hand side. This also relates to the ONC interoperability roadmap goal, which we discussed in pretty great detail earlier in the year. I just wanted to make sure we tied everything together. Next slide.

And again, this kind of goes into access, talking about providing specific examples for data portability, VDT—view, download, transmit—and then also application programming interface requests as well.

Next slide.

Now we move into user and market reliability, providing specific information on privacy and security, patient safety, surveillance and certification maintenance, and then transparency. You'll see various pieces of the certification program listed here and there in their coordinating areas as well. This also includes additional improvements to the Certified Health IT Product List, which you guys did react to during the NPRM process, but we're, we would also seek additional comments and feedback on that during our comment period as well. Any questions here? Great—next slide.

And finally, we get to Supporting the Care Continuum. Current: Prior editions were adopted with a specific focus on the EHR Incentive Programs, as we kind of know that the certification program at this point is moving past just supporting EHR Incentive Programs, but trying to become more inclusive and supportive of diverse Health IT programs and systems so that coordinates to the main change of a Health IT module versus EHR, or EMR module as some people called it, and also that the idea of a complete EHR certification criteria or complete EHR qualifier no longer exists for the 2015 edition, and also to providing care across the care continuum, including some care settings which weren't previously covered as much or participating in meaningful use or other incentive programs. Next slide.

Great. Again, this kind of reiterates the last point where a number of programs currently use or are proposing the use of a new Health IT Certification program and there are a few that are just listed there, just for reference. Next slide.

Great, now this slide really goes into a lot of detail on some of the objectives that were needed or have been listed for meaningful use and supporting Stage 3 and going back to the four major areas that we listed earlier, which were the major goals of the 2015 Edition Certification

Program. It doesn't really have a lot of connection with exactly what the request is with the group. I wanted to make sure it was available to folks to see how the work that we will be doing in revisions will have, and how they will impact the meaningful use program as a whole. Great—next slide.

So here's where we're gonna get into a little bit further discussion, so I have a couple of slides here to talk about the 2015 Edition Draft Test Procedures. As, you know, Cris, you questioned earlier and I explained, for the first time, the Drafts 2015 edition of the Test Method was released at the same time as the 2015 edition NPRM, so our draft test uses \_\_\_\_\_ release and are available at [healthit.gov/2015-Edition-Certification](http://healthit.gov/2015-Edition-Certification), which is linked in the URL, so you're able to download the slide deck, and you can get that directly there. And what you see at the bottom of the slide is the, what we'll call the legend, so it happens to relate to the various pieces for components of the refined assessment, so you'll see, for example, you can—you look at a particular certification criterion, you'll know offhand if there are particular pieces that are used or required in this particular certification criteria or type of procedure. So (a) the one in the upper left hand corner is attestation of documentation, the one on the right is the magnifying glass, the visual inspection, and the one on the lower left hand corner is for the required test tool, the one beside that is for required test data, and the one beside that is the up and down arrow, indicating or qualifying for data exchange.

The public comment period as we asked before is open from March 20th through June 30th, 2015. If you were to visit that particular web page, you'll be presented with all the published draft test procedures as they currently exist, and you can click on an individual one and then provide comment and feedback on that through a console with interface, and those comments are received immediately by us and we'll, as the—once we are able to close a comment period, we'll be reacting to those and providing feedback and making revisions to the additional, to the draft session seasons to come up with a more final version this summer. And as I said, again, we will be making revisions to what's currently drafted, release it again, and then make revisions again in the fall, but it's imperative that we receive your feedback in order to make revisions to what's currently drafted. You know, we understand and we've heard feedback from the younger folks that, you know, the significant different in the size and scope of some of the test procedures just isn't enough for what folks need and folks want to have, but we're definitely—we need more detail on that and kind of what they would like to see.

A lot of the reasons behind driving to this sort of version of the test procedures and test method has been really looking at being results driven as opposed to providing a prescriptive process that some folks didn't actually walk through step by step in testing the certification. So, while we do understand that, you know, there is a concern of variance between the testing labs and certification bodies, we want to make sure that we're results and outcome focused as opposed to requiring a really, really long and arduous testing process that some may not have followed to the letter.

I'll pause here for any questions.

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

Yeah, I went out to the site, and I presume you don't actually click on the table, you click on the testing, the link that says Master Table of Related and Required Data—is that what you're telling us? And then I don't see the reference back to the type of, the category inside of this chart for testing components; am I doing something wrong?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Let me walk you through three years of \_\_\_\_\_ as well, *[Laughter]* to make sure we're in the same place.

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

Okay.

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

We might want to show it on the WebEx so everyone can see.

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

Yeah, that's what I—

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yeah, can we do that?

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

Yeah, Sarah, but just really since you guys are in D.C. and not really, probably don't have access.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

I can pull it, and we can show you, we can walk it through, I think, if all present can pull up that link directly and present it.

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

Caitlin, are you okay to do that? I actually lost my connection to the Adobe Connect.

**Caitlin**

Yes, I can. It'll just take a moment.

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

Thanks, Caitlin.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Thank you.

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

I think if we can get a concept of kind of what we're dealing with and then what we need, what would be most useful for this group to get done in the 30 days we've got.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Not a problem.

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

Yeah, it takes a few minutes, guys. It took me, too—there you go.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Great, so this is the—this is the comment page as presented, and it lists the legend at the top again and then kind of more detail and language about the test method as a whole.

If you scroll down just a little bit—great. So we'll see—keep going, a little bit further. You'll see the list of draft certification criteria in numerical order, so alpha-numeric, so that's A1, A2, A3 from top to bottom. So let's, let's just click on demographics, which is A5. Thank you. So you'll be presented with the certification criteria on the left, so scroll down a little bit—with the legend that we talked about at the right, I mean, at the very beginning. And anything that has a red X that's crossed through, so in this case, that's the attestation piece, the test tool, the test data, and the data exchange, and the only one left at this particular point is the inspection, would then be, qualify the use of this particular procedure. And then you can, you know, read through the test data—I mean, read through the drafted test procedure and then make particular comments on that. And every single test procedure that has been drafted is structured exactly in this format, and there are no other submitted comments.

Scroll back up to the top for me, just a little bit higher. Just click the comment button, and then—so go ahead and submit a comment. Hopefully it'll display properly—right, so you can make a summary of exactly what you want the comment to be, and a small summary of the comment description would be, the comments can be listed below. If you have to add any particular attachments, you can do that and then upload files to connect as well, and then—you know, or listing the organization name and e-mail so we actually know who it came from, and then once you click submit, that comment will then be submitted back to us. Click close for me.

Great. Now, scroll down to the bottom of this particular page with the right scroller—great. So you'll see at the bottom comments that have been submitted on this particular test procedure will be listed here. In this particular case, comments weren't submitted, so the comment listing is blank, but as you look through some of the other published drafts, that's when we use those comments which have been submitted are published and available for view and qualification, as it were. So, we have—some actually have had more entry than others, so for example, if you look at A1, we just went back two steps, A1 has three submitted comments that you can look at and kind of see more detail with if you want to look at what the listed comments look like.

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

But there is no way to download this and do your comments in bulk and then upload it, or you have to go through one by one each item and pull it up separately and enter your name all over again which is not the definition of usability, by any stretch of the imagination.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yeah, I'll take—I mean, I'll take that back to the team. It was decided to provide, to really provide transparency in what the comments look like to try to add that kind of singular response, but I

definitely do understand that. I mean, we'll see if there's a way to sort of see them in a different format other than that.

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

Right. I mean, we had—we certainly had challenges with the template that we needed for the comment on the certification criteria. I'll say them here, since they're public, that when you had long comments, they got cut off on the template, et cetera, but it did at least allow us to, you know, work on them all at once and include them together. It definitely was not a very usable tool in that we couldn't upload it to Google Docs and have all of our members relative, you know, the experts on the criteria work on it at once on Google Docs, but it certainly was at least, at least you could do them in bulk, and this is just gonna be an impediment to getting them done and submitted when you have to, every time, re-enter your name. It's crazy.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Okay. Yeah, I'll definitely take that back, and I'll see what we can do and offer that. I know I've reached out to the team already to see if there's an alternative in possibly using an e-mail process, but again, because we're trying to make the—our goal is to make these public, we would need to ensure that whatever was sent would then be posted and could be parsed successfully. So I'll work with the team and see what we can come up with as far as an alternative submission process. Not completely replacing this, but as an alternative to this as well.

Great—any other questions? Okay. If you can go back to the slide deck, I'll present—we'll show the 11 certification criteria we're seeking feedback on, specifically. Great—next slide.

So here are the particular certification criteria in which we have particular interest, that's clinical decision support transitions of care; the clinical information reconciliation and incorporation; view, download, and transmit; data portability; electronic prescribing; the overall clinical quality measures; certification criteria; the consolidated CDA creation and performance; patient health information capture; the CPOE labs; and the implantable device list.

While we certainly seek your input on any of the certification criteria, we wanted to try to parse it down, given the amount of time left—one in the submission process, and tow with the workload that the workgroup has as a whole. We want to try to give some focused feedback on those particular areas because we know that there are some significant concerns with those that we've developed thus far. So certainly, please take time to focus on those if you can and provide additional feedback to us and we'll work through to determine exactly what we can figure out if there was an alternative to submitting bills in bulk as opposed to the individual submission process that was prescribed or demonstrated earlier.

Any questions here?

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

No, I mean, I guess the only thing, of course, is just seeing the group. I don't know if there were any that were left off that surprised anybody, but I don't know if they've had time to think about that. We could probably take that up next meeting.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yeah. I mean, we're gonna have—I mean, the goal with the meeting, and I kind of, this was the next best discussion, because we have one more meeting left in June, I want to try to take a more detailed discussion on these, at least these 11 certification criteria, to start kind of working through some of that, so we can focus on those, and then if there are others that come up during the time of review, we can certainly kind of have that and capture those as well.

We're designing—we're right now designing that next meeting kind of really as a discussion, so not really, we won't really have a ton of presentation materials other than just to kind of receive feedback and input that you guys have discussed on that and then to ensure that we can get that submitted through the submission process so that it's properly captured and fully public for everybody. And then, like I said, I will reach out to determine if there is another submission method, but it's ensuring that we can keep everything public. Because we've received, you know, some previous feedback in the past that because the submission process wasn't—the comment submission process wasn't completely public that there were some concerns that we want to make sure we address this time around.

So again, can you go back to the last one slide? I just want to show the dates for open comment period again. That's through June 30th, there's the link, [healthit.gov/2015-Edition-Certification](http://healthit.gov/2015-Edition-Certification), and you would need to, at this particular point, click on each particular certification criteria to (1) do the draft test method, which will be presented on the left hand side, and then to use the submission button at the top to submit a particular comment on that particular procedure.

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

Scott, this is Cris. I have a question somewhat like Liz's—can you just give a sense of why these 11 were picked out? Is it because they're the most complex, the newest, the most controversial—any rhyme or reason? That might help us gauge our response.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

So, there were some, so, for some of these—so go to the next one. I just got a note from one of my teammates. Certainly some of these were controversial, but also that some are new, and some are significantly revised, so we, understanding that there's 66 there, there were some that weren't significantly changed, but understanding that there has been a lot of interest in these as a whole throughout the program since they've been in existence, specifically if you look at view, download, transmit, we've had entire meetings kind of talking about that, specifically, and including clinical decision support and especially transmissions of care. So there's some heavy hitter topics that we definitely want feedback on, and felt that this group would be, would be great to provide that.

We're also having a listening session with EHR that's scheduled for, I want to say June 10th. I'm not sure, but I'll make sure that that goes out to the distribution on this call as well if, in fact, you guys want to participate during that call to kind of just, you know, provide some additional discussion on this as we work through this process as well.

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

Scott, is that listening session aimed at any particular audience or is it just whoever wants to attend?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

So, we've targeted, EHRA agreed to help support us in this particular effort, so there will be a lot of members from that particular organization, but it is a public listening session, so we are seeking, you know, other participants who may have time and interest to provide it at that particular point in time as well, so it's kinda, you know, whoever is willing and able to participate certainly can, and we're working to, you know, I'll certainly distribute it to you guys, and if there are others that you identify that can be, can provide some additional support and feedback on that, that can be sent to me as well.

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

Thank you. That's helpful.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Great, so those to slides, I think it's just the question slide at the end of this—yep, I was right. So, thank you, guys, for your input and feedback today. Again, if there are any particular question that you determine or see after the call, you know, feel free to shoot me a note, you know, send me an e-mail directly, and like I said, I will be in touch on some of the other issues and topics which were raised today, and I look forward to our conversation during the next workgroup to delve a little bit deeper into the certification criteria.

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

Okay, um—yeah.

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

So, Liz and Michelle, what is on our agenda for the workgroup today? That orientation was really good. Are we gonna be diving into some of the particulars on any of these today, or is that getting beyond our scope?

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

I'm thinking we have 30 minutes. I'm worried that, with people disconnected, so many are in Washington, I'm not sure how to dive in. I don't know whether we should—God help us—extend the next meeting by 30 minutes? I'm just thinking, what I'm hearing is, we've got 11 procedural areas which probably have, you know, a variety of depth to them, and probably an hour and a half to get all the comments. I'm trying to run through my head and ask how we're going to accomplish that.

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

I think that if we actually, you know, have us work on them as we did before, and I'm gonna volunteer John and Dave to work with me, that we can perhaps accomplish a lot via e-mail and we could probably cover these 11 in an hour and a half if, in advance, we circulated them and gotten everybody's feedback via e-mail, then you know, we'll basically be presenting them for public comment versus hashing out what we think about each of them on the call. I think that will be a much more efficient way to do that.

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

That sounds reasonable to me. David and John, can you work with your—

**David Kates – Director of Interoperability – The Advisory Board Company**

Yeah, no, I'm definitely amenable. I think that's much more productive than [Cross talk].

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

I think if we divide them out, you know, somewhat, I think Dave and Sarah and I can probably suggest that to each other and more or less form up the same kind of review process we did for the assigned sections we had in the 2015 Edition NPRM. There's 11 of them. We can divide them, you know, four-four-three, with three maybe having a couple, you know, [Cross talk].

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

Yeah, depending upon the time, I think that we might be able to tackle more than 11 if there are actually others that were—

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

That were published, yeah.

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

At a priority. Because I know, personally, I'm gonna comment on every single one of them, so [Laughter], so that can set the—

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

Yeah. I was thinking maybe the number 11 is off base. I was trying to follow Scott's count. Maybe I have that number wrong, but whatever it is divided, you know, roughly in thirds to the review process, and we can share information back and forth as we have, and then, and then kinda do a report out to the workgroup.

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

When is the workgroup meeting? Michelle, do you remember, or no?

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

Um, somebody else might get it faster than me, but I'm looking right now.

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

Oh.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

I think it's the 17th, right?

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

Yes. Thank you—June 17th.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Not a problem. So, and I definitely appreciate you guys being willing to do more than the 11. We reduced this number strictly based on the amount of time between calls and didn't want to try to overburden you and say, "Well, kinda have at it and let us know whatever ones you want to do." Just because addressing 66, (1) between now and then was gonna be out of scope, I think, and then (2) trying to cover that during that call would be almost impossible. So I think I can go back to the drawing board with some of my teammates and colleagues to determine if there are a few more that we want to add, but like I said, if you guys want to, if you want to take the time, take a few minutes a day and figure out what that division needs to be, quickly, I guess four-four-three, or whatever groupings you need to assign, we can do that and then determine where the other abuses were.

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

I think we can do that offline. I don't think—you know, I think that we probably need to look at, look at, and I don't know that we want to waste everybody's time while we hash out the breakdown, but I would just suggest that you do a second tier line, and what we can do is, we can tackle these first 11 and then, depending on how overachieving we are, because you know we're a group of overachievers, we can then start moving it onto tier two.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Got it. We'll get that list together for you and get that distributed as soon as possible.

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

This is Kyle. I have one comment just, as I go into this as just a reader, I have something. The draft test procedures are built on the assumption that the proposed rule is rule, and so as we're making comments, again, this is what we've had to deal with is our labs, you're already sort of making comments on is, we kind of have to make the comments not about the rule, which is a separate process, but if this is the rule, here's how we're to be testing it and kind of giving it that. So I just kind of want to, I guess, restate that, that as you make your comments, it's not a matter of, "Hey, I think this is a bad rule" or "We should change it," but "This is the rule, then this is— then your person testing it should be this way."

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

Got it.

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

And I would say, if we could add, if we did have to add just one more, just to even our numbers out, I personally would suggest G7, which is the common, that's getting to the API aspect, which acts as the common clinical data set. And the reason I mention that is, that is probably one of the more, it's a very different type of test than we've done in the past. You know, it's not like show me your, your, your display if you're having a problem, or create this message and run it through a tool.

It's kind of a different approach, and I'd be curious on us, as a group, kind of analyzing it. I know, as Sarah said, we're all probably gonna—at least a lot of us will comment on everything, but the main—if we had to find one more to even out our numbers, personally, that would be my suggestion. I find that a very unusual task in terms of how you go about approaching that, since we're talking about an API and how you go about, it's both, you know, attestation documentation

analysis, plus some kind of actual visualization. Yeah, so there's a lot of combinations there to do.

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

Plus, somebody has to come up with the API that tests to your \_\_\_\_\_. I mean, you know, the trials need to be API.

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

Yeah, what's your connecting—yeah, what are you gonna do to demonstrate, you know, how are you gonna use that? There's a lot of things like that to think out. That's why I'm—and I think what Sarah mentioned is a good point, is how are we gonna, not just follow the test procedure, or actually the regulation in doing this, but especially, we have people who are developing systems, people who are using systems, who have to do our testing systems, is to kind of offer these comments, like, "How are we gonna do this, exactly? How is it really gonna work in the real world, to demonstrate this?"

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

Agree.

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

So I think we have a plan, Scott. I think we just need to determine a method for getting their feedback so that we're ready for the meeting on the 17th. I mean, I know that we said that [Cross talk].

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

If John, David, and I—if John, David, and I split up the 12, we'll, we'll take the suggestion to add the API one. If we split up the 12 and use our same groups we had before, but also circulate them among the entire workgroup so that we get everybody's opinion, then we should—you know, and if we shoot for a relatively quick timeline, then we might be able to attach some more so that we can really do our part in advising on, you know, the bulk or at least more than just a tiny subset of the test methods.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

So, could we, could I just ask that we work, you include me on the, kind of some offline discussions so maybe I can kind of get your feedback and see what trends you want to go—what groupings you're doing with the 12 we let in \_\_\_\_\_ and we can, you know, work with the suggestions of others based on your areas of expertise and interest. Because ideally, if this were a perfect world, and we had another month and a half, we'd need feedback on all of them, but given the short time frame that we're up against, we focus on the 11 just to start.

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

Yeah, 11, 12. I mean, I think we want to get the other feedback done first, and then we can, you know—thank you, guys, I know this takes a lot of your time.

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

Well, and I mean, the API one in particular is an area that I think we should get—I know my organization has a particular interest and I can contribute to the \_\_\_\_\_ valuable in myself and I volunteer to do that one.

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

Okay, so do you all want to take the rest of this meeting, the three of you, to figure out how to divvy them up and the rest of us can drop off, or how can we be the most helpful?

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

That's not a bad way to spend a little bit of time, Liz. We can probably do that fairly amicably and quickly. Scott can put his [Cross talk]—

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

Yeah, I don't mind listening, but I don't think that—I'm thinking that Cris and I may not have much to contribute. Cris, you may feel differently, so I don't want to speak for you.

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

I think—I think we can do it via e-mail.

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

Yeah, that's—that's [Cross talk].

**David Kates – Director of Interoperability – The Advisory Board Company**

I'm gonna have to drop off in a little bit.

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

I'd be glad to take first crack and we can sift it out from there if you want, just for the sake of someone going first.

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

Yeah, I don't have any strong feelings, so whatever you or David feel especially strongly about, you can [Cross talk].

**David Kates – Director of Interoperability – The Advisory Board Company**

Yeah, if you want to take a shot at it, John. The API one is the only one that—I have to step away at this point, but yeah, if you want to take a shot at it, and then we can \_\_\_\_\_ from there.

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

I'm going off the list of the 11 that, Scott, you had on, what was it, slide about 21?

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yes, sir.

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

Okay, so I'll use that as my basis of proposing.

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

And were we gonna add the API one as the 12th, so we had an even amount?

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

Yeah, we—yeah, we can.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Yeah, we'll add—make sure G7's added.

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

Yeah. Okay. I will, while it's fresh in mind, try to send that out, and Scott, I'll copy you and Cris and Liz just to keep them informed.

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

Sounds great. Works for me.

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

All right. Thank you, everybody.

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

Is there anything else on this call—

**David Kates – Director of Interoperability – The Advisory Board Company**

Thanks a lot, John.

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

Or should we open up to public comment?

**Public Comment**

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

Just a reminder—well, we can open it up for public comment, and then I can say it after.

Operator, can you please open the lines?

**Operator**

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

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

While we wait for public comment, just also a reminder for the June 11th meeting that Scott and Brett are gonna work on getting something distributed by Monday for feedback, so we have a lot of homework for this group, so my apologies in advance.

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

Yeah, I agree, and thanks in advance. I think it's important that we get both sets of work done, and I know we're asking a lot, so we'll all be on e-mail actively and doing what we can to support you.

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

It looks like we have no public comments, so thank you, everyone, and we'll certainly be in touch with next steps for all the things that we discussed today.

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

All right. Thanks, everybody. Have a great afternoon.

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

Thank you, everybody.

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

Thanks.

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

Thanks, bye bye.

**Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services**

Bye bye.