

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

**Presentation**

**MacKenzie Robertson – Office of the National Coordinator**

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

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

Here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks Liz. Cris Ross?

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

I'm present.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks Cris. Anne Castro?

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

I'm here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks Anne. John Derr?

**John Derr, RPh – Golden Living, LLC**

Here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks John. Timothy Gutshall? Joe Heyman? David Kates? Tim Morris? Stephen Palmer? Sudha Puvvadi? Wes Rishel?

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

Here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks Wes. Ken Tarkoff? John Travis?

**John Travis – Cerner Corporation – Senior Director and Solution Strategist, Regulatory Compliance**

Here.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks John. Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady? Tim Cromwell? Nancy Orvis? And any ONC staff members who are on the line?

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

Scott Purnell-Saunders.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks Scott.

W

And is there ...?

**MacKenzie Robertson – Office of the National Coordinator**

Yes, Liz should be on the line as well. And with that, I'll turn the agenda back over to you Liz.

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

Okay. This morning Cris and I want to go through this PowerPoint for the final time. We were still tweaking it last week and get our input so that MacKenzie can release it for review on our Wednesday Standards Committee, and then we'll talk about how that's going to get presented. And I think that'll take our full hour and so Cris, any other comments.

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

None. I'm just walking into my office; I'll be looking at the document here in about 30 seconds.

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

Okay, great. Okay, Scott, you want to run us through.

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

Yes ma'am. So, I'll just notate the big changes we made from last week, just to kind of preface it for those who were on the call, there was a big push to change some of the language that was in some of the initial diagrams. We made those adjustments. I'll go through it the same way I did before, kind of highlighting where some of the significant changes were, and then just reviewing the deck for those who weren't able to view it previously.

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

Scott, the other thing is I think we made some ordering changes around where the purpose and so on went.

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

Right. So we basically consolidated some of those slides so basic – so they're, I mean, I'll show you guys.

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

Okay.

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

Next slide. So in the contents list, you'll see for slide 5 the purpose of scenario-based testing and then the scenario-based testing slide, kind of giving some brief initial background information. At the end, we kind of then did go back to the summary slide and kind of talk about that again, so there – some information is repeated between both slides, but we tried to capture what the feedback was and the differences needed to be with those two, those three slides directly.

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

So for those who weren't with us last week, what we were doing was explaining unit-based testing and then we were going to move to – for some reason you're, let's see three .... and then we were going to move into the scenario-based testing and our recommendation was that we explain what that was, most people understand unit testing. But, when we – before we went into the deep dive on scenario testing, we thought we ought to give the purpose of it and explain what it was. So, that would be slides 5 and 6.

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

Right.

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

Everybody with us on that? Wes, did you find your slides?

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

I'm still working on it.

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

Yeah, I'd like Wes to get caught up with us if can wait just a minute guys.

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

Wes, I'll resend them to you now. Give me a second.

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

Okay.

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

Scott, this is Cris. Can you send them to me as well?

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

Sure.

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

I'm not finding them quickly.

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

Got it.

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

Thank you sir.

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

Okay, I've got the PDF opened now, so we were at slide ...

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

Yeah, we went, we said that we would explain unit-based testing, too, so the diagram for a one unit test, and then move into scenario-based. And last week what we did was ask Scott to move up the purpose and the explanation, before we got into the diagrams, because we thought they were kind of confusing, if we just hop from one to the other without the purpose.

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

Yeah, that sounds good. I'm looking at slide 6 now, that's about where we are?

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

Yup. And Cris let us know when you're caught up with us.

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

I'm here, I got it.

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

Okay, great. So Scott, you want to ... one of the things that was pointed out last week was we were using the terminology clinical plausible, that was what ONC wanted and so we went with it. I think we had suggested clinically relevant, I think it's semantics. Anyway, if we'll just go ahead and walk through, I think the testing slide itself is the one we are, Scott?

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

Yes.

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

On 6, because the purpose, I think, is very, it's absolutely where it needs to be.

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

Okay. So we'll continue from slide 6, just explaining what scenario-based testing is. First, it's an alternative to unit-based testing and essentially it means testing dependent tests, test data links unit tests with dependent inputs and outputs, essentially showing that the scenario-based testing requires that there's a previous test and the test after that, if one is necessary, in a particular order. The test data output of one test can be the input for the other, and the key word here is "can," sometimes that's not a necessity or requirement in some cases, but it can be used and we'll demonstrate that with some of the diagrams to follow. And the biggest thing here is that scenario-based testing is optional for the 2014 edition test method. It is not a requirement and we're giving people a chance to test interoperability with their products as an option at this point in time. But the hope is that we'll be able to strengthen this program so that that can be something we can move toward in the future.

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

I have a question on that. The testing we're talking about is both functionality and interoperability testing, right?

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

That's correct.

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

Okay. So the way you just said what you said about the last sub-bullet in the first group of sub-bullets, it sounded like scenario-based testing only applied to interoperability.

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

No, I was saying it's testing interoperability, it's not just testing interoperability, that's one of the advantages of it.

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

It's testing interoperability, it's not just testing interoperability.

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

That's just one facet of the scenario-based testing; it's not the only advantage.

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

What's bothering you Wes, just not clear?

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

Probably a lack of sleep, so let's go on and we'll ...

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

Okay.

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

The words on this page seem fine, it was the way it was described that I had difficulty with, but ...

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

Okay. Yeah, and I think, go head.

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

Well this is Cris. I guess I'm looking at slide 5, actually to Wes' point. This one seems to put sort of equal emphasis on testing across systems and within a system, and I'm not sure how we're defining a system. If that was EHR components or if it was components within an EHR would be interesting. I'm not sure how much real focus and effort we put into conversation about scenario-based testing from an interoperability standpoint, and it feels like this introduces maybe more emphasis that we've really put on this. So, I guess I don't mind the graphic at the bottom being down there, although I'm not sure it depicts what we're saying. I would, perhaps, to get to what we were just talking about, maybe this sounds nitpicky, but on slide 5, reorder the bullets so that we start with clinical plausible, then we go to improve efficiency, then we go to increased value, then we go to reduce setup and then consistent and replicable. And then put the ensure ability to use data across and within a system at the bottom.

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

So, it's the – that works for me. Does anybody object to that reordering? Okay Scott, if you'll do that. I was going to ask in this context what you meant by system, Scott?

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

So essentially we're talking about system in a very generic way, indicating that particularly an EHR system is a type of system, and data across systems would be passing data across more than one system or program. So it's not very specific here.

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

Well, I think the problem is that a lot of our discussion has been about interoperability among modules of a complete EHR.

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

Right.

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

And without more qualification, it's not clear when we're talking about – the term system could apply to a module of an EHR or it could apply to a complete EHR.

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

But that's the idea. So when we're mentioning systems and I'm describing it here, it's indicating that it can be a module that is within a complete EHR, or it can be a module that is not say within a specific EHR but is built and passed from one module that's created by one company, and a module that's created by someone else.

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

Well, there are ...

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

I think you guys are going off the deep end.

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

I don't know that we are because there are certain tests that are designed, particularly the test that tests interoperability features, such as standards. They're designed to tell how this complete EHR that's under test will interoperate with a standard, in the hopes that it will therefore interoperate well with another EHR that's not under test right now. And there are tests that determine whether two components of the EHR system, that are both under test right now, are interoperating, and I guess Scott's making the statement that this wording is general enough that it applies to both cases. I guess that's what he said.

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

And that's the way I'm reading it, it's very generic, general – these first three slides are generic general. Nothing got specific to an EHR yet.

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

Well, all right.

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

Would it be better to say data across applications and data within an application rather than saying systems?

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

What's the difference?

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

Because I think you're talking semantics.

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

Well, what I ...

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

The question in my mind is, will in being general, is this going to throw the reader off, the listener off, because they say what the hell are they talking about?

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

So, when we talk about semantics, when I think of systems – well there are two ways to think of systems, it's a combination of applications or it's like a system like between doctor's offices and the other provider settings. That was my only concern when we – like I said, it only came to mind when you started talking about interoperability. I don't want to spin on this too long or we won't get to the ...

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

Well, if we were to change the second and third bullets to say, ensure ability to use data across complete EHRs and ensure ability to use data within a complete EHR.

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

The problem we have Wes is the word is complete; this could be for modular testing.

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

But okay, so ensure the ability, ensure that one complete EHR can communicate with another complete EHR and ensure the ability of modules within an EHR to communicate with one another.

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

I think we're being too specific here.

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

I'll tell you what let's do this. Let's leave slide 5, get through the diagrams of what we're trying to say, come back here to see if this says what the diagrams represent.

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

Okay.

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

So let's move on to slide 6. And I think the challenge there wa – do we have a challenge for slide 6? Was that the only challenge we had was, I think it was more the way it was talked about than what it says. And so Scott, as we get through this and we come back to these two slides, we'll talk about the use of the word interoperability and how careful we need to be.

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

Okay.

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

Let's go on to slide 7.

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

Slide 7 introduces the testing of separate unit tests and we began to build the base for showing how scenario-based testing will be diagrammed and depicted. Essentially you'll see on the left side, for test 1, where we basically set the initial state of the program or test. When we add a program, as we talked about last week, it just kind of got awkward, so we just removed that and just said set initial state, which indicates we're basically bringing the particular unit test to baseline. Data is entered at the top, where you see the red box, the document and the data, and it comes down, data entered during test 1. Data is then verified during test 1; it comes out of the bottom of the unit test. The information depicted on the red arrow with the Unit Test 1 results shows all the bundle of information that comes out of the test, and that's the setting the test to a post-test state, including ending the test and then the data that's coming out of that.

The same thing is repeated for test 2, and you'll notate or see that the box is indicated with the red dotted outlines are just showing how the data that came out of test 1 would not be used for setting the initial state for test 2.

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

What was in the first green box last week, last Monday, what did that green box say?

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

It said, set initial – it wasn't state, it was, I think, test state or set initial test.

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

Yeah, I think we wanted, I think it said program test – I thought we wanted to say test, why do we – where did state come from?

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

Well, we talked about adding test, but having test too many times, we settled on changing it to program state. When we changed it to program state, it just got really long and awkward. So we can add program back in, but we didn't want to use test again, because we had test too many times.

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

Is that what everybody else remembers? I'm sorry; I'd have to go to my desk.

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

I wasn't on the call.

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

Yeah, I can go get – I'll be right back, ya'll go ahead.

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

I thought we were getting rid of program...

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

Right. I mean we were getting rid of test and we settled back on program, but we added program back in independently and you didn't like the way it looked.

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

I don't remember. I remember us talking, but I don't remember using the word state, which means sometimes a lot.

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

Okay.

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

Liz is the keeper of the notes.

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

What was it last time; it was set initial program test state? What was it?

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

Wait a second; I'll pull the old version.

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

I got it.

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

It was set program to initial state.

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

Yeah, I've got it. Thank you. I'm sorry; I just had to walk over to my desk.

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

That's fine I pulled it up.

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

Okay.

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

So last week the wording was set program to initial state.

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

What we said was we were going to change it to set test to initial state, I thought I had marked my – I knew I'd marked what we had agreed upon.

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

Yes.

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

What we agreed upon is set test to initial state.

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

Okay. So Scott followed what we said.

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

No, he didn't, he ...

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

No, I didn't put test in there.

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

He didn't put ... in there.

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

Oh.

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

I removed program and I need to add test – we'll add test there.

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

Okay.

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

So just for the notes, all of them say set initial state, so we'll add test to them.

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

Okay. So otherwise, from a, particularly Cris and Wes, since you weren't able to be with us last time, can you – does this make – does this diagram seem to depict what we're trying to say?

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

Yeah, I think it's important to look at it in context with the next two diagrams, but ...

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

Right.

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

... that's the right sequence.

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

Yeah, I think if you put just 7, 8 and 9, because it's really nicely done. I think we made it actually further than that, even to 10. Not listening to the call last time, this looks like a lot of progress.

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

Okay.

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

Let's go to slide 8.

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

Yup.

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

So in slide 8, we showed a change of the big red "X" at the bottom and the smaller red "X" at the top, basically clearing out the post-test data results from test 1 and the entry into test 2, and showing a large red arrow for the test results out of test 1 being carried into test 2.

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

I have a question on this. I had the impression, and I can't tell you whether it was just literally just an impression or whether I saw it said that you had a requirement to audit, maintain an audit log of the output of unit test 1.

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

We do and that's being represented by the data verification during test 1. So in every individual test in the scenario, there is verification that is required, and then that verification, that information can be stored and recorded for those unit test requirements.

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

Well, it strikes me that putting the red "X" over the file cabinet and the stuff under the ... got there is implying that you're not keeping the data, I just think you don't need the red "X" there.

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

Well but we need to remove the stuff Wes, because the problem was is it was unconnected, what we got last time, the file cabinet was already “X’d” out because it’s not a post-state progr – he had called it post-test program state. I mean we can do it – let’s – with what to do, but the problem was, it was sitting out there with a red “X” on it with no connection.

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

Right now it’s sitting there with a red “X” on it with no connection, right.

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

Right. So either it needs – so either we need these to come out altogether, I mean, I’m not sure what the purpose of the red “X,” why leaving it in, it’s I think because it’s removed from the previous page.

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

Well yeah, I understand the red “X” goes over things that had a red ... and outline on it on the previous page. And I have no problem with that, but I don – this also implies that we’re not keeping records at the end of unit test 1, because we crossed them out. And my understanding from previous presentations, and one of the reasons we’re structured the way we are is because no matter what we do, we’re obligated to keep records as if we did each of the unit testing steps separately.

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

So Scott, if that’s the case, underneath unit test 1 results, that’s where the file cabinet belongs, right? That would imply that we are keeping the results.

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

That’s correct, we are keeping them, but the “X” is here implying that the test results aren’t being – that file cabinet isn’t carried through with the input for test 2.

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

But we’re running the arrow.

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

No, here’s what I said again. The file cabinet isn’t being used as the input for test 2, that’s why they’re x’d.

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

What?

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

So, go back to slide 7. In slide 7 we’re showing that basically this input here, this post-test completion, and that’s notated by the red dotted box.

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

Right.

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

And this said initial state, those aren’t – that’s not the input for test 2. So.

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

So what – but it wasn’t about the input, what Wes’ point was, is that data being maintained independently for audit purposes, so it can be verified, regardless of whether it’s being used for the next test or not.

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

Yes.

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

I think that was the point. So why wouldn't it be put in a file cabinet for verification, I mean, for audit purposes?

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

Yeah, I mean I think the correct representation would be that the arrow that the – going back to slide 7, the arrow coming out of unit test 1 goes to unit test 1 results and there is a whole new box for set initial state for unit test 2. The correct change for 7, I'm sorry, for 8, should be that there's the Unit Test 1 circle – unit test 1 results circle, has an arrow coming out of it going down to the file cabinet, just like it did in the previous slide, and an arrow going to unit test and there's no "X" on the file cabinet. And, the set initial state box for unit test 2 is crossed out, as it shows.

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

Right.

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

So fundamentally the changes I'm asking for are to take the "X" off of...the lower "X" off and to create an arrow from the Unit Test 1 results circle to the file cabinet.

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

The only question I have about that is, that is not an end-state at that point, right? That is simply to depict that the data is available for audit, it's not an end place for a scenario-based sequence.

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

No it isn't.

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

So it can be stored, but it doesn't ... it should not say end-state.

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

How about interim state?

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

Well, it's unit test 1 end-state. It is the end-state of unit test 1; it's the same identical material as would have been created with the unit testing approach, because according to what we've been told, that's required by our regulations.

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

I think we could do that as long as it clearly shows that – I mean, the emphasis should be there, because people are going to ask the question, why is it going into this place, and we need to say, because it's required for audit purposes.

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

Okay. So why don't we add to my previous suggestion that underneath it says for audit purposes, underneath the whole combination of three icons there in a Alfred Hitchcock, it says audit data and the green box down there says unit test 1 end-state.

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

Yeah, that would work.

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

Sure, and you'd draw the little – if you leave that. Wes if you're suggesting we would have the little gold thing where it says unit test 1 results, put it – in slide 8, put it in the same place it is in slide 7, and have the red arrow go from that little gold circle over unit test 2.

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

Yeah, the only other thing I would do Scott is just – and this is nitpicking, but I think it'll make it easier, if you will make the arrow down from the unit test just a little bit smaller, a little bit narrower, so the focus is on moving on to Unit Test 2.

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

Yeah.

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

But the file cabinet shows as where we are able to audit unit test 1. And if you'll send it to us this afternoon, we can look at it with you.

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

Okay. I'll make those changes.

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

Okay. Great.

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

Now my question is this, so go to slide, well, let's go back to slide 8, we'll make the changes here and maintain that. And in slide 9, the multi-test scenario, basically what I'll do – what we'll do is add some sort of symbol to call out that data is verified at every particular step here – not verified, stored at every particular step, similar to how we did before, but if we add ...

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

Can you say, just say verified and stored, instead of adding another symbol, just so this page doesn't get out of control? Can we just say verified and stored?

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

I mean we can, but that was the reason – that was the initial reason why I described it that way when we talked about it with ...

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

I understand, I'm just trying to not make this end up being – 9 being so complex that it, others please speak up.

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

Well, I think – I guess the problem is that it's not obvious from the diagram that the lower brown boxes with pieces of paper in them go into the filing cabinet.

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

So you're thinking that we need to put a file cabinet at the bottom of each one of these.

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

Well, that would be one way and would work, the other would be to just put a line that sort of runs underneath the four lower brown boxes and goes into the file cabinet.

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

And has a connection at each data.

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

At each of the four boxes then is connected to that line.

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

Right, so.

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

And the file cabinet effectively contains ...

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

Right.

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

... the final test states ...

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

... for each one.

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

They are the things that were verified – well, I don't know, I'm trying to reuse the file ... different. Yeah, I just think arrows leading down out of the four boxes that form this, it's going to join into a single line running left to right and pointing to the post-test state, I think is – and maybe a box that says verified for, verified scenario or something like that.

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

Scott, do you have an idea of what to do?

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

I do, but my concern is this. Once we make that change here, that's not reflective of the changes you just asked for in slide 8. So, if we were to do that, go back to slide 8. If we do that there, the depiction of this particular diagram would need to be a single line coming from the data verification on box 1 to data verification on 2 and into the filing cabinet there, which can be done. If we're just talking about being consistent, I don't want to have – we don't want to try to mix this, because that's been a problem that we've done week by week when we've added one diagram that's not depicted later and does not carry through, it doesn't work. So I mean I'm fine doing a mock-up to show it, because I think at this point we're just trying to make it more clear.

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

Right, I'm following you. So based on what Scott's saying, we need to depict on slide 8 and on slide 9 the same way of how the data is stored in the storage, in the post-test state file cabinet, so that it's clear that we always store all data is really what it comes down to.

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

So that was the reason why when we initially talked about it, I was saying it came out of the data portion. But if the thought is to maybe add a filing cabinet there, at that bottom like it comes down and says data verified and then another line saying data stored in each, and those would carry forward, that's fine. But I'm open to any suggestions here.

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

Well I think, now that I'm up to almost 3 percent of my electrons firing, my neurons firing, I see that the file cabinet is used to describe the post-test state and state is this broad term that could define almost anything about the system under test, data, knob positions, connectivity, anything. And we are using the brown box marked data with a page in it to represent that data that was verified during a test. Okay, I got that looking at page 8. Looking now at page 9, I – if the implication is we don't save the post-test state until we complete the multi-test scenario, then I would say page 9 is fine the way it is. It might be nice to use red arrows in between unit test 1, unit test 2, unit test 3, and so forth, just for consistency with the prior diagram, but the content is just exactly fine. If we're trying to say something – if we're trying to say that we could do test 3 without doing test 2, we haven't said that, but maybe that's what slide 10 is about.

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

Let's see.

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

Yeah, no, I think that the changes that we described for test 8 is ...

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

So I think our debate here Scott is, Wes is – we were looking for whether or not we needed consistency. You Scott were looking for whether or not we were going to cause confusion by depicting it one way in 8 and a different thing in 9. Is that correct?

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

Yes. I mean the thought is if we depict it in 8 as described, that's fine, and we would just have to add some sort of call out to 9 and 10 reflecting that, and that's okay. I'm being as explicit as I can here and deliberate because we've had some problems before where we've had some inconsistencies in the way it's depicted and that's caused some confusion for people who hadn't been as engrossed in this as we have.

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

So, so we're envisioning this now where slide 8 has the big red "X" removed at 7 o'clock and is otherwise the same, I think. Is that right?

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

Yes, if we're not going to get into the data from test 1 is stored.

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

No, that's still there, it's because only the red "X" is removed, the file box and ...

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

Oh, at the big red "X," I'm sorry. I'm with you.

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

Yeah, all right. Okay. Then we have it – in order to get to a broader scale ... physical – would scale to get four tests, we have collapsing, as we go to slide 9, the lines get smaller, we don't show end states for anything, end state is completely missing from slide 9, although set initial state is there. And the reason we do that is because the end state of unit test 1 is the initial state for unit test 2. We do show the data being saved at all tests.

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

Yeah, because we never break the line, is that the point?

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

Well, we have a down arrow from each unit test box.

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

Right.

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

To the same icon that says, so, it would help if verified during test 1 and saved, verified during test 2 and saved was in the small print there underneath the brown boxes.

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

Scott that was my suggestion is we say, “verified and stored,” or “verified and saved.” I don’t care what the word is, because that makes it simpler. Are we okay with that?

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

Yeah.

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

Okay.

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

So we’ll add verified and stored to each in 8 and 9.

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

Yes, because it doesn’t say anything on 8.

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

Right.

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

And it just says verified on 9. Okay.

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

Okay. Now let’s move to 10.

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

Well 10 is just the, it shows the optionality with the test 3, so unit test 3 could either be gone through in the same order we depicted on slide 9 or optionally not used and it continues through with step 4. The big call-out is that with the incremental data used for data setup 4 it may have to be re-entered during subsequent tests, just to indicate that there would be more information necessitated in test 4 if test 3 was skipped.

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

So I wanted to ask a question Scott. I think that you’ve got your black and red reversed and the reason I say that, let me get it out, is that I think that the black line should indicate, I could be wrong, but it – would we send stuff – I think that you would go from unit 2 to unit 4 if you had a continuous black line, and the red line would be if you skipped – does anybody follow me?

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

I don’t know why – it seems a little bit arbitrary to me, one of the paths indicates skipping ...

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

Right.

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

... the test and the other one doesn’t. So right now the upper path would be slide 10 being like slide 9.

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

Right.

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

And the lower path shows skipping.

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

Yeah. We separated the lines last week because there wasn't an extra black line, I just want to be sure that you guys that are looking at it for the first time, because we have looked at this many, many times, do you see one as a continuous test and one as a skip of stage, many times, do you see one as a continuous test and one as a skip of stage 3, of unit test 3?

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

Yes I do.

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

I do too.

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

I see the brown or red line as being the skip of ...

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

Yeah.

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

Right. Okay.

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

All right. However, what I don't see is any additional data being entered in test 4 that wouldn't have been entered – when they use the brown line, that wouldn't have been there when you used the black line.

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

Okay, say that again. Are you saying you can't tell how unit 3 test data was omitted?

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

I can't tell how unit test 4 ... I can't tell that you intend to add extra data into unit test 4 because it was not generated as an output of unit test 3.

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

That wouldn't be that incremental data entered during test 4.

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

The problem is that you've got that – go back to slide 9, that's already there when you're not skipping tests. That's the data for test 4, that's what to put in, the – to that data you put in comprises the testing of test 4, and it's there on slide 9 just as on slide 10. The difference is that the upper arrow of the split test, the split test 3 is fine with just that test 4 box incremental data going down. But the lower arrow that goes in from test 2 into test 4 needs more data potentially – it needs more incremental data for – because test 3 was skipped. There might have been a change to – and I think that that could be solved by putting next to the box that says – the brown box that says test 4 incremental data, to its left put a box that says test 4 – no, I'm sorry, putting a box down below in the – where there's a line that doesn't ... anything, doesn't have any output, put a box down below that also goes up to unit test 4 and says, additional data needed because test 3 wasn't performed.

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

I understand what you're saying; I'm just not sure how to really resolve it.

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

Get a decision among our group?

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

I'm ... not that. I'm saying I clearly, I think I understand what you're trying to say about – because the arrow just goes in and it doesn't – it goes into unit test 4, it doesn't appear that it impacts the incremental data.

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

So what we tried to do with that was that statement that's at the bottom of the page. Essentially what we're saying...I mean the words are clearly, are stating the flow through data includes not only information that would otherwise be re-entered during subsequent tests, which is incremental data that's depicted for tests 1, 2 and 3, but also other data that might influence the quality of the test, indicating if there is additional data needed, say for example when we skip test 3, that would be added in the test 4 incremental box.

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

How about this, why don't we put one of those red lines coming down from test 4 in addition to the black line?

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

Okay, that shows additional data.

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

Is that good enough Wes?

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

It's an arrow leading out of Unit Test 4 box.

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

No.

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

No, it's from the test 4 test data box.

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

So it shows that there could be ...

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

... another data source.

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

... incremental data from the black line or the red line going into unit test 4.

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

So it could come, it could include unit test 3 or not.

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

Right.

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

Well ...

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

I can't envision it

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

I'm not sure what the point of that is, I – maybe I'm totally missing it, but I thought that the whole point of slide 10 was to show that you can take out test 3.

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

It is.

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

You can.

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

So I think we ought to be – we're only depicting that with the red on test 3 and the red on unit test 3. I think we should be more clear about it. I think what was just suggested to me muddled that issue, apologies, but just be more vivid in just removing test 3 and showing the data from unit test 2 passing to test 4.

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

I think that under that scenario; let's just say we did exactly that. Let's say that we made test 3 gray, we got rid of the whole unit test 3 data verified during test 3, just nuked those, add an arrow that went from unit test 2 to unit test 4 to show getting rid of test 3. We have in that process the potential that what is called test 4 incremental data entered during test 4 is now has a little more content because it has data that would have been available at the end of test 3 and is necessary to test 4. So if you don't run test 3, then maybe you still have to type the patient's zip code in or something, because test 3 captured the address and therefore the zip code was there, but test 4 doesn't care about the whole address, it does tend to care about the zip code. I mean, I think if we just follow that suggestion, was that Cris ...?

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

Yes.

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

... that we don't try and depict both paths on slide 10, but instead try only to depict the path where test 3 isn't performed and then look at that drawing and see if it makes, and add a little bit to make it make sense, then it will be clearer than it is now.

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

Sorry Scott, I'm a little bit brain-fried trying to figure out where we're landing, to be able to – I mean I think – if you understand what Cris has suggested and you can draw it up and send it to us today, then I think we will take some license and make some decisions, because we need to ...

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

I would be happy to send a modified version of page 10 only immediately after this call, during that hour when all decent people in the West Coast aren't up yet anyway, and then Scott can use that or not use it, according to how he sees fit. I'd be also available to talk to him on the phone today if he wants to do that, because I may not understand all the things he has in mind in doing this. If you'd like me to do that ...

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

I'm okay with that. Cris, are you okay with that?

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

Yes, it sounds good to me.

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

Okay. So let's move on please, so we can – because we only have a few minutes and thank you Wes for that offer. Let's see if we can get through the rest – we, I think, of course this is famous last words; we did not make a lot of changes to the remaining part of the deck.

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

We didn't, basically the next change on my notes ...

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

... was on slide 16?

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

Was 14 – was it 16, go to 16?

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

Well I think it was 16 where we wanted – wait, yeah, wait, maybe it was 14, I beg your pardon. It's where we wanted you to designate the location ... okay, you're right. Eleven we wanted to put clinical location for specialty area and you did that.

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

Yup.

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

And then on 12, I don't have that we made any changes at all, this is really about where the materials are available.

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

Right, and where you can get them and the links are active and the PDF.

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

Right. And on 13, and then we'll pause for a minute, this is – we went through this and we were very comfortable that this now depicts a clinical plausible workflow and the data coming in and out at the right places.

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

Now the change here, the language in the boxes on the left, so it now says "patient is seen by provider or admitted to hospital," so it was a call out in parentheses with the inpatient and all that kind of stuff, that was removed.

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

What this said last week was, there was a call out beside hospital that said ambulatory and beside provider that said inpatient, this is clearer to me. Patient seen by provider or admitted to the hospital, patient is referred to the provider or admitted to the hospital.

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

And that was part of what I would say, that's good Scott.

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

It's good Scott, you got it.

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

So that was the change on slide 13. On slide 14, there weren't – did we make any changes, no.

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

Nope, no changes.

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

Fourteen was the same.

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

Correct.

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

For 15 everything was the same.

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

Correct.

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

Sixteen we changed the shapes so they matched, so matched chevrons.

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

Yeah, instead of the arrows or boxes.

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

Yup and the language is the same. And 17 was the same as well.

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

Right. So Cris and Wes we – I don't know if you've had – and you may not have had a chance to look at those last slides. Like I said, we went through them, actually ad nauseum, but that's pretty much what it was last time.

**John Travis – Cerner Corporation – Senior Director and Solution Strategist, Regulatory Compliance**

We even stayed after the hour, I think.

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

We did.

**John Travis – Cerner Corporation – Senior Director and Solution Strategist, Regulatory Compliance**

Oh gosh, there are treatments for that, you know. I thought these looked really clear when I looked at them over the weekend, and then grabbed them again this morning, obviously. But I thought they made a lot of sense.

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

Okay.

**John Travis – Cerner Corporation – Senior Director and Solution Strategist, Regulatory Compliance**

I liked – 13 in particular I liked a lot.

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

So I would say, we will ask Wes to take a look with Scott at 10. Then Scott, can you get us another deck out before the end of the day, because we need to get it completed and Cris, you and I can talk about how to do that, so that we can get a deck out to the standards group tomorrow. Is that okay with MacKenzie?

**MacKenzie Robertson – Office of the National Coordinator**

Yes, that's fine.

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

Okay.

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

I would ask Scott to right away now send me the PowerPoint deck, I think we only – I only see PDFs here in the ...

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

That's fine; I'll send you a PowerPoint so you can work on it.

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

Yeah, okay, thank you. And I need to have my part done within the next hour, because I have a call at the start of the morning.

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

Okay. That works for me. Great work you guys. We'll be – and then Cris, you and I are going to have to talk this evening I suppose, or tomorrow, to talk about how to get this presented at the meeting, because we need to go to public comment.

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

Yeah, I shake free at about 6 o'clock tonight. Maybe we could – I might be able to move something to talk at 5 if you want.

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

Well that's okay; just call me at 6 on my cell phone.

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

I'll do that.

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

All right. And MacKenzie, can we go to public comment please?

**Public Comment**

**MacKenzie Robertson – Office of the National Coordinator**

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

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

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

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

Okay everybody, thank you for your work. And Wes, thank you for volunteering to work on 10. And Cris, I will talk to you at 6 o'clock tonight. Any other comments from the workgroup?

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

See everyone on Wednesday.

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

All righty.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks everybody.