



HIT Policy Committee Implementation, Usability & Safety Workgroup Final Transcript January 14, 2015

Presentation

Operator

All lines are now bridged.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – 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 Policy Committee's Health IT Implementation, Usability and Safety 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. Also, as a reminder if you are not the one speaking if you could please mute your line it would be appreciated and with that I'll now do roll. David Bates?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Here.

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

Hi, David. Larry Wolf, he is muted, so I will say that he is here. Alisa Ray? Bennett Lauber?

Bennett Lauber, MA – Chief Experience Officer – The Usability People, LLC

I am here.

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

Hi, Bennett. Bernadette Capili?

Bernadette Capili, DNSc, NP-C, MS – Assistant Professor, Associate Director, Division of Special Studies in Symptom Management – New York University

Here.

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

Hi, Bernadette. Betty Mims Johnson? Edwin Lomotan?

Edwin A. Lomotan , MD, FAAP – Pediatrician & Informatician – Health Resource Services Administration

I'm here.

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

George Hernandez? Hi, Edwin.

George Hernandez – Chief of Applications and Development – ICLOPS

George Hernandez here.

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

Hi, George. Janey Barnes?

Janey Barnes, PhD – Principal & Human Factors Specialist – User-View, Inc.

Hi, this is Janey Barnes.

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

Hi, Janey. Jeanie Scott?

Jeanie Scott, MT, ASCP – Director, Informatics Patient Safety, VHA Office of Informatics and Analytics/Health Informatics - U.S. Department of Veterans Affairs

Here.

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

Hi, Jeanie. Joan Ash?

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor & Vice Chair, Department of Medical Informatics & Clinical Epidemiology – School of Medicine – Oregon Health & Science University

I'm here.

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

Hi, Joan. John Berneike? Lana Lowry?

Lana Lowry, PhD – Project Lead Usability and Human Factors for Health Information Technology – National Institute of Standards & Technology

Here.

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

Hi, Lana. Megan Sawchuk?

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Here.

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

Hi, Megan. Mikey McGlynn? Michelle Dougherty?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Here.

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

Hi, Michelle. Mike Lardieri?

Michael Lardieri, LCSW, MSW – Assistant Vice President Strategic Program Development – North Shore-LIJ Health System

I'm here.

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

Hi, Mike.

Michael Lardieri, LCSW, MSW – Assistant Vice President Strategic Program Development – North Shore-LIJ Health System

Hello.

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

Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Here.

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

Hi, Paul. Robert Jarrin? Steven Stack?

Steven J. Stack, MD – President – American Medical Association

Here.

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

Hi, Steven. Tejal Gandhi? Terry Fairbanks?

Rollin (Terry) Fairbanks, MD, MS – Director, Emergency Room Physician, Associate Professor of Emergency Medicine – National Center for Human Factors in Healthcare, MedStar Health Washington Hospital Center, Georgetown University

Here.

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

Hi, Terry. And from ONC do we have Ellen Makar?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology

You do, I'm here.

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

Hi, Ellen. Are there any other ONC staff members on the line?

Kathy Kenyon, JD, MA – Senior Policy Analyst – Office of the National Coordinator for Health Information Technology

Kathy.

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

Hi, Kathy, that's Kathy Kenyon for the record. And with that I will turn it back to you David.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Great, well Happy New Year all. I'm going to chair today's meeting because Larry had an airplane incident and his flight was cancelled and he is about to board another plane but he is going to be listening for the first few minutes.

So, today we'll be hearing from Mickey about some collaborative work on usability with the EHR Association, the AMA and the American College of Physicians. And Ellen do you want to just say a few more words about that?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology

Well, I'm just...Mickey are you on the line?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yeah, they just asked me to switch lines so I was on and then I hung up for a few minutes but now I'm back.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Clinical Quality & Safety – Office of the National Coordinator for Health Information Technology

Okay, super, so many thanks to Mickey for agreeing to present to the group a little bit at the last minute so thank you we were going to have her presentation scheduled for perhaps at a later meeting.

Originally, as you all know, we were scheduled to talk about quality management systems but there was some difficulty in our speaker scheduling so Mickey is teeing up for us a presentation that she had done for some of the government folks a few weeks ago. So, Mickey if you want to just say a little bit about EHRA and the work that you've done?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Sure. So, in addition to my role at Siemens I was the Chair of the Electronic Health Record Association up through this past July and one of the initiatives we focused on was usability. And we...listening to everything that was happening in the industry and our customers we realized that, you know, we needed to have a more comprehensive focus on usability.

So, we reached out to a couple of provider organizations as well as AMIA to kind of put a usability collaboration together, well, I would say to work with them which eventually turned into a usability collaboration and we have that in place today with AMA and ACP, and the EHRA, and we have kind of ongoing efforts focused on usability. So, the presentation will be to take you through that background and tell you kind of what we've learned to date and where we're focused moving forward.

And I just want to say Steven Stack who is on the phone from AMA he was also...he was part of the initial work and some of the ongoing work as well so I'll welcome his comments throughout as well.

Steven J. Stack, MD – President – American Medical Association

Thank you.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Great, so we'll be hearing from Mickey and then we'll have a lot of time to discuss it. So...and let me just say this where we are, January 14th we'll be hearing about usability efforts at this time. Hopefully, on February 6th we'll hear about quality management systems, we're still trying to line that up and we haven't decided yet what we will do on February 20th, we'll be talking about that.

At the March 10th Policy meeting we have to comment about the certification NPRM so sometime in mid-March we'll be getting ready to do that. And then in March and April we're basically still working out what we will do. We have to make our final certification NPRM comments to the Policy Committee on the May 12th committee. So, Mickey, I think...next slide.

So, this is just the agenda, we'll hear from Mickey then there will be group discussion, there will be a little time for public comment and we'll wrap us. Next slide. Over to you.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay, thank you very much. Okay, so, you know, I kind of just did the intro just a minute ago so we'll move onto the next slide. Okay, so I'm going to cover kind of the collaboration activities, kind of the background how we got there, then the key learnings and then our plans for continued collaboration. So, next slide.

Okay, so just a little bit about how we...our kind of official effort started in January of 2014 where we had a meeting in Washington but kind of how we got to that point. You know, as I said, the usability topic was pretty much coming up in every discussion we had, every conference we attended, you know, there were big concerns about usability.

And, you know, we had...you know, as we listened to it we realized that there was broad issues being raised there would be, you know, discussions about the EHR itself, discussions about regulations, discussions about training all different types of things yet there wasn't a clear path or a clear understanding, at least for us as, you know, where to reconcile, where to have these discussions so that we could get to, you know, root causes and, you know, our view, until you really understand the problem you can't figure out the right way to fix it.

So, we did these initial...we had just come off, just as background, work we had done to develop the EHR developer code of conduct and through that work we had really formed some good relationships with the provider community which kind of, I think, set the stage for an opportunity to work more closely together on challenging issues.

So, as I said, we reached out to AMA and ACP, and AMIA on the topic of usability and kind of talked about what might we do together to get to this bottom of this important problem for our collective customers, for the vendor community, for the provider community.

And after the initial discussions we moved forward with AMA and ACP, at the time you might recall AMIA was going through some leadership challenges and I think primarily just because of that they opted out and didn't participate, but that's something I think we need to reconsider to bring more, you know, the academic view back into the discussion or not back into, but represented more broadly in the discussion.

So, we kind of agreed that the way to get going was to get together and spend a day talking about usability and what it means to each of the stakeholders and what their challenges were. So, we had a meeting in January of 2014 in Washington with the following goals and objectives.

We wanted to align on a working definition of what we called practical usability. Basically, you know, what did we mean when we were talking about all of these things that impact...that were giving physicians a negative view on their experience and that we termed practical usability.

We wanted to begin the discussion with all the same stakeholders, all the stakeholders in the room to develop this common understanding of the pain points, the root causes and then moving forward potential opportunities to improve the situation.

Going in we wanted to kind of categorize by major themes so that, again, until you really understand what the issues are and what the causes are you can't figure out the way to solve them, there isn't a silver bullet and they're different so we wanted to kind of spend some time looking at that.

And then we wanted to develop a list of actionable items for addressing the top priorities that we could implement post the meeting and establish next steps. So, those were our goals and objectives going into the meeting in January. So, next slide, please.

So, this is the listing of who attended the meeting. It was, you know, representatives from AMA and ACP, as well as the vendor community and then there were other invited individuals, primarily clinicians, outside of...that represented different specialties and different venues of care so we could have kind of a broad view of usability.

We also had usability experts participate, Raj Ratwani, who presented to this Workgroup earlier, Terry Fairbanks who is a member and Muhammed Walji kind of representing the pure...the more science of usability.

The way we went about the meeting is we spent the morning having...Raj presented a similar presentation to what he did for us about the vendor community and what was going on in the vendor community related to usability and what their findings were.

And then we had a number of different physicians go through and explain what their pain points were related to usability. And then we had one vendor representative talk about kind of some general practices that the vendors use and then we spent the afternoon really talking about that and trying to delve more into it and get more learnings I would say.

And then at the end we closed with how we might move forward. We came up with actually quite a few things, did some prioritization and then talked about a plan forward.

So, I want to take you through all of that, first I'm going to start with the key learnings that we got from the discussion and the meeting in January. So, next slide.

So, we did define, as was our objective, what we thought of as practical usability and that it was, you know, referred broadly to the user's experience and subjective perceptions of their Health IT as grounded in this larger sociotechnical environment. And we did agree that it included the software itself, certainly the technology, also the user's training, the implementation of the software, potentially configurations and customizations that might have been done, you know, at the provider's site or after the software was made available and then various regulatory environmental constraints among others. There was, you know, quite a few examples shown, we didn't list them all, but that we aligned on as kind of a definition of practical usability.

We also agreed that there are multiple stakeholders who all have an important role in creating, implementing and using EHRs in a safe and effective way including EHR developers, the clinicians and the broader organizations from which they work, implementers whether it would be those who work for or on behalf of the vendor, the software vendor or the implementers on the provider's side who are working to implement the solution into their environment as well as trainers and developers, and things that have been in some situations on the provider's side, and as well as the government, because the government's activities certainly have an impact, the regulations and things on the usability. Okay, next slide.

You know one of the learnings we came away right up front with was that usability can be highly context-specific varying between settings and providers. We had, what I felt, was a very interesting discussion when one of the providers who was using a specific EHR went through their top "x" usability concerns with their...in their environment and then another provider, coincidentally, and we didn't even know this going in, was using the same EHR in the same environment, and it happened to be the ED environment, and pointed out that those usability concerns wouldn't have been in their top 10 they would have had a different top 10.

So, they're all issues, they're still...they're all important issues but the priority and the importance in the different environments was different even though the software was the same. So, that led to a lot of good discussions about other factors that influence usability that's the point I'm making there. You know there were different...just so many different examples that, you know, while we didn't get to root cause in all cases, we talked about, you know, the implications and why some of those things might be happening.

We did talk about that software developers use a wide variety of techniques to create more usable applications and some have more focus and expertise than others. And there is an opportunity to raise the level of awareness, education and consistent use across the vendor community. I think Raj was really instrumental in a lot of that discussion and we had a broad set of vendors around the room and there are different practices and, you know, we do agree that, you know, the rising tide raises all those that there is a lot of opportunity to raise the level of expertise and use of UCD across the vendor community. Okay, next slide.

So, in addition to developers we had a good discussion about that implementing organizations designing their install, doing customization and making their implementation decisions also need to practice user centered design, however, those techniques are less well known outside of the software development industry and so there were opportunities there as well.

We also talked quite a bit about the current policy and regulatory environment and that there are situations where this environment can in fact have negative implications on usability. We talked about the Meaningful Use and certification processes that they can be very complex and can sometimes force software developers to do things in a certain way and workflow decisions that may be counter to usability best practices.

We also talked about the timeframes and the scope for certification, Meaningful Use and other programs that they don't allow adequate time for vendors and providers to practice good user centered design as well as plan for implementation and the implications to workflow that need to happen.

We talked about that some Meaningful Use objectives including the eQMs were not designed or developed with the EHR and provider workflows in mind and they are, you know, requiring providers to do things and vendors to do things in certain ways that is hindering usability.

We talked about the FAQs and kind of late breaking information can also contribute not only for the constant change and constant need for training but in some cases when information comes late the vendors need to go back into the software and make changes where they might have had great usability practice but then they have to make a change after that's all done, maybe a data capture of new field or something like that which can be a negative influence, impact.

And then we talked about that just the amount of regulations and the impact on those vendors and providers can just, you know, allow time for other things. This is, you know, not new information for the FACA community we had the Certification and MU Workgroups where most of this testimony had been provided but we reinforced it during this discussion. Okay, next slide.

We also talked a lot about training, that the amount of training directly impacts provider satisfaction and perception of usability. So, if the users feel like they understand it, they know what to do and how it works they're likely more satisfied than those that maybe haven't had adequate training.

And we talked about a number of reasons, you know, sometimes clinicians might be unable or unwilling to take the time or there is often a cost associated with that, but the vendor community, knowing that, is a key contributor also kind of let's that happen, you know, if a provider might say "well, I don't want to do the training, I don't have the time or I don't want to pay" that the vendor community would say "okay" to that knowing that it would have a direct impact on potentially the success and the satisfaction of the end users.

In the same line of this training discussion there was really inadequate understanding or there is inadequate understanding of ideal training approaches, however, we did talk about some best practices that could be more widely distributed that are...there was a feeling in the room that would contribute to improvements here and things such as designating super users, you know, the pros on the product working side-by-side next to them, you know, elbow-to-elbow training so that when they had a question there was someone who could help them right away, learning from their peers and then, you know, there was a feeling that just as a benchmark at least three days of advanced training for every user is a good model with high payoff.

We talked about implementations and what makes for a successful implementation that of course training is a part of but there are other things as well, you know, visible senior executive leadership to set expectations and require participation and also a key being this transformation to new workflows.

I think we've had discussions that, you know, that electronic systems are different than paper and the workflow needs to change in conjunction with the implementation of the EHR or, you know, likely will not be successful but that's a...in addition to the take on of the software that change in workflow is a significant effort and work effort for providers, so, you know, senior leadership and focus, and attention helps that.

The other thing is that, you know, vendor's staff needs to be well versed in clinician workflow. You know we can't have vendors who just come in understanding the software and physicians who understand the workflow, there needs to be some combined knowledge there to help ensure successful implementation.

Okay, so, I mean, I tried in preparation for the meeting with the government, as well as this meeting, to summarize the learnings and I'm through that right now. There were, you know, pages and pages of discussions and examples but I think what I tried to do here is talk about all the different areas that we talked about that contribute to the overall perception and satisfaction of providers with usability.

So, I'm about to transition to, you know, what we concluded at the end of the meeting and our go forward steps but I just wanted to stop a minute to see if Steven if you had anything you wanted to add before I did that?

Steven J. Stack, MD – President – American Medical Association

Sorry, I had to get off mute. No, thank you. You did a nice job Mickey and Terry Fairbanks, who is on this call, was also with us at that meeting, he was the other emergency doctor.

Rollin (Terry) Fairbanks, MD, MS – Director, Emergency Room Physician, Associate Professor of Emergency Medicine – National Center for Human Factors in Healthcare, MedStar Health Washington Hospital Center, Georgetown University

Yeah, I think that you represented it very well, thank you.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Could I just...this is David Bates, could I just ask a clarifying question which is could you give us an example or two of how the certification policies forced workflow decisions that are counter to usability, best practices?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

The certification decisions?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Yes.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Sure, so I actually did testify in front of that FACA committee I could provide you my whole testimony if you’d like, if you’d like to read through that. But, so many of the requirements are extremely prescriptive. So, they say specifically how things need to happen even though that might not be how a provider might do the work. So, they don’t...you have to do it a certain way that’s one example.

Another example would be say through the eCQMs, there might be three different ways where...different types of ways you need to enter the same information for three different measures. So the measures might not be aligned or not aligned so that a physician would need to document the same thing in a different way to meet the requirements of the measure. So, they would say, you know, why do I have to do that and that just has to do with how things are aligned.

Another issue would be for the measurement, so in...even though physicians might be doing something, Meaningful Use requires that CMS is able to measure that they are. So, in order to do that physicians might need to say “yes, I did this” even though they already did it in order to be able to count it toward their Meaningful Use objectives. It’s just, it has to do with how measurement comes in.

There is also, how would I say it, there were many what I would call “bugs” in the requirements that were changed later, were fixed later either through FAQs that would require us to go back and change things even after software was developed. Let’s see...

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Yeah, so that’s really helpful. I mean, I can then imagine how we would suggest that, you know, changing the certification requirement we could recommend not saying how things need to happen just that they did need to happen and, you know, we could suggest for example giving people credit for things that were done as opposed to they’re having to say that they did it. Those are sort of simple, tangible examples. That was really helpful.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay.

Paul Egerman – Businessman/Software Entrepreneur

And David, this is Paul Egerman, the issue about being overly prescriptive is not a new issue that has been raised a number of times before and I believe this Workgroup has already made recommendations about it not being overly prescriptive but I guess it’s sort of like in the eye of the beholder what that means because it hasn’t seemed to have stopped ONC from being overly prescriptive.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Right, I mean, it’s a combination of ONC and CMS I think but I think it’s helpful if we can say sort of how not to be.

Paul Egerman – Businessman/Software Entrepreneur

Right, although I think it’s primarily ONC because I think it’s primarily in the certification criteria that you get this overly prescriptive.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay.

Paul Egerman – Businessman/Software Entrepreneur

And I don’t mean to be pointing fingers but I believe the certification criteria really comes from ONC...

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Right.

Paul Egerman – Businessman/Software Entrepreneur

And that’s where the challenges are.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

I mean, just an FYI, one of the things that came out of that certification hearing, one of the recommendations we made, as did others, was that we really needed to drop back and take a holistic look at the certification process because of the challenges it was creating for both the provider community and the vendor community.

We recommended kind of a Kaizen approach and that actually is happening. They have agreed to do that and that's going to happen in February and we're hopeful, optimistic that we'll be able to look at the program along with, you know, the other stakeholders, the certification bodies, some providers are going to participate, vendors, as well as the government to say, how can we...I don't want to use streamline, how can we look at the look at the process end-to-end so that it's more efficient, enables, you know, these things that we have concerns about not to happen so that we can get a better end result all around for both the providers and the vendors.

Steven J. Stack, MD – President – American Medical Association

Well, this is Steve, if I could add to that. So, we're speaking specifically on certification here, but the certification is a reflection of the Meaningful Use requirements and so if Meaningful Use requires that a transition of care document must have 23 specific elements I think there is a lot of providers who would say, you've mandated 23 elements which may or may not be germane or relevant to what I'm doing and so now I have to sit there and click through and do all this stuff.

So, there is a...you know, obviously a very tight interplay here between what Meaningful Use requires and certification has created to try to assure that this can be done and then whether or not certification specs out a way that's reasonable for EHR vendors to code and usable or reliable for the clinicians is a whole other layer to the onion. So, obviously, it's complex.

Paul Egerman – Businessman/Software Entrepreneur

And Steve, this is Paul Egerman again, that last layer of the onion of what you said to me is very interesting because we're having so much discussion about user centered design but in effect a lot of what's going on in certification and from the requirements that CMS has required does not appear to be user centered design. So, your example of the transition of care and why these data elements are being asked for is actually a good example of the regulation where there was no user centered design involved.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

I mean, this is David Bates, I guess I would say that there are tradeoffs. I mean, there are...so it's not straightforward to decide where the sweet spot is. Okay, so let's keep going.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay. Okay, so next slide, please. Oh, one more. Okay, there we go. So, as I said, we, at the end of the meeting we kind of tried to categorize the learnings into different buckets and I think we had 7 or 8 buckets but then we did some prioritization and, you know, considering resources and focus, and all those things among both the provider and vendor community we agreed to prioritize three areas user centered design best practices, Meaningful Use and regulation, and, you know, other types of regulation, and then implementation, training, customization kind of the after the software is done what happens to it, you know, at implementation.

So, we have a Steering Committee that meets about every six weeks made up from representatives from the vendor community, AMA and ACP. And then we have Workgroups, those three Workgroups I just mentioned in the blue boxes down kind of the left third of the slide, and they are both provider and vendor led.

So, with the UCD Best Practices Workgroup we're kind of...we're trying to identify and share UCD software design and development best practices with vendors and providers. And then at the various...regulators don't participate in the Workgroups but we use our learnings there to communicate with the regulators.

And then increase our understanding in the use of UC design and development process for EHR developers. So, as I mentioned earlier, we agree that there is opportunity to raise the level across all the vendor community of the best practices on UCDs, so that's a key objective of that Workgroup.

On the Regulatory Workgroup we have done a lot of collaboration on our understanding of the impact of various regulations and aligning on where our positions are the same and then kind of using that same messaging back to both ONC and CMS, and others where appropriate.

And then the last one the implementation and training is just...we just have staffed the leadership for that Workgroup and that should get going probably within this next few weeks. And we want to, again, identify best practices and kind of bring awareness to them across the industry from both the provider and the vendor perspective, you know, as it relates to how to do a successful implementation, best practices on training, customization things such as that.

And as the Workgroups continue we're kind of looking at two different things and one is, you know, improvement opportunities, how do we raise the bar overall as well as just awareness and perception of what is in fact going on, you know, what some vendors are doing, what, you know, what successful implementation happened and why it was deemed successful.

So, it's finding the improvement opportunities and bringing awareness that we're working on them and that we want to make the rest of the industry and communicate as broadly as possible. Okay, so the next slide.

So, you know, progress to date I would say, you know, I see significant improvement in the vendor and provider communication and understanding on these topics and opportunity to work together and building trust and collaboration, and then kind of the platform to move forward on these issues.

I use these key learnings from that meeting as well as others we've developed, you know, in all that I do in my work with the Vendor Association and work with my vendor and I can see similar things happening in the provider community from, you know, in a meeting with, you know, people who participated I can hear the learnings coming through and their remarks and their discussions so I see that as a big positive.

Kind of outside of this work but related, in the Vendor Association, I'm not sure if you're aware, it's made up of about 40 of the EHR vendors that are out there and we have kind of a Workgroup structure where the vendors come together on various topics and one of the Workgroups is on user centered design. So, each month we have a different presentation to the members of the Workgroup on user centered design, a different user centered design best practice.

And then in the combined Workgroup with both the physicians and the vendor community we're working right now on prioritization of which to focus on and which to develop education and outreach and content on so that's happening as we speak.

And then, you know, on an ongoing basis we work on collaboration on a regulatory or feedback to ONC and CMS. For example as we mentioned when we started this call we met together, the vendor community, ONC, I'm sorry, AMA and ACP with NIST and ONC in mid-December to update them on our activities and our views, and you know, the impact of regulation and things such as that.

And then moving forward we certainly want to keep doing more of the same and get more momentum behind it in terms of the learnings and sharing across the vendors and providers. We're going to launch this Implementation and Training Workgroup. We have good leadership on the vendor's side and we're working with AMA and ACP to define the whole leadership. We have two clinicians actually who work in the vendor community who are going to lead it from there so I think that's good expertise to bring there.

We had a meeting with AMA in December where we reviewed the paper, the recent paper on AMA, I mean, improving care priorities to improve electronic health record usability and we're kind of trying to tease out of that how to...is there anything beyond what we're doing that we should also look at based on the priorities raised in that paper.

We're going to have a specific focus on the quality measurements and quality, particularly the eMeasures. There is a lot of...it's an incredibly important area but there is a lot of opportunity I think to...how those measures are defined and how they were implemented in the EHRs and the implications for providers that we really need to look at. So, we're going to kind of have a separate focused meeting on that to delve into that.

And then lastly, I'm not sure if you're aware, last, I think it was June of 2013, the EHR Association developed and launched an EHR developer code of conduct and since then we've been doing a lot of work to drive adoption of that but we looked at that and said, you know, how does that fit into this discussion and we're going to do a couple of things in the near-term and then think of it in the longer-term as well.

In the near-term we're going to continue to drive adoption, right now 21 EHR vendors, some of which are members of the EHR Association and some of which are not, have adopted the code. We want to drive more adoption but we also want to increase the awareness and importance of the code in the industry. There is some...there is inclusion of patient safety topics as well as UCD in the code.

So at HIMSS we're going to kind of do some outreach to bring more awareness to the code, how it can be, you know, brought into more discussion, you know, if a provider is going out to RFP is that a question in the RFP, how do to adopt the code, to kind of raise the importance of the code. And then, you know, we talk about from the vendor perspective what it means to have adopted it and changes that were made related to adopting it. So, next slide.

That's the end of my, you know, presentation. I again would ask Terry or Steve if they have any additional comments to make and then I'd open it up for questions.

Steven J. Stack, MD – President – American Medical Association

I have nothing, this is Steve, I have nothing in particular to add but will chime in as the discussion goes forward. Oh, let me add one thing actually. I think that these kind of collaborations are essential to the future improvement and success of EHR technology and Health IT in general, and I think we're appreciative very much so to EHRA and others where we've come together and worked on things.

I think, it's also going to require a great deal of patience and forbearance with all of the stakeholders as we go through with this because there are going to be any number of times where we're able to get in lock step and shared agreement on a path forward on certain things and there are going to be other times during things like federal rulemaking and other parts of the process where it gets much more difficult and we're all going to have to convey the strongly held concerns of our various constituencies.

So, Mickey, to you and your colleagues and to the opportunity that we've had to work together in that venue I appreciate that and thank you because it does make it a lot easier when we have the bumpier parts in the journey where we have to agree to disagree at times.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yeah, agreed, same, and thank you.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Terry any comments? Okay, this is Dave Bates I have a question. One thing that I thought you might take on was improving communication between providers and vendors about some of the usability issues that providers identify or at least things that they perceive are usability issues. Is that something that you talked about?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yeah, if you could go back to that slide that has the boxes on it and the Workgroups, there it is. So, for example, in the Implementation and Training Workgroup, now during this session when we prioritized this topic we talked about some of the things that this Workgroup might do, of course, you know, once the leadership gets in place they can look at it and kind of prioritize.

But, for example, we might identify best practices at time of implementation and training and then, you know, maybe do a combined webcast with the vendor community and the provider community where we might, you know, do that, you know, through the EHRA to get to the vendors as well as through AMA and ACP, and this has not been approved, it's just an example of something we might do, because we agree that there is identifying the best practices but then they're getting...they're communicating, it's important to communicate them and get the word out. So, it's both of those things and that's just one example.

The same would apply on user centered design best practices, things that we might share, because, I mean, honestly, I think, the provider community might not be aware of some of the things that the vendors do. For example, when we presented at the session in January I think it was helpful for the providers to understand what some of the practices are that the vendors are in fact doing. So, I think if you don't have...many providers might not be aware of that. So, that's part of it, how to get the message out more broadly.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

So, let me just push on that a little bit. I mean, there are many things that can be identified through good implementation and training and I obviously support that but there are also things that when identified many of them are relatively infrequent but for example in which a usability issues creates a specific patient safety problem. Did you talk about how to handle issues like that?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

And what do you mean by how to handle? How to communicate between...on that particular issue between vendors and providers?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

To communicate between the vendor and the provider, and perhaps also with a third-party. Let’s say that I kill someone because of what I’ve perceived as a usability issue in the electronic health record application that I’m using. I mean, obviously, you know, I will let you know about that now, but, you know, we’ve not had a good way to share problems like that. Most often the outcome is obviously not that bad and in some ways it’s easier if it is that bad. But providers...but that has been an issue that these sorts of things don’t get necessarily reported and aggregated.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Well, there are a couple of things, on the direct communication there is content in the code of conduct that talks about if a vendor becomes aware of a patient safety issue within their solution, so this is a vendor has adopted the code of conduct, if they become aware of a patient safety issue they will notify their customers about the issue and then communicate about, you know, what to do about that, you know, if it’s something significant, you know, stop using the function. If it’s, you know, there is a work around, whatever it is, communicate up to and including the solution. So, that’s part of the code of conduct.

More broadly, in terms of our ability to study the causes, we for one, I think we covered it in one of these meetings, so if you’re a participant in the code of conduct you agree to participate in some way to study patient safety issues.

So, for example, in Siemens we’re participating in the ECRI pilot so us along with our customers are contributing safety issues to the ECRI pilot and participating in the study and analysis of those to get to root causes.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

That’s great. Let me just ask you also about the code of conduct which I think very highly of. Do you have a sense of what proportion of vendors have adopted it at this point.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Twenty-one vendors have adopted it to date.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay. Do you know...do you have a sense of what proportion of the market that accounts for?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

So, every time we use numbers we get called on, well, how exactly do we know those numbers. So, I mean, if you...my opinion is if you look at where the vendors that have the vast majority of...cover a broad set of the market have adopted the code.

So, I can't give you the exact number, I mean, if you look at...there are many, many different vendors so 21 have, but if you look at who those 21 are they cover a significant number of providers who are using EHRs in the market today.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

That's helpful. So, let me just open it up to questions from others.

Paul Egerman – Businessman/Software Entrepreneur

So, this is Paul Egerman, I have a couple of questions but first let me say Mickey this is a great presentation so thank you for putting this together.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Thank you.

Paul Egerman – Businessman/Software Entrepreneur

And I also really like the way you describe, just as an observation, practical usability as basically an overall experience as opposed to anything else, because I think that's a very good definition.

The couple of questions I have, one is as you look at it in terms of the overall experience part of the overall experience of the user is frequently simply the number of questions that they have to answer, right, it's not necessarily how...what the workflow is it's just sometimes it's a tedious process that it seems like there is a lot of data entry going on. And that I know is outside of the control of the vendor. I mean, if those questions are being asked as I assume for regulatory purposes. So, an interesting example, is that you did not list as a regulatory issue is some of the things you have to collect for billing purposes for E/M coding...

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Right.

Paul Egerman – Businessman/Software Entrepreneur

That you have to record things like the "lungs are clear" and you...to show that you actually checked the person's lungs whereas you have to see how medical record systems work in other countries where they do not have the same kind of a billing system they only will record something about the lungs if there is some problem. They won't record it if it's good. And so I think that this has a big impact.

The question that I have for you is, this is all obviously about EHRs it's the EHR Association, but it seems to me our scope is actually even broader than EHRs, we're supposed to be talking about all of the HIT so that includes a lot of things that aren't in the EHR or as a bigger set of things. Do you think your observations and comments apply outside of the EHR framework or application?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Well, yeah, I mean, I think when you think of the broad set of applications that users use I do think that they consider that in their whole experience for sure. I mean, today certification, which is one factor that...doesn't cover them. I would say I have concerns that in its current state...and I've said these words, you know, we wouldn't want to, you know, push out certification further than it already is when we know there are challenges with it in terms of efficiency and issues that it has caused. So, I'm on record as saying that before and I feel that way that we'd want to fix some of the...we want to collectively come together and find opportunities to improve before we put it across a broader set of IT. I'm not sure there is agreement on that but that's certainly my opinion.

I feel like there are two questions in there Paul, you were asking about broadly how I feel about HIT but then also you talked about the billing issues as well?

Paul Egerman – Businessman/Software Entrepreneur

Well, yes, is that part of what you would consider as part of the regulatory environment that effects usability in terms of its overall definition of experience?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yeah, actually there was a great hearing, it was held at the CMS Headquarters in Baltimore or wherever that, Rockville, not Rockville, you know where I mean and they had a lot of different presenters from both the vendor community and the provider community, and there were lots of concerns about usability as well as the value of the end result that the note itself because of all this information that's needed doesn't really convey what needs to be conveyed to the members of the care team.

So, I do think it's a factor. I think there are regulations and the billing system has a lot to do with it. I think many of the providers who testified made recommendations on how to improve it. So, yes, and I think if we wanted to we should dig up the summary of those testimonies and consider them in our recommendations.

Paul Egerman – Businessman/Software Entrepreneur

Thank you.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor & Vice Chair, Department of Medical Informatics & Clinical Epidemiology – School of Medicine – Oregon Health & Science University

And this is Joan, I wanted to thank you as well for your presentation and I think it's really exciting that this collaboration is going on and a lot of people would like to know that it's going on. So, I'd urge you to publish some sort of document or communicate with those users who are out there grumbling that nothing is being done to let them know that this is happening.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor & Vice Chair, Department of Medical Informatics & Clinical Epidemiology – School of Medicine – Oregon Health & Science University

Also, I'd really like to see AMIA involved so I'd urge that you somehow make that happen.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay, yes, that was the intent it just didn't work out with the timing, but I agree we need to loop back around on that.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Mickey maybe you could say a little bit about what you're doing on the publicity front. It's hard to make people aware of efforts like this.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Well, I'm not sure I would use the word "publicity" but awareness meaning...

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Yeah that's what I meant, yeah.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yeah. You know I think we're...we just at the meeting we had in December with AMA is where we really...you know we've kind of just been working together and doing things, and, you know, actually to be honest it came up, I guess the person who represents ACP had been in a recent AMIA discussion and he pointed out that, you know, there is no awareness and that there is a lot of negativity and that we needed to focus more on that.

So, it's kind of...and, you know, you sit back and say, well, of course, right? But it just wasn't top of mind. So, we know we need to do it. I think we have HIMSS coming up we could look at maybe is there an opportunity there. We are going to do a focused effort on the code of conduct but I think it's a good suggestion so I'll have to bring that back to the Steering Committee to see whether there is maybe something more we want to do.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Yeah, I'm both an AMA and an ACP member and just on LISTSERVs and so forth I'm hearing a lot of grumbling.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

I know.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

So, I was thinking if Partners hopefully could help you reach out too.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay, that's good feedback, thank you.

Steven J. Stack, MD – President – American Medical Association

So, this is Steve Stack, one of the challenges I think, the rank and file frontline doctor is, no matter how much we try to make them aware of these efforts, is probably not going to be aware that these efforts are afoot nor are they going to likely be engaged much because their principle occupation is trying to provide care and so they're frustrated with the clinical world they work in. But it's their surrogates, people who bridge these different worlds like Terry Fairbanks who does user centered design stuff but actually still practices emergency medicine, I practice emergency medicine and do policy work. There is a whole, you know, subset of us who kind of bridge these worlds and then the vendors, CIOs.

I think these collaboratives that we have, and to the extent there may be a safety center, to the extent that comes to life and is functional, as we discussed in a different Workgroup, those things are going to be the primary engine as I see it so that as we have with medical imaging it was not always a standard that is you were looking at a CT scan that the patient's right is always on the left-hand side of the screen and the left is always on the right, the orientation of the images were not all standardized across all vendors.

There may be things that we identify and find where they are consistent pressure points that diminish efficiency or endanger safety that it's going to really be incumbent upon these collaborative efforts like the one Mickey just summarized or a safety center or a myriad of others where we find ways to standardize those things that have value in standardization and increase safety or improve efficiency.

And then we specifically perhaps identify those areas where it's best for centralized entities to have a hand's off approach and then let the vendors and the users customize to tailor to their unique setting.

But the sentiment, and believe me I have the real frustration of being in the provider world, it is always infuriating when you can't seem to get to that target audience and what you overwhelming get is the dint of complaints and it seems that there is little awareness of all the things we're doing. I think that's just part and parcel of the way...you know, the reality as it is and it's going to be our groups that hopefully will help bring a lot of value by taking their feedback and turning it into things that they just see at their end user experience as being better.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Thank you, other questions for Mickey?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

This is Michelle Dougherty, I had a question about whether there were discussions in any of the groups around, and I'm going to relate this back to our last group meeting where we heard from AAMI and some discussions around standardization process around safety. So, were there discussions around those types of activities that would bring value into the process or, you know, how the group you brought together might work with those types of entities?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

So, in the collaboration so far we haven't discussed what I would call process standards like that. We are...we did just learn about the AAMI proposal to do the risk management standard and we are trying to delve into that and understand really what we're trying to accomplish, what's trying to be accomplished there.

We also, I'll be honest, we don't much about AAMI, I'm trying to figure out, you know, who participates there and their experience. So, we're kind of in the research mode about that right now. We kind of haven't, you know, made any conclusions yet.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

And I did have...thank you, I did have a follow-up question around the collaboration, because you have identified some really important physician/partner stakeholder organizations but as we know and think about the whole continuum there are a number of other both clinician and information managers, and informaticists that are very active in this space and as you expand your collaboration I'd encourage you to bring on those stakeholder groups as well they can be really instrumental in the management, governance and helping to apply some of the guidelines and codes of conduct that you're trying to get greater exposure to.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

So, can you...who are you referring to there? What do you mean by that?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

So, I was thinking as you expand into, you know, out of the hospital area into long-term post-acute care, long-term services support...

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Oh, okay.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Behavioral health.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Right.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

But then also nursing informaticists and to health informaticists, HIM, I mean, so there is I think a larger pool of very interested stakeholders that would be engaged and very interested and instrumental in the topic as well.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay, thank you for that, appreciate that, okay. I mean, I will just, you know, being completely transparent, we went through, you know...when we finished the discussion we kind of...when we prioritized the topics, you know, we said, okay, well, oh, well there could be...we could involve this group of stakeholders, but, you know, we were just forming this relationship and initially we kind of said, let's try and make some progress on some things with a group recognizing that at the right time we should bring in additional stakeholders. So, I agree with you.

I mean, in the perfect world we would have everyone at the table together. We were just kind of getting to know each other and see how things went and I think we're moving along. I think, as we talked about a minute ago we kind of are realizing, okay, there is more we could be doing, there is more we could be communicating. We've talked about AMIA.

I mean, we for example, at Siemens work quite a bit with AMA, you know, that's another group. So, and various other ones you were talking about, we're just...you know, we haven't...we need to keep thinking about that.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

I just wanted to, this is Dave Bates, I just wanted to ask one follow-up to a question I had asked before and that is, do you list the vendors who have signed the code of conduct? I just was looking on your website and don't see it.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Oh, that's a question we've been asked many, many times. So, as a matter of what I would call...so we don't list them but you could very quickly find out who they are by looking at the press that came out from HIMSS.

It's a matter of...you know, so EHRA is a volunteer organization, we don't have an attorney on staff or anything like that so it comes to what is our role if someone said they have an issue, what would the role of the Vendor Association be and by publishing the list on the site that puts us in that role.

So, we are happy to talk about who it is but we don't...we are not able, because of our structure to have the oversight role. So, like I said, we communicate through press about the list, we do promotion about the list but we don't enforce the list and that comes as part of pushing...you know, publishing it on our website.

And we've said to many provider groups who have asked us the same question, we don't...we're fine if you put it on your website, we're not hiding it any way it's just a matter that we can't publish it on our site.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women's Hospital & Partners

Thank you, other questions for Mickey?

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Yeah, this is Megan Sawchuk and I had a question, you had mentioned the issue with the certification process sometimes creating a limitation in driving maybe programming it a certain way that would not otherwise have been selected and I know someone already brought up that this might be traceable to the actual regulatory requirement which I think should be looked at.

I'm wondering if you know...well, I'm hoping that eventually you'll have some real specific examples, because I'm wondering if any of that concern might be traceable to the actual process that's used because it's sort of a semi-automated software validation and I'm sure that...I'm sure that any type of certification process would have some limitations pros and cons and I'm just wondering if you have any sense of it might be traceable to the process itself?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Well, so, yes. So, in order to get certified, I mean, it starts all the way from the rule and then from the rule there are many other deliverables created, there are specification, there is test scripts, there are test tools, there are FAQs associated with each one of them that helps, all that helps the vendors prepare for the actual certification process.

So, if you look at each one of them there is what I would call opportunity for breakdown between the transition to each of them. So, that's why we propose to look at the end-to-end process and tools to say, how can we improve the whole thing, because I would say that we identify...and I'm happy actually to send my testimony that has many different examples to this group so that you can see some of the very specifics that we've documented, but, you know, there might be an issue with how the rule is communicated and then how the rule is translated to the specifications.

And then there is like one huge issue there was is that the test tools that the vendors use to confirm that they're ready were broken, right, so the test tools themselves had bugs so then when the vendors tested, in order to pass the test, we had to do things that you wouldn't necessarily do in a regular environment.

So, it's a combination of the regulation themselves, the tools and the communication vehicles and the process altogether that we believe we should look at end-to-end, which is our understanding is the intention of the Kaizen which will be held in February.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Yeah, that's great, that's really helpful. Do you have any sense or do you know if NIST happens to be capturing...I'm sure the vendors are good at advising when they run into these issues and hopefully someone might be capturing that information?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Like for...you mean like with the test tools?

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Right.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Oh, yes, yes, yes there is a process to document them and you'll see in some of the letters that I'll, you know, share with the group as part of my testimony, there is a lot of documentation of that and then there is like different...there is kind of a...I forget what they're called now, a tool of which you communicate concerns about the tool then they respond to them. There is lots of documentation on that.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Thank you.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

I also wondered...well, I just wanted to say that I'm very pleased to see training as one of the top three priorities and...well the implementation and training together because I think we probably certainly could do more of that and it would certainly give providers more comfort.

And I was wondering if you saw any opportunity to combine like with training a potential feedback on the user centered design?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Well, I think, just speaking from Siemens perspective, so if we're doing an implementation and things are happening, you know, the training is happening or there is onsite implementation and there is feedback that is happening that makes its way back to the development side, you know, we have a process to incorporate learnings and feedback back into the development side. So, yes, that happens just by normal course of process.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

By nature.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yes.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Is intuitiveness of the software part of what you would call practical usability?

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Sure, I mean, so ideally a clinician should be able to come up to a screen that they're not that familiar with and be able to kind of figure it out, what to do, I think. I mean that would certainly be a part of user centered design.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Thank you.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

You know ease of use, intuitive for sure.

Megan E. Sawchuk, MT (ASCP) – Lead Health Scientist, Center for Surveillance Epidemiology & Laboratory Services – Centers for Disease Control and Prevention

Thank you again.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Questions from others? Okay, so this has been a really good discussion. I agree that this would be a good time to re-involve AMIA they were at a point with respect to their leadership as you noted before that made it hard for them to get involved with this but I think they are in a better place now.

You know I found the examples that you gave us about workflow decisions to be really helpful in part because they’re quite actionable. There are things that could be done around certification that, you know, that could be done differently and I actually didn’t know about the Kaizen approach which sounds terrific. And, you know, we’ll be interested in hearing follow-up as you move forward in this area...

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

You know through HIMSS and beyond. We talked about what the upcoming schedule is for this group. I just wanted to ask if there are other topics that people would really like to hear about because it’s obviously earlier than our stop time? You know we have some things that we would like to talk about but I thought this would be a good time to solicit the group’s input about that.

Okay, well, you know, should you have thoughts or ideas about this please feel free to e-mail me or Larry or Ellen, you know, we are...we’ll be working on the agendas of these next several calls.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Actually that makes me think of a question, David, at the end of the last call, now I was kind of moving in the airport between security so I wasn’t taking good notes, Larry, I had thought you had asked for a specific...and I think it was directed toward the vendors, a specific point if people had input to share or input to present. Am I remembering that correctly?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Larry has made his way onto an airplane.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Oh, Larry’s not there. Am I...so do you remember David, were you soliciting specific things for the vendors to share?

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

I mean, I remember him saying something about this but I can’t remember the details.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Yeah.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

I don’t remember does anybody else? We’ll go back and have a look and find out what he was asking for in particular.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Okay.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay, any other last thoughts before we go to public comment? Okay, so Mickey I really want to thank you again for presenting this is extremely helpful, it’s great work and it will definitely advance the ball. And Michelle could you go to public comment that would be great?

Public Comment

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

Operator, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

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. If you are on the telephone and would like to make a public comment please press *1 at this time.

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

Lonnie, I accidentally closed out my screen so I can’t see if there is public comment, sorry.

Lonnie Moore – Meetings Coordinator – Altarum Institute

There are no public comments at this time.

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

Thank you, sorry about that.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Okay.

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

So, thank you everyone.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Thank you all, yes, we’ll be talking again before too long.

Mickey (Michele) McGlynn – Senior Director, Strategy & Operations – Siemens Healthcare

Sounds good, thank you.

M

Thank you.

W

Thank you.

W

Bye-bye.

M

Bye.

David W. Bates, MD, MSc, FACMI – Senior Vice President for Quality & Safety and Quality Officer – Brigham & Women’s Hospital & Partners

Bye-bye.

M

Bye.

M

Bye everybody.

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

Thank you.