

**HIT Standards Committee
Implementation Workgroup
Transcript
March 13, 2014**

Presentation

Operator

Thank you all lines are now live.

Michelle Consolazio – 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. My apologies for starting late today. This is a meeting of the Health IT Standards Committee's Implementation Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder this meeting is being transcribed and recorded so please state your name before speaking. I'll now take roll. Liz Johnson?

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

I'm here.

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

Hi Liz. Cris Ross?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm present.

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

Hi Cris. Anne Castro?

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

I'm here.

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

Hi Anne. David Kates? Gary Wietecha? John Davis? John Derr?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Here.

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

Hi John.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Hi.

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

Joe Heyman? Hi Joe. Kenneth Tarkoff? Kevin Brady?

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

Here.

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

Hi Kevin. Michael Lincoln? Micky Tripathi? Nancy Orvis? Stephen Palmer? Sudha Puvvadi? Tim Morris? Tim Gutshall? Wes Rishel?

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

Here.

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

Hi Wes. And are there any ONC staff members on the line?

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

Scott Purnell-Saunders.

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

Hi Scott. Is Mike Lipinski on as well?

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

He was.

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

Yeah, he was on.

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

Okay, maybe he's just muted. And with that I'll turn it back to you Liz and Cris, and my apologies to the public and everyone on the Workgroup for begin late today.

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

No problem.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Michelle, this is John.

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

So, we'll get started –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

This is John Travis I'm here as well I –

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

Yes.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

I think I'm still on the committee?

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

You are, you are. We'll get started. Cris and I are going to pass to baton back and forth, he's traveling in San Francisco and I'm out in the country so we're going to do the best we can. This is a really exciting opportunity that the Implementation Workgroup has been given.

We have a very short time to take a look at the 2015 edition and Michelle and Mike have done a really nice job of getting it organized for us, but we'll tell you up front that we're going to be looking for volunteers to help us move through the next few meetings. So, you know, again, thank you for taking the time and for joining us and I'll – Cris would you like to make some comments, please?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think we should just go to the charge and process, but I would note to folks that we are going to be looking opportunities for people to volunteer.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Just wanted to let you know Liz and Cris I'm back on.

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

Great, great.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thanks.

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

So, Mike, I'm not sure where you want to take over? What we're commenting on – I'm sure most of you are aware by now that the volunteer 2015 edition certification criteria and updates and regulatory improvements are out and the ONC is accepting comments through the 28th of April and our goal is to be prepared to take our comments to the Standards Committee on the 24th of April.

I'm not sure – and I apologize, Caitlin, we are – I'm on slide, what would be in my deck four, it begins with ONC's new approach and Michael you want to talk about this?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Sure, sorry, hi, this is Mike Lipinski with ONC. Did we get through all the process slides yet or no?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

We did not so –

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

My apologies, I may be on a different deck, please –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think we want to – slide –

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

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Or is this the first slide –

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

Yeah.

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

It's very hard to hear Cris, maybe, Mike, I don't know, if you feel comfortable and Liz maybe Mike can just walk us through the slides.

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

Yeah, that would be great, because I apparently don't have them and I do not have Internet connectivity here.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah, that's not a problem I'm happy to help out. So, yeah, so we're at the beginning –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sorry about that.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

No problem, let's go to the next slide which would be – so we're Part 1 and then we can move on. So, this is just again a list of all the members and then moving on. Okay, so as Liz and Cris have already noted we're – ONC has put out a 2014 edition rule. This slide if you open the hyperlink you'll be able to get to the actual Federal Register version of the rule and then as they also noted already, Cris and Liz, we're accepting comments through April 28th.

All right, moving on, so the focus areas for your workgroup, and this is taking in time considerations, we want you to look at the fact that, you know, this, our new approach, ONC's new approach. We also want you look at any alignment or leveraging of the ONC Certification Program that are in these proposals and then obviously we want you to take a close look at the 2015 edition proposals.

And as this slide notes, if there is time, which we're not expecting there to be, we can take a look or the team, the chairs can get together and decide, you know, what 2017 topics that ONC is requesting comments on would be worthwhile to spend, you know, what time you have left on.

And the one note that is on this slide is that you're – the Standards Committee is in a unique situation related to other public commenters in that you will still have the opportunity to give recommendations on the 2017 edition.

So, I guess, you know, it's the "don't fret" if you don't get to the 2017 edition, because you will get another bite at the apple. So, having said that – and although, and it will come quickly I would point out, because as you see on the slide, the expectation is to get recommendations in June from the Standards Committee for the 2017 edition. So, moving onto the next slide.

So, this is what we're going to use, we're going to use that public comment template that ONC has put out as a way of organizing and capturing your comments and then we're going to submit it through regulations.gov. So, through each meeting ONC staff will work to capture your comments and then that will be an ongoing document that you can look at to make sure the comments of the Workgroup are captured correctly.

And then on this slide you also just have a checklist. We want to make sure you have, you know, the Federal Register version because that's the one we'll be working off of. The public comment template, I think we'll probably start to send that out each meeting after we, you know, start to populate it.

And then there is another document, I think it was sent out today, which is just showing you what all the topics are going to be and we're actually going to go over those in more detail in the slides ahead. So, moving onto the next slide.

So, getting it done, this is the five meetings that the chairs have put together to try to address all this and as you can see some of the meetings are going to run 90 minutes in length so that we can get through all the topics, there are some juicy topics I'm sure in your opinion, and then on April 24th I believe is the Standards Committee meeting in which you would propose your comments for I guess, you know, consideration and approval from the Standards Committee. Is that right, Michelle? Does that sound right?

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

Right, Mike.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Okay, cool. Moving onto the next slide. So, the chair – you know, the chairs can't do everything and that's why we've got a whole Workgroup and so they're going to need some assistance in doing this, getting through all the topics each meeting and so what they're asking for is volunteers to handle some of the topics.

And what you see on this slide is an expectation of what would – of a lead, lead member, if you can only do a couple of topics I think we can probably work with doing more than one person preparing for each meeting, but in any event, you know, the point would be to read through the material, you know, tee up some of the discussion points, possibly give your thoughts already on that ahead of meeting so that we can move quickly through the topics during the meeting and just focus on maybe any lively discussion on reaching consensus on the comments.

And then ONC staff will help you develop the slides for those meetings and then obviously keep us on schedule. So, we're going to – for the first meeting we're going to try and take some volunteers today, but after that just give me a – e-mail me which ones after you have a chance to look at all the topics which ones you'd be interested in leading and then we'll take that down and work with you to get you prepared for that. So, moving on –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Oh, I'm sorry, I'm sorry, some comments?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, sorry, Mike this is Cris.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Sure?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, just so people can keep track when will you be – maybe it's the next slide, I'm sorry, I had to take my headphone off so I could be heard, when will you be going through what the clusters of topics are so that folks can get a sense of where they might want to participate?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I think that's going to start with the next two slides. So –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Great, thank you.

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

Mike are we going to go through what we're doing today and then move to the March 21st meeting, March or April 4th meeting and so on and they'll be listed?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah, I mean, I think it's a quarter after right now so I still feel pretty comfortable with time so that's good. So, we can probably go to the next slide. All right, so lucky you guys we volunteered, ONC that is today, to get you guys started to show you, you know, kind of what some of the things we're hoping you'll be thinking about and commenting on.

And so today, I'm going to go over CPOE with you and then the two lab criteria related to provider exchange of lab results. Going onto the next slide. Okay, so this is the next meeting, March 21st and as you can see it has a lot of topics and I'll just give you a little rationale as to why it's set up this way.

A lot of these criteria are related in terms of the proposals and I think we wanted to start off with the tougher stuff so we can manage our time better to know like are we getting really behind instead of leaving some of these issues to the end and then not having time for them. So –

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

Yeah, I was going to say Michael –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Go ahead, Liz?

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

If you look at these and as our Workgroup looks at these groups, I mean, we've talked a lot among ourselves and with other colleagues about transitions of care, about view, download and transmit those are big opportunities for us to influence this 2015/2017 edition.

So, I think like Michael said, and what Cris and I were thinking as well, is these are going to be ones that are probably going to invoke a lot of conversation and so it's important that we get through them without shortcutting others.

So, I think, the hope is obviously we can keep to our schedule, because if we don't then we're going to end up either extending other meetings or adding meetings, just sort of, you know, heads up we've got to get through it, but, you know, as we looked at the criteria we thought some of them were going go very quickly.

Today we hope we'll get through the conversation fairly quickly but when we get into like for example the March 21st meeting you can see the criticality of the discussion.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right and so what we're hoping maybe even right now is take maybe – I think we're good on time so if we have like 2-5 minutes if there is anybody right now that is really just biting at the bit to be the lead on some of these it would be helpful if we got volunteers now so that we're not scrambling between now and the 21st to get prep for this, for the next meeting.

So, I guess, you know, on behalf of Liz and Cris I'm opening it up right now for anybody willing to lead any of these discussion topics. A lot of them are grouped together, you know, somebody could take all of the transmit and the ToC one and somebody could take all of view and download. So, you know, leave that open I think right now for anybody?

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

Even if you're not ready to lead if you would even tell us that you're interested in being involved in the preparation that would help.

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

Yeah, this is Wes, I'm clearly interested in all of them, I'm having a little difficulty understanding the hierarchy. Michael said, all the view, download and transmit to third-parties does that mean the items underneath there are all part of that topic or are those separate topics?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

No, I thought that – you know, what I looked at it and I thought that we might have broken down, but I take that back, so, yeah, view and download has a lot of issues in it of itself.

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

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, I was just thinking differently, sorry about that. I thought there was more on there, but it's actually just that the criterion is listed.

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

Yeah.

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

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, that's my mistake.

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

Okay, so these applicability statements for secure health transport, SOAP transport can you just give a 30 second background on what that's about?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Sure, so –

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

And I know the topic name, obviously what's an applicability statement and how does it –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Okay, so, yeah, I'm not the expert on this one.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

But I can tell you what we did. So, what we did, you know, there are multiple transport standards, previously we had Direct. You would have to be able to do trade, you know, a C-CDA and also be able to show transport, ability to transport it using Direct.

And what we did was we split out the transitions of the care criterion and what we have now is you can get certified just to the transport standards, so that those are four separate transport standards, there is the Direct, there are the two that we had as optional in the 2014 edition, which are SOAP and XDR, XDM and then there is a new one which is Direct with delivery notification so that kind of is important in the CLIA sphere where you know that the message got there.

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

Yeah.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, that's all that is related to the breakout of all those. Those are four separate – they're four separate criterion.

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

The other thing we might want to say about this one, Michael, is all of these standards that are listed on this page, I believe, were all changed from the 2014 edition, now how large the change was I can't tell you, but I will tell you that they all have changes from what was for 2014 which is why it's so important for us to compare and contrast or even just to look at what the...to go.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

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

Liz, when you say they've been changed you mean at the level of the regulation they've been changed or at the level of the certification criteria?

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

Certification criteria is my understanding isn't that right Michael?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Well, yeah, I'm not – I think we – that back and forth, but yeah we've changed the way the criteria is structured and we also have, you know, we've updated or at least we've proposed to move to updated like the Consolidated CDA is one thing we've done. You have the new edge protocol implementation guide for certification now.

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

Yeah.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, I mean, yeah it is, it is different than –

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

So, the job is to review the certification criteria associated with these topics? I'm just trying to understand how big the –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah right.

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

Yeah.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, you know, I'm looking at this slide again, so like transitions of care all those ToC's beneath it and I believe the creating patient matching data quality all kind of roll up under the transitions of care certification criteria.

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

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, you know, if you were willing to take that on we would expect you would – and that's all discussed in the preamble for that criteria, criterion now.

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

Yeah, I'm just trying to understand what it is we're going to look at and compare to what it was before, it's not just the language of the proposed –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

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

Regulation, it's the actual certification criteria.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

It's both.

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

It's both, right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right, it's both.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, this is Cris, it maybe – I think we'll put some light on it when we go through CPOE.

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

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

They won't all be exactly the same in terms of the amount of change, but I think that would be an interesting template.

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

Yeah, okay.

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

And also, just wanted to let you guys know the developed 2015 certification criteria haven't been finished yet. What comes out of the report from you guys and also the feedback will inform how we finish those created 2015 certification criteria.

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

Now will there be – okay, so help us with that for just a second Scott, I'm asking for clarity. My – I know that the 2015 is voluntary certification but I think what we have heard in the past, but I'm asking for clarity, is that we really need to pay attention here because this will also potentially inform the 2017 edition which is what Meaningful Use Stage 3 would be based on is that a fair assumption?

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

I'm pretty sure –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Actually we – go ahead Scott.

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

To a certain respect, I mean, all the previous editions do inform the next ones but we do have some flexibility to make, you know, specific qualifications and changes when needed. So, I would really take the time to really focus on what, you know, is significant at this point in time. So, for example, the standards changes that Michael is referencing that have been included in the 2015 edition are different from 2014.

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

Right.

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

So, while we don't have the certification criteria to refer to, you know, like literally line-for-line, we can look at the – and how it will be formed and framed and shaped to then make refinements to the proposed rule so that we can, you know, refine those certification criteria that are based on the outcomes of the review and feedback process that we're going through now.

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

Well, yeah, I mean, we don't want to get into this but obviously shifting from incorporating the – from incorporation related to a transition of care to clinical information reconciliation is a big change, you know, and that's kind of what our job is, is to understand, you know, where the standards lie and what the implementation ramifications of that are correct?

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

That is correct.

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

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

The other thing that maybe, this is Cris again, the other thing that may be relevant is unlike our work last summer where we were looking at clinical scenarios as a form, an alternative or advanced form of certification, this time this really is looking at the voluntary 2015 which actually have –

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Substantive changes on their way to 2017. So, this is – you know, to kind of get to Wes's point, this is not a better certification of the old rule.

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

No.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

It's both a new rule and modified certification process for that rule. Is that –

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

Yeah, good point.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Mike and Scott, is that a correct interpretation?

Scott Purnell-Saunders – Program Analyst – Office of the National Coordinator for Health Information Technology

Yes, the 2015 stands on its own. So, while it is a voluntary program it is a unique certification edition separate from 2014, it's not just adding on top, it's different.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right, right.

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

But, I'm going to ask – I'm going to continue on and press this question for just a second, one of the things that sort of is a gushing topic I'll call it, is the value of 2015 edition not our job to discuss it necessarily but part of what we – at least I believe is that I do believe it will inform 2017. So, to me the value that we bring is by really thinking about, you know, this may be voluntary today but it could become part of our future, I mean, I don't know what drives other people –

W

Correct.

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

But that certainly drives me to pay attention.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I'm – I guess, you know, I've heard what all of you said and what Wes has said too and I think as Cris noted some of this I'll try to make a parallel with the CPOE to ToC –

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

Great.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

When we get to it and there is a section Part 2 where I'll kind of talk about what, you know, why we did what we did and I do think actually, Liz, that it is somewhat your role – it is your role to tell us you think, you know, this doesn't make – you know, like having this incremental approach, having a voluntary edition I think we do want to hear back from you –

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

As to what you think of that, you know, change and way that ONC is doing things.

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

Okay.

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

I think Liz is mainly just trying to talk us into paying attention here.

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

Wes, you read me well.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

First she threatened you and then she woke you up it was pretty impressive.

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

They've been working with me too long.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, I would suggest, Liz, if you think this would make sense, I think people are asking all the right questions, but it may make sense for us to jump ahead to a walkthrough of what –

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

I agree.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

You know, the 15 preface piece that go into the CPOE and make sure that we reserve five or six minutes to come back to the end, at the end come back to this slide and get volunteers.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I think that works, yeah.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes?

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Cris, can you hear me, this is John Travis with Cerner.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes?

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

I'm out next week but I am setting up our system integration strategist to volunteer, Wes knows her I believe, Gaby Jewel, if I can nominate her to cover for me next week, I think we have a lot we'd like to be able to say on this aggregate set of stuff around transition of care?

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

I know I'm fine with it if you are Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes, it sounds fine to me I think you can rope in anybody we can.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Right –

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

So, are we expecting Gaby to coordinate now or just to be your representative in the process?

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Well, to participate as I would, Wes, I think in particular on the technical side –

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

No, I think Gaby can make a great contribution I'm just concerned that to throw somebody who has never worked with the group into a coordination role could be –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

No, that's how I'd like to have her work –

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

Yeah.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Is represent some of perspectives from –

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

Yeah.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

You know a development, implementation perspective.

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

Right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

On the technical aspects of things.

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

Yeah, that means you have to volunteer to coordinate something downstream John.

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

That's right John we're not forgetting about this.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

I will, I will.

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

All right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

But is that all right? I think if there's another person in a coordinating role and I told her you might be that person, Wes.

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

I will endorse Gaby as someone who can be a tremendous contributor.

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

Great.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Okay.

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

But it's the chairs decision obviously.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Yeah.

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

I think it's good, if Cris is okay I'm okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes, let's go for it.

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

We want to go to –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

All right I will let her know.

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

Great.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, we'll go with Cris's, I think, suggestion, right, is that – and we'll move ahead?

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

Yeah, I would say that you would just walk through just, I mean, just sort of show the slides so they kind of know what the groupings are and then I think Cris is right, we ought to move through CPOE, I think it gives you a better sense of what we'll be doing.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

All right, let me go through just quickly the – our three overarching slides, the ONC why, because I think we're going to want your feedback on that too.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, I'll knock that out real quick in another five minutes and we'll go right to CPOE.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'll come join you.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

All right, let's move I guess then to Part 2.

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

So, what we're flipping through quickly guys are the groupings that were put together for each of the meetings and moving to the ONC answers why.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Okay, so this is just essentially a really succinct resuscitation of what we say in the rule why we're doing this. So, we're hoping that there isn't such a big lift every time because if you recall we haven't proposed – our 2104 edition wasn't proposed...it's been 2 years, it was February of, gee 2012, so we haven't made any changes or captured any changes that are going on in the industry since then and if we would have waited for the 2017 edition you'd be looking at another six months to a year before all those and it could be a heavy lift.

So, we thought, one more incremental editions will help in terms of leveling out the development process, that's our assumption that we're making.

Two, it gives us an opportunity to make any corrections or added flexibility that we may have either missed or underestimated in terms of like how confining, you know, maybe a criteria was or a process was in the 2014 edition for example.

And then it also gives you an opportunity to see more clear what direction we're heading in instead of waiting like I said almost 3 years before we see our next proposal and you can see the building blocks better this way, at least that's our position as we've outlined in the rule. Moving on, the next slide, please.

All right, so a couple of things this just reiterates a little bit of what I said, it allows a big point is that we think gets us to interoperability better, more quickly too, we can keep making improvements in that area. It also, like I said gives you direction to where we're going and then gap certification which I'll talk about, you know, when I get to CPOE but, so if you saw that some things were unchanged or if you got certified to the 2015 edition, from the developer's perspective, anything then that's unchanged in the 2017 edition you're already that step ahead.

And if you're still a little worried, like say you don't know what's going to be in the 2017 so you don't want to waste a lot of time maybe developing to the 2015 "waste" what you can do is wait until the proposal, we're going to put that proposal out this fall and if you see in there that a lot of things that were in the 2015 edition are in that one or haven't changed, you know, you can use that as a basis to get a head start instead of waiting until the final 2017 edition rule which won't be, you know, likely I think we're saying, you know, summer of 2015.

So, it does have those benefits. I mean, I think it's almost over 50% from the 2014 edition to the 2015 in terms of what hasn't changed and we expect to continue that where it would get less and less in terms of what's changing between editions. So, those are like the main reasons.

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

If you didn't – if you certified for 2014 –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right.

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

But you don't certify for 2015 –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right.

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

Then they'll be no gap between 2014 and 2017 is that the plan?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

No there would be, there would be.

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

Okay, all right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

There would still be that, so yeah, I mean –

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

And that kind of goes to that it's a voluntary nature of 2015 as well.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

It's just an opportunity that's why, you know, you can use – the one thing I would say no vendor has to get upgraded to 2015 edition to meet the definition certified EHR technology nor does any provider have to upgrade but they can so that's the thing I want to also mention and emphasize you can, if you want to it can be used to meet the definition.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, if you did decide to upgrade something you can do that.

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

Yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, Michael –

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

This is Wes –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Go ahead Wes.

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

Can I make a comment now?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah.

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

So, there is a real fundamental issue around this strategy which is that if some vendors upgrade and some don't, and some hospitals implement or practices implement the new vendor software and others don't how do we get any interoperation because we now have certified products out there that are certified to standards that are somehow inconsistent?

I think this is a serious topic that needs more time than we have on this call. I just want to reserve a place in it in the agenda as opposed to getting so swept up with the details that we don't have time to have that discussion.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

And I would also, this is John, something that's of real substance to what Wes said and that's the – what I think is a very good thing, which is the separation of the CTR transport and the edge protocols from content conformance for the transition of care summary but now you've got – you know, I still argue kind of a binding that resulted from the 2014 criteria edition between those two things and the 2015 edition which seems to allow them to be distinct and if you have vendors going at it under those different approaches how would they potentially come together, maybe that makes no difference, but that's the most glaring working case of what Wes mentioned.

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

Okay, so I would ask –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, this is Cris –

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

Oh, go ahead, go ahead.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Liz, this is Cris.

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

Yes?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Let me make a suggestion from a process perspective about how we handle that. Number one, we should deal with these issues in the context of when we get to that topic. So, I think when we get to the interoperability related topics let's make sure to talk about it.

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

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I guess the second question is, Wes and John are raising issues about the standards as a whole and I wonder if it might make sense for us, as we're planning our meetings, to leave some time to have commentary about the approach or the standards taken as a whole in addition to the specifics.

And I want to ask Wes would that, from a process stand-point, create a window for the issues you want to raise?

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

Yes, it would.

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

So, if we did that – the thing – I agree with you Cris and I think what we – we'll have to look at our timing –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

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

Because it's either adding another meeting or make sure we get done on time. The other thing I would ask of the folks from ONC, please capture this, because this is where, you know, some real insight that could lead – could really form sort of some underpinning for our discussion and three meetings from now, like Wes said, when we're deep in the details, you know, Wes is not going to forget I'm not worried about that, but I really would like to see us capture it now so that when we get back to it we sort of already have the concept captured and we can work from that concept.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, that makes total sense.

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

Yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris, I'd add one other issue too, it would make sense in that context, as we go through each step, to be looking for whether there are opportunities for backward and forward compatibility or whether there is really a problem –

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

Right.

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

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That may be a particular issue we want to look for as we go.

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

Agree.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Again, does that work Wes? I'm grateful for your raising this and John, does that also make sense?

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

Yes it does, I mean, it may be that the solution is sort of case-by-case working on the interoperability issues, it maybe that there is a more generic approach, but I think we would not be doing our – meeting our obligation, you know, to represent industry if we don't get this issue explored.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Yeah, I –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I would just make the point that the interoperability place is probably the biggest pinch point but there may even be other kind of measure or vocabulary, or other kinds of issues which you wouldn't think of as having a compatibility issue –

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

Yeah, I –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Unless you put two different versions in the wild.

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

Yeah, interoperability is obviously the main point because that's where two different systems from different vendors bought by different entities and implemented differently have to work together, but you're right it has the potential to – there is the potential to be transition problems anywhere when regulations are changing.

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

Yes, so I would say at minimum when we get, you know, I don't know if we can wait until the meeting on the 23rd, my concern there is that at that point we are madly trying to –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Assemble.

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

Correlate our comments for the next day and so, as chairs we will make it our obligation to figure out should we maybe do it by the 17th of April for example and then we'll just have to figure out how to redistribute other things so that we get through them. I don't know what else to do. I'm not sure people can take another meeting.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Yeah.

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

But, I think the context that we're talking about is critical.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Liz, this is John, I'd suggest one of the things you ask the people that would be in the position of kind of being the coordinating point for the criteria evaluation would be add an evaluated question of basically what would this do if implemented to anything dependent on another organization or another vendor. So, it may really manifest only –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Correct.

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

Right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Around, interoperability, but, you know, if I – this is an inappropriate projection forward, but let's say for example the other way it could come about, you know, the way I read the CPOE criteria is that now for the lab part of it it's actually calling for outbound orders based on the S&I Framework implementation guide for laboratory orders. Now if measurement were actually predicated on it then you'd have to worry about who your trading partners are.

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

Right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Now we're not at that state, but that's the kind of thing you'd want to evaluate for each criteria –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

If implemented what – and really implemented what would be the potential impact on interoperability and dependency on other entities?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, these comments are fantastic, this is Cris again, I think we should call time on this so we can spend the last 20 minutes –

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

Yes, I agree.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Going through CPOE, but Liz, it's pretty clear to me that we're going to be talking about these meta issue in every meeting if we don't create some white space for it.

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, off line let's make sure we create an opportunity and let people know how to do it. John's comment about keeping track of the issues as we go I agree.

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

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I tried to say it earlier, but clearly not well, but I think we should dive into CPOE.

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

I agree.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay.

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

Or we're going to run out of time, but, yeah – and again, if Scott, you guys will please capture these as they come up that would be so helpful to us.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Will do.

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

So, Michael do we –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

You actually –

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

Oh, go ahead?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, it actually bought me some time because I was dialing in to avoid someone and it stopped me, so it's good that you guys are still talking. All right so we can move onto the next slide.

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

Whatever works, you know, we're all about you.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I'm not going to spend any time on this slide in the interest of time, but, you know, you guys can come back to it, this just gives you our outlay of how long, you know, what we would think would happen in incremental rulemaking. So, we can move onto Part 3.

All right, CPOE, so this is a good first example. So, here's what we did here, previously all the capabilities for CPOE for medications, labs and radiology were all in one criterion and any EHR technology had to be certified to be able to do all of that.

What we've heard back from stakeholders both providers and vendors is that it doesn't provide the sufficient flexibility that they were looking for and on the provider side, in some respects, it was inconsistent with the new revised certified EHR technology definition.

So, let's start just real quickly looking from the vendor's perspective, you know, they couldn't create, you know, a mobile, for example, a mobile, we call them adaptations for those of you guys who are familiar with it and I know John is quite familiar with our adaptation policy, that you couldn't create just one on say on an App to do CPOE for medication, it would have to be able to do also labs and radiology based on the way our adaptation policy worked. And so what we're doing now is giving that flexibility by breaking them out.

On the provider's side what you find was that for instance what if I could meet the exclusions for labs or radiology you would still have to have that certified EHR technology based on the way we require certification take place and also in like Stage 1 you don't even have to do labs and radiology as separate measures. So, you would again possibly have, you know, more capability than you were ever going to use and also that varies by practice setting as well and we give a couple of examples in the rule where, you know, one provider may need all and how hospitals are a great example of who would need all, but other, you know, EPs that would not need all this.

And then the one last point I want to make about providers that, you know, what this does, and this is already consistent with our cert definition, but it's more responsibility on them now they have to know, you know, if I really think I'm going to meet the exclusion – the updates there are really just proposing updates related to the errata version of the LRI and again CLIA requirements. So, I will turn it back over to the chairs.

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

Well, I would – I'll just make a quick comment, this is Liz, on the medication, lab, radiology split that I'm not concerned about that one way or the other for either EPs or EHs I would assume it would help EPs, what I don't know and someone else maybe concerned about, what I don't know because I don't have the familiarity, is what does it mean to be – to have to have the S&I Framework LOI. I don't know whether that's something that is a concern or not. Does anybody in the group know?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

The one thing I'll say before anybody jumps in is it is – I think it already has – I have to verify it went through HL7 balloting, I think it has actually already.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Others may know better than me actually on that.

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

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And this is also just in the ambulatory setting correct?

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

Right, right that's what it says.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Correct.

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

But without the familiarity with it I'm just – and I understand the balloting process but I have no idea what that means to either the vendor or the EP. I guess we need to find out. John do you know, Travis?

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Could you repeat the question Liz – I'm sorry –

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

Yeah, for the – for laboratory certification in the ambulatory setting only the requirement of S&I Framework, LOI is that an issue for you guys, for the vendors?

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Well, here's the interesting thing that has emerged and it's probably more a policy question for CMS, there are two things, one is we have run into issues with trading partners reference labs actually able to send that in so we do have clients who go "we don't have anybody who sends us messages in that format."

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

Okay.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

So, do I really need to have a certified system – well, you know, my system may be certified to do it, do I really need to implement it when no one is sending me messages in that format?

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

All right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

The other – so that really raises the question of upgrading the interface many of them have in use today. The other thing that has emerged is I'm an integrated domain and from a hospital perspective for incorporation there was no such requirement to use LRI for inbound any structured format could serve purpose, but if you have EPs sharing in the use of that environment –

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

Right.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Does the hospital have to update the interface to support the EP use of it. So, those have emerged.

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

Yes, good questions both of them and it goes back to interoperability again.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Yes.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, I would expect like that could be part of your comment here, I mean –

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

Absolutely.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Capture or –

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

Yeah, I would, yeah, please, yeah I would agree that should be a very specific, whether it's a comment or recommendation if we have – if we reach the place where we feel like it should or shouldn't be or at least we want to point out that there is an interoperability potential problem.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

And –

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

And again, remembering that felt we can't compel reference labs to do anything.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I mean, the only background I can give on –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

–

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Both the LOI and LRI is that, you know, as I said it came out of – they both have come out of the standards and interoperability framework which brings together all stakeholders in developing that and then it goes to HL7 for balloting and I think a lot of you are all familiar with the HL7 process, but in any event, I know there were a lot of labs, because I sat on a couple of calls, as well as big providers and EHR developers in that Workgroup developing that. So, I get – I do acknowledge that, you know, I want to capture you're comments here because if no one is using it, you know –

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

Well, I think –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

But I just want to give you a background of how it came about.

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

Right, I think –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I think it came up as folks were looking for interoperability and this is, you know, this the guide that they came up with and so –

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

I think we –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

No one is using it might be a strong point, this is John, however, operational state on the ground –

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

Exactly.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

There are clients for whom in their geography they have no trading partners using it so we know that's true.

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

And because one of our jobs is, you know, we – is to continue to bring back, you know, sort of the state of the market as well and so it is not necessarily a comment to dispel the recommendation as much as it is some reality around the usefulness of it.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

All right, so I will capture it, so the usefulness of it, the trading partners.

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

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

And then just to maybe spur some comment and discussion is like, so the question would be, that just dawned on me, is like, so certification program, if you want more people to adopt it there's a potential if you – if we adopt it that this happens. You know something has got to push the market or do you just let the market say, this is a good thing to do in terms of interoperability and in a lower cost efficiency and go that route.

So, that's something also you guys should probably bounce around from a certification perspective, is it helping adoption, increase adoption through being adopted as a criterion or not I guess would be what I would pose to you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Mike, this is Cris, this is an instance where you're – we're anticipating that this requirement will be in the 2017 edition correct?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

I can't say that, you know, we go through rulemaking to propose, I mean, it hasn't even been adopted for the 2015 edition it's a proposal.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

That's why we take your comments and we have to consider all public comments before we finalize any proposal.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well, I guess the comment would be that if – I would love to get the viewpoint of the Workgroup around this, that is there is some change to be made from 2014 to 2015 it needs to point squarely in the direction of where 2017 is going to land.

The whole philosophy here, right, was for you to put some innovation into the regulation so that we didn't have a big gap between 2012 and 2015. That would be completely obviated if you went a little bit to the northwest and then in 2017 went a little bit to the northeast.

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

That's right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right and also another point I want to just make is that, you know, based on our new framework we can just adopt criteria and it doesn't necessarily mean you have to get – like we could adopt two lab criteria one with this and one without this, you know, I'm just saying that's a potential in terms of, you know, somebody might want to get certified to this for a different reason and that's like, you know, with the delivery notification one CMS has actually already put out guidance that said that this meets one of the requirements related to CLIA if you send with Direct using delivery notification. So, that's why we put that in our rule. So, there is that too, there is that play, interplay of things too.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well, another technical question, which would be presumably there would be early adopters of these technologies regardless of certification just because industry demand would have it, so is this a sensible scenario?

Someone could chose to become certified for 2015 or they might chose to not be certified 2015 they're going to act on the belief that 2015 is a signal about 2017 and that some people who had particular use of a specific use case or functionality that was in the 2015 that sort of subgroup of trading partners may in fact adopt it. So, if we're getting – if we're going to stand in John Travis's shoes at Cerner –

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

They could get certified against some of these but not all or any other vendor is that correct?

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

This is John, that would certainly be my presumption as we look at it is that we would have that flexibility to mix and match and I think Steve Posnack even made that remark in a –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Presentation he did to the full Policy Committee I want to say or the Meaningful Use Workgroup not long ago.

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

So, is that the case Mike that we – that they could do – they can – since this is voluntary they could pick portions to certify against it's not voluntary that you do all I mean or mandatory?

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right and I mean, so we adopt criteria, as you – as I think we've already set the historic context on that that we will adopt criteria that supports Meaningful Use objectives and measures. We may also adopt criteria that supports other reasons. So, it's not necessarily that, you know, you would have to do this to, you know, whatever meet the definition of certified EHR technology. So, you know –

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, that makes total sense.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

If you thought it had value to you and what you do then it's there for you and –

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

And this is John Travis, what would reinforce that is that the whole notion of the 2015 criteria edition, which I wanted to stand up an applaud when I saw this, was the demise of the complete EHR.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

So, by default you are able to seek modular, because that is the only model that would be offered if adopted as it is and that would lead you to the pairing of 2014 and 2015 criteria edition as implemented and probably in reality as the vendor would approach it as well.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yes and just focusing on this particular one again, if you – I know you guys haven't all had time to read the preamble but what we said is this sets out the – by having this it sets out the opportunity for CMS on their side related to CLIA to start providing some guidance that says, you know, you are "CLIA compliant" if you are using systems that have these capabilities. So, that's – it's just a step in that direction and if you read it – I'm just reiterating what we say in the preamble about this.

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

So, looking at our time I'm going to pull in a little bit, I don't know – I don't know if we can get to the last one, we are not going to get through assignments and I have a question about the whole timeline, but I'll just reply to the whole group so they can see my question and not take time here. But, Cris I am worried that we're sitting at 2:56 we need to allow public comment and we've not been through the provider exchange of laboratory results yet.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right, so just on that last, those last two they are just updates like I had already mentioned of the LRI it has an errata version now so we're proposing to adopt that and then we are proposing specific requirements related to CLIA compliance again.

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

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, not much more for me to talk about there than I've already said, they're just for like the display of test results and then I did – the one thing I wanted to point out any lab could get certified to our criteria nothing prohibits somebody from coming in and a lab could do it not just a hospital lab which (b)(5) is geared, you know, was geared towards to it at least from a policy perspective last time around.

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

Right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

And neither of those are eligible for gap certification because of the updated standards –

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

They're new, right.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

The requirement, so that's all I have say about those ones, I mean, there is not – I mean, I think it kind of rolls into the discussion we were just having. So, I am done on my presentation.

Whether you have time to take some volunteers now for the next meeting, you know, that's open discussion, if not, you know, like we had already discussed they can just e-mail me if they're willing to do it. We just need to get probably started because those are going to be meaty discussions on some of it.

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

Right. I would say we open and say to the Workgroup is anyone willing to chair the April 21st meeting or even if you're not willing to chair are you willing to participate in that group that will prepare the materials?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And the standard role here is really to read the preamble, understand the materials and guide us through it, that's the job right?

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Yes.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

And you meant March, right, Liz, the 21st?

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

Yes, I'm sorry, yes, you're right, thank you.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

And I have sent an e-mail to you as I said before volunteering Gaby Jewel to be a contributor, I'm not sure she is the one to do the take you through it, but to contribute to someone who would.

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think having an expert on the phone who can speak to it is the key thing, someone who is knowledgeable and can interpret it for us.

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

I agree.

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

So, do we – can we quickly recap what the topic area is for the 21st meeting or is that –

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

Yeah, it's in – can you go back on the slides, it's slide 10 in my deck, it's ToC, view, download and transmit.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah, slide 9.

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

Yes.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

So, it's March 21st.

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

Oh, this is all for March 21st all right.

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

Yeah.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Yeah, we have 90 minutes for that call.

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

Oh, wonderful.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And what I would suggest is what we probably want the chair person to do is if they take a clump of these would be to sort through them and identify which ones we should focus our attention on, sort of like Mike did today, we spent a lot of our time on the structure of this and, you know, the CLIA pieces got shorter attention because they were less of a big deal. So, I think the chair is supposed to offer that editorial guidance for us.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

You're looking at like five criteria and then four transmission criteria, you have the ToC, you have the reconciliation criterion, you have the data portability, the view/download, the clinical summary those five and then you have four specific transport standards that are each a criterion. So, there's not really much to talk about like in the transport with other systems –

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

Yes, so this –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

With the policy of breaking them out or not but each criterion is just that transport standard.

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

I will volunteer.

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

Thank you, Wes.

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

God save me, the fortunate thing is it starts at 5:30 in the morning so I won't be awake until it's over.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Oh, good God, you'll be numb for it.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Well, Gaby will be very pleased that you did though Wes, I basically told her you would.

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

Okay, well Michael I'm going to need to exchange an e-mail with you to make sure I understand all the material we need to review and stuff like that I think it's all been explained but I kind of –

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Are you taking all of them Wes?

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

Unlike – for the March 21st meeting, I'm only a grandfather rather than a great-grandmother like some people on this call, but if things are – my end pretty fast.

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

Okay, well that's great, thanks so much. Do we want to go on for the next one or should we go ahead and go to public comment Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Liz, I think we should go to public comment I need to drop off but others do too.

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

Okay.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Right and I don't think we planned on getting volunteers for the other days right now.

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

Okay, great.

John Travis, FHFMA, CPA – Senior Director & Solution Strategist, Regulatory Compliance – Cerner Corporation

Yeah, okay.

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

Okay, good, all right, Michelle can we go to public comment?

Public Comment

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

Yes, operator can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We have no public comment at this time.

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

Thank you, well thank you all of the Workgroup members for taking the time to join and a big thank you to all the folks from ONC, great organization, we made a lot of progress in an hour, so I'm looking forward to the next meeting I think it will be a lively topic for sure. With that we'll sign off and say, have a great weekend.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thanks everyone.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Bye.

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

Thank you everyone.

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

Bye-bye.

Mike Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology

Bye.