

**HIT Policy Committee
Information Exchange Workgroup
Transcript
February 15, 2013**

Presentation

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good afternoon everybody, this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Policy Committee's Information Exchange Workgroup. This is a public call, so there will be time for public comment on the agenda. And the call is also being recorded, so please make sure you identify yourself when speaking. I'll now go through the roll call. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Micky. Hunt Blair?

Hunt Blair – Vermont Health Access – Deputy Commissioner, Health Reform

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Hunt. Jeff Donnell? Judy Faulkner?

Peter DeVault – EPIC Systems Corporation – Director of Interoperability

This is Peter DeVault for Judy Faulkner.

MacKenzie Robertson – Office of the National Coordinator

Oh, hi, Peter. Jonah Frohlich? Larry Garber? Dave Goetz?

Dave Goetz – OPTUMInsight – Vice President for State Government Solutions

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Dave. James Golden? Chuck Kennedy? Ted Kramer? Arien Malec?

Arien Malec – RelayHealth Clinical Solutions – Vice President, Strategy and Product Marketing

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Arien. Deven McGraw? Stephanie Reel? Cris Ross? Steven Stack?

Steven J. Stack, MD – American Medical Association

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Steven. Chris Tashjian?

Christopher H. Tashjian, MD – River Falls Medical Clinics

Here.

MacKenzie Robertson – Office of the National Coordinator

Sorry. Can I ask everyone to mute their computer speakers, just so we don't get the background noise? John Teichrow? Amy Zimmerman? Tim Cromwell? Seth Foldy? Jessica Kahn? And the ONC staff members who are on the line – if you could please identify yourself?

Kory Mertz – Office of the National Coordinator

This is Kory Mertz.

MacKenzie Robertson – Office of the national Coordinator

Thanks Kory.

Michelle Consolazio Nelson – Office of the National Coordinator

Michelle Consolazio Nelson.

MacKenzie Robertson – Office of the National Coordinator

Hey, Michelle Consolazio Nelson. Okay, with that, I'll turn it back to you Micky.

Micky Tripathi – Massachusetts eHealth Collaborative

Good afternoon everyone and welcome back to the Information Exchange Workgroup. If it's the beginning of the year, it must be meaningful use time again and today we're going to be discussing the Stage 3 recommendations that were included in the Request for Comment that was put out by the Meaningful Use Workgroup, or the HIT Policy Committee, sorry, in the fall sometime, I forget exactly when it was put out. But there were a number of comments that were received back on those recommendations and what we're going to be doing is going through the recommendations that are applicable to the IE Workgroup, revisiting those recommendations in light of the comments that were received. And we'll get some help from Kory and Michelle, who've gone through each and every one of those comments in great detail, and will be able to provide us some perspective on what the public comments were. And then we'll allow, that'll give us a foundation for further consideration of those recommendations with an eye toward our synthesizing some recommendations that we'll provide either to the Meaningful Use Workgroup or to the HIT Policy Committee directly, depending on which of the recommendations we're talking about.

So, if we could turn to the next slide here, I'll do a couple of slides of introduction and set up, and then I'll turn it over to ... let's see, I think we went backward in the slides. Yeah. So, we'll talk a little bit about the approach, how we want to sort of tackle this, then talk a little bit about the timeline and then I'll turn it over to Michelle and Kory to walk us through a summary of the comments that were received on the recommendations that we have.

So, for all of you who didn't get a chance to quickly look at the email that was sent out, the comments, the individual comments are available to us on the ... there's a FACA collaboration site. And you have the link and the password, user name/password to that, where you can look at those detailed comments, if you haven't had a chance to look at them. Some of them are quite interesting. They're hard to go through because there are a lot of them, but there's quite a range, as you can imagine, a range of very thoughtful opinions and considerations there that are certainly worth going through, when you have the time.

Peter DeVault – EPIC Systems Corporation – Director of Interoperability

Micky, this is Peter. Where would we find the link to that site?

Micky Tripathi – Massachusetts eHealth Collaborative

It's on the notice that was sent out on the ONC's FACA, is what I would look up in my email, and there was one for the ... the one that had the ... that has the call-in information and all that, there's a link there to the website.

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

Okay. Thanks.

Micky Tripathi – Massachusetts eHealth Collaborative

So, next slide please. So, we – there are seven, I guess, recommendations that we as the IE Workgroup are responsible for, four, as indicated here, that we are primary on. Meaning that I think we are going to be providing recommendations directly to the Policy Committee on the one for the query for patient record, provider directory, data portability; those three were ones that we worked on, so they're coming back to us now. And then the HIT Innovation one, Kory, maybe – could you give me a little background on that? I forget exactly what the origins are of that one.

Kory Mertz – Office of the National Coordinator

Yeah, so that is one that's very focused on innovation in HIT and kind of thinking about, so we have the focus of certification to date has very much been on EHRs. And it's kind of starting to think about, should we be considering APIs and other ways to move information in and out of EHRs and for EHRs to interact with other HIT devices within facilities.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. So that one came out of the Meaningful Use Workgroup, is that where it came from or ...

Michelle Consolazio Nelson – Office of the National Coordinator

No.

Micky Tripathi – Massachusetts eHealth Collaborative

No.

Michelle Consolazio Nelson – Office of the National Coordinator

Micky it was more of an overarching ONC question that we were hoping to get answered, but we thought it most closely related to the Information Exchange Workgroup's work.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. So, was it included in the RFC or not?

Michelle Consolazio Nelson – Office of the National Coordinator

Yes. There were – so we – there were six overarching questions and that was one of the ones included.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. All right. Got it.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

So I was just going to say, some of those got divvied up between the different workgroups, based on expertise.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah. Okay. No, that's – and then there are three, as indicated there, one on clinical decision support, the other on summary of care and notification of a health event, which are, that we'll be providing recommendations, thoughts to the Meaningful Use Workgroup. So in terms of order, we were actually thinking of starting with those first, since we're sort of on the critical path for the Meaningful Use Workgroup to do their work. So, as always, we want to be helpful to our sister workgroups, and so we thought we would tackle those ones first, and then move to the ones that we are primary on.

Next slide please. So the idea is that we'll want to go into a deep dive on the comments, on the recommendation itself. I mean, if any of you who are in the same position that I am, I couldn't for the life of me remember what the recommendations were. So, I have to reorient myself to those and then take a look at the comments. As I said, Michelle and Kory have provided some very helpful summaries of those and so that can be our starting point. And then to the extent that there's more conversation or bring the specific comments and that could be something that we could certainly work on. Those are available to you on the website. And then the idea would be that we want to take all of that, plus any time has passed, we've all learned more. We're all looking at this again with somewhat fresh eyes and to the extent that we think that there are adjustments to the objectives or the criteria, those are what we do, as the IE Workgroup, provide recommendations on that.

Let me first, before we move to the timeline, ask Michelle to talk a little bit about the Meaningful Use Workgroup timeline and approach, because they've had at least a meeting or two, where they've taken into account the comments and have had some overarching thoughts on meaningful use and some discussion about that. Michelle?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah. Thanks Micky. So, during the February 6 Health IT Policy Committee meeting, we brought forth all of the ... the high-level summaries that you're seeing, but for all of the workgroups. And there was some discussion at the end of the Policy Committee meeting, basically kind of questioning if we are headed in the right direction for Stage 3. And there are some overarching comments that follow that can also...that we'll share with you that might provide a little more insight. But, we heard a lot that providers have a lot of pressure from other programs that they're working towards, whether their part of an ACO or if they are thinking about ICD-10, PQRS, you know, all these other programs that exist out there. We also heard that there were a lot of functional measures and it was a little bit over-prescriptive, people thought. Another thought that, we haven't learned from Stage 2 yet, how can we start to think about Stage 3 yet. And, then still others questioned the timeline that we are working towards and perhaps because we haven't learned from Stage 2 yet, there should be some type of delay.

And then finally, we also heard that ... we had originally set out that for Stage 1 it would be about capturing data and Stage 2 would then start to use that data for patient care decisions, for example. And then for Stage 3, the original intent was really to start ... focus on improving outcomes. And a lot of commenters suggested that we weren't really pushing hard enough on outcomes and we may not have quite gotten there with our recommendations that we put forth. So keeping all those high-level comments in mind at the Policy Committee, there was a suggestion that perhaps we should think about some alternative pathways for Stage 3.

So, based upon that, the Meaningful Use Workgroup met in person yesterday for a few hours, and put together some ideas of, well what could these drafts or alternative pathways be? And they had three different suggestions, and during the meeting they actually narrowed it down to two that they're really going to take a deep dive on. Just to give you a high-level of what those are, so the first is that this ... what we're calling deeming. So, if you think about quality measures and this would really help us get a little bit more closely aligned with outcome. So, if people start to improve outcomes on certain quality measures, perhaps we should start to get rid of some of the functional objectives that we have put forth. So, for example, if you think about what the Meaningful Use Workgroup refers to as subgroup 1, that's a lot of those functional measures, BMI, vitals, demographics, ePrescribing. There are a lot of functional measures in there that could possibly be rolled up into some CQMs. So, that is what one group is going to be focusing on ...

Arien Malec – RelayHealth Clinical Solutions – Vice President, Strategy and Product Marketing

Can I ask another question on that? My understanding also of the notion of deeming is that you could then reuse those quality measures across multiple programs, so you could use them across meaningful use, so potentially also to meet ACO measures or NCQA endorsed measures for PCMH. Do I have that wrong?

Michelle Consolazio Nelson – Office of the National Coordinator

No, you don't have that wrong. So, that was also part of the discussion that if we're going to be pushing towards focusing on quality measures, well let's make sure that these quality measures align with all the other programs that exist, so that people can report once, or at least do the work once. So, yes, exactly.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

This is Amy, and I've joined the call. I just want to let you know that I've joined the call and I was at yesterday's meeting for meaningful ... the Meaningful Use Workgroup meeting. I'm not ... while I think that is the intent, I'm not sure that that's in the realm of Meaningful Use. I mean, it's taking – what we were talking about was taking at least minimally the existing Stage 2 clinical quality measures and trying to determine either bundling, either through bundling or non-bundling what functionality you would have to have in place to be able to get those measures. And then to determine whether you needed an absolute percentage on your clinical quality measure or some percentage of improvement or both, depending on if you are high enough on your measure.

But I don't want to take away what you're saying, Michelle. I just want to clarify that aligning it with other measures is not really – how that falls out is, in my understanding, was not the role of the Meaningful Use Workgroup, that there's other work to try to do that and it's critical to do that. But I don't know that that's in ... I don't think we can deem meaningful use measures to count as other program measures, although that's being done and aligned at the federal level.

Arien Malec – Vice President – RelayHealth Clinical Solutions

Yeah, this is Arien. The intent would be that the meaningful use measures are at least pre-aligned so that if the federal government, for example, so chose to ... they'd have the mechanism to do so. Is that right?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah. So, I – so just take a step back. So first, before this group ... we've kind of, we've broken the Meaningful Use Workgroup up into different groups. Before this group meets, ONC is going to work to start to just put an initial plan together, and this – our clinical quality measure team is working on federal alignment, so, all of this should hopefully coincide and come together, at least hopefully.

Christopher H. Tashjian, MD – River Falls Medical Clinics

Yeah, this is Chris Tashjian. As one of the practicing physicians who's actually running through this, it would be extremely helpful if they could be aligned, because asking the groups to put out multiple different kinds of quality measures is really going to lead to groups just kind of throwing their hands up in the air and saying, we can't meet everybody's standards. And I suspect this would be one of the first ones that gets dropped; I'm not sure about that. We've been successful in our part of the world to get all the health plans to come together so they essentially ask for the same thing; we would hope that we could do that here as well.

Steven J. Stack, MD – American Medical Association

And this is Steve Stack, another practicing physician, just to buddy up on that. I think alignment on numerous levels is desirable. It also will help for the hopeful eventual dissolution of the meaningful use program as not being necessary, since it will have spurred such great adoption and there will be other methods and approaches that society uses to further advance the value proposition of healthcare. So, that would be a wonderful convergence to have it merge back into the mainstream with the other programs.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

So, Michelle, this is Amy ... or Micky. I mean, I think – I've been in a couple of meetings within the past month and a half and as part of our trailblazers here, an ... Rhode Island. So I have a better ... I mean, I am beginning to understand all the work going on at the federal level to do exactly that, but I think this conversation continues to show that that effort is not widely known and understood. And however we can promote ... I mean, it's going to take time, but however to be able to promote that, I think is important. For instance, and I was just on another ... I mean, I was on another call and I heard about it earlier, so for those physicians in the group that aren't aware, and correct me, my ONC colleagues if I'm wrong, but starting in 2013 PQRS and meaningful use CQMs, you can put in one set and it counts for both. I'm not sure if I said that right, but ...

Michelle Consolazio Nelson – Office of the National Coordinator

Yup, you got it.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

So I guess what I'm trying to say is, I'm supporting what ... absolutely I agree with you and I'm not a physician, and I understand and I'm working at the state, but for all the same reasons in Medicaid and otherwise we need it. There is a lot of work going on and I'm not sure what's the best way to disseminate that. I don't want to take away from what we need to do here though on this call and in this conversation.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. I think those are all great thoughts and points taken, certainly on the alignment thing. So maybe we can figure out how to provide that feedback back to the Meaningful Use Workgroup. But, Michelle, maybe you can get to the second point.

Arien Malec – Vice President – RelayHealth Clinical Solutions

This is Arien, and just one more overarching question, which is ...

Micky Tripathi – Massachusetts eHealth Collaborative

Sure.

Arien Malec – Vice President – RelayHealth Clinical Solutions

What's the timeline by which the Policy Committee's expecting to issue final recommendations?

Michelle Consolazio Nelson – Office of the National Coordinator

So the Meaningful Use Workgroup – so, sorry, before I get to my second item, let me ... that's also kind of a little bit of a step back. But, we might need to change our IE Workgroup timeline based upon this as well, so, based upon the meeting that the Meaningful Use Workgroup had yesterday, they chose these two options to kind of take a deep dive on and pursue a little bit further. And they are going to present those at the April 3rd Policy Committee meeting. And then based upon the conversation at that meeting, kind of see how things follow, because I haven't told you the second alternative yet, but the final recommendation could be a combination of both one and two. And then based upon how that's decided, the Meaningful Use Workgroup is then going to go back and review all of the facts and review all of the original Stage 3 recommendations and see where they fit into this new proposed pathway, if we do decide on one of these, and then kind of reconcile the work that's already been done. So I ...

Arien Malec – Vice President – RelayHealth Clinical Solutions

And just as a note, and I'll make this in the Standards Committee as well, I'd say that that timeline amounts to a delay for Stage 3, just passing all the stuff that needs to get done, but I'll – I've already diverted us enough and I'll shut up.

Michelle Consolazio Nelson – Office of the National Coordinator

Well I'll be at the Standards Committee next week and you can say that again. So, I hope people are following, I'm sorry if this is a little bit confusing. I presented one of the options that the Meaningful Use Workgroup is working on. The second option is what we're calling clustering, if you will. So possibly there's a way to consolidate objectives. So for example, if you take view, download, transmit, well perhaps you don't need to have the clinical summary measure then, if you are able to do that with VDT, for example. You know, just kind of taking a look at the measures and seeing, are we really – are we requiring people to do a little bit more than needs to be done, and just kind of bringing up to a higher level? So that group is going to kind of walk through all the objectives and see where that takes us. And so as I mentioned, our final outcome could possibly a combination of both one and two, we just need to kind of first vet out these two ideas and then the Meaningful Use Workgroup will come back together and really see where that leads us.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Well thank you. So it sounds like both of those are actually forms of what you might think of as seeing if there are sufficient statistics, meaning that if people are doing, are meeting these kinds of objectives, there are three, four, five, six underlying objectives that one could wipe away because they couldn't achieve a particular objective without having met some of the three or four or five foundational ones underneath it.

Michelle Consolazio Nelson – Office of the National Coordinator

Exactly.

Micky Tripathi – Massachusetts eHealth Collaborative

But to Arien's point, there's a lot of work that would be required to do that kind of mapping.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Yeah and Micky the other premise underlying this is that if people have already gotten to Stage 2, then a lot of what's in Stage 2 will already be ... this is under the assumption that there's a baseline that people are at the level of Stage 2 and that that ... that those ... that working on those functionalities is not going to diminish and that it will just continue to be enhanced to cluster up or be able to be deemed to be able to get the outcome.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Stage 2 is done; it was approved like last fall or something. I'm joking ...

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

But it isn't implemented yet, not everyone's there.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, really?

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Really.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Great. Well thank you Michelle, that's very helpful. I don't know if that – we're not in a position ...

Michelle Consolazio Nelson – Office of the National Coordinator

It kind of diverts the approach a little bit, so I don't know.

Micky Tripathi – Massachusetts eHealth Collaborative

Well, does it divert the approach or the timeline?

Michelle Consolazio Nelson – Office of the National Coordinator

Probably the timeline and it's something for you to consider, do we wait and see what happens with the Meaningful Use Workgroup, do you just want to – maybe there isn't as much of an urgency to march towards April 3rd, but the IE Workgroup can still walk through its recommendations. I'm not sure how that changes the work of the IE Workgroup.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, right. Because it could change the approach to the extent – I mean we don't want to be working on recommendations that end up getting summarily scuttled ...

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah ...

Micky Tripathi – Massachusetts eHealth Collaborative

... it's okay if it gets scuttled three months down the road, but I hate to work on one that gets scuttled next week.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

You know, I haven't ...

M

We're wising up now.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

This is Amy again. I haven't really thought this through, but if this workgroup felt really passionate about something could or couldn't be deemed or could or couldn't be clustered. I don't know Michelle what you think about this, I mean, having some idea of this has to absolutely stand-alone. For instance, in the Meaningful Use Workgroup, we sort of decided that the public health objectives really weren't ... like deeming for that wasn't really going to get us what we wanted at this point in time, for public health purposes, at least from a state ...

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

... health perspective. So I don't know if there's a way to look at these in light of those two options, because those subcommittee's for Meaningful Use Workgroup are going to be working in the next two, three plus weeks. So if there's something that this group, that we're really passionate about from this perspective, feeding into those two workgroups that may be another way to think about it. I don't know.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, well, I – it just feels that we would ... I think we would need, speaking as the Chair, I think we would need more structure to have that conversation. It sounds like that structure would come out of those two ...

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

... the initial cut of those, okay.

Micky Tripathi – Massachusetts eHealth Collaborative

... yeah, right. So, that would just be my sense of it.

Michelle Consolazio Nelson – Office of the National Coordinator

The only thing I will say is that we do, for Stage 3, I think we can say that we want there to be a heavy focus on patient engagement and interoperability. And so, as far as interoperability goes, the IE Workgroup did have three recommendations that maybe those won't get deemed anywhere, but they could possibly as well, because ... we don't want there to just be – we want interoperability to do something, so ...

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Michelle Consolazio Nelson – Office of the National Coordinator

I guess that wasn't helpful, but ...

Micky Tripathi – Massachusetts eHealth Collaborative

Right, no, that was helpful. So, I mean if feels like without any other guidance, there is probably – I mean, if nothing else, we did put ... we as a process put comments out there for public comment. The public has commented on those and at least my sense is we have an advisory committee responsibility to consider those comments and reflect on those and then reconsider the objectives, such as ... the recommendations, such as they are. I don't know if other people have a feeling on that, but that feels like something that we're somewhat obligated to do.

Hunt Blair – Vermont Health Access – Deputy Commissioner, Health Reform

Yeah Micky, this is Hunt. And I agree I think that given all of the volatility in the landscape that has just been discussed, that what you just suggested is a good path for the short-term anyway, as we see what else shakes out.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay.

Steven J. Stack, MD – American Medical Association

Hey Micky, just so – this is Steve. I'd agree, if we ask people for their input and we got reams of it, it seems, at the minimum, fair to consider it.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay. Can we go to the next slide, please, that has the even more tentative IE Workgroup timeline. The original tentative timeline had us heading toward recommendations for the April 3rd meeting, and as you can see here, the idea was that we would have, what's listed here, it looks like six perhaps meetings between now and April 3rd to consider the recommendations ... or reconsider the recommendations that we're responsible for. From what I just heard, it may be that April 3rd is no longer a pivotal meeting with respect to final recommendations. And in the meantime, perhaps a few weeks from now or a month from now, we could get a little bit different guidance from the MU workgroup for focus areas related to the deeming and the clustering perspectives that they're looking at now. Is that fair Michelle?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Well, it may be again, that we keep – we have some meetings scheduled and, maybe we should just proceed on the path of looking at these recommendations, providing at least some summary thoughts and recommendations, based on the comments. And then if we get done before we get any other guidance then great, we can get into a holding pattern, otherwise we can certainly prod the Meaningful Use Workgroup for any more direction that they might have at that point, if we feel like we've gotten through the things that are on our agenda right now. So, maybe we should just dive in then. Hope I haven't undercut everyone's enthusiasm, or Michelle and Kory haven't undercut everyone's – I'm keeping everyone's enthusiasm. Next slide please. So let me ask Kory and Michelle then to just take a couple of slides to summarize the comments that were received.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay, so I kind of went over this a little bit. So we received 606 comments and a lot of them are extremely thorough, so, we do want to thank the public for the amount of time and effort they put in to responding to us, because there was a great deal of work that they did. As you can see, these are the types of organizations that submitted comments; a vast array of organizations took the time to do this. And so again, I thank the public and I also do want to thank my ONC colleagues. We all worked real hard to meet the Health IT Policy Committee's deadline, which really gave us only two weeks to go through all of the recommendations. So, it was a lot of work, but the summaries that you see were done in part by the entire ONC team. So, it was a lot of work.

Micky Tripathi – Massachusetts eHealth Collaborative

Can I, Michelle, and I know 606 probably felt like a lot when you were going through them, but as you and I were discussing, when I first heard that number, that just struck me as not being very many comments. I just wonder what – if other people feel that way and if that's just a reflection of meaningful use fatigue or not enough time, or the time of year or ...?

M

Isn't that the most we've gotten on an RFC from the Policy Committee, I thought?

Micky Tripathi – Massachusetts eHealth Collaborative

Oh really?

MacKenzie Robertson – Office of the National Coordinator

This is MacKenzie. So I think on Stage 1 we may have gotten like closer to eight or nine hundred, but I'm not sure on the exact number. I think we got more than we did last year when the RFC ... when there were two separate ones, one from Meaningful Use Workgroup and one from Quality Measures. So, we got more ... much more than we were anticipating with the 606, but I don't think it's the most we've ever gotten.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Oh okay.

Michelle Consolazio Nelson – Office of the National Coordinator

And I will caveat that 606, we did receive over a hundred of the same comments regarding the occupational and industry codes, so it was all the same letter, just submitted over a hundred times, so ...

Micky Tripathi – Massachusetts eHealth Collaborative

Nice.

M

Made your work easier.

Micky Tripathi – Massachusetts eHealth Collaborative

Like sending letters to your congressman. Okay. Sorry to interrupt, go ahead Michelle.

Michelle Consolazio Nelson – Office of the National Coordinator

Next slide. So these themes I pretty much mentioned already, but, basically based upon the comments, this is what spurred the Policy Committee to kind of take a step back and think, well, are we really headed in the right direction? One thing I didn't mention that, or two things I should say, that I didn't mention too much is that overall we heard that the standards just weren't ready for a lot of the things that we are hoping to do ... or the Meaningful Use Workgroup and the Policy Committee were hoping to do. And I should also mention that the Standards Committee took the time to go through all the recommendations and also provided feedback. Overall the summary of their feedback is that the standards just aren't ready for many of the recommendations.

One other thing I did not mention, too, is, there were a few recommendations that were put forth as certification criteria only, so they didn't have a use case associated with them. The public was a little bit confused by those, and there was one of those related to the IE Workgroup, and I think when we summarize those for you, Kory can explain. People are just really confused by those, they just didn't quite understand what we were trying to get at, so lesson learned for the future that we just didn't describe that very well.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Could you just back up one slide for a second? I was wondering in the distribution, how many, roughly, came from provider organizations, you know, just what percent – I'd just love to know what fraction of them were actually from providers themselves.

Michelle Consolazio Nelson – Office of the National Coordinator

Hmmm. I don't know if I could even guess off the top of my head. I don't think I want to venture a guess because I could be completely wrong. But I could tell you at a later time.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. That's fine. Okay, can we go ahead I guess two slides then. So – sorry, was someone going to say something?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Oh no, I was just going to say, I think you wanted to start with 308, right Micky?

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, yeah, please. So, I just, for those of you following along at home, I thought it might be a more natural order for us, rather than diving into a very specific one, like this one, which is kind of very specific and narrow, the next one, which is either one or two slides later, I think it's 303 or 308. Yeah, this one, the summary of care one, I think is a pretty broad, foundational one that all of us, I think have some stake in and have some sense of, and this seemed like a good place to start. So, just to remind everyone of the – actually, maybe I can ask either Kory or Michelle just to summarize what the comments are on this and even if there's a – I don't know if people need a quick reminder of what this was, the details are there for you to read.

Michelle Consolazio Nelson – Office of the National Coordinator

So Micky, I might just ask – I'm sorry, I know this has been the most confusing phone call, maybe, it might make sense, based upon what we know about the Meaningful Use Workgroup, to start with the IE Workgroup items, because I – especially the summary of care one, this was a little bit controversial. There were two summary of care ones, 303 and 304, and they were ... some asked for us to consolidate them, they were trying to get at something somewhat similar. And there was a lot of controversy around them, but those are two items that I see we'll have to really think about for the future. So, I don't know, should we start with this one and ...?

M

Can you define controversy? When I look at that, I'm ...

Michelle Consolazio Nelson – Office of the National Coordinator

Not necessarily controver – the 304, this one is the summary of care and 304 is the care plan. And 304 was put in the proposed future stage, so there was a lot of ... the comments were, why would 303 be in the Stage 3 stage and 304 be in proposed future stage. We had already heard feedback from the Standards Committee that the standards just weren't ready yet, which is why we put it in the proposed future stage. But, there was just a lot of concern that we did that and that there was a lot of room to consolidate these two objectives, because they were really trying to get the same thing.

Steven J. Stack, MD – American Medical Association

Hey Micky – so this is Steve. So I'll build on that concept just a little bit and say, I think as we look out this far, and this is not to criticize, that communicating and being clear and having clear instructions is not a desirable outcome. It most certainly is a desirable outcome. I think one of the things that we are going to probably see more from the provider community, from the practicing community, it's not that it's not a desirable goal as we look at how precise this is, we no longer care what meaningful use says we should do. Because this level of specificity is becoming really gross overreach into a technology tool prescribing the entire delivery of healthcare. And so, I think that kind of would summarize a theme that I'll share on more of these as we go forward, that we are defining so many facets and elements of how healthcare is provided, that those people who actually provide the care, no longer have any latitude to determine what works locally, what works within their system and to innovate in different ways. So, I would be very supportive of eliminating a bunch of this stuff and consolidating it in that theme we mentioned earlier in the call, in a way that says, hey, if you survive Meaningful Use Stage 1 and 2, and you're doing all of these things, the programs been good and let's deem you to have succeeded in 3. Now I know no one's going to go there on this call, but, kind of to point the direction where I sort of ... where I see the provider community going.

Micky Tripathi – Massachusetts eHealth Collaborative

Yup. So let me, thank you Steve, that was a good overarching comment, I think, I'm sure ... is going to run through a lot of these. Let me just step back for a second and just ask Michelle, Michelle, when you suggested that we not look at this now, was that because you think that they are going to be started from scratch, that they're basically not going to start with this. In which case it may make sense for us to not do a detailed point recommendation or is it – as you said, if there's just confusion about the 303, 304, but they're still really going to be working with this as the starting point for a set of recommendations, then it may still be useful for us to provide some specific recommendations on this.

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah, I mean I could go either way on it. To Steve's point, this is one where it's pretty highly prescriptive, so maybe this is one where we think about deeming and is there some other way to do this. But, I'm just not sure where the Meaningful Use Workgroup is going to land on it. And my other concern was, I believe, and I could be wrong, but I think that the IE Workgroup only informed the certification criteria piece, the last item. And Larry I think this specifically came from you, if I recall.

Lawrence Garber, MD – Reliant Medical Group

That's correct.

Michelle Consolazio Nelson – Office of the National Coordinator

But Larry was very much involved from the Meaningful Use Workgroup perspective with this measure specifically. So, am I remembering things correctly, first?

Lawrence Garber, MD – Reliant Medical Group

Yes you are.

Michelle Consolazio Nelson – Office of the National Coordinator

Okay. And that was also the other reason why I wasn't sure if we necessarily wanted to talk about this one first, because just like the clinical decision support one, the IE Workgroup informed the standards piece of this only, and much of the other work was done from meaningful use perspective. Not that you all don't care about this.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay. Well, if it makes sense for everyone, from what I'm hearing, it sounds like there's a lot of uncertainty, obviously, and Michelle, we're not shooting the messenger here. But it sounds like that there will be an appetite for specific recommendations from us on the ones that we're primary on, and these others ... and the ones that we're not, it seems like there's a little bit more uncertainty about how they're going to be dealt with by those who are primary on them. So, maybe it does make more sense to go to the IE Workgroup specific ones. I will say, though, that I'm going to be leaning heavily on Kory, you and Michelle, because I actually didn't really look at those, because I thought we were working on these ones. So, I'm going to be sort of starting from scratch as we look at them on the slides.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Okay, no problem Micky, happy to run through those. So, if we can jump forward a couple of slides, to the 101. One more, I think. Great, thanks. So, just as a reminder for everybody, this – 101 was the query for patient records that the IE Workgroup put together. So this is the specific language, just as a quick refresher for everybody, as I know we put these recommendations together a little while ago. So, if we jump to the next slide, I'll run through what we heard on this one at a high-level. So we got 102 comments from the public on this one, and a lot of the commenters were supportive of the inclusion of this objective in Stage 3. I think – this is one that drove a little confusion though around the scope and nature of what we were looking to require here. I think a number of people read this and interpreted it as saying a provider needed to join a HIE the noun or a health information organization, thinking they needed to participate in an organization like that to meet this objective. Whereas I think often in the IE workgroups conversations, this wasn't focused on that sort of infrastructure, but was more something that could potentially be drive through the electronic health record, or maybe other methods, but I think that was a point that confused some folks. And then as a result of that, there was concern about the lack of broad availability of an HIE type entity across the whole nation, so that led to some concern about whether this would be ready in time for Stage 3. So, something to keep in mind.

I think ... there were a number of comments around the privacy and security implications of this objective. And I would note on this one, that the Tiger Team, the Privacy & Security Tiger Team is looking at this now, and I know we have some overlap with that group, in particular Micky. But they are definitely taking a look at this item. But there were questions kind of across the board around this, but some around, for instance, what is going to be required in the standard authorization form that would be used as a part of this. There were a few who expressed questions around would this sort of technical approach leave some openings for unintended disclosures of information. And then there were just some questions around how consent management would happen through this process. And then there were a number of folks who said, hey, we think this should be an objective explicitly that could be met through an HIE, HIO type entity, to help providers meet this sort of objective.

So that's kind of the high-level on the objective language and the certification criteria. And then the workgroup included two specific questions on this. One was around the measure, so there was a proposal of should the measure for this objective be on just a raw number of patients or a percentage of patients who show up without their summary records having been sent. So, the majority of commenters thought it should be based on a percentage rather than just a sheer number of patients. And there was also request for additional detail on how the measure would be calculated. So for instance, some folks had questions of, well what if I do a query and it fails, how does that get counted in the measure? And just some kind of specific questions like that.

And then the second question that was included in the RFC was around patient matching, asking, what would be the best method to address patient matching as a part of this objective. So, the commenters on this had a number of different points, a number of them had requested that we establish explicit standards for how patient matching should be done. A few requested that a national patient identifier be established in support of patient matching for this objective. So that's kind of the high-level on the comments. There's certainly a lot more detail in there, happy to talk about other areas or answer questions as we discuss this one.

Lawrence Garber, MD – Reliant Medical Group

This is Larry. It almost feels like there was more confusion than objection.

Kory Mertz – Office of the National Coordinator

I think there – I think confusion drove some of the objective. I think there was also – so, there was some concern around whether the standards would be ready in time on this one, and there was some uncertainty on the standards side. And then I think the other kind of driver of concern was the privacy and security piece.

Lawrence Garber, MD – Reliant Medical Group

But the key ... but that goes back to the confusion. I mean, the key thing, the key function here was the fact that we're getting patient's consent before releasing, enabling that.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Right, but I think there were questions around how is that really going to work, are the standards ready for that, is central management of consent going to be needed to make this happen. Some of those pieces of questions, or some of those types of questions; I think we say themes through some of the comments.

Micky Tripathi – Massachusetts eHealth Collaborative

So, Kory – one question, I think either you or Michelle said that the Standards Committee had made specific recomm ... had made specific comments on each of the recommendations in the RFC?

Michelle Consolazio Nelson – Office of the National Coordinator

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative

I'm wondering if that would be useful for us to have for our next call is just what were their specific comments, because that might help inform any of these, but this one in particular. I mean, I'd like to know what their comments were on this one.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

I think they panned it.

Peter DeVault – EPIC Systems Corporation – Director of Interoperability

This is Peter. How do we go about answering these questions that people seem to have, because there are answers to many, if not all of them, based on existing health information exchange, what's happening right now. Do we do that in the form of an updated recommendation or is there some other forum for that?

Steven J. Stack, MD – American Medical Association

Well let's just say, I'm not sure we ever really do answer them. I think when this eventually gets to be an NPRM that we will have gone through a long dialogue on this and then ONC will vet that in its own internal way and then there'll be a proposed rule. And then people get another bite at the apple to comment on it at that stage ...

M

Right.

Steven J. Stack, MD – American Medical Association

... and then it's eventually a final reg. So ...

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

Well, I can understand that process, but we're likely to get the same comments from people who aren't involved in that dialogue, right?

Steven J. Stack, MD – American Medical Association

Well I guess we hopefully make it more clear for the future, you know what I'm saying, so hopefully we benefit from that confusion and it becomes either more clear in a subsequent iteration.

Lawrence Garber, MD – Reliant Medical Group

I mean, do we need to clarify to ONC the answers to these, so that they don't just think, oh gosh, this has completely missed the boat.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Well yeah, I mean I think that's the point of this process is, you know, we're going through these comments, you guys have a chance to consider them and think about how or if at all you want to tweak the recommendations that were previously put forward.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, and I will just make one overarching comment, I mean, with no offense but, all the comments that we just heard, I think, suggest that none of those comments would lead us to want to change the recommendation at all, right, where some of them might.

Michelle Consolazio Nelson – Office of the National Coordinator

The Standards Committee one might.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Well, the Standards Committee one and some of those detailed comments. This one feels like it's meaty enough that it warrants our doing a deep look at it again with the Standards Committee input in front of us, with whatever comes out of the Privacy & Security Tiger Team conversations. There's a conversation going on on direct query or query direct, I forget which way that goes, and in perhaps looking at some of the detailed comments rather than just the summaries. Because there's a lot here, just when you look at the recommendation, there's a lot in that recommendation, there are multiple pieces to it.

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

Right and I think they can be usefully split out.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Right. So, it may be that we just – that maybe we should do in as our timeline actually devote a whole meeting to this, and then provide everyone with the detailed comments and the Standards Committee comments, and then we can revisit this recommendation and sort of attack it systematically.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Okay. Would you like to do that on the next one?

Micky Tripathi – Massachusetts eHealth Collaborative

Sure, on the next call?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah, yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah, and we'll make sure to get – we'll include the Standards Committee comments and get those out to everybody.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Okay. So do you want to move on then to the next one.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, I'm just looking at time. So I think it makes sense to go through one more and then we'll have to turn it over to MacKenzie for the public comment.

Kory Mertz – Office of the National Coordinator

Okay, great. Next slide please. This one's a little quicker. So this is 102 and this links back exactly to what Michelle was talking about earlier, as far as the confusion that was created I think in the public, around items that were certification only. So this was the objective that the IE Workgroup put forward around creating a certification only requirement for the ability to query a provider directory external to the EHR. So, we got 62 comments on this, and so, there is some interesting dichotomy, but before even jumping into that piece, there was a lot of confusion around this one where people thought this was requiring people ... that it was more of an objective and actually requiring people to query a provider directory. So I think a lot of people were then raising concerns about, well what provider directory am I going to query, who is going to be establishing and maintaining this provider directory. So there was a lot of stream of comment around that side of things that's important to keep in mind with all this.

And then, I think, what really fascinated me as I was going through this was, it was fairly ... it was pretty much 50:50 on if this objective or this certification criteria should be kept in for Stage 3. But then on the specific question of whether the standard readiness was there, pretty much everyone said that the standards weren't going to be ready in time for Stage 3. There was maybe one or two who felt like they were going to be, but the vast majority of respondents said they didn't think the standard readiness was going to be there for Stage 3. But it's an interesting contrast with the fact that it's about 50:50 with people thinking we needed to keep this in for Stage 3.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, right.

Lawrence Garber, MD – Reliant Medical Group

I think that's what they're saying is that they recognize that this is an important thing to facilitate information exchange and they were wishing that the standards were there. So isn't that sort of the definition of a broken market, that the government's supposed to fix, is that there's clearly a need for something, but the market hasn't been able to provide it?

Micky Tripathi – Massachusetts eHealth Collaborative

Right, hoping that this will motivate the development of standards.

Lawrence Garber, MD – Reliant Medical Group

Right.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah, and on the standards side, HPD or HPD Plus is what came up the most. But I would say the sprinkling of specific mentions of standards was somewhat infrequent, but that was the one that came up more than anything else.

Micky Tripathi – Massachusetts eHealth Collaborative

I can already see Standards Committee members falling off their chairs at the mention of HPD.

Kory Mertz – Office of the National Coordinator

Well, or at least one. Just saying, that was what we saw.

Micky Tripathi – Massachusetts eHealth Collaborative

A very important one. I would love to just get just one thought on the – one overarching thought, you know, these were developed a long time ago and now we've had at least a little bit of a chance to see how the HISP market is developing, such as it is. And this jus ... it strikes me that this is more important now than ... even than it seemed back then. I'd love to hear other people's thoughts on that.

Lawrence Garber, MD – Reliant Medical Group

This is Larry. I mean, I agree.

Micky Tripathi – Massachusetts eHealth Collaborative

And Arien, Peter, you're at the forefront of the vendor side of this.

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

Hey Micky was the question about ...

Micky Tripathi – Massachusetts eHealth Collaborative

It's about provider directory.

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

Right, about HPD specifically?

Micky Tripathi – Massachusetts eHealth Collaborative

No, it's just about, should there be a certification criterion related to the ability to query a provider directory, and then, recognizing that there, that we would have to identify standards for that. But I was just saying that as we've seen how the HISP ... I mean it's still nascent, but how sort of the HISP, the whole HISP concept and market, such as it is, is unfolding, it just seems to me like there's even a greater need for it than I thought there was eight months ago.

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

I think you're right. I think the fortunate thing that's happened so far, which certainly wasn't guaranteed to happen, is that most of the HISP market is consolidating around a set of standards, but it would be helpful for that to be more formally recognized as the way to do things. So – and this being a requirement for so many other downstream things, I think that makes sense.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. And the standard is HPD? Is that ...

Peter DeVault – Director of Interoperability, EPIC Systems Corporation

That's what we've been seeing.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, interesting.

M

I'm sorry; can somebody tell me what HPD is?

Peter DeVault – EPIC Systems Corporation – Director of Interoperability

Something provider directory ...

M

Okay.

Micky Tripathi – Massachusetts eHealth Collaborative

Something that begins with an "H," it's a part of the IHE set of protocols and it's the one particularly related to provider directory, standards for provider directory transactions. I don't know if that helps at all.

M

Sure.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Micky, this is Amy. Is there – here we're thinking about a provider directory, but in a much broader way than just EHRs and direct and HISPs, we're thinking about it on a statewide basis to support things like our insurance exchange and all payer claims database and really trying to think about whether we can relate individuals to entities, all the way up. Does – are you hearing that in other places and how do these – does that sort of make the need more or less or confuse things with standards?

Micky Tripathi – Massachusetts eHealth Collaborative

My personal opinion is it confuses things, but I mean my suggestion would be that we focus this on the other pieces of what certification requires, which is direct.

Dave Goetz – OPTUMInsight – Vice President for State Government Solutions

Yeah, I mean, I think – this is Dave Goetz – I think the purposes are different Amy and therefore have different ...

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

All right, so I just want to put out there that when the term provider directory is used, it means different things to different people e...

Dave Goetz – OPTUMInsight – Vice President for State Government Solutions

Right.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

... and so if we're talking about it in the context of EHRs and direct, I don't know how to convey that, but I'm just sort of – because in other conversations that I've had, even in ... Trailblazers and other things, and Hunt can articulate this, because he's going to be helping us a little bit. There is a broader context and vision in some places that is emerging, and so I'm just try- ... as I'm hearing the conversation, I'm trying to think about how they all fit together, which is ...

Micky Tripathi – Massachusetts eHealth Collaborative

Yup, yup. Yeah, no, I think that's a great thought. So it sounds like on this one, if I'm – just from what I'm hearing, that there seems to be a sense that this is still important but we probably want to sharpen the definition to Amy's point, of what exactly it is we're talking about. And we may be able to help inform this also with some more information from the market, to Peter's point, now that we're seeing some of these out there, we have a little bit more experience to base this on. And just like the other one, it will be good to get the Standards Committee's thoughts on it, although I think we know what they are. So, any other thoughts on this one, it feels to me that this one's a ... we can rewrite this with a little bit more specificity, but we feel like this is still an important one, and at least from the summary of the comments, it seems like there would probably be some support for that, from the comments as well.

Hunt Blair – Vermont Health Access – Deputy Commissioner, Health Reform

This is Hunt. I think that that makes sense. I just want to, since we're getting to the end of the time, I just wanted to observe that I think that there's a theme that's cutting across all of the conversation we've been having and that, that at one level, meaningful use is working, because it's driving changes and expectations of what we use these tools for. But at the same time, there's a huge amount of confusion and chaos because health system, health reform, ACO kind of payment driven changes are happening at a different pace than the standards and meaningful use. And so I think that there...the discontinuity that we're all sort of experiencing in processing this feedback and our comments from before. I think it probably would be worth this group spending a little bit of time at one level reflecting on some of the stuff that you presented to the HIE...the Policy and Standards Committee's joint hearing on HIE. And just sort of like taking a step back to, what do we think the landscape is looking like and what are the appropriate regulatory interventions versus aligning with what sort of is happening out there in the market in lots of different ways. Both at the EHRs and direct and at the changing – sort of the multi – I think the point that

you made at the hearing last month, the fact that there's not one monolithic form of information exchange is part of what's making that effort more complicated to provide the kind of specificity that one would normally see in a rulemaking process.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. I think it's a great and interesting point overall. Is it worth our considering having one meeting just to focus on where are we with HIE today? Or is that, something that we can sort of – I wouldn't say take for granted, but we're all living that already.

Steven J. Stack, MD – American Medical Association

I like the idea.

Micky Tripathi – Massachusetts eHealth Collaborative

You like the idea, okay. So maybe we can think about doing that, I think that's a great suggestion Hunt. So maybe Kory we can try to figure out how we can put that into one of our meetings and have the meeting devoted to that.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Sure.

Lawrence Garber, MD – Reliant Medical Group

Do you think for that meeting could we try to get some broader input, is that possible? To try to get a broader view of what people are doing out there, than just what we have within our own expertise.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

So I think we need to be careful with this, that we don't ... I think it's an important conversation to have, but is it a conversation that we want to do now or is it a conversation for later in the year, when we're focused on other pieces? I don't know. I just am sensitive to the timeline.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Well, it may be that as we see this unfold...I think we have before us, we've got to do these specific ones that are in front of us, and then it may be, if the timeline allows us to step back for a second, and do that.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

There just was this joint meeting on HIE, so, maybe one of the things that we can do is look at all of the testimony that was delivered there, provide that to everyone in the workgroup as background for our conversation and try to structure the conversation a little bit.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

At least try to do a call for more information when we just had a big public hearing where ONC did make a big effort to go out and get a lot of information from a lot of different places.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

Good point.

Hunt Blair – Vermont Health Access – Deputy Commissioner, Health Reform

Yeah, this is Hunt again. I think that's right, and I guess what I suggested, that as a minimum, because I think, I mean, I actually sort of only found out accidentally that that hearing was happening, so, if the other members of this workgroup might not have been aware of it. At the very least, Micky, you're opening presentation was extremely helpful for framing, and I don't mean to get into a great big giant navel gazing what is HIE, but just to sort of reframe the broader context that we're trying to make these recommendations in, I think could be helpful.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Yup, okay. I think that's a great thought.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Was there any – this is Amy – was there any – first of all, who ... the hearing was to which committee or for which committee?

Michelle Consolazio Nelson – Office of the National Coordinator

The Policy and Standards Committee.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Okay. And then the other question is, was there any sort of – I mean, I know you always get the testimonies before, was there any sort of summary or summarized notes at the end, that that committee did, in terms of like to succinctly try to tie the themes that came out of there or was that your presentation Micky?

Micky Tripathi – Massachusetts eHealth Collaborative

So ...

Kory Mertz – Challenge Grant Director – Office of the National Coordinator

I can take that. So there's always the audio recordings of the meetings and then at the Standards Committee next week, John Halamka's going to be doing an overview of kind of the key themes from the hearing and then there'll be a similar report out during the next month's Policy Committee meeting.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

This is Michelle. Just as an outside observer, Micky did a really great presentation to start off the hearing, that I'm not sure if this group should hear, but it was really good. So, I would at least take the time to go look for that presentation on the public website.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Well I think that's what Hunt – Hunt, that's what you were suggesting, that Micky sort of run through that with us, or make the materials available?

MacKenzie Robertson – Office of the National Coordinator

So this is MacKenzie, at the very least, I'll just blast everyone on the workgroup with the presentation.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, thanks.

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

That's awesome.

Micky Tripathi – Massachusetts eHealth Collaborative

And maybe, I know, we have to get off now, but one thing we can do is, it sounds like if John Halamka's going to be doing something for the Standards Committee and the Policy Committee, maybe what we should do is actually wait for that to happen. And then we can take whatever comments that come from those two meetings and consider all of those in sort of our step-back one-half step look at health information exchange and the state of it, if that makes sense.

Lawrence Garber, MD – Reliant Medical Group

That does make sense.

Micky Tripathi – Massachusetts eHealth Collaborative

So why don't we – thank you everyone for joining. Let me turn it over to MacKenzie for the public comment.

Public Comment

MacKenzie Robertson – Office of the National Coordinator

Operator, can you please open the line for public comment?

Caitlin Collins – Altarum Institute

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

Micky Tripathi – Massachusetts eHealth Collaborative

They gave their 606 comments and that's it. All right. Well thank you everyone, great conversation.

MacKenzie Robertson – Office of the National Coordinator

Thanks everybody.