

**HIT Policy Committee  
Information Exchange Workgroup  
Transcript  
February 22, 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 Health IT Policy Committee's Information Exchange Workgroup. This is a public call and there is time for public comment built into the agenda and the call is also being recorded and transcribed so please make sure to 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? Jeff Donnell? Judy Faulkner? 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? Charles Kennedy? Ted Kremer?

**Ted Kremer – Cal eConnect – CEO**

Here.

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

Thanks, Ted. Arien Malec? Deven McGraw? Stephanie Reel? Cris Ross? Steven Stack? Chris Tashjian? Jon Teichrow? Amy Zimmerman?

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Here.

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

Thanks, Amy. Tim Cromwell? Seth Foldy? Jessica Kahn? And are there any ONC staff members on the line?

**Kory Mertz – Office of the National Coordinator**

This is Kory Mertz.

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

Great, thanks, Kory.

**Michelle Consolazio Nelson – Office of the National Coordinator**

Michelle Consolazio Nelson.

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

Okay, thanks, Michelle. Okay, I'll turn it back to you Micky.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great. Good afternoon everyone and welcome to the Information Exchange Workgroup, and thanks so much for attending and for those from the public who are listening in. We will have a period for public comment at the end of the call and very much appreciate your listening in and offering any comments that you might have.

So, today we're going to start the specific discussions of different recommendations that were in the HIT Policy Committee Request for Comment list that went out in the fall, in December, I guess, and received public comment back on a variety of recommendations and so we're going to be looking at the most meaty one this morning or this afternoon, which is the one about request for a patient record across organizations. So, if we can move to the next slide.

And I will say we have just a few people on the call today. So, in particular we weren't able to get the two members, Peter DeVault who for a technical issue isn't able to join this call, we'll make sure that we resolve that and then Larry Garber, who were the primary authors on this.

So, I think, you know, in deference to the time that they put in and the thought that they put in behind this, you know, we definitely want to discuss it today with the Workgroup members who are here, but, you know, given that a lot of workgroup members couldn't make it today and in particular neither Larry nor Peter could make it, we, you know, certainly want to have another conversation about it so that we can have a substantive discussion with a broader group and with Larry and/or Peter.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

By the way, Micky, its Arien, so I don't know if I count, but I'm here.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Oh, you do count, welcome Arien, thanks. So, why don't we move to the next slide and so, you know, on our timeline, Kory maybe you can walk us through this? I'm not as on top of the timeline as I should be I guess.

**Kory Mertz – Office of the National Coordinator**

Sorry, I was on mute, I would be happy to, you know, so again, I think, based on – and we do have those next two calls scheduled now I don't remember when they are off the top of my head, but, you know, I think what we were hoping to do today was to get through the IE Workgroup 101, obviously, I think based on attendance we'll have to reconsider and do some of that conversation on the next call as well, but then work through the other three kind of on the next call.

I think with the – you know, based on our conversation last time and the recognition of the timeline that the Meaningful Use Workgroup is on I think our main focus is going to be getting the recommendations ready on the three IE Workgroup items and MU05 and then I think after the April meeting we'll have a better sense of where we need to go with the other three areas. So, we'll probably just defer those until after April. So, we need to do some modifications to this timeline and put in the correct dates.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay and yeah, so I guess we have three more calls scheduled right now, right?

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

Right, this is MacKenzie, so we have March 1<sup>st</sup>; we have March 13<sup>th</sup>, March 19<sup>th</sup>, March 28<sup>th</sup>.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

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

And then April 10<sup>th</sup> will be after the 28<sup>th</sup>.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Oh, okay, so there's one on the 28<sup>th</sup> all right.

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

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, there's another, okay, so there's actually four scheduled.

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

We have four in March.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. So, okay and so we have to get through 101, 102, 103 and MU05 is what you said Kory, right?

**Kory Mertz – Office of the National Coordinator**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, so I think it seems like that should give us time to start the conversation of 101 today and then pick it up on the next call and then probably, you know, then figure out 102, 103 and 05 for the remaining three calls I would think. I just think 101 is going to take us, you know, a full call with a broader group of people to really work our way through it.

**Kory Mertz – Office of the National Coordinator**

Okay, yeah and I think we have the time.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah.

**Kory Mertz – Office of the National Coordinator**

We definitely have the time now to be able to do that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, okay, next slide, please? So, as you may recall this was the – and Arien did you, you worked on this too, right, I forget?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Let me see the ...

**Micky Tripathi – Massachusetts eHealth Collaborative**

No? The query for patient record? I think it was primarily Peter and Larry.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes it was primarily Peter and Larry.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, okay. So, you know, as you recall this was the recommendation that came out, we went over it last time, so, unless anyone has any specific questions or anything we want to raise with the recommendation, which as you can see is fairly complex the – you know, I would suggest that we move to what we wanted to do, which is first coming out of the last meeting we had said that it will be useful to see what the Standards Committee had said about this, because they did specifically speak to this as well as, you know, as well as other recommendations.

So, we want to be able to take those comments in and I know, Arien, since you're on the Standards Committee maybe you can provide any other color or richness behind the comments that we'll look at in a second and then start to just think through, you know, some of the pieces that are – you know, try to go through systematically and address some of the issues that seem to arise from there and from the public comments.

Oh, I think we want to look at the public comments again. I think Kory it looked like you provided a little bit more summary information on the comments that we got on this particular one, is that right then from when we looked at it last time?

**Kory Mertz – Office of the National Coordinator**

Yeah, I added more of the detail.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

And Micky, sorry, one more point here is that I think the work that the Privacy and Security Tiger Team have done on the notion of targeted query ...

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Is also highly material to this one as well.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, yeah I agree. So, there may be sort of a – yeah, there's a coordination, at least a coordination – well, I'm thinking we want to keep track of with them and perhaps a timing thing as well, but I think there – I'm on the Tiger Team I think we're going to spend the next three meetings still going through this with them.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

I know.

**Micky Tripathi – Massachusetts eHealth Collaborative**

And it's all rich discussion, but I think we'll use every minute of those three meetings from what I can see. So, why don't we look at the Standards Committee comments and then Kory if you can walk us through the richer detail on the public comments that will put us in the position to think about where we want to head?

**Kory Mertz – Office of the National Coordinator**

Sure.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. So, next slide, please? So, you know, it looks like here's and these are...Kory, can you remind me where these are from? I think this is from a transcript, right or this is from the written comments that they provided?

**Kory Mertz – Office of the National Coordinator**

So, this is from the written comments and we included the link when we sent out the materials to the Workgroup to the document that has the Standards Committee comments across the board, but, yeah, these are from the formal document they sent over.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, okay. So, the first one, the first, you know, block there reading through it, it seems like the big issue is about complex workflow and this comment is related to having an underlying complex workflow that could be, you know, is a difficult multi – well, by this, by, you know, the comment a difficult multistep, you know, kind of process in terms of, you know, what is in the recommendation, so, that was the – it seems like that's the general thrust of that one.

And then the second one seems to deal specifically with the issue of patient matching and given that we don't have any – well, we obviously don't have a universal patient identifier and there aren't any standards related to patient matching, and the comment therefore being that it would be very hard just isolating one step in this multistep workflow that's envisioned here, it would be, at least by this comment difficult to imagine putting ...

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

And if I can editorialize, I think the big comment, and I'll admit that this is, you know, from my stand-point I was involved in these discussions and then on the Power Team discussions that led into this response text, on the basis of further reflection the – I think what we're headed in is the model of targeted query.

We want to make sure from a policy perspective that we're not defining a specific workflow or enablement of targeted query and in particular we want to make sure that we're not building in the specifics of the workflow because there may be better ways to get at it in terms of either making policy assumptions that don't require the responding organization to provide their authorization text or by virtualizing the services so that different parties can play the role of identity matcher, authorization entity and data responder.

**Micky Tripathi – Massachusetts eHealth Collaborative**

All right, thank you, that's helpful. So, you know, obviously a lot to chew on here with respect to those comments, I think they all seem to relate back to, as Arien said, the concern that the recommendation is too focused on a particular workflow with particular technologies substantiated in that workflow and wanting to see it be perhaps a little bit more generalizable.

So, unless there are any questions or other comments on that maybe we should look at the public comments which we have a little bit more detail on that so that we can, you know, then take these two pieces, the Standards Committee comments and then the public comments and walk through some of the issues that we had teased out as being important topic areas for us to discuss with respect to this recommendation. All right, next slide, please? And Kory, if you could walk us through this?

**Kory Mertz – Office of the National Coordinator**

Sure. So, some of these initial ones here really very much overlap with what we talked about on the last call during the kind of high-level. So, I'll go through these a little quicker than some of the other comments, but, again we got 102 comments on the query for patient record objective, many supported inclusion of this in Stage 3, you know, a number of commenters requested that, you know, it be made clear that an HIE or HIO type entity could support providers in achieving this objective.

Again, this was one where there was, you know, I think this whole objective created some confusion amongst the public around what the focus and scope of it was. A number of respondents seemed to think it required a provider to utilize an HIO, so, that definitely led to some concerns about coverage of those types of organizations across the country and, you know, those concerns about whether, you know, there was wide enough coverage if that led to concern about whether this recommendation was really ready, because people just didn't feel like the infrastructure was there if that was the requirement.

So, again, I think that was a point of confusion amongst commenters because, you know, I don't think based on the Workgroup's conversations in putting this recommendation together that that was the thought process behind it that it would have to be enabled through that sort of infrastructure. So, you know, I think that – I would move onto the next slide at this point.

So, diving into a little more detail on the privacy and security kind of issues that were raised by commenters, you know, again this was one that came up a number of times from commenters and, you know, really people came at it from different perspectives.

So, you know, there are a number of comments asking, well, you know, what are the required elements of a standard authorization that would be utilized through this objective and, you know, there were some commenters who raised questions and concerns about whether it would be above the HIPAA requirements for a valid authorization.

You know, there were also a number of comments around what the standards would be for patient authorization and consent management and really, you know, a number of the folks who commented in this area I think were implying they didn't feel like the standards were going to be ready in time for Stage 3 for any sort of centralized consent management or whatever approach was going to be taken around this, so the consent management side of things.

You know, again, I think this third comment here was really focused on some of the conversation we were just having and the comments of the Standards Committee around the prescriptiveness of the workflow and I think some concerns around how that plays out in some of the privacy and security side of things as well.

You know, there were various requests for additional definition around things. So, for instance, a few commenters wanted to know, well what is the list of patient releasable documents and what should we be supplying in response to a query? There were concerns around whether this sort of functionality and objective could potentially lead to accidental disclosures of information due to unforeseen technical issues or challenges.

And, you know, I think the last thing in this area was there was definitely a desire from some commenters to make sure that there was kind of a comprehensive framework for privacy and security for how this sort of approach to exchange was going to happen and people really wanted to have those parameters in place on the governance and trust side of things to make sure that this was being done in a secure and private manner.

And then really the last kind of area of comment in the privacy and security frame were a few organizations specifically raising concerns around 42 CFR Part 2 and wanting to make sure that this sort of objective and functionality could really fit into the requirements around that and the requirements around sharing behavioral health information. So, I think with that we'll move onto the next slide.

So, these are kind of, you know, a little hodgepodge of areas here, but, you know, a few commenters raised I think an interesting point of whether it would be better to break this specific objective into – well, specifically on the certification side, whether it would be helpful to break the certification criteria into multiple parts to allow different technology infrastructure to enable different sides of the equation.

So, in particular people here raised the point of, well maybe the query functionality should be separate from the response functionality allowing people to have different services to potentially meet these different needs. So, I thought that was kind of an interesting perspective that came out of some of the comments.

You know, there is kind of a sprinkling of comments around standard readiness to support this objective. I don't think there was necessarily one particular view-point that came across as the ... or the majority of commenters felt this standard or that standard were the right way to go, but, you know, there were a handful that said, IHE profiles were the way to go for this, some thought the Direct protocol could be well suited to do this, a few specifically said they felt like IHE workflows actually were not going to really facilitate needing to do this.

So, again, you know, I think there was kind of differing opinions across the board around this and some people who just felt in general that maybe the standards and infrastructure wouldn't be able to be ready in time for Stage 3.

So, a few commenters were specifically talking about how, you know, today their EHR products allow them to do, you know, a query like this with other providers that utilize their, that have their EHR vendor but they weren't able to necessarily do that with providers who have different EHR vendors.

Also, there was some concern around the ability to achieve this requirement for querying different EHR vendor systems. So, you know, I think, this is one of those common types of issues we hear from commenters at times.

And, you know, one comment that, or a few commenters mentioned that they were worried that this sort of approach to query could create challenges in doing more of the searching across a patient or searching across patients, so being able to bring up, you know, a panel of your patients for instance and querying across different, across the community to find all the information on your patient to sort of kind of targeted one at a time approach could create some challenges for that sort of, you know, wanting to do that sort of more across patients searching for information.

And, then there were some questions around, you know, again, I think I see – I kind of lumped these into some of the workflow piece, but questions around, you know, for instance what is the allowable timeframe for a response when a query comes in, you know, do we have two hours, do we have days, what does that look like?

And then there were a couple of commenters who felt like the goals of this objective were already met through the transitions of care objectives around sending, around sharing care summaries and then there were a few public health commenters who felt like public health registries should be added to the examples in these objective language of the type of entities that could be queried to achieve the intent of this objective.

So, that's kind of a bit of a deeper dive on the comments that we received. I think that was the last slide, if we jump to the next slide?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah.

**Kory Mertz – Office of the National Coordinator**

Well, so, that was the last on kind of the broader category. I don't know if we want to stop for a moment and see if there are any questions?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, I would suggest we stop and see if there are any general thoughts. I mean, just a couple of thoughts that popped out to me, I mean, there is a whole set of things around privacy and security and we're dealing with that in the Privacy and Security Tiger Team. And a couple of the other ones that are, you know, related to sensitive conditions and in particular CRF 42 Part 2, the Privacy and Security Tiger Team has sort of put an overlay that I think might be something that was being worked on within the ONC staff, Kory, if I'm not mistaken?

Which is this...and Arien, had mentioned it, which is the targeted query sort of based on HIPAA level, you know, sort of the HIPAA paradigm with respect to data exchange, targeted query for direct treatment for data covered by more stringent privacy laws and then finally a non-targeted query or like a broadcast query. And they sort of divided, were dividing the work there into those three categories.

So, you know, one thought – now those categories don't necessarily apply – I mean, because the difference between 1 and 2 is related to privacy distinctions or distinctions to privacy law it doesn't really apply to us since we're not really taking that frame, but there may be something interesting for us to think about either the targeted query versus non-targeted query and do we want to put that frame over how we think about this.

The other one that comes to mind, and then I'll stop, is that we've seen, it was a little bit in that presentation that I did for the Policy Committee/Standards Committee meeting but also just what we're seeing in the market is ... and in Massachusetts in the state-wide HIE we're starting to think through that maybe for the next phase of the HIE we might think of three approaches or enabling three possible approaches to query facilitated by the state-wide HIE.

One would be, you know, sort of the visual integration which isn't necessarily elegant but it's happening in many, many places, you know, EPIC has the magic button and, you know, there's a variety of ways that that's happening with different vendors, MEDITECH has been doing it.

A second is sort of a, and I'll put this in very crude, simplistic terms, a push/push, so it would basically say, can I just leverage the Direct approach, Direct with a Capital "D" approach and have a query response based on a push and a push.

And then the third would be is there something that is more along the lines of a genuine query retrieve type of capability that we would want to ultimately enable.

**Ted Kremer – Cal eConnect – CEO**

Micky, when you look at the subscription piece we often think of that as something of a hybrid query thing too. I don't know where that comes into the picture.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

What do you means in terms of hybrid query?

**Ted Kremer – Cal eConnect – CEO**

Well, I mean, the subscription piece where you're asking to be sent data that you didn't necessarily order.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Oh.

**Ted Kremer – Cal eConnect – CEO**

Seemingly it still should be wrapped with the same privacy constructs as query.

**Micky Tripathi – Massachusetts eHealth Collaborative**

It's almost like pre ...

**Ted Kremer – Cal eConnect – CEO**

Pre-query.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Pre-query, right or query in advance, right, that's interesting. So, let me pause and see if people have general comments, but also what you might think about is there a way of just teasing this out given that, you know, time has passed, right, since we originally thought about this, you know, we've got the Privacy and Security Tiger Team who have put one frame on it.

We're starting to see, you know, in the market, you know, how some of this is starting to play out and it may be worthwhile for us to think about perhaps a framework to help parse this out and think about it in its different pieces.

**Ted Kremer – Cal eConnect – CEO**

It seems like between the standards group and the public comments group there is a sort of consistent thread of trying to not over specify so that innovation and some variation can be realized out in the marketplace and I think when I looked at it too I would sort of fall down on that same place.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, other thoughts on that?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yeah, I'd endorse that. I would also say that my belief is that the Privacy and Security Tiger Team is going to help a lot in simplifying the policy conditions and those policy conditions may simplify the technology decisions.

I'd also say there's a key issue, and this is related to the Standards Committee comment, there's a key issue that ONC is going to have to wrestle with from a policy perspective which is if you break this problem into three parts there's identity, there's consent and authorization, and there's the actual query response.

ONC can bite the whole apple or they can bite pieces of the apple and it may be that it makes sense for Stage 3 to just take one bite of the apple and let the market address the other bites of the apple or wait for usage patterns to develop before they take the other bites and by saying that I mean you may have just a query response, but allow for responders to say, you know, I'm going to have out-of-band approaches for getting the authorization and I'm going to have out-of-band processes for thinking up a patient identification or local processes for thinking patient identification and just get the query response bit in without having to take on the whole enchilada mixing fruits and vegetables in that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, got it. I think that's a really interesting idea, because in a way that is how it's happening in the market right now with, you know, people figuring out how to do it but having their own ways of doing it, especially the out-of-band authorization, if you think about, you know, well in a way sort of the way that EPIC works and the way that the Social Security Administration MEGAHIT Program works.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

That's almost exactly what they did.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Do you think it's worthwhile to think about the three, you know, sort of, you know, three different types of integration that I was talking about before, the visual, the push/push and the query response? And the reason I raised that is that, you know, even with that visual integration we haven't really – you know, that wasn't really, at least on my radar, you know, a year ago, but it's happening and there are issues, you know, there.

There are policy issues related to, you know, should there be standards for a single sign-on, you know, approach or a CCOW kind of approach, whatever it is to pass, you know, user credentials, patient context maybe that's the kind of stuff you want to leave in your local, you know, innovation what have you, but there's also issues of segmentation on the other side once I'm actually in the other system how does it actually control what I can access and I know from my own experience at different institutions that's already an issue.

You know, it's like the hospital system that gives the physician access and just says, you know, they do it through trust and attestation that you're only going to look at the patients that you're treating but they have access to everything.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's right and we should also recognize that even the models that people point to as being market leading by in large, even though they might use XCPD and XCA and those kinds of things, by and large are visual integration.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Ted Kremer – Cal eConnect – CEO**

But, Micky, your visual integration is the part that I get worried about there is in promoting that as an MU measure, do we run the risk of sort of endorsing the same kind of consolidation we're seeing where it's really just an IDN providing a portal. I mean, is that really where we were trying to go with interoperability, I just don't know. I mean, I know it's going on, I just don't know that it's something that is...

**Micky Tripathi – Massachusetts eHealth Collaborative**

You want to encourage?

**Ted Kremer – Cal eConnect – CEO**

Right.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Micky, this is Amy, actually it would be helpful for me, I don't know if everyone else knows what you're... it's the first time I've heard you sort of use that phrase. So, can you define exactly how you're using visual integration? And then I lost you on the push/push part.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Sure, so, you know, the specific – it's probably easiest with a specific example. So, Beth Israel Deaconess Medical Center in Boston already has – they already do this, so they've set this up with, you know, I think I heard John Halamka say the other day it's, you know, 10 other clinical entities, which is kind of a point-to-point relationship they'll have with, you know, Beth Israel Deaconess with Atrius for example, which is a large ambulatory practice here in the state and what they'll do is they've set up a, you know, the security and the single-sign on capability with the passing of credentials so that there literally is a button in the webOMR which their homegrown EMR literally a button that they press brings them right into the EPIC system, into the Atrius EPIC system, passes their, you know, their user credentials, so from a security perspective gets them in, passes the patient credentials so that they're in looking at the patient record in the EPIC system.

No data is exchanged, no documents, nothing it's just a view within their EHR, so, it's, you know, just a browser window that pops up within their ERH that allows them to view information on that end and different organizations have different policies of what information they allow. So, some may say well, you know, we'll let you look at that record but only for the last 5 years or we will only let you look at different parts of the record which is the segmentation issue I was getting at.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Oh, so ...

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

If I could just add to that, my understanding and hopefully Peter will be on the next meeting, and correct me if I've got this wrong, but I think that's exactly the way that Epic Care Everywhere works is there's a magic button. They do IHE standards but they're not actually incorporating the data into the chart they're just providing a virtual view into the other Epic installation.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Okay, all right, so it's, yeah, I mean its single sign-on in some ways and it's yeah, okay.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

And in that case it's just EPIC to EPIC, right; I mean it's not EPIC to another system?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Well, no in the case I just described it's – well, right in Care Everywhere that's EPIC to EPIC, but what I just described was WebOMR which is ...

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Got it.

**Micky Tripathi – Massachusetts eHealth Collaborative**

John's system and EPIC and they've done it, Atrius has done it with EPIC and MEDITECH in a number of places as well.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

So, again, no discrete data, you can't pull it in, can't do anything with it but you can look at it and understand what's there?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, exactly.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

It saves you from having to sign into multiple systems and look up the patient again if you had access to it.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Well, it allows you at the point of care to be able to get information to make a treatment decision.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

That's what it allows you to do and very quickly be able to do that and that's all it does, it doesn't...again, no data is actually exchanged in that model. So, I mean, I think, Kory that's an interesting question you raised of whether that ought to be something that ought to be incentivized by meaningful use, maybe that's a question that we ought to discuss here. I mean, it is happening. What are people's thoughts on that?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

This is Arien – I'd say it's better than the current state which is no access and it's south of a desired state, which is full data integration and it's also – yeah, so, it's an interim measure and I think it needs to be – if we did it or if we recommended it, it would need to be carefully communicated as an interim measure trying to get ubiquity in at least viewing the data understanding that the next step is incorporating it.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Would that mean that for – so, here's a question, would that mean for each system or EHR that would enable the single, you know, enable you to go to that system out to another does that mean that the one that's receiving the request for you to come into the view then needs to set up their own policies around what they would or wouldn't let you see?

Like in our case in Rhode Island we're actually working on this for our HIE so that a provider could go from their EHR to the HIE, but we have all consented patients in the HIE so we don't have to have extra rules there, but in cases, in the cases that were discussing here, is it up to – and I'm asking from a policy perspective, is it up to each system to have the capability to hit this button and go out to the system you know where you want to get the patient's information and look into it is one thing, does that system that you're going into, does each system have to set up their own rules and policy or is there some standard and policy that the Tiger Team or someone else is working on in terms of the access part?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, no, I mean, right now it's just really happening ad hoc so each, you know, payer or participants are setting up their own policies about this, so that would be one of the questions, you know, if we decided that we wanted to recommend this as being something that Meaningful Use ought to sanction then I think that would trigger, you know, deciding on what policies and where we think need to be set up to provide those policy guardrails.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Oh, boy.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

And by the, I mean, I do think we ought to be open, just on that point of Rhode Island, we ought to be open to, and I know the Policy Committee is thinking about this, we ought to be open to delegating that, the authority to respond, because you may have, it needn't be literally the EHR, you may have an ACO that's created a consolidated record, you may have the State HIE, you may have other systems that you're delegating to perform some of these functions of a standard VA.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. So, I am – I do have one concern which is – I mean, I do think in general there are certain areas where the market is so wide open and so unstructured, I hate to use unstructured in any different context than that, that's all I could think of, that, you know, a certain amount of policy guardrails and a certain amount of policy structure can actually be the enabler of more innovation, but I am, as a general sort of philosophy, but it does concern me on this one that A, it is, you know, sort of below where we want to get, so, as Arien said, it's kind of an interim step and how would we incorporate that in a way that doesn't make it a, you know, sort of an end-point but makes it a truly transitional point to the extent that we think we want to enable that.

But, I also worry that...which is kind of reflected and I think Dave Goetz's reaction that, you know, in a way it's happening and it's doing a great service and will our intruding on that actually stifle some of it.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

So, is it something that you would want to think of not as policies that must be followed by areas that must be thought through and addressed and then allow the people to address them as they – I'm still in the visualization or the Direct, you know, the Direct-based query, because I think it's a long pull to full database query as we've all learned the hard way.

But, you know, what are the things that ought to be included and thought through and at least a position established about any policy that exists between Hospital A and Hospital B or Provider A/Provider B?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

And allowing these queries – this kind of exchange, so to speak, to take place.

**Micky Tripathi – Massachusetts eHealth Collaborative**

I mean, it seems like we have to answer the first question of whether we think that this ought to be something that meaningful use addresses and allows to be included as a part of a meaningful use attestation, because if we don't then there's almost nothing to say about it, right?

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Well, but the Privacy and Security Team is going to have a whole lot to say about it, because as you said, it is a reality whether we have a lot to say about it or not.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, although I'm not sure – I mean, I'm on that Tiger Team, I'm not sure we're sort of addressing that specific capability at all.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Okay.

**Micky Tripathi – Massachusetts eHealth Collaborative**

I mean, some of what we do with respect to targeted query may provide some policy framework that would be regardless of, you know, which particular mode you're using.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Right, right, right.

**Ted Kremer – Cal eConnect – CEO**

The other interesting thing, Micky, it's Ted, you know, where I look at visual integration coming from maybe an IDN as a potential kind of consolidation effort. On the flip side having the kind of visual integration that you're talking about where they could query a state or regional like us HIE not just for, you know, CCD exchange but just sort of do a single-sign on into us does provide them another level of care information that they wouldn't be getting otherwise.

So, you know, as I look at it I go, you know, on the one side it's one of those – it could be an unintended consequence promoting consolidation, but on a clinical level, yes, it's a nice step forward where they're getting more patient care information and they're at least visually building more of a longitudinal care record.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. But, I mean, where would this fit in? It would fit in, in the transition of care summary recommendation, right? And if you thought about this as being somehow an interim step, I'm just trying to think through where exactly it would fit in. I mean, right now it says that 10% of the – I forget what percent have to be exchanged, is it 50 percent and then 10 percent have to be electronic via Direct for Stage 2?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

I thought it was something like that, 60 and 10 something like that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Maybe 60 and 10, right. So, would this be something that we would say, you know, could apply toward the 60? Because, 10 is clearly about exchanging documents, right? That one is pretty clear.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yeah, it certainly should be applied toward the 60, because it fulfills the intent it's just another way of getting it done.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, yeah, but the 60 is completely silent on how that happens anyway.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's right.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Yes, it could be carrier pigeon.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

So, the way this stand now the proposal is that this is its own complete separate objective, right?

**Micky Tripathi – Massachusetts eHealth Collaborative**

No.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

It was intended as a certification only requirement.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Oh, okay, yes.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

And I know I think one of the major comments was some people grumpy about the certification only requirements.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. So, I guess where this could also, leaving aside that issue for a second, I'm just trying to think my way through this, that if it's a part of the 60 and sometimes, you know, meaningful use is silent on how you get to the 60, but on the other hand there is this issue of how is it accounted? And right now, I mean, I think, that gets counted by your generating a CCD, right? I'm just not sure myself of how that works with respect to the technology.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Technology dependent, no?

**Ted Kremer – Cal eConnect – CEO**

So, you're sort of moving into that last thought where we're really talking about how are you counting, right?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, just getting at...you know, so would each of the certified technologies have to have the ability to count and to provide those counts for the attestation process? I'm not sure how that works with the 60%. So, if I just generate a CCD but I'm going to just put it in an envelope and send it is that something that the system is required to count that I've produced it and I generated it, I don't care how I transported it I just generated it? And what I'm getting at is if we allow this to count toward that would we then have to have the technology have an ability to say, oh, well I didn't generate a CCD but I actually did a visual view into that other system and that should count toward my 60 percent.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Again, I think that's a technology dependent issue right? They're not limited in their ability to count this anyway right now. I'm not sure I understand what the issue is.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, I guess what I'm asking is, is there an automated ability to count right now? I just don't know specifically for this measure how that works for the 60 percent, or are they just representing that, you know, yeah, I think it's 60 percent?

**Michelle Consolazio Nelson – Office of the National Coordinator**

It's normally a check the box right now, which isn't good for workflow.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Oh, it's a check the box right now?

**Michelle Consolazio Nelson – Office of the National Coordinator**

Typically in a lot of systems. So, you're checking the box that you did a transition of care for the first part.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, for the first part. Oh, okay and so it doesn't actually count that, okay and I've pushed the button and it generated a compliant CCD and that's it, that is generated it and then however I transport it is up to me? It doesn't do that? It doesn't go to that level is that what you're saying?

**Michelle Consolazio Nelson – Office of the National Coordinator**

Right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay. So, yeah, I mean, if most systems do it that way then you're right, Arien, it's kind of technology dependent per se and they could just include this then.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Correct.

**Ted Kremer – Cal eConnect – CEO**

The counting will get trickier in your visual integration approach there Micky.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah it will. So, does anyone have a strong feeling one way or the other of whether this ought to be included or should someone be able to count this?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

One other question, which is all on our minds these days which is how would this play on the New York *Times*? On the front page of the New York *Times*?

**Micky Tripathi – Massachusetts eHealth Collaborative**

The New York *Times* never pays attention to any of this stuff.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Well, come on, yeah.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

All right, the Boston *Globe* for you.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Well, I mean, you know, we just saw an article yesterday on EHR vendors profiting from their close ties, etcetera, etcetera, etcetera, but there is no real interoperability and EHRs suck anyway.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right exactly.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

So, you know, would this be perceived of as a step forward or would this be perceived of as another way the EHR vendor community is shirking its duty to provide interoperability?

**Ted Kremer – Cal eConnect – CEO**

Is that a rhetorical question?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

It's a serious question.

**Ted Kremer – Cal eConnect – CEO**

So, seriously, I would have to say that it's a step backwards from interoperability, at least it would look this way to me, but I have a perceptive ...

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

So, with my realistic hat on I think it would be pretty fabulous if every EHR had this capability because it's really – it's just not getting done right now.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

From a how does it play in the New York *Times* perspective I can see that this is – I can see all kinds of ways of saying this is not the fulfilling the dream of meaningful use.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. Yes. Do others agree with that?

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Yeah, I mean, I – this is Amy, I mean, I think an interim step is better than an unsuccessful step or a reach step that becomes unsuccessful. The question I think, we're asking is if we push harder could we actually get there and the other question I would ask is are there any use cases where this would still be needed, useful and helpful even if we went the full – or is this first step important in ultimately getting to complete interoperability where the data can actually transfer in both directions and be incorporated. So, and I don't know the answer to that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

But there may be use cases where this is still relevant even if we take it to a more full – I just can't think of them offhand, even if we think of it in a more, you know, even if we get the more full complete interoperability or maybe not, maybe it would negate the need for this I don't know.

**Ted Kremer – Cal eConnect – CEO**

I do think, you know, going back to, I think, Arien said it, there's that if we're going back to the sort of preamble that said it should be outside that EHR system to another system, this visual integration approach, the single sign-on then I think we sort of address that New York *Times* like issue, because we are saying no it needs to be to another vendor platform. So, I mean, if that preamble still exist in the recommendation then I think absolutely it's at least a step forward.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Now a number of folks are looking at ways of combining, I'm going to geek out for a second, a number of folks are looking at ways of combining these capabilities so that, you know, some emerging work that's going on in HL7 that harmonizes XDS or the IHE profile and in a way that potentially could allow for a visual representation and a downloadable representation and that might be the ideal step. There's a question as to what's the realistic timeline by which that can get done and that's kind of the other. The other dimension to this is what standards are available and ready and probably adopted that the Policy Committee is going to have to weigh in on.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, I mean, it seems like the only way that this could be reasonably incorporated as something in meaningful use would be to say, you allow it in the 60% but knowing that, you know, with Stage 3 we're going to be increasing the requirement for actual data exchange and so it will be a shrinking portion of what's allowable over time and therefore it could truly be an interim step, but it gives people credit for at least taking a half step forward. No?

**Ted Kremer – Cal eConnect – CEO**

No that makes sense.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

I mean, this is Amy, I think it's worth trying to move in this direction because I think it's, you know, again, it's not everything we want but if we're hearing that the standards aren't ready and there's some push back and this is an area the market is already going.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

I don't – then I think it's a practical, reasonable way to still allow getting more information though maybe not perfect or ideal for the ultimate goal of better outcomes and transitions of care or more information at point of care for better, safer care.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

I mean, I guess the question is what – is there a real downside other than the time and energy that the vendors have to take in doing this?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, I mean, I think, the downside is one that, you know, that both I think Ted and Arien were raising, and Dave with respect to the – is this seen as a step forward or as yet another accommodation, you know, another, you know, getting us off the track toward interoperability, which I think is a real – it's both a perception issue and a real issue. And the other would be – and I just get concerned about, you know, again just the stifling innovation part if we create more rules around things that are happening and seem to be flourishing are we actually going to be shooting ourselves in the foot here?

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Well, then the other option is, I mean, is there – well, that doesn't really make sense. I was going to say, maybe not required in the certification or require it to be, require it in meaningful use, but let it count if someone's doing it like is there – like I don't know if the ...

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's the current state, right? This could count as a transition of care in the 60 percent measure if you're doing it right now.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

How would you document some of this I guess would be the only question?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right that's the only question. So, maybe we need to investigate that a little more and then see.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Yeah.

**Micky Tripathi – Massachusetts eHealth Collaborative**

If we might just be able to make a statement about that saying it's included and we might just want to be explicit about the fact that it is included. So, let me just – that one piece of conversation that wasn't even on the agenda has taken all of our time, because we go until 3:00 is that right?

**Kory Mertz – Office of the National Coordinator**

No, I think we go until 3:30.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Oh, okay, great, oh, perfect.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

And we didn't even have the people who are really going to talk about it.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, yeah, exactly. So, I mean, it sounds like from what I'm hearing it sounds like, you know, there is, you know, thought that maybe this ought to count toward the 60 percent and if we are able to sort of, you know, have it be in there so that we're able to structure it so that it truly is an interim step and with the recognition that over time meaningful use ought to be having a higher and higher percentage that is truly about data exchange and document exchange so that will in effect crowd it out over time as an option. So, that's one part.

And then another part that I think was what you just raised, Dave, if we are going to say that then we do need to perhaps speak about a little how one would document that and is there anything that would need to be said further about the creation of any kind of technical capabilities to be able to document that, I don't know if there are, but ...

**Ted Kremer – Cal eConnect – CEO**

Well, at some level I would argue for less specificity.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes.

**Ted Kremer – Cal eConnect – CEO**

Maybe around that, I mean, because they could partner with the receiving or the responding entity to provide them the metrics they need if within the querying source they can't actually track a single sign-on session that's been opened.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Agreed.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes, yes. Okay. Okay, why don't we – why don't I take a shot at some words around that and we can consider that next time? So, if we – does it make sense to now just think about the push/push versus push/pull or versus query response and whether those are genuinely two different things and whether they're worth thinking about as two different things?

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Sure, so can you start explaining push/push, because I didn't get it the first time when you said it?

**Micky Tripathi – Massachusetts eHealth Collaborative**

I think the idea is, is there a way to be able to use the Direct protocol as it exists today to be able to send some type of request for information that could be responded to either, you know, with a person in the loop or in some ultimately automated way with a response again using Direct. So, it's I pushed a request to you and asynchronously you respond back with a response but it's not a query that triggers a response in an automated way. If anyone has a better way that they would like to describe that please jump in.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

No, I think that's great and I think it could be as simple as a pretty simple standard for the request and the response is just Direct as it currently exists in Stage 2. So, the lift is small.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

And just to say one more thing about it, it allows, it side-steps all of the issues about authorization and identity because all of that can get done locally through whatever means it currently gets done, it's kind of like the step up from the faxed request.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

So, you do that outside of the system you know then where to send the query, right? And then you get a response essentially.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

That's interesting, you know, you could, I mean you could do an untargeted query, you could blast out Direct messages everywhere.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Yuk.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, I'm not saying it's pretty. So, is that – to your point, Arien, that would be a relatively small lift if we were going to make that, you know, if we were going to make that distinction between a push/push and a query response because there wouldn't be any other technical requirements that would have to be laid out?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Correct.

**Micky Tripathi – Massachusetts eHealth Collaborative**

And so is that worth parsing out and considering, you know, having a short set of recommendations related to how that could qualify for some type – you know, as a query, as a true – I mean, right now our recommendation is just the certification requirement so there's not even a meaningful use, an associated Meaningful Use requirement attached to it, but I think the idea is that it would be a part of, buried within some other Meaningful Use requirements.

**Kory Mertz – Office of the National Coordinator**

No, Micky, you guys did actually make this an objective.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Oh, did we?

**Kory Mertz – Office of the National Coordinator**

Yeah, you asked the question about the measure though so it's not specifically specified in what was in the RFC because there was a question around whether it should be based on a percentage or if it should be based on a raw number.

**Micky Tripathi – Massachusetts eHealth Collaborative**

On a raw number, right, right.

**Kory Mertz – Office of the National Coordinator**

Yeah, so that did confuse people in the RFC as well sometimes they thought it was just the certification, but you guys did end up on the side of making it an objective.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Clearly it confused me too.

**Kory Mertz – Office of the National Coordinator**

Well, there was a lot of back and forth on it.

**Michelle Consolazio Nelson – Office of the National Coordinator**

Well, the question came more from ONC because if it's an objective how do you count, which is what you kind of were talking about earlier.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. So, I guess that brings us back then to that question, do we think that, you know, some type of query for a patient record, I think is what we called this one, should that be an objective, its own objective and then if so do we then want to consider as acceptable fulfillment of that objective a push/push or a query response and then we can, you know, think about recommendations related to each of those modes.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

From a standards perspective one of the issues is that if there are three ways of getting something done that either means that it never gets done or everyone's got to do all three.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. So, does that then suggest that it's more about a sort of maturity kind of model of think hard about push/push for Stage 3 and query response for Stage 4 or 3A or whatever we're calling it?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Right, depending on the timeline – depending on the calendar for Stage 3 this may be the only realistic way to achieve something, because we don't have a really – if there's any intent to start Stage 3 coincident with the start of the penalty phase or the, you know, the transition phase at fiscal year 2016 there's not that much time to do lots of stuff and so this could end up being a – you know, effectively it's the only way to get it done because you just don't have enough time to do anything else.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes, right, I would agree with that. So, that suggestion that it makes sense to break these out, right, and to consider each of them separately?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Do others agree with that?

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Yeah, I think so.

**Kory Mertz – Office of the National Coordinator**

This is Kory, just one question, I'm curious could there be a model where you don't specify the certification criteria or specific standards that could be helpful around this, so if you kept an objective around querying and it could still move the bar forward or not? Just a thought, I'm curious what other think?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

So, it would be a meaningful use measure but not a certification measure.

**Kory Mertz – Office of the National Coordinator**

Yeah.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

And the challenge would be if I'm a provider how do I achieve the measure if my counterparts in the community can't use the feature that my EHR happens to build.

**Kory Mertz – Office of the National Coordinator**

Yeah.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Give them a waiver, everyone gets a waiver.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Right, yeah.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, it does seem to me that just as we walk through this, so, assuming that – will we think differently if 2013 got delayed in some way? I mean, I'm not speaking with any inside knowledge I'm just asking the question.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

2016?

**Micky Tripathi – Massachusetts eHealth Collaborative**

I'm sorry, Stage 3.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yeah, it depends on how much, it potentially gives lead time for an S&I-like activity to make some progress in an area that we decided from a policy perspective is important to get done.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

You know, you do a Direct-like Project that basically says the Policy Committee has said we are going to need, we have to have this by 2017 or FY17 or FY18 and so we're going to convene and do all the, you know, do all the stuff to get that done, it really puts a sharp focus on getting that to happen in a nationwide way.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, right, right whereas on the current timeline we could say that but it's not realistic to think they could actually accomplish it.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Correct.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, so, I mean, it does again just come back to it sounds like it does make sense to separate these without knowing anything about the timeline and on the assumption that everything is going to happen on the current timeline. So, how would we...

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Well, Micky maybe you, this is Amy, maybe you caveat it, you say, you know, if the timeline is not changing, you know, here's one suggestion, if the timeline is going to change we might revise it to do, to go straight to the other one.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, I mean, I assume that all of that's going to unfold over the next couple of months.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

Yeah.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, in a way we're going to be, you know, working toward a set of recommendations and then maybe find out well into the process whether something has changed or not.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

So, maybe just for ourselves then we decide, you know, we parse it out that way.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, right. So, given its 3:10, I don't know whether we want to dive into the question of...if we agree that it makes sense to separate out these modes or these approaches a push/push versus a query response maybe we can just think a little bit about what do we think are the things that we would want to provide in the way of categories of recommendations for the first one which would be the push/push without, you know, it's going to take another call probably, but maybe just some initial thoughts on that.

I mean, it strikes me, as Arien had said, there isn't anything necessarily, I mean, the idea would be that you're able to do that on the requirements that are in the 2014 edition certification criteria, that's the reason that we would want to even consider this.

What other things that...being cognizant that some of those things, a lot of those things are really, you know, square in the responsibility of the Privacy and Security Tiger Team and they're going to be looking at them anyway. So what things are not Privacy and Security Tiger Team issues that we think we would need to weigh in on?

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

I mean, there's no requirement for it to contain discrete data, there's some – I'm sorry; I'm just trying to run things through my head.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, yeah. Well, I guess ...

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

I keep thinking about the consolidated CDA, right, and what implications that has, because that's supposed to be the lingua franca right or whatever of the ... going forward, right?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Is it not, have I got that wrong?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

You're right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

But, this is a way it's, well it's, I guess part of the question to me is, you know, how would I distinguish this as being a ... fulfilling a query for a patient record requirement? I mean, you know, I've just – it's just a Direct message that came to me and then I send one out whenever I send it out. So, is there something that needs to, you know, sort of link the two in a way like an order and result that would then allow me to be able to say that yeah that was a query for a patient record that was fulfilled.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yeah, that has to be part of that thin layer of metadata that allows that correlation.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yeah.

**Ted Kremer – Cal eConnect – CEO**

Well, and for no other reason than for practice workflow too, you'd want to be able to link that up somehow.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, so, I mean you're going to have that need and there are presumably then going to be associated needs with accounting for disclosures or at least with some kind of auditing or logging right that I responded to a query from the outside and I want to be able to track.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Was that a sigh I heard?

**Ted Kremer – Cal eConnect – CEO**

Yeah, well push/push sounded so simple and beautiful it brings up all these other things that have built back into it.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's the usual thing.

**Micky Tripathi – Massachusetts eHealth Collaborative**

All right, good, I'm glad I wasn't just raising irrelevant issues.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Right, so it's the mantra of keep it simple stupid because simple is hard enough.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right. So, those pieces would need to be built in and obviously then we are thinking about things that do go beyond what's in the 2014 certification right now.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yes.

**Micky Tripathi – Massachusetts eHealth Collaborative**

But, I wouldn't have to specify a different type of transaction which is what I would have to do if it was a query and then a ...

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Is it not implicit that there be some sort of logging system that would have to be tied to these things at all times?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Oh, there absolutely is, I mean the accounting for disclosures issues is built in, it has to be built in for EHRs anyway.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

Right. So, would that not be just a – this would be a use of that, I mean, it's a reporting question it's not a...

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Yeah, I agree with that and you know the requirements also already require – yeah, so it's all built in.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, then to your point, Arien, there would just need to be probably something in the metadata that allows me to tie an incoming push query with an outgoing one, with an outgoing response?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

Dave Goetz, I think it was Dave who said you could use the consolidated CDA for this, could you add a special document that's the, you know, that has the patient demographics and the identifiers all built into that stuff anyway and is the request for information document – and then you have the same old CCD or consolidated CDA that we know and love and it just has a correlation ID in it.

**Micky Tripathi – Massachusetts eHealth Collaborative**

So, would this, would the request for information have to be a new template?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's what I'm thinking.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah.

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

That's the simplest possible, you know, leverage existing standards way to get this done would do that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

That's interesting. What do other people think of that? I mean, that seems like it's a concrete pathway.

**Ted Kremer – Cal eConnect – CEO**

Could you repeat that again?

**Arien Malec – RelayHealth Clinical Solutions – Vice President**

The proposal – this is the minimum scope maximum effect proposal says build this on the two pieces that you already have in Stage 2 Meaningful Use, which is to say Direct and the consolidated CDA. So, we already have the ability to send a transition of care, to transmit a transition of care via Direct using the consolidated CDA but you need to add two small pieces, piece one is a consolidated CDA template that encapsulates the request and it has all the same stuff that – it's basically a consolidated CDA for that patient that includes their demographic information and their identifier information, and it has a type of record request and then the only other thing you need to add is make sure it has a unique identifier and make sure that you can send back between the transition of care consolidated CDA, that request identifier, back so that you can correlate it.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

You got all that Kory, right?

**Kory Mertz – Office of the National Coordinator**

I got a lot of it.

**Amy Zimmerman – Rhode Island Office of Health & Human Services – State HIT Coordinator**

That makes sense.

**Ted Kremer – Cal eConnect – CEO**

Hearing it twice helped, thank you.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah, I mean, as awful it sounds to be able to have to say, oh, we need a new template for this I think that it is the – you know, it seems like it is the minimum necessarily that would be needed to be able to make this a genuine query for a patient record type of transaction using the Direct protocols that are already a part of the certification criteria. And with the assumption – so I assume that somewhere in here would be accounting for disclosures, that the accounting for disclosures, however that works in a EHR system it is going to have to capture the Direct-based transactions, I mean, it's going to have to, but I don't know is that explicit in the certification criteria, it must be.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

And how else – I mean, you couldn't prove anything right?

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah. Okay, so we can try to – we'll look at the transcript make sure that we've gotten the words right and I think that, you know, this seems like it's a good working, you know, sort of approach for that that we can share with the larger group by recognizing, you know, there are just 4 or 5 people on today, but maybe that's, you know, sort of a good starting point to have the conversation about some type of capability based on with the principles as, you know, Arien I think nicely stated, the core principle here being, you know, how do we leverage the requirements that are already in the certification requirements related to transport and related to consolidated CDA with minimum necessarily other requirements on top to enable a query for a patient record transaction.

And, so maybe we can walk through that on the next Workgroup call make sure that what we think makes sense now, but our heads are all spinning and we come back with straight heads that it still makes sense, I think it does and then we can give a little bit of thought to how to structure the conversation about a query response mode for query for a patient record.

**Ted Kremer – Cal eConnect – CEO**

Have fun wordsmithing all that.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yeah.

**Hunt Blair – Deputy Commissioner Division Health Reform Department of Vermont Health Access – Medicaid**

Micky, this is Hunt, I joined late, I want to say that although my head is spinning I think it does make sense so I look forward to seeing it written down.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Great.

**Dave Goetz – OptumInsight – Vice President for State Government Solutions**

It sounds like more than you head is spinning there.

**Hunt Blair – Deputy Commissioner Division Health Reform Department of Vermont Health Access – Medicaid**

Yeah, I'm actually sounding a lot better than I have in the last few days.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Right, so, your head was spinning before you even got on the call.

**Hunt Blair – Deputy Commissioner Division Health Reform Department of Vermont Health Access – Medicaid**

That's right.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great, well, it's 3:21 so I'm not even going to attempt to embark on a new topic, but I think we actually got, I thought it was a really great conversation and got through a whole bunch of stuff in terms of, you know, sort of thinking about how to break up this idea of query for a patient record, thoughts around how we might, you know, think about incorporating what is happening in the market with respect to visual integration and perhaps some thoughts about how we might want to incorporate that into Meaningful Use, you know, leaving open whether it still makes sense to do that.

I mean, I think, but, you know, we can put together some words that I think we, you know, sort of had conveyed about how we might be able to do that and then revisit that question with the broader group and see if that makes sense and then as we just said what we had just talked about as sort of a first step toward an approach for the push/push approach for query for patient record and then the next meeting we will look at the query response approach to that. Does that make sense? Any other final thoughts, comments before we turn it over to MacKenzie for the public comment? No, well, thank you everyone. MacKenzie?

**Public Comment**

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

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

**Rebecca Armendariz – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press \*1 or if you're listening via your telephone you may press \*1 at this time to be entered into the queue. We have a question.

**Peter DeVault – Director of Interoperability – Epic Systems Corporation**

Hello, this is Peter DeVault can you hear me?

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

Yes, we can Peter.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Yes.

**Peter DeVault – Director of Interoperability – Epic Systems Corporation**

Great, thanks, I've been listening with great interest to the conversation and I'll follow-up with an e-mail, but I wanted to make a distinction between visual integration and targeted query. We've implemented both, the visual integration or as John Halamka calls it the magic button does not have discrete data as we know, it's not standard, it requires one off connections and agreements and it's got very limited adoption and I think maybe one of the biggest reasons not to promote it is that it's not really an intermediate step to targeted query it's a development diversion from that.

Targeted query does exist, there are real implementations of it that are pretty broadly distributed, the eHealth Exchange is based on it and the benefits of it as we've implemented it, and I think there was some misunderstanding from people on the phone is that is actual documents with discrete data that you can actually consume in the receiving system.

And finally, I'll close my comments with a plea with all due respect to the people on the phone I couldn't disagree more strongly with the idea of doing a push/push to imitate what a real query response model would be. It does require a manual response that's really not any better than faxing in my mind, it's also not an intermediate step to query response unlike the other two approaches its not been adopted anywhere and it would require a new S&I initiative and the idea I think of having a new document type to house the patient demographics query, when in fact we already have standard patient demographics query seems like a really complicated and sideways kind of approach to it. Thank you for your time and like I said I'll follow-up with an email as well.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Thank you.

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

Are there any more public comments?

**Rebecca Armendariz – Altarum Institute**

No further comment at this time.

**Micky Tripathi – Massachusetts eHealth Collaborative**

Okay, great, thank you everyone.

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

Thanks, everybody.

**Arien Malec – Vice President – RelayHealth Clinical Solutions**

Thanks.