

**HIT Policy Committee
Information Exchange Workgroup
Transcript
March 1, 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. 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 it's also being transcribed and 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 Department of Health Access – Deputy Commissioner of Health Reform

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Hunt. Peter DeVault? Jeff Donnell? Jonah Frohlich? Larry Garber? Dave Goetz? James Golden? Charles Kennedy? Ted Kremer.

Ted Kremer – Cal eConnect – CEO

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Ted. Arien Malec?

Arien Malec – RelayHealth Clinical Solutions – Vice President

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Arien. Deven McGraw?

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Here.

MacKenzie Robertson – Office of the National Coordinator

Hey, Deven. Stephanie Reel? Cris Ross?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Cris. Steven Stack? Chris Tashjian?

Christopher Tashjian, MD – River Falls Medical Clinics

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Chris. Jon Teichrow? Amy Zimmerman? Tim Cromwell? Jessica Kahn? And if there are any ONC staff members on the line if you could please identify yourself?

Kory Mertz – Office of the National Coordinator

This is Kory Mertz.

Michelle Consolazio Nelson – Office of the National Coordinator

Michelle Consolazio Nelson.

MacKenzie Robertson – Office of the National Coordinator

Okay, with that I will turn it back to you Micky.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, great, thanks MacKenzie and good afternoon everyone and any member of the public who are listening in. This is the Information Exchange Workgroup of the HIT Policy Committee and thanks to people who joined I know Friday afternoon in particular when a lot of you may be starting to prepare to make your way to New Orleans really appreciate your taking the time for this call.

At the last call we started the discussion of the recommendation related to query for a patient record and got into that conversation and started to look at a number of different dimensions of it and I think it was, you know, a much less still to be discussed which we originally thought we were going to discuss today, but I think anticipating that a number of people wouldn't be on the call today and in particular two members, Larry Garber and Peter DeVault who had spent a lot of time on the original recommendation related to the query for patient record, we thought it made sense to push that to the next meeting and that will also give us a little bit more time to perhaps flush out the, you know, sort of where that last conversation left out and see if there is a, you know, sort of another way of framing the conversation about a recommendation for query for a patient record than exists in the, you know, if you looked at the current recommendation.

I think the other thing that will give us time to do is align ourselves a little bit more with the Privacy and Security Tiger Team, I'm glad Deven is on today and through no fault of – completely my fault, haven't have the ability to sync up as much as I wanted to with the work of the Privacy and Security Tiger Team even though I'm on it, but I think it seems like those are very important things to do now as we think about the query for a patient record activity and making sure that we're complimenting each other's efforts and are syncing up as much as we can.

So, all that to say we'll talk about that at the next meeting, which I think will come to the schedule here in a second, but I think it's March 16th or something like that.

In the meantime then what we did is, and the reason you only got the material this morning was we had this last, you know, sort of within the last 24 hours a change in the agenda and so what we thought we would do is take some of the other recommendations which are sort of smaller in scope in some ways and talk about those today and those are namely the data portability one, the provider directory one and then the one about HIT innovation I think, which was one that was across all the Workgroups, as it were, and we can sort of take a look at those and see what we come up with there. So, next slide please.

So, this I think a holdover from the old agenda, correct? I think 101 is the query for a patient record if I'm not mistaken.

Kory Mertz – Office of the National Coordinator

It looks like I may have sent the old slide deck.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, okay. So and those other –let's see the other ones 102, 103 and MU05 are not in the stack at all?

Kory Mertz – Office of the National Coordinator

We can see, but I assuming not based on, yeah ...

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Kory Mertz – Office of the National Coordinator

All right, so let me send the right deck then. Sorry about this.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Michelle Consolazio Nelson – Office of the National Coordinator

I think in the email its right.

Kory Mertz – Office of the National Coordinator

In the e-mail it's right?

Michelle Consolazio Nelson – Office of the National Coordinator

Yeah.

Ted Kremer – Cal eConnect – CEO

I think the download on the web is right too, I just think the one that you're presenting isn't if such a thing is possible.

Kory Mertz – Office of the National Coordinator

Can we update the slide deck then?

Caitlin Collins – Altarum Institute

We're looking into it right now; we'll have something in a little bit up for you in a moment.

Kory Mertz – Office of the National Coordinator

Okay, perfect.

Micky Tripathi – Massachusetts eHealth Collaborative

So, let me just ask, Deven, do you know when is the next Tiger Team meeting, I know I should know this but ...

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

No, it's okay; I didn't know when the next Information Exchange Workgroup was, so there you go. I'm just peeking; I think it's the 12th of March.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

So, you know, HIMSS being in the first week of the month has really pushed everything back a bit.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

So, like for example the next Policy Committee meeting is the 14th of March.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, okay.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

But, we have two Tiger Team meetings in the month of March the first one is on the 12th and then we have one pretty close behind that on the 18th.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, so, okay, I will promise I'll be more successfully at nailing down a time for us to talk and sync up our agendas.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah, no that's fine it's a busy time as always, so what can you do huh?

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

We'll be circulating though, I think if not today then next week if there's anybody around to push the send button, some material. We're hoping to sort of take care of some of the wordsmithing on what we covered on, you know, some of the questions related to, you know, assuring yourself of the identity of the requester and how do you know there's a treatment relationship, but even down to the issue of sort of when is it okay for the response to be automated, right?

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Which is a big issue that, you know, has both technical and policy components to it.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, right, right, right reliance.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

So, okay, great, well, I look forward to seeing the answers.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah, well we look forward to discussing the answers too.

Micky Tripathi – Massachusetts eHealth Collaborative

So, this looks like the right presentation, thank you those behind the scenes who were able to get the right presentation up here. So, this at the last call, as I said, we discussed the number 101 which is the query for a patient record as indicated we'll take that up again. I guess on March 13th, I said the 16th, it's March 13th with hopefully we'll make sure that we can get as much attendance as possible and particularly try to make sure that Peter and Larry are on since they spent a lot of time working on that one.

And then today though we'll work on 102, 103 and 05 and I guess, you know, there is certainly the possibility that these timelines could shift if there are any announcements related to different timelines for Meaningful Use Stage 3, so, you know, we'll just keep that in the back of our minds, but keep moving ahead until we hear at any direction otherwise. So, next slide, please.

So, the first one – let me just pause and see if anyone has any questions or comments just in terms of the agenda and the timeline or anything like that?

Okay, the first one is the provider directory where the actual...this was one where I think all we did, there was no Meaningful Use objective associated with it but the idea was to have a certification criteria and a standalone certification criteria to make sure that at least you would have technology enabled to allow those who would choose to use it to be able to use it, so you can see there what the statement was which was the EHR must be able to query a provider directory external to the EHR to obtain entity level addressing information, example push or pull addresses, was the simple statement of that.

So, let me ask, Kory, if you don't mind just walking us through what the public comments were?

Kory Mertz – Office of the National Coordinator

Certainly, happy to do that, Micky. So, we got 62 public comments on this and again I'll remind folks when we had certification only criteria like this one it definitely created some confusion amongst the public, you know, I think a lot of people assumed they were also meaningful use objectives and were tied to something there so, again doing certification only created some confusion amongst folks and we certainly saw that play out in this one as well.

So, kind of the core of the comments on this one I think were an interesting dichotomy where, you know, the majority of commenters felt like sufficient standards weren't in place to support the criteria at this time and widely adopted in the market, but you also saw pretty much a 50/50 split where people, you know, it was really split down the middle of should this criteria be kept at about 50, you know, slightly over 50 percent said "yes" and a little bit under said "no" they didn't think this should be kept for Stage 3.

There were a number of commenters who mentioned the S&I Framework initiative that was focused around provider directories saying, you know, it had gotten some good traction but hadn't quite finished the job and had lost a little momentum.

I think the point where a lot of confusion came in was a lot of people were focused in on, well what provider directory am I going to be querying thinking they – you know, that there had to be one out there that they were querying, again, you know, focusing in on it as a meaningful use objective. So, I think it drove this whole line of questioning similar to this around, you know, only closed provider directories are out there or the ones that are out there aren't good, they're hard to keep up-to-date, how am I as an individual provider trying to meet meaningful use going to address that?

So, it was kind of that whole line of questioning around, you know, are provider directories available, who is keeping them up-to-date that piece that I think, you know, this workgroup is intimately familiar with from the work you guys did back a couple of years ago around provider directories.

And then the last kind of big theme I would mention here and it's one that I think came up in a number of the areas that the IE Workgroup put forward was people saying they specifically thought that a provider participating in an HIE or HIO type entity should be able to have that count towards this type of an objective.

Micky Tripathi – Massachusetts eHealth Collaborative

If we have such an objective.

Kory Mertz – Office of the National Coordinator

Right, yes, well true. So, I think in this sense that ... I still those people would probably want it to help meet the criteria as well potentially, but yes.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, okay, so, it seems like there is a whole bunch of those comments related to the question of where are these provider directories, which I think we weren't really addressing that at all it was more about a policy statement that there should be some type of standards and a technical requirement to be able to do these transactions according to such standards with provider directories however they emerge in the world I think was, you know, kind of the way we were framing that.

But before we open it up I'm just wondering if either you or I know Arien is on the call and Cris Ross I'm not sure if you're on the Standards Committee or not, I think you are, but what was the Standards Committee commentary on this? I think I probably could guess, but ...

Arien Malec – RelayHealth Clinical Solutions – Vice President

I wasn't at the meeting unfortunately where we discussed this. I would say at the last Standards Committee meeting as a general point the sense of the Standards Committee, I don't know if it was formalized in a set of recommendations, but the sense of the Standards Committee was if in these kinds of issues where we have certification only requirements that are standards dependent one of the issues that we pointed out was that there were too many of those in the RFC and that if there is a clear set of policy, from a policy perspective, a clear set of desiderata of key areas that are vitally important and not too many of them that you can get alignment in addressing the standard's gap and that right now what we're faced with is too many of these items and not enough specificity or priority for any particular one.

So, as a general comment, to the extent to which from a policy perspective we can narrow the "asks" to clear and parsimonious set we can drive the downstream behavior to make sure that we fill the standards gaps that if we have too many we're not going to get there.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer

This is Cris Ross, Ariens, is absolutely spot-on, I think there was also some commentary that SDOs abhor a vacuum and if there isn't clarity on standards we may find ourselves with creation of additional standards, which may, you know, be less desirable than trying to pick ones that already exist, so if we could have alignment between policy and standard was seen as desirable, existing standard was seen as desirable.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, right and I guess from a Policy Committee perspective, you know, the policy recommendations we make in general are that there ought to be declared some standard for this not getting into the question of whether, you know, what that standard ought to be or whether it ought to be a new standard or whether existing standards are satisfactory or not.

Arien Malec – RelayHealth Clinical Solutions – Vice President

That's exactly correct. The point though is that if there are too many of those there ought to be ...

Micky Tripathi – Massachusetts eHealth Collaborative

Yes.

Arien Malec – RelayHealth Clinical Solutions – Vice President

You end up not getting work done. If there are a few there ought to be ...

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Arien Malec – RelayHealth Clinical Solutions – Vice President

And these are the ones that are vitally important then we can drive the appropriate behavior.

Micky Tripathi – Massachusetts eHealth Collaborative

Got it. So, nothing specific about the state of provider directory standards?

Arien Malec – RelayHealth Clinical Solutions – Vice President

I believe, and I'm recalling from my memory from the NWHIN Power Team work that we did, I believe the sense was similar to the sense of the last time this came up at the Standards Committee, which is no great standards exist so it would be hard at this point to pick one and say go.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. So, maybe we should just open up the conversation then. I mean, it seems to me that despite all that, which I think all of that is still true, it seems to me and would love everyone else's view on this, but as we've seen, you know, sort of Direct with a capital "D" you know kind of unfold and seeing how the market is trying to wrap its collective arms around that and the various ways, and the various business models for that, this seems like it is becoming a need and various – I know in Massachusetts we're, you know, just starting to, you know, think about just having as close to a simple industry standard web service type of ability to do simple, you know, administrative functions with a provider directory first to be able to just consume it in certain ways and then hopefully get a little bit more sophisticated over time, but the lack of a standard in some ways has made that a little bit harder, but, you know, I would love other people's perspective on that.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

So, Micky, this is Hunt, you won't be surprised that I have an opinion about this topic nor will Kory. So, I would agree and, you know, raise by an order of magnitude the statement that you just made that this is really necessary.

So, to Ariens point, I would pick this as one of the most important things that by Stage 3 we, you know, whenever that might be, this needs to be solved, because I think that what we have seen in the time since the provider directory taskforce discussions and what also has continued to be, at least in my reading, I haven't been on provider directory CoP calls that are put together for the HIE grantees, but in reading along I think that the steps through the S&I Framework were, you know, good, but there is more work to do and I just will continue to champion this as an exceedingly high priority for actually getting to, you know, meaningful exchange and data liquidity.

Ted Kremer – Cal eConnect – CEO

Could someone clarify for me, this is Ted, is this assuming a directory maybe not using Direct? I mean, because Direct has baked into it directory services. And then the other question I have is, it's talking about entity level addressing is that different than physician level addressing?

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

The entity level and individual level are different than...and there's a whole history of interesting discussion about that, I am thinking that it's a bigger issue than just Direct although I will immediately defray, as usual, my lack of technical understanding in terms of the directory service in Direct, but at least my sense has been from talking to colleagues around the country that even with that there's a lack of a clear forward path even for states that are only doing Direct HIE and I don't know Kory or someone else could probably speak to that.

Micky Tripathi – Massachusetts eHealth Collaborative

Well, we have the Pope of the Direct Project.

Arien Malec – RelayHealth Clinical Solutions – Vice President

The Pope Emeritus, the Pontiff Emeritus is that what I am.

Micky Tripathi – Massachusetts eHealth Collaborative

He stepped down but he's still alive, it's a – put on your red shoes, Arien.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Yeah, so I want to tease apart a few issues here, number one is that we intentionally did not make it a required capability in the specification to query the DNS for getting certificate information for an address because we wanted to preserve the ability to be direct compliant with a plain old S/MIME e-mail set up, now that might have been the wrong thing to do, but it was done intentionally and unfortunately that lack of it being required has led to some confusion as to whether when you're standing up a HISP what you should do and it's led to people not standardizing on DNS as the universal directory mechanism for Direct.

I think a little bit of that is starting to go away and we're starting to see some coalescence around set up the bare minimum which is DNS-based certificate discovery relating to a particular address that you're trying to get to, but it would be useful to set the expectation that with EHR systems in particular potentially in combination with a state or local HISP or something that's built into the EHR have that capability, because I agree that we are in a little bit of a confused situation.

With respect to query, there are the sort of the state of the art; I just want to give a little pointer to the state of the art. This issue comes up when you have a patient in front of you who says "I received care but I'm not exactly sure where, but it was kind of here" or maybe they know the name of the doctor, but that doctor may or may not map to the actual EHR responder.

So, I received care from Dr. Smith in Boston but I have no idea whether that's Beth Israel Deaconess or it's Partner's, or it's, you know, I have no idea what the responding entity is or would be or if it's Mass Hlway, I just don't know, because I'm a patient and I know that I saw Dr. Smith.

In cases where you do know the responder and you know it with enough specificity that the computer could figure out where to...there's still the need to figure out where you actually...from a bits and bites perspective need to send the query and right now on the NwHIN Exchange or I guess the eHealth Exchange that's a bit of a mess, and I don't think they would mind me saying that, but perhaps we should give those folks an opportunity to respond, in the sense that I need to maintain a local set of mappings between...I need to maintain a local directory of all of the places that I could possibly query, because the only way to get an address is through an opaque identifier called an o8 which just a bunch numbers, so I need to maintain locally the mapping between that address and the set of numbers.

And, so if you have targeted query you're going to need to find some way of getting from the patient's statement that says, yeah, I received care in these places to the computer being able to say, I'm going to go do this look up to actually get your data. And where I think there's an urgent need for some level of directory services for query is in mediating between those two states.

Ted Kremer – Cal eConnect – CEO

So, based on that and based on the other comment of where – an HIE should be able to meet this if they're participating it seems that what's Blair's saying – and I hear it, it's important to do this, but it seems that beyond Direct or beyond an HIE providing it, including it is yet another criteria, it won't make the landscape any cleaner.

Micky Tripathi – Massachusetts eHealth Collaborative

Well, I guess where, this is Micky, where it seems like it could make it cleaner is you have, you know, so called HISPs that are, you know, that are sort of emerging some of them just existing organizations that are, you know, creating or declaring HISP functions be it a vendor itself or an organized HIE entity or standalone organizations who are just implementing, you know, sort of web-based Direct and HISP kind of services, and those are all internal to those, they're doing it in whatever way, you know, sort of they can, but also this idea of, you know, HISP to HISP transactions, at least from what I can see presents a challenge of, you know, provider director alignment, provider directory alignment, provider directory queries across HISPs, so, it seems like it could provide, you know, sort of a little bit of a cleansing function, but, you know, again, would love to get other people's perspective on that.

I mean, I know we've published, you know, in Massachusetts we, you know, published a WSDL that we sent out for search for provider directory search to...published it locally and sent it to a bunch of vendors and a couple of vendors came back and said, fine we'll use it, a couple of other vendors said, well we would actually prefer...one vendor actually said "we would prefer to do a nightly...we'd like you to expose the provider directory so that we can do a nightly download of the entire statewide provider directory and then provide it locally to all of our clients."

Ted Kremer – Cal eConnect – CEO

So, but here we're talking more about HISPs functionality than the EHRs and it seems like, I keep coming back to this thing where I get confused where it seems like if we're promoting Direct and the EHR is going to use Direct and the HISP should, if it's doing a peer to peer message, have a way to find the person you want to send the message to that you'd push that through refining the Direct certification or the HISP certification instead.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Yeah, this is Arien, in Direct it's a little easier, because you could separate concerns such that the EHR is just responsible for saying send it here and the HISP is responsible for figuring out how to get it there and negotiate the trust and all those kinds of things, and that's assuming that you know the Direct address that you want to send. There is another set of needs which is I know the doctor but I don't have a Direct address and I think we're talking just about the former bit and not about the latter bit, but it's important to separate those two kinds of questions as well.

Ted Kremer – Cal eConnect – CEO

Well, that's right and out of the latter bit we've already seen that within our HIE where we need to provision some sort of metadirectory for our Direct users for that reason. And, so that sort of goes back to the last bullet point too, is that an EHR function or is it an EHR being able to use some other system?

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, see, because I think when you look at the criterion, I mean, it was really and forget the conversations but I guess I was thinking that it actually was about the latter Arien what you just said, it was about the ability of an EHR to consume provider directory information to find the Direct address of a provider who I only know their name.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

So, this is Hunt again, I think from my perspective it is and so this is more the policy perspective than a technical perspective, somehow whether through HISPs, Direct, HIE, somehow, as Micky pointed out there are issues in HISP to HISP directory alignment and there is for sure lots of HIEs have different approaches that...I don't know whether it belongs in EHR certification, but somewhere from a policy point-of-view it would be beneficial to advance some standardization around that, because I think that...

Ted Kremer – Cal eConnect – CEO

And I absolutely agree with that, I guess where I'm just struggling with is whether you drive it through the EHR process or not.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

And I think that's right, I mean, I think that's a really good question.

Micky Tripathi – Massachusetts eHealth Collaborative

Well, so there aren't – I mean, right now there is no – I'm not privy to all the conversations, but is there a notion of HISP certification going on anywhere?

Arien Malec – RelayHealth Clinical Solutions – Vice President

There is DirectTrust is working with ...

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Arien Malec – RelayHealth Clinical Solutions – Vice President

ENAC or whatever to create a HISP Certification Program.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah, but that would be voluntary though wouldn't it Arien? This is Deven.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Right, so, I was responding to the question of is there an eHISP Certification and not whether there is mandatory HISP Certification.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

Deven, I think you point to exactly what I've been driving at which is that absent some clarity about this we will continue to not ask Larry about it.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, so if we pull the levers that we have, which is driving it through the EHR do we think that...I mean, it seems to me that there certainly could be some, you know, sort of diffusion prospect to the HISP level if we do get further specification about the ways that an EHR ought to be able to transact with a provider directory.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Again, this is an area where I think it's really important to separate out the needs and really clearly articulate and define those needs.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

And I would add to that, Arien, this is Deven again; maybe we can prioritize which sort of decisions ought to be made first, right?

So, given that we're sort of up against a long task list and our desire to sort of see this done sooner than later, is it possible say to prioritize the activity that is about you know who the provider is but you don't know her Direct address and being able to find that and what if anything does that mean for certification of EHRs.

And, then the other piece is a provider directory that operate when for example you don't know exactly which provider you're talking about much less their Direct address.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Which seems like a bigger thing to fix.

Arien Malec – RelayHealth Clinical Solutions – Vice President

And then I would just add to that that any notion of targeted query has to include some notion of how you find the place to send that targeted query.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah, I mean, if you think about – that's a really good point, Arien. So, we're starting to, in the Tiger Team discussions about query policy issues, to use the use case scenarios that ONC is using in its own internal discussion. So, we're using the term targeted query for Direct treatment which means you know who the provider is and you're asking for information about a patient that you have a Direct treatment relationship with which under HIPAA means you are treating the patient and you're not providing a consult.

So, it's a pretty narrow and we're trying to solve for that scenario and then growing to scenarios where maybe you don't know the provider at all and you're trying to find it and then we're actually defaulting to sort of searching by patient, but we may end up with a couple of different scenarios where you don't know who the provider is.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

But some targeted query means you at least know you're trying to reach Provider A.

Micky Tripathi – Massachusetts eHealth Collaborative

Yes and would have the need to get their Direct address.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Yeah and you have to find a way to do that, yes.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. So, can I suggest – I mean, it sounds like there are layers of complexity here but it also sounds like – I'm hearing a sentiment that there is something that would be useful here to be able to further specify, but there are a lot of different threads that we need to pull on, so, can I just suggest that we maybe just do a little bit of work off line.

Arien, if I could bother you for a little time to help spell this out, anyone else who would be interested in joining perhaps just a small e-mail exercise of, as you had said, Arien I think, laying out what are the particular needs or uses that we're talking about and then we can take those get some sense of targeting what it is we're talking about to the extent that it maybe two or three things and setting priorities among those as well.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Yeah, I'm happy to help as long as help is defined as after Wednesday.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, yeah, no I understand. This is all post HIMSS that we're talking about.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Yes.

Ted Kremer – Cal eConnect – CEO

Well, Micky, if it's any helps as an HIE that is now having to talk to three or four HISPs just in our region ...

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Ted Kremer – Cal eConnect – CEO

I can kick in what we're seeing.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, that would be great. Okay, so I will reach out to both of you to just start the e-mail conversation around that, we'll do it post HIMSS our next meeting is March 13th.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

So ...

Micky Tripathi – Massachusetts eHealth Collaborative

Why don't we move to the next one unless there are any other closing thoughts that people would have or, you know, would like to give just as guidance and obviously anything ...

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

...

Micky Tripathi – Massachusetts eHealth Collaborative

Go ahead?

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

This is Hunt; I was just going to say thanks to everybody for hearing the plea in my voice about the need for clarity and just in closing would say that I absolutely agree with the suggestion of pulling it apart and prioritizing on the more basic use cases as the first step, right?

And, I'm...sorry, this is my last day actually at the State of Vermont, so I've got to go into the going away party so I'm going to sign off now and I will see some of you at HIMSS and some of you in Washington.

Micky Tripathi – Massachusetts eHealth Collaborative

And you will be re-engaging with us in the ONC domain is that right?

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

I hope so; I guess I'll have to ask my new boss.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Arien Malec – RelayHealth Clinical Solutions – Vice President

Congratulations.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

Thanks.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Bye Hunt, see you soon.

Hunt Blair – Vermont Department of Health Access – Deputy Commissioner of Health Reform

Bye-bye.

Micky Tripathi – Massachusetts eHealth Collaborative

Bye Hunt, thank you. Okay, if we could advance the slides then I think next is – I think we can move to the next one. So, this was the more complex one and it was related to data portability where the general question was about not just about interoperability per se but about the ability to move, shift platforms, as it were, I'm on one EHR I want to move to another EHR and how can I move my data and is there anything to say about the ability to invoke standards to be able to do that.

I think there was a thought that being able to leverage the existing frameworks that are being developed around consolidated CDA and with perhaps a few editions to things that may at the time have not been sort of be – you know, fully being considered at the time, that that might be, you know, sort of the appropriate approach to it and that's, you know, kind of what the recommendation say and again, this was about a certification criteria it was specifically not about a meaningful use objective. We're not going to have as an objective that you switch EHRs, but this was about, you know, hearing from the market that data portability seems to be a big and emerging issue.

So, it looks like, Kory...it looks like, you know, from the comments...

Kory Mertz – Office of the National Coordinator

Well, there is more than...there are a couple of slides of comments.

Micky Tripathi – Massachusetts eHealth Collaborative

Oh, okay, well then let me – all right, if it's more complicated than just let's move forward and we'll come back to you.

Kory Mertz – Office of the National Coordinator

Okay and one thing I would add there is also the text of what was included in Stage 2 as a certification criteria around this one, so the top...the two lines in italics at the top of the slide that's the question that was included in the RFC and then I've added in the text from the certification criteria for Stage 2 just so folks have that as well.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, all right, thank you for clarifying that.

Kory Mertz – Office of the National Coordinator

Yes. So, on this one we got 56 comments from the public, the majority felt this was an important criteria that needed further progress around really the kind of functionality and the data included in it to really help providers to really be able to move from product to another to be able to take the necessary information with them and we'll get into a little more detail around the various items commenters thought were needed moving forward.

So, that was kind of the majority opinion there was definitely a number of folks who felt this criterion was unnecessary or duplicative of others, you know, in particular I think people were focusing in on the transition of care requirements and seeing a lot of overlap around the C-CDA and the requirements there for what needs to happen to fulfill that objective, so, some really felt there was a lot of duplication there.

And, you know, I think in a similar vein some felt – they weren't sure this was going to, you know, with the items specified in Stage 2 they weren't sure there was going to be enough value moving forward for the cost unless significant additional data elements were added which as we go to the next slide you will see quite a few different areas that folks recommended to be added.

So, really included a laundry list of items but I'll hit on the ones at the top that were really where we heard the most commonality, a number of these were probably – the rest, you know, you may be saw one or two, or three times, but you didn't see a ground swallow around any in particular.

But, you know, I think the couple of buckets where you definitely saw a lot of people comment and request the edition of data types were, one was people said, hey, anything that we need historical to calculate quality measurement, we want to make sure that's included in the items that can be ported from between products.

And, then the other kind of big area I would say would be around the MU – that they said, hey if anything is added to that in Stage 3 that should also be added into what is required for data portability requirements.

So, you know, I feel like those were kind of the biggest pieces and then again just kind of a whole host of other areas ranging from past medical history, allergies, patient notes, consent, you know, just kind of a wide variety of areas different folks thought were really important to make portability the most useful it could be. So, let's jump to the next slide please.

And, so just the last couple of sprinkling of comments that I think were worth sharing around this one, you know, a few people felt the consolidated CDA was not necessarily going to adequately be able to represent the information needed to switch from one EHR to another. So, there were a couple of people who proposed that and then one felt that QRDA and some of the work around that might be better focused, better meet the need in this space.

You know, again, I think along the line of some of the earlier comments, some people felt like as a priority issue this might be better suited to waiting for a later stage and one commenter felt that, you know, it was important to be able to export data on reasons other than, you know, just by individual patients, so for instance being able to say “hey, I want to export all the people who came in for a certain encounter during a certain time period or based on certain diagnoses. So, people were just looking, you know, this commenter was looking for some additional flexibility on how to be able to export data.

And, then I think the next comment kind of goes to the innovation set of question and items that we’ll talk about maybe later today or in a future call, but just expressing concern around, you know, are EHRs really going to be in the future the central place for all data to be maintained and the implications that has for this sort of approach around data portability. So, I feel like that’s kind of the broad brush strokes of what we heard from the commenters around this one.

Ted Kremer – Cal eConnect – CEO

So, one of those last comments I’m assuming gets sort of baked into this, which was there is the import function as well, I mean, is that – are they paired now somehow, because exporting is one thing, but if the goal is really to provide a fluid environment where people can move to a best of breed platform the importing would need to be there too, right?

Kory Mertz – Office of the National Coordinator

Yes and I think that would be included in different areas.

Micky Tripathi – Massachusetts eHealth Collaborative

Could we just flip the slides back two slides so that we can all look at that Stage 2 criterion which is what exists today? Great, thank you. So, that’s a good point, Ted, because the current criterion doesn’t say anything about importing.

Ted Kremer – Cal eConnect – CEO

No, I noted that.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Kory Mertz – Office of the National Coordinator

Well, I would assume that’s covered in the transition of care certification criteria, but I’d have to take a look at that to see.

Ted Kremer – Cal eConnect – CEO

Well, my bet is again that the reason that this sort of stands alone by itself is it’s more of a bulk process, I mean, I’d hate to think that a physician practice would have to import each transition of care for each patient as they went through a several thousand patient practice or several hundred or something it would be painful, it would be just as limiting as having nothing almost for some practices.

But, the other thing, Micky, here is there not much in Stage 2. I mean, there obviously are data elements, but I don’t think it gets anywhere near what you would need to extract to then move over a new system.

Arien Malec – RelayHealth Clinical Solutions – Vice President

One question that I have here, is this an area where it would be useful to get feedback from people who have done EHR transitions or have expertise in moving people from one EHR to another.

Ted Kremer – Cal eConnect – CEO

I would think so.

Micky Tripathi – Massachusetts eHealth Collaborative

You mean people with expertise and/or experience?

Arien Malec – RelayHealth Clinical Solutions – Vice President

Expertise and/or experience, well there’s ...

Micky Tripathi – Massachusetts eHealth Collaborative

Is that what you’re suggesting?

Arien Malec – RelayHealth Clinical Solutions – Vice President

There are some people who have been through the process as providers or as HIT providers or HIT, you know, help for physicians or for hospitals and there are some people who have a consulting practice where they've done a lot of these.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Arien Malec – RelayHealth Clinical Solutions – Vice President

That's the distinction I was making.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, absolutely.

Arien Malec – RelayHealth Clinical Solutions – Vice President

We could...the scenario where you just could be making it up and saying, "Yeah, no we definitely need some level of, you know, this," and it turns out that the real issues are somewhere completely different.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, right, yeah, I think that's a great thought. So, how do we bring that in I guess we could do it informally or if there is a – you know, if we want to on a call invite a couple of experts to describe their experiences maybe that's an easy way to do it.

Arien Malec – RelayHealth Clinical Solutions – Vice President

I think that would be really useful.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

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

This is Amy and I joined late, I think that's a great idea.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah, okay, all right.

Ted Kremer – Cal eConnect – CEO

We have a few around us I can see that support over nine different EHR vendor platforms they must have run into this.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay. Okay, Kory there's nothing that violates the FACA principles doing something like that?

Kory Mertz – Office of the National Coordinator

No, I don't think that would be a problem, you know, I would need people's suggestions on who, I mean contact information.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Kory Mertz – Office of the National Coordinator

But other than that I don't see any issues.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, maybe we can send out a, you know, maybe off line we can craft a note to the ...

Kory Mertz – Office of the National Coordinator

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

Entire Workgroup and send it out.

Kory Mertz – Office of the National Coordinator

Sounds good.

Micky Tripathi – Massachusetts eHealth Collaborative

Because, certainly when you look at the slide after this, that list is just, I mean, you can imagine that you can make an argument for every line item there and I think the hope, as I recall, the hope of the Stage 2 certification criterion was well is there some way of leveraging the existing modalities that were already talking about for transitions of care to do this, but as you start to get to that next page you're really just saying I want to do a forklift transition of all of the data from one database with this schema to another database with probably a very different schema.

Okay, why don't we then move ahead to I think it's the last one, which is the innovation one and that's where I'm going to really have to lean on you Kory and/or Michelle whoever else from the ONC staff who can help with this because I think this came – this was more a workgroup-wide or Policy Committee-wide recommendation, correct?

Kory Mertz – Office of the National Coordinator

Yeah, I mean, I think...

Micky Tripathi – Massachusetts eHealth Collaborative

The innovation one?

Kory Mertz – Office of the National Coordinator

Yes and I think this is one that ONC drove some on too.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay.

Kory Mertz – Office of the National Coordinator

Had particular interest around.

Micky Tripathi – Massachusetts eHealth Collaborative

Can we advance the slides, please?

Kory Mertz – Office of the National Coordinator

One more, there we go.

Micky Tripathi – Massachusetts eHealth Collaborative

There we go.

Kory Mertz – Office of the National Coordinator

So, you can see the text of the question here, you know, again, I think I was eluding to it some before, but the focus of this was really stepping back and asking the question of, you know, are EHRs the right platform to centralize and aggregate all the information in health, and, you know, if not how should we be going about thinking about how they are going to interact with other systems within facilities and how can we really or what should we be doing to make that work better and the communication between EHRs and Non-EHR applications just thinking about the future and, you know, not wanting to...wanting to make sure we're setting up the environment in a way that is going to keep innovation flowing and not rather inhibit it.

And, so, I think there was a specific shout out to APIs as one potential way to do this and questions around, you know, are the existing exchange standards that are in Stage 2 going to – are they good enough to do what we need to around this one?

So, I will say with this question the responses were really quite across the board I found in going through them and it was hard to really I would say come away with clear concrete summaries of kind of a lot of items on where people were coming from, because folks I would say were kind of across the spectrum on what they were suggesting, you know, without some concrete proposal in front of them or there were a lot of different directions folks could go with their comments.

So, but, you know, I think the biggest points that we can take away from this and summarize at a high-level across the comments I think were these couple that we have on here, so, you know, in particular I think there was a general sense folks with definitely descent in there, but, you know, I think, most of the folks who responded to this felt like, you know, it would be good to do more around something like APIs or other ways to make it easier and more standardized for how EHRs communicate with other products and devices within the healthcare system.

You know, I think to the next point there were differing views on what that should be, you know, is C-CDA a good platform to start doing that or not. I think, you know, there are opinions across the board on that whether Direct and Exchange could really facilitate that appropriately or if there were other better ways to do that.

Now, I think on the question of better ways to do it there wasn't really a concrete I think take away from that because people had very differing opinions on that for those who felt differently or not in alignment that CDA and the Exchange standards laid out were the right path.

Ted Kremer – Cal eConnect – CEO

So, was the gist of the comments really that, yeah, it makes sense that we should be looking broader.

Kory Mertz – Office of the National Coordinator

Yeah, I mean, I would say that's the most high-level thing you could really take away from them and then it really starts to, you know, break down into kind of individual opinions and people going in different directions with their comments.

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

This is Amy, were there any examples like more concrete in terms of other types of systems one way or the other that were referred to here that people gave as examples?

Kory Mertz – Office of the National Coordinator

So ...

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

Telemedicine systems or, you know, just to sort of, really, I wondered if ...

Kory Mertz – Office of the National Coordinator

So, yeah, I mean people referred to telemedicine systems, you know, talking about lab, you know, LIS systems and others, I mean, again a whole host of type, you know, there was one HIE in particular that talked about their efforts to kind of create a common API platform for their exchange so that other developers could come in and create applications on top of it.

Micky Tripathi – Massachusetts eHealth Collaborative

I've got to say this feels to me like it's – you know, has the prospect for not only boiling the ocean but boiling the universe.

Ted Kremer – Cal eConnect – CEO

Well, it does, but I think it touches the issue that I was sort of raising back on just the provider directory piece which is, you know, as we're trying to solve things, trying to solve for everything through an EHR it's that old, you know, looking at everything through the view of a hammer.

I mean, some of these things whether they're case management systems or the sort of versioning mobile marketplace or consumer marketplace. I mean, there is going to be a lot going on outside of an EHR that's going to be fundamentally more transformative I think than EHRs I'd hate to say it.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, but how many of those things are, you know, things that Meaningful Use is really the appropriate lever for?

Ted Kremer – Cal eConnect – CEO

Well, the question is should meaningful use span back out into that broader universe then I'd sort of step back from that cliff a little bit.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Ted Kremer – Cal eConnect – CEO

Because, I don't know how you would do that.

Micky Tripathi – Massachusetts eHealth Collaborative

Right.

Kory Mertz – Office of the National Coordinator

So, I guess my take on the question would be more what do we need to – I guess, you know, it's like a two level question in some ways it's is that right that that's how the world is in EHRs, you know, we shouldn't be thinking of EHRs as the central piece to do all that and if you're answer to that is "no EHRs aren't going to be the central piece to that" what should we be thinking about moving forward to make sure we are crafting the EHR in a way that it's going to be able to fill it's appropriate role in that broader ecosystem, so, to communicate the information it has to whatever other systems need to have it and to take information as needed from those systems at the point of care.

Arien Malec – RelayHealth Clinical Solutions – Vice President

This is Arien and if I think of the EHR as the primary physician in practice workflow tool or as the primary hospital workflow tool we're seeing that a lot of the locus of innovation is around population management, is around care management, some of that work is being combined with health information exchange and where I think the most leveraged work could be is, number one, a more universal mechanism for getting data out of the EHR and getting data into the EHR.

And number two, a more universal method, which could be combined with number one, for communicating workflow items that are associated with a plan of care, because a lot of the needs are I've identified, you know, I've identified need "x" for this patient or goal "x" for this patient with associated plan of care needs and the patient is the responsible party or the primary care provider is the responsible party, or the cardiologist or the care manager is the responsible party and that's where I think if we had well defined interfaces for getting data, pushing data, getting a plan of care, and pushing a plan of care we'd be doing a lot of the heavy lifting that this item is looking for.

Ted Kremer – Cal eConnect – CEO

I think that's right, I mean, that plan of care piece I think is huge and I do. I mean, I think if you look at getting the data in and sending the data out you address both that plan or you could address both that plan of care as well as the patient engagement tools that are popping up there.

Micky Tripathi – Massachusetts eHealth Collaborative

And plan of care is just one dimension though isn't it? And there are multiple things that one could think about here, I mean, it's opening up devices and a whole bunch of other things too.

Ted Kremer – Cal eConnect – CEO

That's right, I mean, the plan of care is thorny, the devices are the other – it's huge.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah and I guess as I was thinking about it, if we think about that construct of, you know, that the EHR isn't the sole platform it's really the, you know, the user facing workflow, you know, sort of interaction piece, but there's a whole bunch of other stuff that will grow as, you know, sort of the market in technologies start to become richer, but that if we keep our attention as we – I think we have been on core transactions that we have a lot of leverage of over with meaningful use and maybe plan of care becomes one of those with Stage 3 and instantiating open standards in the use of those open standards for those things that we have a lot of leverage for that all the other possible technology things that could develop in the future will build themselves around that rather than trying to, you know, trying to over architect something or trying to – yeah, I guess I just get worried about, you know, sort of you have if the choice is between the perfect and nothing we end up with nothing with some of these things.

Ted Kremer – Cal eConnect – CEO

Now what you just said though Micky, there were sort of two things, there was sort of the plan of care and devices and standards around those.

Micky Tripathi – Massachusetts eHealth Collaborative

Yeah.

Ted Kremer – Cal eConnect – CEO

And it would seem that through a Meaningful Use lens you could start looking at those without necessarily boiling the ocean.

Micky Tripathi – Massachusetts eHealth Collaborative

Right, I agree with you that both of those things that they have very specific hooks in Stage 3 then and maybe that's kind of a way of, you know, addressing this is that if we identified at least those two dimensions and perhaps others then as we think about Stage 3 trying to make sure that there are at least objectives and/or certification criteria that hit those dimensions that we think are going to be the areas that would lend themselves more to this idea of universality and expansion and extensibility as far as we can see anyway.

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

Micky, this is Amy, I think that sounds right. I mean, I think you made a comment before and I might have heard it wrong, sort of if we look at the EHR as sort of, you know, workflow process I'd like to think of it as more than that, while I don't think it's the only or central, you know, keeper of all information obviously, if we're focused on patient care getting as much in and out relative to that patient for that provider to care for them is critical. So, I know – I mean, I think we have to – I think moving towards some sort of open standards to allow information to flow in and out without trying to be too expansive does make sense.

Micky Tripathi – Massachusetts eHealth Collaborative

So, it sounds like there were three things, I mean, one was in general keeping the work moving forward on the ability of EHR systems to export data and import data.

The second was a particular focus on plan of care both in the export and the import side, which I think is kind of a subset of that.

And then device interoperability is, you know, sort of a whole other dimension and has some aspects and some clinical data but there's other things as well that may or may not be, you know, part of this which is just basic control mechanisms for, you know, for devices which are not really about clinical data, but are more about convenience than anything else. Are there other things that come to mind?

I'm sure HIMSS will give all sorts of ideas on this. If they can make out anything in the cacophony that you'll witness down there. So, I don't know and I guess what I heard was that at least those are three dimensions or, you know, two with a subset dimensions that, you know, perhaps the best way to think about it is to, as we move to Stage 3, it will sort of become clearer and about whether we are moving forward in at least these two areas now that we've, you know, kind of at least identified those as being two areas that would speak to this question of general innovation prospects and beyond and sort of a focus on the EHR itself as being the central sort of piece of technology or the central node of activity for healthcare deliver at large.

Does that sound right? I don't think that there is anything more to say about it at this point. Open to ideas though.

Ted Kremer – Cal eConnect – CEO

Open to ideas is always good.

Micky Tripathi – Massachusetts eHealth Collaborative

Right. Okay, Kory, does that give you enough to go on?

Kory Mertz – Office of the National Coordinator

Yeah.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, well I think that actually covers the three...I mean, we thought that most of these three would be, you know, relatively easy to at least get our arms around and form a discussion, we got some takeaways from the first two anyway which was on the provider directory I think we'll have a small group comprising at least me, Arien and Ted, anyone else who would like to join that we'll just do a little bit of e-mail correspondence to try to further specify what are the different pieces and perhaps a prioritization approach for the issues related to the provider directory.

And then on the data portability one where we landed was to try to get some subject matter experts to join a call where they could perhaps give us the benefit of their expertise and experience that will help us shape our further thinking on that.

Okay, if there is nothing else, I think we're ready to move to the public comment. Anyone from the Workgroup have any other thoughts, questions, comments? Ready to pack for HIMSS. Okay, well, Kory, I guess we'll turn it back to you then for the public comment.

Kory Mertz – Office of the National Coordinator

Great, thanks, operator can you open the lines for public comment?

Public Comment

Caitlin Collins – Altarum Institute

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

Kory Mertz – Office of the National Coordinator

Okay, great.

Micky Tripathi – Massachusetts eHealth Collaborative

Okay, well, thank you very much everyone on a Friday afternoon, really appreciate it and have a great time at HIMSS for those of you who are going and we'll talk to everyone afterward.

Deven McGraw, JD, MPH – Center for Democracy & Technology – Director

Thanks, Micky.

Kory Mertz – Office of the National Coordinator

Thank you.

Ted Kremer – Cal eConnect – CEO

Bye-bye.