

**HIT Policy Committee
Information Exchange Workgroup
Transcript
June 21, 2013**

Presentation

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – 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 call is a public call and there is time for public comment on the agenda and the call is also being transcribed so please make sure you identify yourself when speaking. I'll now take the roll call. Micky Tripathi?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Micky. Peter DeVault? Jeff Donnell? Jonah Frohlich? Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Larry. Dave Goetz? James Golden? David Kendrick? Charles Kennedy? Ted Kremer. Arien Malec? Deven McGraw?

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

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thank you. Cris Ross? Steven Stack?

Steven Stack – American Medical Association
Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Steven. Chris Tashjian? Chris I believe you're on the line you might just be on mute. Jon Teichrow? Amy Zimmerman? Tim Cromwell? Jessica Kahn? And any ONC staff members on the line if you could identify yourself please?

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

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Kory.

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

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks, Michelle and with that I'll turn it to you Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great, good morning everyone this is the Information Exchange Workgroup and thanks to the members who have joined and any members of the public who are listening in. We will have the opportunity for public comment at the end of this call. Today we are going to dive into the provider directories conversation.

We have had a couple of meetings that we've discussed query for a patient record and I would suggest at this point for those who have been following e-mail traffic just in the last half hour we had some suggestions from Deven McGraw for clarification which I think are completely aligned with what our Workgroup discussions were, so I think that those clarifications can be incorporated in alignment with where we already were as a Workgroup and then I would suggest that for any other comments related to the query for a patient record we try to manage that off line and talk at the end of the call about, you know, doing that over the coming week.

But, what I'd like to do, if it's okay with the Workgroup, is dive into provider directories because we haven't had a lot of focused discussion on that and what we'd like to be able to do is set ourselves up so that we can present some preliminary recommendations on query for a patient record and provider directories at the July 9th HIT Policy Committee meeting. So, if everyone is okay with that we can jump into the provider directories part of the presentation that begins on page 8 I think in my version. Okay, great, thanks.

So, we did discuss a little bit at the last Workgroup meeting right at the tail end of the Workgroup meeting we did just begin the – just introduce the idea at a high-level of, you know, what's some of the background to this and, you know, sort of a draft crisply stated or hopefully crisply stated recommendation.

I've tried to expand that a little bit with a little bit more background based on the discussion we had I think there was sense that we probably wanted a little bit more background and a little bit more elaboration of what that recommendation might mean and what some of the implications might be so I've tried to provide a little bit of that and perhaps we can just walk through that and start our discussion there.

So, the background on the provider directories, you know, I think we all recognize that it's a critical component of both Directed and query exchange, I think we all, you know, know it's sort of a fundamental aspect of Directed exchange, not required, as we all know, but a very facilitative, you know, kind of capability if its operated in the market.

And then as we discussed in the conversation for query for a patient record it would also be an important part of query exchange, I need to know the provider address and be able to get their security credentials in order to even query for a patient record. So, it's, you know, important for both types of exchange.

The current lack of standards appears to be an obstacle to faster progress in Stage 2 directed exchange and unless remedied, you know, similarly could impede Stage 3 query exchange as well and I think what we're seeing in the market is that as, you know, kind of the HISP infrastructure and business models start to mature there, you know, seems to be a lot of convention as well as, you know, perhaps upcoming standards that are being vetted now in the Standards Committee related to standards on security credentials so digital certificates, digital signatures what have you.

But there really is nothing in the way of provider directories and, you know, for what we've seen in the market that's really, you know, almost a wide open, you know, bilateral set of conversations about what it would mean to exchange information across provider directories and, you know, all of the processes as well as standards related to that. So, there seems to be a real need and that seems to be an obstacle, not an insurmountable one, but, you know, certainly, you know, one among a set of obstacles that are inhibiting faster progress.

So, now we did, as you all know, have an earlier run at the provider directory, you know, conversation that wasn't in the context of Meaningful Use it was really a separate, you know, sort of a focused, you know, kind of discussion and set of recommendations that we had related to provider directories in general and so it, you know, was somewhat larger scope in that context because it wasn't really confined specifically to the Meaningful Use HITECH constructs and trying to fit that within the statutory authorities provided by Meaningful Use both on the CMS side, on the behavioral side as well as on the ONC technology certification side.

So, you know, that ended up being a recommendation from the Policy Committee, the Standards Committee ended up not moving it forward because, you know, there were a number of comments related to complexity around, you know, on a number of different dimensions but I think it did get picked up at the S&I Framework.

So, I think there is some work going on there but it seems like there is still, you know, a need for some policy direction from the IE Workgroup and perhaps an opportunity now that we've seen, you know, that the market does seem to need some kind of guidance and, you know, if we don't think that that's true then we should certainly have that conversation, but it seems like there may be an opportunity here where, you know, the road might be a little bit better paved for a set of recommendations related to this than perhaps in the past.

The last bullet point I put on here is perhaps best put on an assumption slide or on a principle slide rather than on this background, but I think the idea would be right now in the recommendation is framed or the proposed recommendation is framed as something that would be within the current technology certification and Meaningful Use paradigm so to this extent actually it's really focused on standards.

So, the idea is that we would make a recommendation just on the standard side not about a Meaningful Use requirement per se on the CMS side and that what we would want to do is construct something that is within the statutory authority provided by the technology certification authority that exists today.

You know, we certainly could, if we wanted to, as a Workgroup recommend that there be a separate, you know, certification related to that, you know, if that was something that the Workgroup members are interested in pursuing, but, you know, right now it's sort of framed as being within that EHR certification process that exists today.

Christopher Tashjian, MD – River Falls Medical Clinics

This is Chris Tashjian, can you indulge me for a minute, because as I thought about this maybe I'm missing something here, but as a physician does not every physician or provider have a national provider identified number? This NPI that is unique to each provider in the country?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Yes.

Christopher Tashjian, MD – River Falls Medical Clinics

And is there a reason we can't use that or attach that somehow with credentials so that – because it seems like to me the number has already been generated.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, that's a great question, Chris, so we did – that was one of the things that we discussed in the previous iteration of this which was – and you can view that a couple of different ways, one would be, you know, as you just framed it I think was, you know, the idea of saying, well if that NPI database already exists it's, you know, NPES or PCOS I forget which it is, at CMS then why wouldn't we just use that as the foundation and then supplement it with whatever information we think we need to make it something that's appropriate for exchange and then we're off and running, if I understand what you were asking.

Christopher Tashjian, MD – River Falls Medical Clinics

That's exactly what I was saying, yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah and so –

Christopher Tashjian, MD – River Falls Medical Clinics

It could be really simple.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, yeah.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Well it's not quite that simple for several reasons.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Certainly for – so for organizations they often have more than one NPI number because there wasn't a lot of control over the sign up for NPI numbers. So, actually as I was looking around I noticed that, you know, several people in an organization may have gone out and gotten an NPI number for their organization so at least at the organization level that's not necessarily unique.

And then the other thing is that providers, you know, physicians let's say will often work at more than one organization and I would, you know, want, you know, messages sent to me in the context of one organization sent to one address but messages sent to me in the context of another organization sent to another address. So, the NPI number by itself is not enough to be the core addressing for a provider directory.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, I think Chris, you know, maybe one way that we can think about this is that if we have a set of recommendations that focused on how one might do this within the EHR certification authority, because what you're suggesting would sort of be outside of that because then we're making a recommendation that goes beyond Meaningful Use and saying to CMS, you know, you should – we would recommend that you do this to the provider directory, to the existing directory and maintain that which is outside of the authority that HITECH has provided, which doesn't mean we can't make a recommendation but it's just, you know, outside that authority.

But we did, you may recall in the response that we provided to the RFI on interoperability that was issued by CMS and ONC, we had a section on infrastructure and we did have a recommendation in there that was, and I forget the exact wording, but there was a little section that we had in there on provider directory that gave as an example of the kinds of infrastructure that exists in the government that could be leveraged to provide value in the market to enhance interoperability, we did specifically point to the, you know, NPPEs or PCOS, or whatever it is as something that, you know, could help to further that.

So, maybe in this recommendation what we could do is focus in on the things that HITECH allows but also point the Policy Committee and others to that recommendation as well as something that's broader, but, you know, could potentially be valuable.

Christopher Tashjian, MD – River Falls Medical Clinics

Sounds good.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Great, because I think a number of us are in agreement that there may be something there but to Larry's point it turns out that the details are more complicated unfortunately. I think all of us discovered that provider directories were a lot more complicated than any of us ever imagined they could be. So, next slide, please.

So, in the last meeting we discussed this but I don't know if everyone on this call was on the last call and so what I've done is broken it up sort of into two kind of similar a little bit to the query for a patient record structure which is this one is more focused on just a hopefully crisply stated recommendation about what EHR certification should encompass as it relates to provider directories.

And then on the second slide I have, you know, sort of a set of principles that, you know, would be also a part of the recommendation, but give a little bit more richness and a little bit more context to, you know, this.

So, this basically, you know, says that – tries to state it from a functional perspective to allow the, you know, the room for the Standards Committee to, you know, think of a variety of ways to do this, but as the Policy Committee we're just giving the direction on what a standard should accomplish not what the standard should be.

And so the idea is that, you know, EHR systems and again let's just remember that an EHR system, if we think about in a way that's certification of technology works we think about certified EHR technology which has a modular aspect to it as well so you can have a complete EHR system where a vendor comes in and says "I have the complete EHR system and that's how I want to get certified as per, you know, the certification requirements" or people come in with components or modules.

And so the idea here would be that we're agnostic to how that happens, we're just saying that the certification process should enable these kinds of provider directory capabilities and if some vendors want to come in with a complete solution with this incorporated that's up to them or it could afford the opportunity for provider directory vendors to come in and offer this as a component just like they do today with clinical quality measures and patient engagement kinds of technologies and a wide variety of other allowable modules.

So, the idea here is that an EHR system should have the ability to query an external provider directory so a provider directory outside of your own entity to discover and consume addressing security credential information to support Directed inquiry exchange.

So, the two specific functions are I need to be able to get the address of that other entity that I want to transact with and I need to be able to get the security credential information typically a public key so that I can encrypt my message according to the security provisions that we all know and love. So, that's on the one side.

And then on the other side if you want to – then that means that you sort of have to set up the catchers, you know, you set up the pitchers I need to set up the catchers. So, the catchers in effect need to have the ability to expose the same information, they need to be able to expose the provider directory that has addressing and security credential information to queries from external systems to support Directed and query exchange.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

So in a way –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, go ahead.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

So, you know, number one clearly was what we had talked about, you know, in the very beginning. Number two makes sense for the source of the directory but if you're talking about it's the actual EHR it's almost a catch-22 that I would need to know the address in order to be able to query to get the address. If you're expecting me to actually query an EHR system as opposed to some central provider directory.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I guess the idea – right; right I think that's a great point. So, I mean, it may be that, you know, that sort of as the market evolves we just start to see that what this ends up meaning is that, you know, systems start to rely on, you know, the HISPs or whatever it is, so I guess the idea is that, you know, as the sort of HISPs are developing now you have these sort of, you know, trust, you know, trust boundaries that sort of exist, you know, with some kind of governance over them, I'll sort of use that with caution, that term, but, you know, sort of this HISP idea.

So, you know, eClinicalWorks as a vendor is creating a HISP so they are, you know, sort of a HISP, the Mass HIway is a HISP, Surescripts is a HISP just to take three examples. So, to the extent that, you know, organizations decide that they are going to partner with others or abstract it away from their own system to make their information available to outside queries however they want to do it is, you know, sort of up to them.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

But that's not something we have control over, in other words the HISPs are not part of what we can control for EHR certification right?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

The HISPs themselves, right and so that's why I was suggesting that if we just frame this as saying the EHR system has to have this ability then you allow an Epic or an eClinicalWorks, or an Emd's, or a PracticeFusion to decide how they want to do that. They can say, oh, I'm going to be a HISP and so I will then, you know, do that through the HISP and I will create a provider directory for all of my clients and anyone who is on PracticeFusion then someone can query our PracticeFusion directory and then, you know, we'll give them the addressing information for that particular PracticeFusion user.

Or like Epic has done say, I'm going to partner with Surescripts, Surescripts you perform some of those functions for me, or organizations could use a State HIE like in Massachusetts, organizations could say, you know, what now the Mass Hlway is a part of my certified technology for this provider directory function and they are providing it on my behalf.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Or eClinicalWorks could say, okay you can query an individual user and they'll give you the three doctors that work there and it won't actually satisfy what you're trying to accomplish, you know, because you really need to have it at a more centralized location.

So, I guess I'm concerned that this may not directly accomplish what we're trying to accomplish and I understand we're constrained, I mean, what I really wish we could say, is, you know, this is what HISPs need to be able to do, but we don't have –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, yeah.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

So, I'm wondering if, you know, if the fact that, you know, we're setting up the first requirement which is that we have to have sort of the ability to query which sort of implies that there is also some standards that go along with that, I think we could assume that HISPs are going to build to that standard that they'll reply to those queries.

What I think is missing though is that the hard part is really for HISPs to keep the addressing information up-to-date and so I'm wondering if the second piece ought to be that EHRs have the ability to update provider information in another entity, because it is the EHR that really knows where doctor's work, you know, they know what –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

They know in theory what the addressing information for that doctor is and that's the one thing we really keep up-to-date minute to minute because when we fire someone we immediately remove them from our directory. So, I think you would get more value out of a statement that says that EHRs need to be able to update an external directory.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, let me just ask you about that, so, you know, just a couple of examples. So, what if – you know, so the market – I agree with you that that could be a possible loophole, it doesn't seem like the market is headed in that direction so, you know, eClinicalWorks as just one vendor among many obviously, you know, that they are in most of the – you know, EHR vendors I think that are forming HISP-like activities are seeing that they want to be able to have, you know, a sort of trust domain that they manage as a gateway, some of it's for business reasons because they want to set up tollbooths and some of it just – I mean, all of it's for business reasons, but some of it for, you know, revenue reasons they want to set up tollbooths in effect. Others just for pure efficiency, because if they're going to have to do that they would rather be able to, you know, sort of manage it at an enterprise level.

So, the market seems to be headed in that direction but I guess what – if you say it has to be able to update an external provider directory what about the case where an eClinicalWorks just says I'm creating a provider directory and I'm exposing it to everyone why do I have to update somebody else's provider directory? I've created one that covers all of my customers.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Well in that case of eClinicalWorks they've actually accomplished that because, you know, eClinicalWorks the HISP is external to eClinicalWorks each individual EHR. So in a way they are updating an external provider directory when they're using their – updating their HISPs, you know, a directory for all consumers.

You know you look at Epic, you know, if they were to implement this it would be an individual organization's EHR. There is no centralized, you know, HISP for Epic and so someone would need to know to query my organization to specifically find out how to talk to my organization, which again gets back to that catch-22 and then how does CommonWell fit into this, you know, where – if you say that each EHR needs to be able to respond to a query but the reality is that the queries would probably need to go to CommonWell's directory as opposed to any of those five individual organizations.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, that would be okay, that would be encompassed by this because this says EHR system, so it basically says that any EHR company is allowed to decide how they would like to implement this function and so they can have any implement approach they want, if they want CommonWell to do it on their behalf that's totally fine.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

But if they don't do it at a large scale like that, if they do it like Epic where it's at the individual organization then it hasn't accomplished what you want.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

In other words if an EHR only allows the EHR to be queried as this explicitly says then you haven't accomplished what you really want because you really want it to be able to – you know, you want it to be a broader HISP single region.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Level to work, you know, it still sort of – and I think the first one gets you what you want, in other words, if you build it I think they're going to come. If you have a standard that all EHRs are going to be querying anybody who has something query able is going to meet that same standard.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right. So, let me just offer two other comments then I'm going to stop because I want to see what others have to say, is one is so how would we define what external means, so in what you were just saying, you know, eClinicalWorks is creating something external to their clients you said but from a, you know, really from a legal entity perspective it's not external, eClinicalWorks is eClinicalWorks and they just happen to have implemented it in a particular way but their clients don't really know exactly how they do it. So, we would have to define external.

I guess the other perspective would be a market-based perspective would be to say, well if Epic chooses to do it that way well then fair enough and if they end up getting hurt in the market because of it then they'll have to adjust and if they don't it must mean that it's working fine. Do others have thoughts on this?

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

Micky, it's Deven, this is so out of my realm of expertise that I don't have anything in particular to add, but I think these are a really important set of discussions and I'm sort of very eager to be helpful in whatever we recommend to make sure it gets through the Policy Committee but I didn't want you to think I wasn't here, but I'm not sure what to say.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thanks, Deven.

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

Micky, this is Amy and I joined late just to let you know I'm on. So, I came into the conversation late. I'm still sort of – I'm struggling still with the second – with some of the issues, you know, you were talking about in terms of exposing what's within the EHR.

I mean, the first recommendation in terms of being able to query an external was pretty clear cut, this other stuff I'm still trying to wrap my brain around it, but from the perspective of, again where I'm sitting, which is trying to do – have a broader definition of provider directory across multiple statewide systems and I'm trying to think about how at the EHR level that fits in. So, I don't know that I have any more to add to it. I'm still trying to think it through in my mind.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I mean, I don't have an objection to the second one. I just don't think it necessarily adds value to what's going to happen from the first one and I guess, you know, I think there's a third one that's missing, which is that, you know, the big problem that's going to be out there is keeping the provider directory up-to-date and the ability for an EHR to be able to push updated provider information out to some provider directory would be extraordinarily valuable and probably, you know, crucial to the success of provider directories.

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

You know why – this is Amy, I agree with that to some extent and certainly from a maybe EHR to EHR perspective, again, I'm looking at this a bit broader and in fact we just had some technical assistance through – through trailblazers work with us on thinking about it from the way in which we're doing it and they actually recommended a common portal for providers to update information.

But one of the things that I'm not sure – so if we could automate it and make it easy for providers that would be awesome, but there were things that we're looking for to put in a "provider directory" and I guess it may be less about health information exchange and more about some of the other broader uses of what we're trying to do with a provider directory. But things like taking new patients, you know, what languages are spoken, what are the – you know, there are some things from a health benefits exchange, from others.

So, my – while I agree my concern would be that if there is an automated way to do it and then at a statewide or sort of more shared service level there is a broader utility for this to support all payer claims databases or health benefits exchanges or HIEs, consent models or whatever that some of the other information wouldn't easily be accessible from an EHR. So, I don't know how to reconcile that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, yeah, I mean, I guess I would just recommend that we not try to reconcile that and just say we are only sharply focused on provider directory capabilities to enable Directed and query exchange.

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

Okay, all right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

In setting, you know, and giving the minimum guidance on that and then that creates a foundation and then others can add onto that, you know, with whatever they want to.

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

Okay, so if that's how we're framing it and defining provider directory I think it's important we do that and I'll try to keep like my mind more narrow than broad today on this, but I do think the definition – because provider directory I'm finding is being used – and even when I use it in the state to try to talk about what we're trying to – you know, what we're thinking about here or how it's been used in trailblazers it can be much broader and so I just think we have to be really careful in this context to define exactly what we're – as you said, how we're defining it in a more narrow sense for Directed exchange.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right, right, yeah. Well, I think Larry –

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

Because –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I was going to say Larry raises a very, you know, interesting comment on the question of updated, so just following that path down, so if we say something along those lines and we say something about the idea of populating an external directory then it's going to be incumbent on us to define what those things are so we're going to have to define what external means, I'm not saying it's not impossible I'm just trying to, you know, follow these threads of what it would mean in the way of our recommendations. We would have to define what external means and we would also then have to define what updated means or kick it over to the Standards Committee and say “you guys have to define these things.”

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Well, whatever you use it the first bullet as external I would use – you know, you have external provider directory already, I'd say, you know, whatever you call that is the same thing that you would call for updating that external provider directory.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Well, not it's not – but in that context then you're example – well, and maybe this is just, you know, my implicit thought, but I agree with you the words, you know, I haven't defined it myself, so what I was thinking of there was that external means from my EHR system. So, maybe that gets us somewhere actually if we follow that through. So, my implicit thought there was its external to my EHR system.

So, I'm an EHR system, however I define that, you're on an EHR system and I need to be able to do those queries across. So, in that case let's take the Epic to Epic case in the same way that we've done this with transition of care requirements, right we've said that if you do it Epic to Epic it still has to be Direct.

So, in this context it, you know, if we were going to sort of take the analogy here we say that you can do it Epic to Epic that's external to my EHR system, which is an instance, it's got to, you know, go according to these, you know, standards that get laid out. But if I do it Epic to Emd's it's got to do it according to the same standard and then, you know, again you allow Epic to determine and Emd's to determine how they want to architect that. I don't think it gets to your second issue though.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Well look at – so look at eClinicalWorks, so if we're saying that okay eClinicalWorks you need to be able to update a statewide provider directory because that's the external one, you know, and if you're saying that the eClinicalWorks HISP is not necessarily external then they have to at least have the ability to update a statewide one but that doesn't also preclude them from the ability which they would inherently have to update their own, you know, eClinicalWorks provider directory.

So, in other words you're sort of making them go – have the ability to do the extra step to talk to a statewide one, you know, or some community one if one exists, but that doesn't preclude them from doing what they're going to do anyway to their internal one.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

And in terms of what gets updated, I mean, that's, you know, whatever the minimum necessary information is, you know, I agree with Amy that I'd love to have, you know, the specialty and other practices are open and all this stuff, but I agree that, you know, for the purposes of this if we can at least get the foundation as the requirement, you know, the rest may actually fall into place.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. So, just reiterating, you know, kind of where we are here or just taking stock of where we are, we've got the first bullet which is about the ability to query. The second is about the ability to expose to an external system and then a third possible bullet that is about the ability to update an external system. Is that one aspect of expose or is that something that's different?

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

Well one is – I think the question is push or pull, but before we get to that I have another question. So, and maybe you've discussed this and I just missed it in the context, but if you're doing – updating a provider a directory through, you know, even if it's a push out to update it from the provider perspective, is it every provider that's on the EHR regardless of whether they have the same Direct account or not?

So, like I know in this state implementation of Direct, sometimes there is one Direct, you know, mailbox for a whole practice and sometimes every doctor wants their own. So, when we're talking about the directory for Directed exchange are we doing this in the context of each individual provider or are we doing this in the context of how a HISP sets up with Direct addresses?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I think that's a great question Amy and I think – you know, that's a great point, because when we think about this – you know, a provider directory could just be structured in whatever way that organization, that entity decides that they want to structure it, right? So, they may say, I've got a single Direct address and send stuff to me and I'll figure out who it needs to go to in my organization.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

But, I think it would still be at the provider level, because in other words as the sender, as I'm someone who is sending an e-mail, you know, sending a message to the 10 provider practice that's all sharing one Direct address, I'm still going to send it to one particular provider and when it goes to the directory they're going to find, oh, they're using the group's single provider directory address, that's okay, but the fact is it's that each individual provider is kept up-to-date and if I hit any of the 10 of them it's still going to give me the same Direct address that's fine, it's really at the provider level because they're going to know when the provider no longer works there and so that it will get removed from the directory.

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

Well, so that's what I'm asking, I'm asking, because I don't know structurally from an EHR, I mean, I'm assuming then does the EHR just – and are we talking just physicians, does the EHR "publish" you know does it publish every authorized user, just physician authorized users or NPs? I mean, I think the more I'm thinking about this and I – you know, again now I'm thinking about it in the narrow way of, oh, I still have these same questions in a broader context.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

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

You know, I'm trying to think about as we really think about and I think, you know, it's from the point-of-view of if we're going to start to publish and update something, like if you're going to go out and query something else whatever is out there you can take in, you know, you'll still have these issues about individual versus group and for other reasons one of the biggest challenges to solve is who is affiliated with what, you know, the individual versus the entity level relationships and I'm thinking about that for all different reasons at a state level, but keeping narrow to this, you know, if you're going to publish out who are you publishing out on?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right, no I think it's a good question.

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

Is it just, you know, your doctors, is it – I mean, I think we're going to have to put some either intentionally leave it vague and know we're going to get apples and oranges, and you know, bananas or try to think about how to frame it in a way that is a little bit clearer but still very flexible.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I'd say at a minimum the eligible professionals, you know, as long as you can do that then you presumably can do others as well but as a minimum if you can do that, you know, you sort of hide it into what we're doing here with Meaningful Use.

Christopher Tashjian, MD – River Falls Medical Clinics

I think that makes a lot of sense.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

But isn't that then – I mean, I guess I'm just trying to think about what happens out in the market and all the variations in the market are we then imposing implicitly the requirement that every eligible professional have their own Direct address and that that's something that is required anywhere else?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

I think it's a great idea.

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

But, well, Micky, it's Deven, I don't – I mean, why couldn't the directory itself have the EPs, the eligible professionals, listed but linked to the organizational certificates, right? So, everyone doesn't have to have their own Direct address but they have to be able to link to a Direct address.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Right, exactly.

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

Right and you're right, Deven, I mean, I was just sort of raising the issue of, you know, how from a true operational point-of-view is that what we're trying to achieve? I mean, I was looking for clarity myself, which was sort of – you know, and if the EHR – if we were going to update something then does the EHR actually – will it have the ability and capacity to know – you know, to be able to know that there are different Direct addresses per EP or that the organization has chosen to use one?

Because, I'm clearly not into dictating to an entity or an organization that they have to have one versus individual whatever, I mean, I think whatever works in their workflow and how they've decided to orchestrate it is what we need to support and give flexibility on.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Absolutely.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, so if I just – if I understood what I just heard a content requirement could be that really leverages, you know, the HITECH authorities could be that a provider directory should minimally have the level of granularity of listing eligible professionals tied to whatever Direct addresses, you know, they have.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Agreed.

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

That makes sense.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And then – minimally.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Now the only confusion is in the issue of hospitals where, you know, the physicians that work in the hospital, you know, most of them are not eligible professionals.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

So, I'm not sure how we accommodate the directories or how we describe what's appropriate for the directory for the hospital physician.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, I would recommend just leaving that, you know, maybe that's one that we just leave open.

Christopher Tashjian, MD – River Falls Medical Clinics

Yes.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

You know, in Massachusetts what we're doing with the provider directories is we're leaving it up to every organization to define, I mean, we don't even have a requirement around eligible professionals, they could literally have one address, you know, one listing that says Mass General Hospital and the idea would be it's up to them then if they want to do that then they'll have to figure out, you know, what to do with it once it gets there.

We're suggesting one layer of requirement, you know, stricter than that, which is to say list eligible professionals at the hospital, it seems like it's too hard – there's nothing we can – no levers we pull related to HITECH so maybe that's where we allow the flexibility to say, you've got to list the eligible hospital and maybe that covers at least from the IDN, well from an IDN I'm not sure – they don't do it according to individual hospitals, right? They like partner the test as partners not as Mass General separately from Brigham and Women's.

Dave Goetz – Vice President for State Government Solutions – OptumInsight

Micky, this is Dave Goetz, I'm sorry I'm late to the call I just got off a flight, but for hospitals given that they're required to meet, most I think every – but most every hospital is meeting Meaningful Use standards and as you said they're going to have their own way of dealing with it internal, they are likely to have a way to present all the staff physicians into a Direct system through their system – and they can choose how to do that, but meeting Meaningful Use would we do it the same – in other words if we're saying eligible physicians and hospitals.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Dave Goetz – Vice President for State Government Solutions – OptumInsight

That want to kind of solve that problem.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right, so, yeah, it was a little bit hard to hear Dave but I think from what I think I heard that you were just suggesting that we leave that open allow a hospital to sort of figure out how it would be represented.

Dave Goetz – Vice President for State Government Solutions – OptumInsight

Right and that if we say eligible physicians and hospitals we get them covered.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

As long as that means that the hospital's EHR can update, you know, automatically update a directory as well.

Dave Goetz – Vice President for State Government Solutions – OptumInsight

Well, I mean, hospitals could choose to have some subset of their – you know, a separate feed, if you will, a separate subset of its physicians and providers who would be loaded into the provider directory to update.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

Dave Goetz – Vice President for State Government Solutions – OptumInsight

But it could be a subset, it could be up to them to define what that subset is.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, well, let me just – I'm looking at the clock here so this has been a great discussion actually and I think it's refined a couple of things and given us, you know, another sort of recommendation lever here, so just to quickly recap, I think what we've come to is one probably need to give a little bit more thought to this definition of external so we can try to do that off line to what – you know, how would we define external and maybe we should – you know, we can give a little bit of thought to, you know, how does that work in – you know, with analogous types of requirements we've already put out there under the Meaningful Use context and with the certification requirements.

And then perhaps a third bullet here or we can figure out the structure, but – that speaks to what is minimum content required would be or level of granularity on the provider directories, which would say that a provider directory that's exposed should at minimum list eligible professionals and/or eligible hospitals and then what goes along with that is accordingly they're addressing security credential information, however, you know, they map that is up to them. So, why don't we go to the next slide then if that makes sense?

So, this is really just, you know, diving down a little bit into some of these details which is sort of the set of principles so just trying to get at some, you know, at a little bit more context. So, I'll just walk through them stop me at any point and it may be that we want to add some of the things like on defining external we may want to do that here, you know, as we think about what that final presentation to the Policy Committee might look like.

But, you know, first I tried to cover scope to just say the standards are going to have to cover transactions as well as content, I think we already implicitly understand that and our conversation is already, you know, gone there to say, all right, you know, there are the transactions and then we just had a long conversation about content.

Continuity, the idea and this is – I think I took this almost directly from our query recommendation, which is to say it should build on the Stage 1 and Stage 2 approaches and infrastructure for Directed exchange where possible and also you want the flexibility to allow use of organized HIE or cross entity PD infrastructures where they're applicable and available. So, if you've got a statewide HIE that has some kind of provider directory capability that meets these requirements our structure ought to allow that that could be a part of your certification process.

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

And would it have to – Micky, would it have to only be an HIE versus some other type of –

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

No that's why I listed across entities.

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

...certified.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

That's why I listed here cross entity PD infrastructure. You can imagine there are like –

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

Okay.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
HISPs and – for example is a HISP.

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

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
You know, in principle if we have a certification requirement related to provider directories they could, you know, sort of get certified as a component.

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

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Simplification, you know, set the goal of having a query and response happen in a single lower minimum set of transactions. I mean, I think, the idea was so similar to our query recommendation try to keep this parsimonious. Again, I think the Standards Committee would do that anyway, but just laying it down as a principle.

And then in content we already talked about this so just that thing about modifying this to meet that, so, you know, provider directories should contain the minimum amount of information necessary to address and encrypt Directed exchange and/or query for patient record messages and so in the first one, you know, we want to add the point of, you know, minimally listing EPs and eligible hospitals and then the second point that I put in there and just, you know, want to see if this makes sense is that it should contain the minimum amount of information necessary to disambiguate multiple matches.

So, what I was thinking of there is, you know, you could have, you know, in the same entity you could have two different Lawrence Garber's, God help them, but, you can have different Lawrence Garber's right and so we need to have an ability when you expose that so that someone can figure out no it's that Lawrence Garber not this Lawrence Garber and similarly you could have, you know, different Lawrence Garber's across entities so I need to be able to figure that out and then the same Lawrence Garber across entities, all those things need to be able to be distinguishable in some way, you know, again, however they do that they do that, but, you know, we're not setting – similar to the patient matching the idea here is to not set what the requirements would be for an affirmative match but just that at the minimum requirement that you provide enough so that there is assurance, you know, that they are getting the right provider. Obviously the bar is a little bit lower here than for a patient match. So, you know, I think that, you know, we understand that.

So, in terms of – and then finally I just laid out, you know, just followed the same structure or it may not makes sense, as I did for the query, to say, you know, a querying system has got to have the ability to present authenticating credentials, present provider identifying information and securely transmit and then the provider directory itself needs to be able to validate those credentials, match the provider in some way, either respond with unambiguous information necessary for message addressing and encryption or acknowledge non-fulfillment of the request, basically, you know, just as Deven's e-mail was suggesting, you know, don't – silence isn't an answer, but, you know, so you can respond with non-fulfillment saying I can't – you know, I can't fulfill the request.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Micky on the content should we – in terms of the – you know, the ability to disambiguate should we specifically call out the need to disambiguate a provider who works with multiple different EHRs at different locations?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Sure, yeah, I can – maybe what I can do is just put examples in there.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
To say, you know, for example same provider/same entity, same provider/different entities.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Right.

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

But, so can you explain that to me a little bit more, this is Amy, if you're sending – if you want to query a provider directory to get a provider's address, right, and you don't know which specific address they're at, I mean, don't you want them all presented to you and then you figure out which one goes where?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I mean, yeah, so, I guess the idea would be that in that case let's say you had one, now it maybe, as Larry was pointing out, you know, the way Epic is currently architected you would have to actually ask Atrius for Larry Garber because you would have no other way of knowing where Larry Garber lives when that case you actually know that, well it's Larry Garber at Atrius, how do I know, because that's where I asked, but if you think about like the Massachusetts Statewide HIE for example it might list Larry Garber in 2 or 3 different places because he practices in 2 or 3 different places and then you would need to be able to determine which of those Larry Garber's or which Larry Garber entity payer you're looking for.

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

Right, but when you – so if you – you're requesting the provider directory information so that you can get the Direct address back so that you can then use it and send it or put it in your EHR, right?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

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

And that's the use case we're talking about, right?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes.

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

So, I guess I'm saying on the – I mean, I don't want to get into the how but on the return like I'm going to query and ask about Dr. Larry Garber to the Massachusetts State, you know, HISP and what am I going to get back? Am I going to have another step in there that I have to say, okay, I don't want him at, you know, I don't want him when he's at, you know, this place I want him when he's in that place or am I going to get them all back and then I put them in my EHR and figure out what I want to do with them? I mean, we don't need to get into that.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

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

But it gets into the definition of disambiguate and what it means.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I would recommend that we not get into that, that we basically just say, you know, that's up to you to figure out. You can imagine a couple of different approaches. What you're suggesting Amy is it presents back here are the 5 options what do you want or you could imagine a back and forth set of transactions that we don't want to specify but that, you know, that sort of says, I need some more information, you know, give me more information and then I can help you.

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

So, when we say disambiguate here we're just saying it has to be able to distinguish it and then the actual mechanics of the implementation obviously will be dependent on the individual.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yes, right.

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

Which I agree with.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right, yes.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
And I do believe the Standards Committee will, you know, come up with standards that will accommodate these workflows.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Or identify standards that accommodate these work flows.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Yes. So, unless there are any other comments here I'll take this and I'll modify it per the – you know, I think the comments that we had on the previous, you know, related to content – maybe a little bit more elaboration on what external entity might mean and then on the next slide I don't think there is anything new there actually.

So, as I think about it this is really again just a, you know, background principles which was sort of, you know, I did the structure parallel to the query thing. I'm not sure in looking at it whether there is any new information in here so we may just want to pitch this slide. Basically, you know, you want to leverage but not be restrictive to what's already happening in the first two multiple matches, that is just what we were just talking about, security credentials I think we've already said that and then response to request I think we've already said that.

So, you know, in terms of where we are that's the last slide on provider directories, it sounds like we want to put in a thing about the level of granularity related to EPs and EHs and give a little bit more thought to this definition of what an external directory means, those are the two things that I got for the next iteration. Is there anything else?

Okay, why don't we go to the next slide then which is just about next steps. So, I think, you know, what we, you know, probably want to do at this point is have an off-line process, we do have a call scheduled on June 28th but if I – I will commit and I'll authorize Kory to completely torment me if I don't get this out by Monday so that all of you have, you know, a full 4 or 5 days to, you know, to weigh in with an updated version of the query for a patient record, which I think we're already there with Deven's latest edits and with the updates based on this call to the provider directories, and then maybe off line we can do this over the coming week.

We do technically have the week after because that's the week of the 4th of July and the Policy Committee isn't until the following week. So, if we feel like we're making enough progress and we can accomplish it off line then, you know, maybe we can just get rid of the June 28th call. We may just want to hold it and reserve right now as an option if that makes sense to everyone. And then you'll feel like it's a present when we cancel it next week.

And then we'll begin our discussion of, you know, I'm sure there will be feedback from the Policy Committee after the 9th meeting and then we have two other topics data portability is one and then perhaps patient engagement. There is a meeting I think next week on the 27th maybe that ONC has helped pull together among a number of Workgroups who are all looking at different aspects of patient engagement just for us to get, you know, sort of good coordination across the Workgroups to decide, you know, who is going to cover what and so it maybe that we don't have anything related to patient engagement, so we'll just have to see what comes out of that meeting.

But minimally we're going to be looking at data portability and whatever feedback we get from the Policy Committee and Kory and I will work on setting up some calls for July to try to cover that. Does that feel like a plan to everyone?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Sounds good.

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

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Okay, great, well, thank you as always for a great conversation and for your assistance and guidance. We accomplished a lot today and over the last couple of calls. So, I really appreciate it. MacKenzie, I think we can open up for public comment.

Public Comment

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

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

Rebecca Armendariz – Project Coordinator – 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 no comment at this time.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative
Okay, great, thank you again everyone and we'll be in touch via e-mail.

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

Amy Zimmerman – State HIT Coordinator – Rhode Island Department of Health & Human Services
Bye-bye.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group
Bye.