

**HIT Policy Committee  
Meaningful Use Workgroup  
Transcript  
October 28, 2013**

**Presentation**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thank you. Good morning everyone, this is a meeting of the Health IT Policy Committees Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

George Hripcsak?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

David Bates? Christine Bechtel?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

I'm here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Neil Calman? Art Davidson?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Paul Egerman?

**Paul Egerman – Businessman/Software Entrepreneur**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Marty Fattig?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Leslie Kelly Hall? David Lansky? Deven McGraw? Marc Overhage? Charlene Underwood?

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

I'm here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Mike Zaroukian? Amy Zimmerman?

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

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Tim Cromwell? Joe Francis? Greg Pace? Marty Rice?

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Rob Tagalicod? Are there any ONC staff members on the line?

**Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator**

Elise Anthony.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay, with that, I will turn it over to you Paul.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Good morning. Thank you very much Michelle and thanks everyone for participating on this call today. We're leading up to our meeting on November, but more importantly, for our final recommendations in December and I think on the next slide we're going to show sort of the timeline for our work. So today, we're going to finish up subgroup 2 and follow up with subgroup 4, and that should complete our rounds – our initial rounds of going through all the objectives after having gone through our step-back overview. And we'll have time to do a final review of the recommendations before our December presentation.

We have pushed our timing discussion off until after the November meeting next week and we'll also include the virtual hearing on care planning next time as well. So we might end a little bit early today, but that's always a good thing. We still have a full agenda between now and December, we're going to hear from the Consumer Workgroup having to do with patient-generated health data and hear from the Quality Workgroup in terms of deeming recommendations. So we have a pretty full agenda and actually, deeming, the final recommendations on deeming or what functional measures would be deemed is based on the quality measures that the – both the Quality Measures Workgroup and the ACO QM sort of task force present in December; which is why our final on the functional members – functional measures that would be deemed doesn't come until January. Any questions on that work plan/.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Paul, this Michelle. I just wanted to note that originally, we were planning to have recommendations from the Standards Committee on imaging in November, but their timeline has been pushed out to December. So we'll just have to think through how that affects the – objective.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. So everybody's trying to scramble, I mean, it didn't help for us to have that little work stoppage, so we're just trying to put things back together. So thank you Michelle for doing that. Next slide please. All right, if you recall – so this is a finishing up, I think we had one more in the Stage – in the category 2. And this has to do with helping patients understand both their health conditions as well as treatments and two, if they elect to, participate fully in the shared decision-making process and have their preferences both known and honored as we make decisions regarding their health. That would mean enabling their active participation, getting access to the information they need, sharing with the healthcare professional team their outcomes, and particularly patient-reported outcomes and their preferences, of course. Next slide please. So here –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So do you want to go to secure messaging, sorry Paul, or do you want to walk through what we walked through last week?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Did we have some additional questions come up, so this has to do with mobile access?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I think this was – this is just a summary of the conversation from last week, my notes in there.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, got it. Okay, keep going then please.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I think its slide 13 that we want to be on. Yup.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, so this is the – this is our communication using online tools between the patient and potentially their caregiver as – with the professional healthcare team. And since then we've had EHRA input. Now this has been labeled jumbo. This has to do with tracking the time response, and we sort of talked about this as well, it's sort of hard to track what's actually happening. Somebody might want to go on mute because I think we're hearing their keyboarding – tracking their response. Ideally you'd like to say, if there's something you're expecting a response to, when does it come to you, but just knowing when someone either reads or opens or answers something with some other logistical information isn't the same as saying, did my respo – did my query or question or comment get responded to. So that I can see is large.

There's a small thing that we – even actually proposed as part of certification requi – criteria, and that's that a patient says hey, look, I'm just going to give you this and check, you don't need to reply to me. So that's a fairly small thing. The mode of response, I'm not sure I get what that is –

**Christine Bechtel, MA – Vice President, National Partnership for Women & Families**

That was when, Paul, we were saying well sometimes you might receive a secure message and you might respond, but you might not want to use that particular medium –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Correct.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

– so you called them and you need to say, yes, I closed this out, but I did that on the phone.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. They say that's small, it might not be small from a workflow point of view, but – all right. And then report – yeah, updating the reporting on complying with the measure. So I'm not sure if you add those large and the small things how they got a jumbo. So this is one of the things we said from the last call, we need a bit – better detail on what made them think the level of effort was whatever they put. So in terms of the functionality compared to the former objectives, I think it is largely unchanged, is that right?

**Christine Bechtel, MA – Vice President, National Partnership for Women & Families**

Paul, I disagree. I think that we've changed it – I agree that that's probably what we should do, because that's what we've said all along on this one –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Um hmm.

**Christine Bechtel, MA – Vice President, National Partnership for Women & Families**

– but the way this reads to me is eligible professionals provide patients the ability to use, which is different than what's in Stage 2, which is, more than 5% of patients use. So I mean we – to me it signifies a big change that I'm not sure we intended.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Correct.

**Christine Bechtel, MA – Vice President, National Partnership for Women & Families**

In fact, I know we didn't.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Michelle, do you want to speak to that, because obviously Stage 2's already out there.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

That was probably my fault in the wording, so I'll revert back to what's in the former column and just fix that.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. Great. Good pickup Christine. So in a sense we wanted to leave this unchanged. I think it has been one of the reaches or challenge as part of Stage 2. I think it's causing some good effects in terms of attention. There are also some unintended effects, but I don't think we intended to change it in Stage 3, or what Christine just said. Any questions or comments about that? Okay, shall we move on?

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Paul, just to close the loop on the e – the functionality, we're leaving that in there until we get more clarification from the vendor community?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Correct.

**Christine Bechtel, MA – Vice President – National Partnership for Women & Families**

Great. Okay. Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I was just going to mention that. So Michelle, if we can pass on to EHRA what made them think this was jumbo that would be helpful.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

All right, next slide please. And that's more of the same. Next slide. Okay, so now we're moving into category 4 and in this category, our outcomes goal is that providers know the status of their patient's health on a population basis, and that we have bi-directional exchange with public health entities. So that would mean – translating that into meaningful use functionality goals, is that we have efficient and timely completion of case reports, so the public health departments know what's going on. And that we – well, it doesn't have the other side of the bi-directional, I think. So this talks about sending information out, what we would also like to have is information coming in, let's say with Fluvax, to know quickly as the understanding changes with a new variety of flu or some respiratory illness, for example, that we get alerted as we see patients. I think that might be one of the things that should be in here. Next slide please; I think we're going to go on –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Paul, just – this is Charlene. Maybe on that, on the outcome goals on that one, too, because when you talk it through, maybe even like that bi-directional, but it's the public health being able to do its job, too. So I guess that was kind of missing –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yeah.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

– in that comment.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

This is Art, maybe I could make a few comments –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Sure.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

– MU outcomes goals.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yeah, that would be great.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

I had sent something to Michelle, I don't know if it got – over the weekend, whether it was possible to include, but in that first one there, I changed it to providers know the health status of their patient population, period. The next –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Ah, okay.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

– one, addressing Charlene’s comment, public health officials know the health status of their jurisdiction.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

And then I added yet another one, because we – this is where we have to say, why should we include specialty registries, so providers and specialty societies can track domain-specific events related to practice and devices.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So is that all in – okay, so those would all be added to the outcome goals.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

MU outcome goals.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yes.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Well how about, track and manage, because isn’t that why you want bi-directional?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

I totally agree with that, track and manage.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, and so the point you’re making with the first bullet, I think we sort of missed the “s” apostrophe, so that’s why this is different from category 1, for example, this is knowing the status of their patient panel in a sense, so it’s a population perspective.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right. Okay, so we can make some of those clarifications on the outcome goals and that’ll help drive the functionality goals, I think.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yup.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So we probably don’t have a complete set here under the functionality goals.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right. And the other –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Art?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

– is, in the functionality goals, I added – where it says share information with public health agencies, and then I said, and specialty societies. If those specialty registries are the only option for specialists, we want to call that out earlier here.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Uh, yeah. If we do include that, I would make it at least “or” rather than “and,”

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– that really becomes an obligation. I’m just nervous because there are so few that have these big registries and then we’ve also discussed some of the challenges with that. It would be a little hard to make it – I’m a little nervous about making that a top-level functionality goal, because it seems pretty tactical.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Umm, at some point we’re going to have to kind of address how this specialty society registry is going to work.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

But wouldn’t – couldn’t that be under the objective?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yeah, yeah, okay. Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And so, for example, bullet number two is now showing – defin – .reporting on patient populations could cover spec – registries come under that.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Um, but, bullet number two in the middle column or the –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, middle column. Middle column, sorry.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yes. Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. And it’s probably more than just efficient and timely, we also want an effective way. So I think we can – we can add to both the number – the bullets that are called out in the outcome goals and the functionality goals and also potentially modify some of the wording to be a little bit more com – encompassing.

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

So Art and Paul, this is Amy. I have a question going back to what Charlene said before, which is, when I’m reading this, I’m still looking at this as more, except for the bi-directional public health exchange on the MU goals outcome, under functionality, the way I’m reading those, and even the one Art added, I don’t see anything going back out of public health.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Correct.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yeah, yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, I mentioned that initially, we needed to add some words there.

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

Oh, sorry.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah.

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

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, so we have a few edits, you got those Michelle?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yup.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yeah, it seems like the last column, this bi-directional public health data exchange is a method, it doesn't really seem like a –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

A goal.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

– goal. So we may need to figure out how to express that more as a go – as a true goal, and –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. Actually, so these are things you can help us with as well, right Art?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yeah, no, sure I will.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

He – Paul, I'm sorry, Art had helped us on the outcome goals and I missed that one. Some of them I changed and I missed this, so I apologize to Art, because he did this already.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. I'm at a bit of a disadvantage because my computer's not functioning, so I can't read ahead. Next slide – does that go into more detail then?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah, the next slide is about case reports.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So, I can – Paul, while you're – let me know when you're up and ready. So we discussed this a couple of meetings back, but Art wasn't able to be on the phone, and there were some questions that came up. This one, the questions that had come up from the group was, is this something that's Stage 3 or really should this be pushed out to a future stage, perhaps we need to get some more feedback from the Standards Committee about readiness and whether this would be feasible for Stage 3. So I think Art had some more information that he could possibly share.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So I look at this, I don't know whether this is much different than any other consumption of external data by an EHR, like a list of reportable diseases, and that the certification criteria would say that the EHR is capable of consuming external data. That was, I think, the compromise that we made during the last call that I was on around this, where I thought it was going to be beyond Stage 3. And then we said, well, should an EHR be able to know what the list is for its jurisdiction, and that list would have 60 or 58 or 62 reportable diseases. So, it wasn't that it was actually going to do much beyond consume the data, it didn't have to send it out, it was that the EHR was moving in the direction of – it's almost like clinical decision support.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So Art, I think I understand what you're saying, it's almost like a list of reportable conditions. But if we – so how – there's lots of the EHR or any other software could consume and make available, you could also look it up on the web. Is this something we'd want – what would be really helpful is to know in front of me, I have a reportable case and because it looks up the lab and etcetera and knows about the rules that would be really helpful and efficient for the provider. Just having a list probably wouldn't add that much to it, and at the same time in this program, it would cause a certification criteria and testing and so on and so forth for all the EHR vendors and the people who operate them.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Well, you have to us – I mean, the list needs to be both consumed by the EHR and then it says that it will prompt the end-user. It doesn't say that it will actually generate the – it is, to me, just like a clinical decision support.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, then I think the issue is, are these – are both the rules and the data that are required to implement those rules in standard format and transmitted in standard format by all of the public health agencies uniformly? That's the big question, right.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So the Council of State and Territorial Epidemiologists, CSTE, has been working on this, and they have a list, a table that defines the criteria.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

But is that the same thing as having standards?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Those are the standards for the state and territorial epidemiologists across the country.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So all the content is standardized and the rules are standardized?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

I don't know – the rules would have to be inside of the EHR, I don't think that the rule is something that – I mean, the content is there, I believe that CSTE has developed the content to define when a case report should be made. Now, to say the rules, I'm not sure what you mean by the rules. The rule that as it would be executed in an EHR?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

The capa – the type of rule – so a rule is a generic way of performing an inference, but there could be many ways you write the rules that could be very, very complicated. For example, there could be a lot of time dependencies and contingencies – conditionals –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Do we have feedback from HITSC about this?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

I don't know.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Somebody else was going to say something, was it George?

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

– so it might be a troponin level, a lab test. It might be something that's in a radiology exam –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

None of th – basically there are labs –

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Uh huh.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

– is the primary method.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Okay, and then we don't – I mean, we could – I mean, so we'd have to define – so this is a big step and that's why – so it could be Arden syntax plus LOINC or something, but this is bigger than we've done before. Before what we've done is said, here's exactly the rule you need to write to an – to do this quality measure, but they knew they needed to go after something, a lab, an ICD-9 code or something. Now, we're kind of leaving it – the definition to be out there so the different – we don't know the definition ahead of time, so the vendor needs to build a system that can accept a query without knowing what the queries going to be. And so it would need to follow some syntax or the rule and it would have to have some data model that it would query on, it would have to have a terminology, that's the LOINC part.

So maybe the data model would be simple, it would just be, name value pair something, but – so we would – so that’s why we put this off, although certification criteria was kind of a cop out because I don’t know how the vendors were going to do it, I think we just put it off that way. So I think the process would be, as Paul said, ask the Standards Committee where we are and it would either be this Stage or a future Stage, depending on the answer to that question. Like, is it possible? I know like what you could do is have an agency send a text table that shows the criteria, but then what am I going to do with that, pop it up every time a patient comes in? So, I need some way to automatically map it to the patients, so it seems like the Standards Committee would be next.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right. I would agree, and someone would have to go through this table, and maybe you could point them to this table, and go through and look at the kinds of rules that would be required to implement it and see whether that’s where the current state is for CDS kind of inferencing.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right. So I certainly can get them to the reportable conditions mapping table, which CSTE has developed.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That would be helpful.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

And to a resource, Rita Altamore is the lead out of this in Washington State.

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

Art, this is Amy. How did you envision being able to customize it for each jurisdiction?

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yeah, that’s a challenge.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So this is – so right now, the idea was that there would be a host site where jurisdictions would define which of the 60 or 62 or 58 they adhere to.

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

So then the rule – so, if I’m understanding you correctly, then the host site, they would have to – it would have to be something the EHR would have to go out and query and pull back in –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yes.

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

or – okay.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

That’s –

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

So it’s an external database that’s going to manage this data with the rules –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right.

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

– and then the EHR would – somehow that database would know what's in a patient profile and send a message saying, after the EHR goes out and queries, saying, okay, this is a positive – this seems like a positive case of Lyme disease, report in – if you're in Rhode Island, then report it.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Well actually it would be a little different than that, I mean, it could work that way that would be real time web service. But basically the table's posted, they don't change very much over a year, or even years, and that you – the EHR would go out, retrieve it and then store it and then use that as the material for running the query, inside the EHR.

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

Okay, so when you're installing an EHR in different states, it would go pull a different table for each –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

That's right.

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

– when you're installing the EHR, it would have to pull the table, essentially manage for who's ever – for whatever state that EHR is being deployed in.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

For that jurisdiction, correct.

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

For that jurisdiction, okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So I can – go ahead.

**Paul Egerman – Businessman/Software Entrepreneur**

This is Paul. This host site – these host sites don't exist right now, is that right?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Well, that's what – if we were to say currently it does not exist. If we were to say that this should exist, CSTE would host it or CDC would host it or ASTHO would host it, there are several sites that could host it, yes.

**Paul Egerman – Businessman/Software Entrepreneur**

So part of our recommendation is that CDC or somebody else hosts the site, it just seems like a heavy lift as a recommendation, because that has to happen as a prerequisite to being able to do any of the certification or testing.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Correct.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So, in our formal – former style – we do – we would communicate things like this to Standards Committee, have them see where the standards itself, let alone hosting, what the status is. And then if there was something where it's on its way and it's already working down and it's just a matter of time, we might put it as a future stage kind of placeholder, to give a signal that we're considering this kind of thing. But I think it would be pretty hard to say, by 2016, the standards have to be in place, they have to be universally adopted and they have to have a host – been hosted by all the states and territories. So, I'm sort of – I'm agreeing with Paul Egerman that this seems ahead of its time, a very useful functionality, but ahead of its time from a regulation point of view.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So they don't need to be hosted by all the states and territories, they're hosted at one site and each state and territory post it at one site.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, but that mechanism and that governance, etcetera have to exist, and that's sort of the question Paul had.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, and this is P – the other Paul and it's just – calling it a heavy lift to get that many organizations to host something consistently because you need standards for whatever the hosting is, somebody's got to pay for this, I don't know who is going to pay for it, it's got to get tested. I think it clearly in Stage 3 is premature, I think –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Paul Egerman – Businessman/Software Entrepreneur**

– if we want to signal for it or something, that makes sense, but I just think it's not practical for Stage 3 is the best way I can say it.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Is that fair Art?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yeah, I mean, I think – I had a little difficulty hearing what Paul was saying, but, I mean I understand that this is a push or –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yeah.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

– a heavy lift. I certainly would like for us to at least hear from the Standards Committee and to check back with CSTE whether they think it is as heavy as we're now saying it might be. Had they had plans to set this up, they're the ones who have been pushing this hard and trying to show some pilot site progress in this area, so, I think it would be good to get the Standards Committee's thoughts on this.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So I think it would be like you say, it would be – if they're pushing hard and they're on the way to a pilot site, that would be very helpful information. So if we could get their timeline for a pilot site to show the feasibility of this, that would be very useful and, as you say, we can also ask Standards Committee for their thoughts on all the components of this.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

That sounds –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

We can do that. Would you help us with this –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

No question, yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– territories and particularly their thoughts about piloting it.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Great. Okay. Other questions on this – so I think what we're doing is we're basically getting more feedback both from the states and territory organization about the data elements and the rules and the plans for hosting a central repository. And from HIT Standards Committee for the standards regarding the data itself, and to the extent possible, rules for calculating whether such case report – whether such a case is reportable. Okay. Next slide please, and following up. Next one.

Okay, so here goes the registry, and the difference between the former – so, one of our challenges has always been how do we say which registry is ready? Ready includes all the things we just got done talking about, are the data elements in the EHR? Are they in standard format? Do we know how to transmit them? Do we know how to – do we have receivers for that? Are the receivers prepared to receive them? Are they covered, secure and confidential? So there are lots of things, so how would you qualify an entity as being capable of receiving this, making good use of it and doing it in a secure and private way? That may be one of our biggest questions. Comments?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So, I think the first thing here – this is Art – I think the first thing here is that the way that it's working in Stage 2 is that public health agencies need to register their capacity to receive. And if you don't have a juris – live in – or work in a jurisdiction where there is that capacity, you get an exclusion.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So, I think that right now, the field is not solidified on how exactly all registries should operate. But there are some jurisdictions that are collecting data, the same way that for syndromic surveillance, some jurisdictions will continue to collect their data in their own format versus the more standardized format that ISDS, the International Society for Disease Surveillance has suggested and that ONC has basically adopted as a standard method for syndromic surveillance. So, there are some places that will not be following exactly the same model that ONC might suggest, and you could still get a letter saying you're participating.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So how do we – how do both vendors deal with this as well as providers?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So, well, this is something already happening in Stage 2.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And probably is a challenge, but –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

(Indiscernible)

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

It might be a challenge.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– we just don't want to make it worse, or –

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– we'd like to even make it better.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So there's that one piece there about, just in terms of public health registries. Then, the next thing on top of that is that, we did go to all that trouble to find out how specialists could participate in population health. All that early testimony that we received and heard from societies that had their own registries and said, maybe this is an option for us, to use them as a way for a provider or a hospital, mostly providers, to participate in population health activities. Because they may not see some – a cardiologist may never see a communicable disease or need to report a communicable disease or have immunizations or need to provide information around syndromic surveillance. So, it was this idea that there be an option for them, and we included the specialty society registries here, so just as public health agencies need to register their intent to receive information in a registry, specialty societies will need to do the same.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

(indiscernible)

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And that makes a whole lot of sense, yes – go ahead, is that Paul?

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

This is Charlene, who do they register them with again Art? I mean I think it makes a lot of sense and it starts to build this compliance and all that stuff, but I'm not sure what they're complying to yet, but –

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, this is David L. I was going to – there is this National Quality Registry Network that's been around a couple of years that most of the societies are participating in –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Okay.

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

– and one of their goals is to set a – is to define a set of standards for the data transport and the content of those messages to the registry from the EHR, and I think – and CMS has been involved with them. I think what we do here could be a nudge –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yeah, yeah.

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

– for those folks to get moving and define, over the next year or two, a set of standards and some registration process, whether it's with CMS or with some independent, NCQA type entity that would certify that a registry is – meets our criteria and that then a user is qualifying by virtue of their submission to that registry. I don't think they're very far away from being able to do that if we gave them the signal and CMS was supportive.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And so this sounds like a good plan. Is there a way we can be more precise about what are the attributes of a "system" that would support this kind of transaction. So there would need to be data standards, there would need to be a host, there would need to be governance, there'd be protection, security and privacy protection, a set of attributes and put those...that could be the signal and some of the requirements needed to get this up and running. Would that make sense – in terms of your kick-start or nudge?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

I think that makes sense. I don't know if anybody at ONC has been working in this area, Michelle, do you know?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I don't know off the top of my head, but I can find out.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Okay.

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

Ah, this Amy. These registries already exist –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yes.

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

– it's a matter of getting standardization for what gets sent to them and assuring – I mean, I'm sure they already have protections, but it's some assurance that the protections exist in the transport and then some registration process to say it's been registered as meaningful use acceptable or compatible?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I think that's part of it, Amy, but some of the testimony we received in the hearings that Art alluded to raised some challenges as well; some were proprietary, some were expensive, some were exclusive –

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

Oh, okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– so there are a lot of contractual things that were raised during the testimony that said, here are some things that need to be there, like the standards, etcetera. Here are some things that shouldn't be there if we're going – if it's going to be a public mandate. There was a bit of both.

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

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And David Lansky, were you saying that CMS is already working with some of the stan – the registries in terms of setting some of these attributes or certification criteria?

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, and this particular group has an all-day meeting next month and both CMS and ONC are attending it, to try to move this part of it forward. So, I think we could give a little signal – I think you're right Paul, if we could identify the categories of standards or requirements that we think are necessary to serve the purposes of the EHR Program –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

– that would conform to the other content that they are looking at.

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

This is Marty Rice –

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Maybe an informal dialog with those folks would be timely, to see how far along they are and what we can do to be helpful to them.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That would be great, yeah.

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

This is Marty Rice, PQRS especially has been using registries for years –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Yes.

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

– successfully, but there is no real standards between the registries.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

So Marty, are those registries, they – this is Charlene, they register, right? I mean there's a process.

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

Correct. And I think that through registries, they had 25,000 electronic submissions to the PQRS Program last year, don't quote me on it, but that's what I heard.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So, David, do you know who at ONC is participating in that meeting next month, or Michelle?

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Yeah, on the invitation list it's Lauren Richie.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay. What's the meeting?

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

It's called NQRN, National Quality Registry Network. I can send you, Michelle, some of the material from it.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay, thank you David, and I'll follow up.

**David Lansky, MD, PhD – President & Chief Executive Officer – Pacific Business Group on Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Great. Okay, so we'll do some more homework. So our intent is to look beyond Stage 3, but already have a fairly, I don't want to say prescripti – a precise indication of some of the attributes that would make this both a nationwide system as well as one that interfaces with EHRs. And so there are some attributes of what would be needed, like standards, and there are some attributes that – some barriers that would have to be eliminated, such as these contractual terms that are proprietary. So we can – let's see, who would know the most about that and wants to contribute to a draft of that? I think it would draw heavily on our earlier testimony. David or Art, are you up for helping?

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Well, I certainly would be interested in helping out here, I don't know that I'm up on all of this, but – and I'm not sure this meeting that David's describing may be a good venue to bring some of this up.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Art, this is Michelle. Perhaps Jim Daniel might be able to help, I can – with him.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Right, that would be good. I could follow up with Jim about this and see if he – maybe he'll be at that meeting.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah, so I'll send an email and try and get us all together.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Okay, that sounds good.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That's good. That would be really great. This is an important area and we just haven't m – we haven't found a way to make really good progress on this and I think we need to set out some of the attributes, which will probably, as David Lansky was saying, give a nudge to saying, all right, what are we going to do about these things –

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Healthcare**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

– and start moving things, yeah. And then if we put it on a future stage placeholder, then that's also a signal saying, this is where we'd like to go, but the following things need to be done. Good.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

So just one last thing, the last comment in the middle column there is about EHs only, healthcare associated infections, that would be the registry, the National Health Safety Network that CDC maintains, and they would be the ones providing evidence that a hospital participated, as they now do.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. So I think we've made some good tweaks that would move this forward. Thank you. Let's see, next slide please. Umm, next one. And next one.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

I think that's it.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

That's it.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That's it?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Oh, okay. Well actually we made some progress, I think, in some of these. We have some more information but also I think we have a direction. In this case, one of the issues is we're dealing with a public health agencies that have not been funded out of Meaningful Use or HITECH, but I think they all would love to participate in some of these transactions that we've described. And I think the idea about pushing on, well what needs to be set up in order for these kinds of transactions to occur in this systematic way and also in the more efficient, standard-based way, if we can lay some of those out, I think we'll sort of give a framework for everybody to proceed. Other comments about that general approach in terms of this "bi-directional exchange with public health agencies," including registries? Okay.

Okay, so our next call I believe is November 7 and we'll have to – Michelle and I talk a little bit more about the agenda. Timing may be one of those things, and let's see, I'm trying to remember what was – else was on that front...

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Follow up from the care planning hearing.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Care planning.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So that will be brought to the November 6 Policy Committee meeting, so we'll be able to then review those recommendations –

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, good. And then the following call in November would be the Consumer Workgroup material and some from the Quality Measures Workgroup that's also coming in November, and we'll need to run through all of our recommendations and look at some of the revisions we've made during the course of discussion, in preparation for our final recommendations. Still a lot of work, appreciate people. So individually there are some changes we made in Stage – in category 2 recommendations, we can work with Christine on. We just talked about working with Art on some of the things in public health. So we'll work with all of the subgroup chairs to try to fine tune our recommendations before we review the whole set. Anything else Michelle or other members of the workgroup?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Nothing from me. Actually one thing, this is Michelle. I'm not sure how involved David has been with the review of category 1, so George, I might lean on you heavily.

**George Hripcsak, MD, MS, FACMI – Department of Biomedical Informatics – Columbia University**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

All right, well, we'll give you back some time then. Let's open up to public comment please.

**Public Comment**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Operator, can you please open the lines?

**Ashley Griffin – Management Assistant – Altarum Institute**

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

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

All right. Well thank you everyone. We'll give you back some time and look forward to talking to you, I guess it's going to be next week. Thanks now.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thank you.

**Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health**

Thank you, Paul.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Bye bye.

## **Public Comment Received During the Meeting**

1. As an EHR Developer, are we not adding more cycles, more cause for pause and criteria matching with the proposed approach for Improving Population Health. External Data to prompt end user? Does this not fly in the face of usability? Wouldn't it be better to have the state public health agencies be the ones prompting/searching/culling through data submitted for cases to report. Please consider this perspective. Thank you.