

**HIT Policy Committee
Certification & Adoption Workgroup
Transcript
November 4, 2013**

Presentation

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee Certification & Adoption Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, this meeting is being transcribed and recorded, so please state your name before speaking. I'll now take roll. Marc Probst?

Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare

Here.

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

Larry Wolf?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Here.

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

Joan Ash? John Derr?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Here.

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

Carl Dvorak?

Carl Dvorak – Chief Operating Officer – Epic Systems Corporation

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

Joe Heyman?

Joseph M. Heyman, MD – Whittier IPA

Here.

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

Hey Joe. George Hripcsak? Stan Huff?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare
Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator
Liz Johnson?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation
Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator
Donald Rucker? Paul Tang? Micky Tripathi? And are there any ONC staff members on the line?

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator
Elise Anthony, ONC.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator
And Jodi Daniel, ONC.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology
Liz Palena-Hall, ONC.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator
Thank you. And with that, I will turn it over to Marc and Larry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, good morning everybody. I'd just like to welcome you back. We have a pretty exciting agenda for this workgroup. We had some good conversation last time and Jodi Daniel is going to kick off today with talking about the charge for the workgroup and why we've been asked to take on what we're doing. And then we'll do some of that work, we'll take a look at what might be kind of the logic behind having additional certification criteria. Anything else to offer up Marc?

Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare
No, that sounds excellent. Thanks, Larry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Well, let's have at it. Jodi, do you want to take it away?

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

All right, I'd love to. Welcome everyone, good morning. Happy Monday. I am – I guess you can go to the next slide. I am here at the request of the Chairs to ask that we follow up regarding ONC's interest in new certification activities, what's happened so far and what we expect or hope to get from the input and discussions from the workgroup and the Policy Committee as a whole. So that's what I'm here to do, I'm just going to do kind of a brief overview and then open up for questions and discussion. So next slide please.

So this all started – in the HITECH Act, ONC was authorized to develop programs for voluntary certification of health information technology. We interpret this fairly broadly, and I think we said so in our preamble to our first rule on the Certification Program. We think that this gives us authority to create a Certification Program that's voluntary for any types of health information technology. To date we have focused on certification for the Medicare and Medicaid EHR Incentive Program, so focused on technology that would support providers that are trying to implement the meaningful use requirements. And that has been one, because it – obviously it was an immediate need in supporting the Meaningful Use Program and two, because we wanted to make sure that the technology – that when providers were purchasing EHR technology, that it had the capabilities necessary to meet those program needs and provide that level of confidence for providers.

So that's where we are now and like I said our understanding and our belief is that we have broader authority and we wanted to explore that, and whether or not that would be valuable. We've heard some folks giving us some input, and I'll share some of the input we've received, about considering certification for products that support new settings or new functionality, that could benefit from an ONC certification program. So that's kind of how we started down this path and where we are now and what we're interesting in learning more about. Next slide please.

So, where we are now. So I said we're – have some ongoing efforts just to examine expanding our voluntary certification program beyond meaningful use. So the first thing we did was we did the request for information on health information exchange, which was a year ago or so, to get some input. And we did receive input on expanding a certification program as part of that. We've done some stakeholder outreach, particularly in the areas of long-term post-acute care and behavioral health. We had a listening session on LTPAC and we've had roundtables on both LTPAC and behavioral health and certification came up in both of those contexts as something that folks wanted us to consider.

We have gotten some feedback from the Policy Committee and again, this is an ongoing conversation, so we have teed this up as something we wanted this workgroup to focus more on. But we have heard from the Policy Committee on expanding our certification program in specific areas and sort of continuing that conversation and getting a more in depth discussion at this workgroup. And as we always do with the Policy Committee, we like to get your input early on so that we have the benefit of a variety of stakeholder input, public conversation, before we go down a path. So that we know – we get that insight, we get that perspective, we have those discussions and then we can think about the best approach that we can take based on that. And then finally, just looking at – what we're currently thinking is, are there other settings, is there other types of functionality that may not directly support meaningful use but may be valuable to include in certification criteria for Health IT. So next slide please.

Okay. So in examining expanding our voluntary certification program, these are some of the things that we were thinking about. First, we know that the Meaningful Use Program that there are a limited set of providers that are eligible for the Meaningful Use Incentive Program yet we also know that it's critical to support the care continuum, that providers can share information across the whole care continuum and not just with those providers that are eligible for the Incentive Program. So the thing that we are exploring is whether tailoring certification criteria by setting or functionality might open up critical communication lines between the eligible – the folks who are eligible for Meaningful Use and those that may not be eligible for Meaningful Use, to improve patient care outcomes and improve coordination.

We also have heard some input about better support for healthcare providers and whether certification criteria can do that. Again, we have been developing criteria that support the Meaningful Use Program and specific requirements for – under the CMS Program for qualifying for their incentives, but we have been asked to look at other criteria that may be applicable to other healthcare settings and may not already be part of meaningful use, so more tailored criteria for particular healthcare settings. And then third, and this kind of goes along with the care continuum, is trying to increase interoperability. So that at least with respect to exchanging information at transitions of care, to support patient – ongoing patient care, we were looking at whether or not certification of new settings or new functionalities can provide an opportunity for increased interoperability and therefore better care and reduced costs. So that's kind of where our head is at, our collective ONC head, is at in thinking about why this is something for us to consider and some of the challenges we've heard and some of the things that expanding, creating new certification programs or expanding certification criteria for certain settings may be helpful in addressing. So next slide please.

So I wanted to just share some of the feedback we've gotten that helps us to arrive at that place where we heard these issues and we've heard certification raised as a potential approach to addressing those issues. So these are some comments we received from the IE Workgroup of the Health IT Policy Committee, and I'm not going to read through these. But again, comments about making sure that we address the full care continuum regardless of whether or not they're receiving financial incentives and addressing some of the gaps that the current regulatory framework may impose. So next slide please.

So these were actually recommendations from the IE Workgroup. They were in reference to our HIE RFI, our Health Information Exchange Request for Information, but these were specific recommendations that came from the IE Workgroup of the Policy Committee. So, just wanted to share that again as background to – that was influencing our thinking about getting this workgroup to spend more time thinking about this and talking about this. But there has been interest and ongoing dialog on facilitating voluntary certification program for technology that are used by providers that are ineligible for Meaningful Use and harmonizing care across those that are eligible and those that are non-eligible. Next slide please.

And then here are some of the stakeholder comments that we received from the request for information. Again, just to give you a little bit of a flavor of some of what we've heard to date and some of the things that have peaked our interest in exploring this avenue. So, we've heard about specifically commenters pulling out or identifying long-term care and behavioral health as settings that we might want to consider supporting through our program. We have heard about using our certification program to make sure technology can support other regulatory requirements, not just the provisions in meaningful use, but maybe other requirements that HHS or other agencies within HHS may impose on particular types of providers. And we've also heard that there's a lack of EHR solutions to address certain kinds of ineligible providers, and thinking about whether or not the certification program can help address that challenge. So, these are just some of the comments. Oh, and by the way, I should have said if Liz Palena-Hall or Elise Anthony may jump in at any time if there are other points that would be helpful to make. Okay, next slide please.

Okay, so getting back to – so that's kind of background, I just wanted to lay out the landscape and how we've gotten to where we are now. And then this was the charge that we had put forward to the Certification & Adoption Workgroup. Next slide please. So, you've all seen this before, we've talked about this I think at the last call. The charge is to recommend a process for prioritizing health IT capabilities for voluntary EHR certification that would improve interoperability across a greater number of care settings. And then also that the recommendations shall take into account previously adopted ONC certification criteria and standards and identify the key health IT capabilities needed in care settings by providers who are ineligible to receive EHR incentive payments under the HITECH Act.

So, let me get a little more specific – the next slide, to talk about the scope of work under that charge. So we have this as a two-step process, and I'm going to – I'm going to spend a little more time in detail going through this on the next few slides. But we're talking about recommending a process that could be used to identify and prioritize certification criteria for health IT that's used by ineligible providers and for which a voluntary certification program would be helpful. And then to specifically look at the settings of long-term post-acute care and behavioral health, because they are the two that have emerged as stakeholders that are interested in us exploring this and as critical to improving the coordination of care for patients. So next slide please.

Okay, so now I'm going to tease this out. So starting with step 1 under the scope of work and give a little bit more flavor for what we're talking about. So we – step 1, just to rehash this, refresh, is to recommend a process that could be used to identify and prioritize certification criteria that could be used by ineligible providers and for which a voluntary certification program would be helpful. So we want input to aid ONC in examining and evaluating any future certification program. So if somebody comes up and says, hey, there's this new product out here or there's a setting that seems to need to – that could benefit from having certified products. We'd like to think about a process that could be used for any of those requests or issues that may come down the pike for us to think about how we would decide whether or not to go forward with that or not. So next slide.

To tease this out a little bit more, these are some examples. So we'd want to make sure that the process could address care across multiple settings, so, between different providers or different care settings. Another example could be connecting patient health and provider support; there may be health IT products in that space. And there may be other considerations identified by the workgroup. The point I want to make here is that we would like, when you're thinking about this first step in the work, to make sure that you're thinking about kind of a broad spectrum of things that we may hear about coming down the pike, not just long-term post-acute care and behavioral health settings. But making sure that we have an approach that can work regardless of what the next thing is that may come down the pike, to help us evaluate whether or not this is something we want to take on. Next slide.

Okay. So now if we get to step 2, and I actually just lost my slides, my computer blanked out – okay, here we go. Step 2, so then the second thing is that because we have heard a lot about LTPAC and behavioral health, we would like the workgroup to recommend specific application of the process in those two settings. So the benefit to ONC is to help us to examine those two settings in determining the certification standards or functionalities that may help advance health IT in those settings. Next slide please.

So if you look at this, here are some examples that we may want you to consider or that you may want to consider and then of course you're open to identifying other examples and other considerations in your deliberations. But for example, looking at LTPAC, as you're looking at the kinds of functions – functionalities or standards, looking at the patient/provider needs and compared to the existing health IT capabilities and then also looking at gaps in current LTPAC health IT landscape. Looking at the maturity of existing functionalities and standards and of course looking back at what we've already put forward in regulation so that we're being as consistent as possible in leveraging some of the standards and capabilities that we may have already adopted for the meaningful use EHR certification product. That would be the same if you look – you'll look over at the next slide on behavioral health, same thing. Looking at the specific patient/provider needs, looking at existing health IT capabilities, looking at where there are gaps in the behavioral health IT landscape, the maturity of existing functionalities and standards and then any other considerations that you may have. And then the last slide is just to open it up for questions.

Paul Eggerman – Businessman/Software Entrepreneur

So Jodi, this is Paul –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Jodi, thank you for giving us this run through. And I appreciate sort of the deeper dive into why we're being asked to look at this and your breaking it up into two parts, the first one asking us to look at process of how would we approach a certification criteria for other care settings or other reasons. And then looking at these two different care settings as examples that have both a specific request, what can be done to further support these two settings. And also using that as a way to better understand and maybe even validate whatever comes out of today's discussion around process.

Joseph M. Heyman, MD – Whittier IPA

So this is Joe. I still don't understand why we're looking for extra certification work and I saw there was a larger slide deck earlier that was sent out, and I noticed that all it asked for was reasons to do it with no request for reasons not to do it. So let me just suggest a couple of reasons why we shouldn't do it and, of course, if we decide to do it, I will work very hard to make it very valuable. The first is that twice you rec – mentioned that there needed to be an incentive program, and yet there will be no incentive program here. And so there's really no incentive for an EMR company to do this. The second thing is it will increase the cost of electronic health records for those people who need them in those settings because they will now have to spend extra money to certify them. And that will decrease the incentive for them to develop them. And so, those would be my three reasons why I think this is not a good idea. I'll just leave it there.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

So, this is – okay, this is Jodi. Let me, I'll say a couple of words and then if others want to jump in, feel free. So one, I would say that in evaluating – in the process piece, I think we would want criteria for what would – what would we consider for go ahead, as well as perhaps what we would consider for not going ahead. I don't think the expectation is that anybody who presents a new setting or a new functionality we would say, sure, let's go ahead. I think that's kind of what we would love a conversation on in more detail on phase 1, are there criteria that would weigh for going – ONC moving forward or against ONC moving forward; again, that we could bring to bear regardless of what the topic is. So I think it would be good to understand in a little bit more detail, how we might evaluate that on a case-by-case basis.

As far as the incentive, I don't think – I don't think that the expectation is that there needs to be an incentive, I think that – or gov – let me say this differently, that the government needs to offer an incentive. There may be other market forces or incentives that are pushing for this to be valuable and for some – to want to have volunt – have certified products and use certified products. So for example, if there are requirements in other programs that these providers need to meet and there aren't products that provide those capabilities that they need, they may – that community may be very interested in being assured that the products that they are purchasing are able to support the needs that they have. It may – we have heard from the LTPAC community that they were interested in having a certification program. So, it may be different if there is a setting where they're asking for it or where the stakeholders are interested and another where perhaps it's not. So I think this may be a case by case basis and that's why we were really looking on the process side, for you all to help us understand what some of the criteria might be that we should consider in making a "yes" decision or making a "no" decision.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So Jodi –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Joe, this is John, can you help me out for a second. Are you talking – this is of course, Jodi's heard me say this, are you talking about whether we should have certification for an EMR or are you talking about certification for a transitions of care between a nursing home or home care or behavioral from the agency or the facility into an EHR in the transitions of care?

Joseph M. Heyman, MD – Whittier IPA

John, what I think we should have is we should have every kind of EMR for every kind of setting be able to transmit at minimum a CDA.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Right.

Joseph M. Heyman, MD – Whittier IPA

That's what I think we need for everybody.

Paul Egerman – Businessman/Software Entrepreneur

And this –

Joseph M. Heyman, MD – Whittier IPA

But my worry is that if we start developing certification criteria, the same thing will happen as happened with meaningful use, where we get a whole lot of criteria that makes the thing more expensive and very few of the criteria actually improve care.

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Just to give everyone an update, there are a number of vendors and I just was with one for home care and hospice that already have CCHIT certification and I haven't heard any pushback because it helps them to have that composite CCD...they're not – CDA. They're not there yet, but a lot of people have certified CCDs.

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul. I think this – discussion, there's a key question which is, for this thing that's being called optional, do we only focus on the connectivity piece, the information exchange piece or is it that we're actually certifying a post-acute care or behavioral health total, complete EHR? That's really, I think, a very key question. And it's very interesting, as I went through the slide presentation that you gave Jodi; you made a comment that there are not a lot of EHR solutions for LTPAC. And my question is, well how does a government certification program create a situation or create any – address that issue? How does a government certification program cause vendors to create an EMR system?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Again, this is John. They all have – there are EMRs out there, I think –

Paul Egerman – Businessman/Software Entrepreneur

Oh, I understand –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

– your point is well taken Paul, is what are we talking about, the actual robust enterprise systems that are EMRs or the transitions of care?

Paul Egerman – Businessman/Software Entrepreneur

That's right. And you're – this is Paul; you use the expression transitions of care. I would probably use a slightly broader description; I would look at the connectivity piece, the information exchange piece.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Right.

Paul Egerman – Businessman/Software Entrepreneur

Because it may not necessarily be a transition of care, it could be just exchanging registration information for whatever reason. And it strikes me that there could be a lot of value in having like test kits and specifications and materials published on the connectivity piece. But as I look at – as I heard what Jodi just presented, I think ONC is talking about something broader and the way I understood what Jodi was presenting was she is talking about a behavioral health EHR system or again there's that one slide that says something, there aren't a lot of solutions in post-acute care. And whether or not that's accurate, I don't see how that relates to a certification program.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

This is Jodi. I think we would be open to getting your input on how light or heavyweight a behavioral health or LTPAC certification would be. I don't think that has been pre-decided –

Paul Egerman – Businessman/Software Entrepreneur

Yeah.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

– that's exactly what we would like you to opine on.

Paul Egerman – Businessman/Software Entrepreneur

And –

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

Right and this is Elise Anthony –

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul. And my two cents would be not to do a behavioral health or LTPAC solution, but to do this thing I'm calling a connectivity solution that could be used by multiple different care settings and to keep in mind that certification is not supposed to be like a Good Housekeeping Seal of Approval. I mean, certification is – from the government is actually a minimal set, it does not constitute a reason that a consumer should necessarily buy a product. And we have to be very careful that we don't do something with the certification program that adds additional confusion to the marketplace about what certification from the government means.

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

Hi, this is Elise Anthony from ONC. I think we absolutely agree, I think we're looking at this process as kind of a sift and sift at step 1 to figure out what are the key cri – the key factors or characteristics that we should consider each time we're looking at a voluntary certification program as an option, but also in terms of step 2. So to your point about connectivity, that could be one of the considerations, if there are five or ten criteria or certification areas that the workgroup thinks are integral to LTPAC certification or to BH certification, I think that's what we're looking for, and it doesn't necessarily have to be kind of completely novel to what's out there already. We are looking for things that could build upon the certification expertise that we've developed at this point.

M

(Indiscernible)

Paul Egerman – Businessman/Software Entrepreneur

And so this is Paul again. Is it within our scope to suggest that you shouldn't have LTPAC or behavioral health certification at all, that you should only have connectivity certification? Is that within our scope or are you really focused that you want to have an LTPAC and a behavioral health certification?

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

I think that at this stage ONC is still at the examining stage, we're examining what an LTPAC and a BH certification program could look like. So, I think from the workgroup it would be very helpful to have the criteria for each of those. I think how we go forward on that is still to be determined, but having – if the program should be established, what it should look like would be helpful, with the understanding that agreement on whether it should be or should not is a different question, shall we say. But I think it helps –

Paul Egerman – Businessman/Software Entrepreneur

So that's not within our scope. I just want to make sure I'm clear, so that's not within our scope. Our scope is we have to create criteria for an LTPAC and behavioral health certification, even though we may not agree that that's a good thing to do. It's not within our scope to say whether or not it's a good thing. Is that right?

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

I think that – yes, whether – I think determining the criteria is the scope. I wouldn't say that saying no LTPAC or no BH certification program would be established is within the charge. We're looking at kind of the best-case scenario, if it was established, how would it be the most effective for the patients and for the providers that would be affected by it. And keep in mind that this is building upon kind of stakeholder input that we've received to date, that this is of need. But as I said, this is still something under consideration by ONC, but having those specific elements that the workgroup determines would help us to further move forward with our process.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

And this is Liz, I just – from ONC. I just want to point out too that we have received quite a significant amount of comment, even from the IE Workgroup, about the need for an LTPAC to support some of the – their legal required assessments, which I would say would be setting specific. So, considering some of those requirements, I think is something that should be discussed.

Paul Egerman – Businessman/Software Entrepreneur

And was that feedback from the IE Workgroup approved by the Policy Committee?

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

It was a presentation, I –

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

Yes. So the feedback from the IE Workgroup was in response to the ONC/CMS RFI and the recommendations were approved by the Policy Committee to be sent as comments to their RFI.

Joseph M. Heyman, MD – Whittier IPA

I just – this is Joe. I just want to say that I interpreted a couple of those reasons differently than you did. I thought they were great reasons for an incentive program, but I didn't think they were reasons for having a certification program. And they even mentioned an incentive program in two of them that you showed us. The other thing I would say is I really think that Paul is on the right track that you should be making certain that everybody can talk to each other. And not have a whole bunch of criteria for individual EMRs because they decrease innovation, they increase cost and they make it less likely that something is going to be new and successful and competitive.

And the other thing I would say is if we could concentrate on interoperability instead of specific criteria for specific types of things, then we could improve the CCDA. For example, there are all these certified CCDAs and none of them have past history or surgical history in them, and they're all certified already. And it would increase the usefulness so much if we could just have a patient's past history and instead, we're certifying all kinds of things that aren't improving things. So, as I said, we can work very hard on trying to do what's right, but I think we should be minimizing the amount of interference we make with EMR vendors, except for the things that genuinely will improve care, and I think interoperability is the one thing that we can truly improve care with. The rest of the things are going to be requirements that are things that are going to increase cost, not improve the care.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

This is John again. I just want to say one thing, and it was in the roundtable report that we're – sometimes we get a little bit defensive, but we – I agree with everything that you guys have said except we're a little bit afraid if we don't do this, and this is another reason, that CMS – because remember, we're very highly regulated, that CMS will then in their wisdom, with all due respect, will mandate us to do something in connection with either OASIS Charlie or with MDS in this whole thing of certification. But it will be an unfunded mandate and we would rather volunteer to do something ourselves that we know will work, rather than have somebody tell us what to do. So in the roundtable report, there is a statement that was asking, and I asked Jodi, I said, I know you can't give us incentive money, but can you, if possible, eliminate the chances of us getting an unfunded mandate developed by a number of people who don't really understand what we do. So that's – I just wanted to throw that out there, sorry.

Carl Dvorak – Chief Operating Officer – Epic Systems Corporation

This is Carl and I, as a vendor, you really feel the cost of certification up close and personal. I know probably Marc and Stan experienced it too from a site-specific perspective. But I'm with Joe on this one, I guess it would be more helpful to know who has stood up and asked to have this brought down on them, because as a vendor it's extraordinarily expensive, think of it as like panning for gold in reverse. You start off with this gold nugget of something you think you want, but by the time you're done, it's in a wash pan of mud and muck and water and all kinds of stuff and it's hard to get the idea back out of that pan. So in the absence of a clear and significant benefit to certification, I do think Joe's on the right track, we really should question whether this is an appropriate path to go down.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Are you an LTPAC vendor or a hospital vendor?

Carl Dvorak – Chief Operating Officer – Epic Systems Corporation

Both.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well the guys, they know it costs, but it's nowhere near, at least a CCHIT, nowhere near what the hospitals have had to do. Because remember, and I've got to be quiet I guess, but remember, we do person-centric care already –

Carl Dvorak – Chief Operating Officer – Epic Systems Corporation

Um hmm.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

– so the EMRs are pretty robust, the guys...I mean Liz was just at a session with the home care people, I don't think that our sector is fighting it. I mean, some individually might, but they realize to help out the care of a person in HIEs and ACOs and ACCs and medical homes and Beacon Communities, that we have to have some guidelines or we'll be all over the place. So –

Carl Dvorak – Chief Operating Officer – Epic Systems Corporation

Yeah. The other thing I would counsel is that having done CCHIT certification for over a decade, and having done ONC certification for several years now, it's probably a factor of 10 more costly and more intense than what you've likely experienced to date with vanilla CCHIT certification before the stimulus program that created meaningful use. It's rather dramatic and costly.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

So this is Jodi Daniel. I think this gives you a perfect opportunity to talk about what would not be – what would be an approach that could work. And not be, as you're describing it, too heavy handed or requiring a lot of extra work or – I mean, give us – help us come up with the criteria so that we are coming up with – we are addressing the need that the community is telling us they have, but not in a way that's overly burdensome to the vendors. And you all have the opportunity to help us shape that.

Marc Probst – Vice President & Chief Information Officer – Intermountain Healthcare

Jodi, this is Marc Probst with a quick question, and I don't know if it's for you or just general. What's the relationship between the adoption of standards and certification? Is certification a lever to get people to adopt standards or – as we talked, particularly with Paul Egerman about this broader, interoperability issue, which by the way, I agree with. I mean a big piece of that is just adoption of standards and you don't need to be certified for that, I mean, I can understand if someone's adopted a certain standard or not.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

So, I, and other people can jump in, this is just my personal view. I do think it is somewhat of a lever, I mean, it's definitely a lever in the Meaningful Use Program because you have to have certified EHR technology if you want to qualify for meaningful use incentives or avoid penalties. But again, if it becomes the expectation of folks who are buying products that they have certified products, so that they have some certainty that they can interoperate with others and they can meet their functional needs, then the expectation is that folks will adapt to those standards because the market starts demanding it. So, there's a little bit of a chicken and egg here, but I mean, I think that's the hope and expectation is that it would serve as a lever and that it would help advance the market to set a certain minimum level of standards and functionality that support the particular setting.

Joseph M. Heyman, MD – Whittier IPA

But – this is Joe. If we didn't have the certification and we just had the incentive program, people would still have given – they would have had to prove to their customers that they could do all the things that are required in the incentive program. But it isn't the certification that's making people adopt those standards, it's the incentive program that's doing that.

Paul Egerman – Businessman/Software Entrepreneur

Yeah, although –

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry, let me jump in with, maybe it's a comment about history. I know that I heard many comments during the time HITECH was being framed, immediately before it, immediately after, that while there was CCHIT criteria for the acute care setting and the ambulatory setting, that there wasn't any for the LTPAC or behavioral health settings, at the time. And people jumped to the conclusion that therefore there was insufficiently robust software to even consider an incentive program. And so it's a little bit of a chicken and egg story going on here that it was the perception that there weren't reasonable applications out there that could, in fact, pass certification if an incentive program came into existence. And so, all of the conversation we've had here about the burdens of incentives – I'm sorry, the burdens of certification, and maybe get compensated by having an incentive program I think raises in my mind the question of, so, can we learn from what's happened with the Meaningful Use Program and the existing certification criteria and the burden it's placed on vendors? Where, if you will, that burden came from? And is there a subset of things that could serve as a template of these – this kind of criteria is inherently less burdensome, because of either how it's framed or builds on more of a history and there are existing standards. And I'm hearing this morning a lot of support of interoperability in – area, where we have existing criteria that may be needs to be tweaked, but is mostly there and maybe we could be focused on that, as an example, of here's a building block that we need to have.

Paul Egerman – Businessman/Software Entrepreneur

Yeah and –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess I'm hearing two different things.

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul. So I want to comment on what you just said Larry and also what Marc said earlier. Part – as a former vendor, part of my observation about standards is, one of the problems with standards is somehow people read the documents and they interpret a little bit differently or they have different versions or something and so things sort of like kind of work. But like that 5 or 10% that doesn't work is really a big problem. And a benefit that was discussed, Larry, you mentioned the history, when we did our first certification hearing, one of the things that was suggested was – in our presentation, was that there could be like test kits that vendors can use to make sure that their stuff really is standard. And maybe even providers could use to test to see if their current system or if some proposed vendor is able to say, exchange laboratory results according to the standard, that that would actually be very much useful to get everybody on the same page. And so that – and that's a process, incidentally, that does not necessarily require a firm certification process as much as it requires creation of – understanding priorities, what are the things that need to be tested and how does this – what is the test kit going to do. So that's why I'm concerned about the connectivity piece. But if I'm understanding what ONC is telling us is, they want us to do more than that, they want an LTPAC and a behavioral health thing, they want like a version of CCHIT, electronic health – electronic medical records for those settings.

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

This is Marty with HRSA. And I was in chronic care and long-term care for years and the biggest issue that I see; I can understand in a perfect world that we would have a certification for a long-term care. Whether there's a business model out for that right, I'm not really sure, but one of the things I'm even more concerned about, especially in rural communities is sharing that information through some sort of health information exchange. And that the data – these continuity of care and going from hospital to long-term care to home health is somehow able to be transmitted and I'm not sure certification would be – an unfunded type of certification would be appropriate, but it could very well be, I don't know. And it's more about the – are there measures that can be – and those – and supporting data elements, can they be shared from acute care to long-term care to chronic care to home health? Do we have a mechanism to sha – are they out there, are those data standards out there?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Hi, this is Stan Huff; I just wanted to give my perspective, too. I agree with much of what's been said. I would agree, for instance, that I think the primary value we can add is by adoption of standards that lead to interoperability. And it seems reasonable to me too – I agree with the previous comment that certification of systems against standards will, in fact, improve interoperability. Because it's – especially early versions of the standards there are opportunities to interpret the specifics differently and you don't truly get to interoperability unless you have somebody who's trying to test it and that leads to then refinement of the standard that leads to a better level of interoperability. So I think, I agree with the focus being more on adopting and making sure we have standards in place that lead to interoperability and an ability to certify against those standards, because I think that's what we'll – that's a tool for improving the true interoperability that was intended by the standards.

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

And, quick question – its Marty again. Is there any functionality that could be anticipated in a long-term care EHR that isn't being used right now in the certification process? I'm sure there are some, but, the basics are pretty much – the fundamentals are the same, I would imagine.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So Marty, I think that that question you're asking is, in fact, one that we might bring to the subsequent sessions where people are going to be talking from the specific areas.

Joseph M. Heyman, MD – Whittier IPA

Well, I – this is Joe. I would say that one thing that would be different that we know will be different is that EMR vendors in general have ways of pulling out the data to prove that people have complied with meaningful use criteria and they don't have to do that for long-term care. And I'm sure that that's a costly thing to have to establish, dashboards and all that stuff that have to be done for meaningful use. That would just add an extra burden without really improving anything.

M

(Indiscernible)

Larry Wolf – Health IT Strategist – Kindred Healthcare

– Marty's asking – Joe, I think Marty's asking the flip question, are there things that would be of value in these other settings that aren't covered in the current criteria. So the current criteria talk about, for example, order entry, are there aspects of that that either don't apply to these care settings and therefore it might be burdensome beyond what those vendors would normally do or are there requirements in the particular care setting that would require some additional functionality that's not in the current criteria.

Joseph M. Heyman, MD – Whittier IPA

Well, if we're going to do this the way the charge is, that we have to actually specifically come up with criteria for these two entities, it seems to me that we need a lot of education about each of those two entities before we can come up with any criteria.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Joe, let me jump in, if that's our charge, we're going to need a couple of years, and I don't mean that facetiously. But my experience, having lived through this on the CCHIT side is that the development of criteria is not a three-month process, having lived with it on two rounds of meaningful use, it's not a three-month process.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Why don't we start with transitions connectivity and see where it goes from there?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

What do you mean by connectivity?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well, what Paul said and what everyone else says, don't look at the EMR at this moment in time and look at how –

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Okay.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

– what standards we need to connect to a HIE, to the hospitals and the people getting the incentives? What do they need from us, because remember, a lot of times we talk about the transition from the hospital to us, but not much is talked about receiving and I know I know some providers who have good electronic interconnectivity and the hospitals can't take it because there's not much talk on receiving.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

And you'd be primarily talking about CCD, right?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

A C – a composite CDA. I mean, the guys – most of the gu – because there are two vendor representations, at least for LTPAC, where all the vendors sit on that committee and I have not had any pushback from them to do some interconnectivity. Or what I call – to the EHR or to the hospital in a direct line and more than just project direct or the HITECH HIE transform out of Geisinger, that's what I'm talking about. Let them – if it comes – they – that's where they want, because it's also important for security and privacy. So why don't we start with that simple – not simple, but that task, also receiving and sending, and see if there's anything that should be stated as a voluntary criteria, so we not – when I was head of Siemens for nuclear medicine and ultrasound, we didn't know what – resolution was always a big thing. And so every different vendor had a different way of stating resolutions, and I didn't know whether I was playing football on a soccer field or baseball on a tennis court. And the National Electronics Manufacturer's Association, we got together and came up with a way to state resolution so we were all in the same ballpark and I think some of that is true with this thing. When we get asked to join an HIE, we want to have – know that what we have as far as criteria, that our vendor can connect to that HIE. And I don't know, people say I talk too much, so I guess I'm just going to keep my mouth shut.

I just think that our sector, LTPAC, is asking for some guidance, we don't want to be more regulated; we don't want to pay a lot of money for something. But we just want to, when we design something, and you can go to NASL and we can ask them to be part of this group, or to HCTAA, which is Home Care Technology Association of America, which is part of NAHC, which Liz just spoke at last Friday. And then Liz, we had another meeting on Friday after that where we had all the – most of the vendors in there, so – I'll shut up.

W

So, I'm going to jump in here because I just want to remind everyone that if we want to get to the Step 1 part of the conversation, we just have about a half an hour left. So –

Joseph M. Heyman, MD – Whittier IPA

Well, I think this is a pretty important conversation because what they're asking for, what ONC is asking for, seems to me to be something that really needs to be discussed, even though they say we don't have the option. I think we do have the option of explaining that we don't think it's a good idea AND that we would suggest that they just stick to connectivity.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Joe, let me sa –

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry. Let me jump in with a couple of process questions or comments. First, this meeting is scheduled until 12:30, so we have an hour.

W

Oh, that's right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– so we're going to have – time. Second, I think the discussion really gets to one of the major bullets that ONC has suggested might be criteria, which is what is the pressing need? And there's been a lot of discussion about pressing need around information exchange connectivity and what that means and how it might be useful, whether it's extending what's in the Consolidated CDA or whether it's communication protocol, testing and maybe not in terms of some of the functional areas that make up the bulk of what's in current certification criteria. So, my suggestion is actually that we look at the rest of the slide deck, which gives us a framework, I think, to talk about what we've been talking about and might move us further along. And then see where we are in maybe 40 minutes and then assess what we ought to be doing as next steps.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Larry, it's John again. I just want to defend ONC, I don't – a lot of this is coming out of us, our sector, working with ONC and working with Farzad and working with Jodi and requesting this. So it's not being forced down the throat of LTPAC or behavioral health. And my friends at behavioral health, we just – we want to play and – but we don't want to be told what – how we can play. And so it's not – Jodi keeps saying, they're – ONC's telling us – well, ONC's only doing what we've asked them to do.

Joseph M. Heyman, MD – Whittier IPA

No, I understand that, but ONC has given us a charge and that charge doesn't give us the flexibility of coming back to them and saying, this is not a good idea. The –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well it should.

Joseph M. Heyman, MD – Whittier IPA

– charge is that we have to come up with criteria.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

I think its recommenda –

Joseph M. Heyman, MD – Whittier IPA

– it's pretty plain that we have to come up with criteria for both things, even if they decide not to use them. That was what I heard.

Joan Ash, PhD, MLS, MS, MBA – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – School of Medicine – Oregon Health & Science University

If I can jump in here, this is Joan Ash and I'm sorry I signed on late. But, my take on it is that maybe this is a semantic difficulty and talking about certification criteria's very different from talking about voluntary guideline development. And if we could think of it in terms of the voluntary part, maybe that would help us gain more enthusiasm about doing this work.

Maureen Boyle, PhD – Lead Public Advisor – Health IT - Substance Abuse and Mental Health Services Administration

And if I can also interject from the position of SAMHSA, the Substance Abuse and Mental Health Services Administration, that also has asked ONC to look at the development of specifically the behavioral health certification. From our perspective, we actually can provide some level of incentive for EHR adoption, so through our discretionary grant programs; we have been encouraging our grantees to adopt certified electronic health records. But there are a lot of criteria within the Meaningful Use Program that are not relevant to our populations, so we don't want them having to – having our vendors or our providers kind of paying for the development of that functionality. And so having a certification program where we know that our investment is going to something that is going to support interoperability and have a certain quality level would be very helpful to us.

And then secondarily, we've been hearing from providers in the field that have been telling us that they don't know – there are about 100 different beha – vendors out there that claim to provide support for behavioral health. And we've heard from a number of people that they just – they don't know where to start or that they're getting promises from their vendors that don't turn out to be true once they've gone through the implementation process. And in a field that's so financially strapped, that is a major issue.

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul Egerman. I just want to make one comment about something you just said which is, certification through the government has nothing to do with the quality of the product. In other words, this is an important concept both for the marketplace, but for us. Just because a product is certified does not mean anything at all about the quality of the product, it just means –

Joseph M. Heyman, MD – Whittier IPA

Right Paul.

Paul Egerman – Businessman/Software Entrepreneur

– the criteria.

Joseph M. Heyman, MD – Whittier IPA

And I would add to that Paul that the physicians at least, I can't speak for the hospitals, but the physicians have exactly the same problems, in spite of the certification, that the behavioral health person just listed.

Maureen Boyle, PhD – Lead Public Advisor – Health IT – Substance Abuse and Mental Health Services Administration

Right, and I absolutely agree with that concept that – not going to tell you much about the quality, but I think it can tell you certain things like, are they actually HIPAA compliant. And are they capable of exchanging appropriate records and maybe there are kind of some additional criteria that we think really have added value – the field.

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul again. You have to be careful with the concept of HIPAA compliant, compliant with HIPAA is frequently – is much more about policy than it is about technology. I mean, there may be issues in the system about security –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Paul Egerman – Businessman/Software Entrepreneur

– which has to do with how you sign on and how you encrypt data, but that's not the same as privacy issues, which is really a lot about policies about what – how information is handled, who is allowed – granted access to what information, there's a whole series of policies. And so it's not correct to think that certification means something is HIPAA compliant.

Maureen Boyle, PhD – Lead Public Advisor – Health IT – Substance Abuse and Mental Health Services Administration

No, but it can enable it.

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

So this is Marty, once again. I think that the question comes down to it, can you tell the patient's story without long-term care and mental health and some others? And when you look at the patient's story of how they travel within the healthcare system, I don't think you can tell that story without those. So, I'm not sure the functionality is perfect, I'm not really sure how to go forward with this, or if certification is needed or not needed. But there certainly needs to be some sort of guidelines so that when we look towards the future, they have to be part of our circle of information, long-term care and mental health. How do we put forth some at least guidelines? Can they meet...would some of the guidelines meet the certification process now?

Joseph M. Heyman, MD – Whittier IPA

I think Paul's original suggestion about interoperability is the answer for all of this. I really think we should concentrate on interoperability and it doesn't matter what the setting is.

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

And there are –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Let me jump into this pause and suggest that we look at the rest of the slides, to see if they'll let us frame up this question. Because the answer very well could be, interoperability is the only criteria we think is important. But we've been asked in the step 1 part of this activity to in fact, assess what would the – how would you think about setting up a program? Why would you want to do it? What would be the things that would benefit providers? And so the discussion we've been having I think actually speaks to those questions. Or am I the only one who thinks that?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

No Larry, let's look at the slides and see if we can come to an understanding of the goal of where we're going. I think we've heard from both sides of the argument as to the why and what they might want. I think all of us recognize the criticality of what we're talking about. Do we have more slides that may help frame the conversation?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, I think we do. I think if we flip to the other slide deck – so, if we could get that done. Thank you. And so the slide that we're on talks about the goal here is to begin consideration of this first piece of activity. And we may, in fact, decide we need a little more time than the hour remaining, so let's see about that. So what factors could be used to evaluate whether and when a potential voluntary certification program would benefit health IT needs of ineligible providers, factors that would provide a template for evaluating the need. And once we agree on those factors, to then pass those on as recommendations. So, the discussion we've been having about costs of doing things, about burdens of doing things, about value of doing things, I think completely fit into what we're being asked to do as part of this first step.

And, if we go on to the next slide, it lays out five big areas. Identification of a well-defined health improvement need, adoption and interoperability, potential improvements to existing federal and state programs, pipeline considerations such as are there standards in fact in place and stakeholder support. So we've been talking around these five topics the last time and this time. I think it would actually be useful to organize our conversation around these five, maybe for the next half hour or so and see where we are.

Joseph M. Heyman, MD – Whittier IPA

So, this is Joe. Just on that last one, stakeholder support.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Joseph M. Heyman, MD – Whittier IPA

I think that we have to consider stakeholders beyond the stakeholders who are the providers. There are other stakeholders like the vendors.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. I agree.

Joseph M. Heyman, MD – Whittier IPA

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

We should consider broadly the stakeholders. Okay, let's go on to the next slide. Am I on the right deck? Sorry. I am on the right deck, I just have the wrong window up. So what are the overall – overarching health improvement needs that a voluntary program would help address? And are these needs well defined? Is the marketplace capable of meeting the health improvement need independent of a certification program and can it do it in a reasonable amount of time? So, why don't we take a few minutes and actually look at reframing the discussion we've had in terms of well-defined health improvement needs. I've heard a lot of discussion about the value of information exchange as patient's transition from care setting to care setting.

Joseph M. Heyman, MD – Whittier IPA

Well this is the place where government can help with interoperability –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

Joseph M. Heyman, MD – Whittier IPA

– by suggesting which standards everybody should use.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Larry, does this one – this is John. Does this one – as an example, we get a therapy plan from a hospital from somebody that's been in the hospital for a hip replacement, and we get an electronic therapy plan in our – in the hos – in the nursing home or the home care. And then we take that information and then we look at – do our required assessments, which is OASIS assessment or MDS assessment and that's an improvement in care because it's electronic and it hopefully would have a med list and meds that they're on and we can start our care. Because a lot of times, as we've said before, we get these patients at 4:30 on a Friday afternoon and we have to start doing care over a weekend and a lot of times we spend time on a telephone wondering what meds these people are on, and it takes time. If we get it electronically and can receive it immediately, that's a health care improvement for that patient because we start doing longitudinal care when we get somebody, because they'll be with us for a long period of time. And so, I think that's a health improvement, is that what you're wanting here?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, so, the – yes. That we're talking about, is there a well-defined need? And I'm hearing there is a well-defined need in terms of better communication as patient's transition from setting to setting.

Joan Ash, PhD, MLS, MS, MBA – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – School of Medicine – Oregon Health & Science University

Isn't it another well defined – this is Joan, by the way. Isn't there another well-defined need in that we need to improve patient safety and transitions of care are one of the most dangerous points where patient safety is at risk.

Joseph M. Heyman, MD – Whittier IPA

So we're still talking about interoperability here. This is all interoperability –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Right.

Joseph M. Heyman, MD – Whittier IPA

– patient safety, it's continuity of care, patient safety when there's a transition, all interoperability. And I think that's where we need to concentrate.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And I talked to a guy over the weekend, one of the vendors, big vendors in home care that has also software program for ambulances and EDs and he's having problems. He talked to me about interconnectivity, when we send somebody back becau – we don't want to send back, but we have to send somebody back sometimes, for re-hospitalization. So that's a health improvement thing that the ED gets good electronic information before the patient arrives, so they can start doing some planning, rather than starting a bunch of tests and that when the get there.

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

Hi, this is Elise, I just wanted to jump in, just to mention that the kind of discussion points here would be whether a well defined – identification of a well-defined health improvement need should be one of the factors that should be on the list. I think there – and then, once the criteria or the factors or characteristics are determined, then looking at what specific health improvement needs would be something that would happen at a later time. And maybe we should have mentioned that the two sub-questions are really samples of helping to determine whether this should be a factor. And just in the interest of time, I know time is a little bit short, so I just wanted to clarify that the goal would be to determine whether health improvement need and the other following ones are – should be factors in this list for step 1, which is, what factors ONC should consider in evaluating any voluntary certification need. Does that make sense?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

So you would say that voluntary certification health – help – would help health improvement period, right?

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think what you're looking at John –

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– I think the question is, is there a need out there to which voluntary certification might be an answer?

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

I think that's exactly right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And we're saying, for example – so they're saying, if ONC's going to launch a program it ought to identify some needs before it goes and launches a program. I mean, it's what we've been talking about really, for the last two meetings.

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

Right, I think that's right –

Larry Wolf – Health IT Strategist – Kindred Healthcare

(indiscernible)

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

– and whether the need is compelling.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. So I think, at the risk of stating the obvious, and maybe that's why there's a fair amount of silence, that in fact the workgroup feels this is right, there ought to be a compelling need.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Larry, are you saying there should be a compelling need or there is a compelling need? There's – its two different things.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. So we're being asked – so in the first part, we're – I believe we're being asked to say, if ONC is going to start a program, what are the criteria that they should consider before they start the program?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And the first thing that they should consider is that there is a compelling need.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Yeah, that's obvious, like you said.

Joseph M. Heyman, MD – Whittier IPA

I don't know if it's obvious, I don't know if it's obvious at all. But I would agree with it.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

So is the compelling need that we've identified, Larry that we need to be able to send information and receive information from organizations that are currently not under the certification program? Is it as simple as that, in order to provide safer care in a more expedient manner?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, that could be the answer to the question. So, the first gate, if you will, that any program should go through is, is there a compelling need? And we're saying, in this case, we believe that there is. We're going to hear more about this over the next several sessions. We believe there is in terms of the need for better communication as patient's transition through care settings, tied to patient safety, tied to cost of care, tied to improved outcomes, tied to improved satisfaction.

Joseph M. Heyman, MD – Whittier IPA

But of course the question is, whether certification satisfies the need.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Right, right, Joe. I think right now we're just going to say, is there a problem that potentially we can solve, and then a secondary question that as the conversation continues, is certification the answer, right?

Joseph M. Heyman, MD – Whittier IPA

Right. And if we can solve the interoperability on the back of long-term care, that would please a lot of physicians, because you'd be solving it for them, too.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

This is Jodi. I just want to remind folks, from what I said at the very beginning, that we have like two steps in what we want you guys to weigh-in on. The first is about the program in general, and what we should be thinking about as new settings, new issues, new groups come to us and say, oh gosh, you should have a certification program for this. What are the criteria? So, in this case one of the questions is, is this a criteria? Somebody comes to us and says, PHRs, well, is there a well-defined health improvement need? What would that be? Does certification help address that? Not – and try to put – I would suggest maybe putting LTPAC and behavioral health aside, except to the extent that you may want to walk it through to see if that helps your thinking. But, this is sort of broader than that, the discussion we're having now, as opposed to those particular use cases. And then the second step is, those two particular use cases. Does that help at all? Okay, I hear complete silence –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Yes.

Joseph M. Heyman, MD – Whittier IPA

Well, because, the reason that there's complete silence is because there's actually more questions than that which is, do we need one at all? But if we have one, then it seems to me that these would be good criteria for those.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

So Joe, why don't we look at what the criterion – then at the end of that discussion, whatever time, then we say, do we really need it?

Joseph M. Heyman, MD – Whittier IPA

Yeah, that's fine. And, as I said from the very beginning, if we decide that we're going to do it, I'll work hard to do what's right. But I'll please you all by letting you know that in 12 minutes, I have a hard stop, so you'll be able to have a half-hour without me.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, we're gonna miss you Joe.

Joseph M. Heyman, MD – Whittier IPA

That's right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, thank you for the warning that you have a half – that you have a hard stop at the top of the hour.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

This is Stan Huff. I will be leaving at the top of the hour as well.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Sounds like we have a bunch of folks who are going to leave at noon – noon Eastern. Okay, so –

Joseph M. Heyman, MD – Whittier IPA

Let's go on.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Without beating this one, let's go on, thank you. Next slide.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And speaking for Stan Huff and I, is there anything that we have – since we're the liaisons and we've got an upcoming Standards meeting, is there anything that we will have to present at this upcoming Standards meeting?

Joseph M. Heyman, MD – Whittier IPA

Wow. Well, we haven't made any decisions yet.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

So I mean, I'm looking for saying nothing, but I just want to make sure, because if we are, we've got a week or so.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. So actually John, I think it might be helpful to Standards if they had like a one or two slide snapshot of this work that's starting and what the intention is, in terms of trying – first part to define criteria about when are certification programs appropriate and helpful and then a second step of looking at certification in two particular areas.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

I don't think –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And I agree, just to give them a heads up.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

Yeah, this is Jodi, I think that that would be sufficient. I don't think you need to say anything more than that at the next Standards Committee meeting.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, so let's – having had a breather here, so looking at the next slide about adoption and interoperability. So a suggestion is that a second banner under which we should be considering reasons for a program is that this is somehow going to support adoption and interoperability in ways it's not stated here, so I'll add it. In ways that would actually help other programs. So, I think that the interoperability piece is presuming that there's other stuff happening in healthcare.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Wouldn't – under – fall under that would be the re-sending of somebody back to a hospital and keeping the private physician informed that we are sending somebody back. And maybe in the new world, the physician or the hospital could offer a home care agency or even a nursing home some advice on maybe they could do something and the person wouldn't have to be sent back. That would be interoperability.

Joseph M. Heyman, MD – Whittier IPA

I don't think we need to make a case for interoperability, I think everybody accepts the case.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

So –

Larry Wolf – Health IT Strategist – Kindred Healthcare

And I think that that's a strong point. I agree with you Joe.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I guess I want to raise the first one, because it has that sort of loaded word in the middle about, would it empower? So, is there some value, in terms of certification driving adoption?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

I think there's value Larry, and this is Liz, in an adopt – in that statement. I think the quandary in my head is the voluntary part and what kind of participation we would get. So I don't think – I think if people certify and if there's ability to provide information back and forth in a more standard way, there's no question there's a benefit to it. Do we ever talk about whether or not the fact that it's voluntary that people will actually participate? Is that a different subject on a different day?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, I do think that's one of the fundamental questions, I mean I think that's behind the empower statement in the first set of bullets. And what I'm seeing in terms – I'm seeing two drivers of furthering adoption of health IT. And one should be no surprise to anybody is because there are regulations that whether they absolutely require or essentially require that you adopt technology. So – to the changes to MDS a couple of years drove a wave of new adoption in the long-term care and nursing center world. It was a regulatory requirement, drove adoption. There are softer things, there are market forces that are driving adoption of health IT as well and those are related mostly to the Meaningful Use – well, partly – there are probably two big drivers.

One is overall economics related to health reform in its many flavors including penalties for acute care hospitals when there are readmissions within 30 days. So, that's forcing tighter partnerships with post-acute care vendors – post-acute care providers and one thing that those providers would like to have is tools that are compatible with what the acute care system is doing so that they can say, when you create a care summary, we can receive the care summary and we can do something useful with it. And there's also ACOs –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

There's also –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– ACOs are going to require that.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And also when we get, which Paul is working on, is harmonization of quality measures across care settings, because that – we need information, in order to do a longitudinal quality measure within facilities.

Joseph M. Heyman, MD – Whittier IPA

Well, let me – this is Joe. Let me just say that I know we're not there yet, but if we're going to be doing quality measurement and requiring certification for that, I'll be opposed to that. Because I already see the experience on our side.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Yeah, I don't advocate certification there, but there has to be harmonization there or somebody's going to be normal in one place and abnormal in another. That's what a –

Joseph M. Heyman, MD – Whittier IPA

Yeah, well just be careful what you ask for.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well, we get a lot of them shoved down our throats, so, I have a file called piling on.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, I'm hearing a constant theme here of, there are some powerful lessons to learn from what's happened with the existing certification program and how it's actually played out –

Joseph M. Heyman, MD – Whittier IPA

Yes – (indiscernible)

Larry Wolf – Health IT Strategist – Kindred Healthcare

– in terms of Joe's comments about the goal may have –

Joseph M. Heyman, MD – Whittier IPA

– back to my –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– been to improve –

Joseph M. Heyman, MD – Whittier IPA

– I think the interoperability part of it is fantastic.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. Well, and Joe, you're more enthusiastic than I've heard some who say, I can receive the care summary as a document, but I can't tear it apart because the standards don't go deep enough.

Joseph M. Heyman, MD – Whittier IPA

Well, I would agree with that, too.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, one step in the right direction, but not two steps yet.

Joseph M. Heyman, MD – Whittier IPA

Right. Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Let's go on to the next slide. So, are there potentials to improve existing programs? So, are there existing programs in place that would be better if there was ONC certification to support them?

Joseph M. Heyman, MD – Whittier IPA

This is Joe. This is the group of points that I was referring to when I said, it only asks for the good things, it doesn't ask about what might be negatives.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Umm.

Joseph M. Heyman, MD – Whittier IPA

And I think it's really important to ask about the negatives.

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

Hi, this is Elise from ONC. I think we agree with that. I think looking also at the negatives, it's helpful because it provides again that – to figure out when and where a voluntary certification program is needed. So we can kind of make the change to this slide, if that would be helpful.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think it would be Elise, I think we need to acknowledge that there are both benefits and costs and this is a trade-off.

Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology

Are there any thoughts on what you would propose to change here? I just want to make sure that we're capturing the workgroup's thoughts here.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

I think you just add more bullets that show the disadvantages of something, the high cost to vendors and that gets passed on to the providers.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think she's asking about the burden created by changes in workflow necessitated by how the vendors have interpreted the criteria.

Joseph M. Heyman, MD – Whittier IPA

I can list a couple of them for you, but I don't think that's the point, I think we just need to make sure that we include in the process a place for discussing the negatives. And right now, all we have here are questions about positives, with the previous slide and this one.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

So is – yeah, is there a slide that looks for the contrary sort of opinions on this?

Joseph M. Heyman, MD – Whittier IPA

No. That's what I was commenting on when we were looking at the first set of slides.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Okay. Got it.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think that that balances this really well. Any other major points for this slide? I know we're about to lose a couple of people. Okay, let's go on to the next slide.

Joseph M. Heyman, MD – Whittier IPA

Can I just ask – are we suggesting that if these things don't do those things, that therefore they should not be certified? Because – or are we just saying these are areas that we're looking for that will help in deciding whether or not something should be certified?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think the question is, should – if you're looking to stand up a certification program, are these considerations that should be part of that, rather than requirements. Just considerations.

Joseph M. Heyman, MD – Whittier IPA

Yes, because it says considerations right there.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, these are all about considerations.

Joseph M. Heyman, MD – Whittier IPA

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Next one. Yes, so pipeline considerations. So are in fact there building blocks already in place or would a program lead to those building blocks? And so, my understanding is that in fact this has been the hard part of the work of the Standards Committee and then of ONC and CMS after the advisory committee activities have ended in recommendations to them. What is the current state of standards? Do we still have either of our Standards Committee members to comment on this one?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Ah, yeah. This is Stan. I'm still here and I did have a comment. I mean, it's interesting. I don't know if we want to open this door, but it – as we focus more on interoperability, the general discussion in the Standards Committee hasn't been, what do we need to do to create better interoperability. In fact, the discussion has generally been focused on what kind of interoperability do we need to support meaningful use and I think the whole area would benefit from a broader discussion of yeah, what are we missing that would actually improve interoperability across the board as opposed to, what is interoperability –

Joseph M. Heyman, MD – Whittier IPA

Thank you.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

– just directed at meaningful use certification.

Joseph M. Heyman, MD – Whittier IPA

Thank you, thank you, thank you.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Yeah, I would – this is Liz. I would agree with Stan. I think we've also focused more on content and moving a set of data from one place to another, not improving. Jodi, is the Standards Committee empowered to look beyond meaningful use?

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

Yes they are, you mean as far as recommendations on standards and certification criteria that go beyond meaningful use?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Correct.

Jodi Daniel, JD, MPH – Director, Office of Policy and Planning – Office of the National Coordinator

Yes, they are.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

So what Stan is suggesting, which is a very appropriate suggestion, is within our purview. Thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great. I like it. So I'm hearing –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well in fact Liz –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Go ahead John.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

In fact Liz, on your meaningful use, when we looked at the certification through scenarios –

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Right.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

– we did bring in LTPAC and behavioral in some of those.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

We did. But I think again, when you talk about the difference between – and one of the reasons those don't necessarily end up in the clinical scenarios is because it's not required today. And I think understandably the vendors push back to say, from a cost, time testing scenario perspective, this is not required. I think this is what's lead – that's full circle back to why are we talking about voluntary certification because today, if Carl on his team were to go to CCHIT and they were asked to demonstrate this, they could push back.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

This is Stan. I need to drop off now. So, thanks, it's been a great discussion.

W

Thanks Stan.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thank you Stan.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yup, bye.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Bye.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess I'm hearing that there is some pent-up demand within the Standards Committee to actually look more broadly at what would achieve the overall goals, not necessarily within the constraints of meaningful use.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Correct. And I think also that it's not even constrained within voluntary certification, it's around the whole issue that we have and our focus on interoperability standards just in general, Larry, if we're really going to talk about it. Certainly it has a tie-back to this discussion, but it has a greater meaning.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Giving an example, I think, I was at a – I gave a talk on eHealth in Arizona and a person stood up that had a big ACO and they talked about the workflow and all that about some of it being trans – discharged or transitioned from a hospital to their home. So I asked the question, how do they handle the 40-60% of the people that go to nursing homes and to assisted living and to home care and he said, well, we haven't even looked at that yet. And so, I think that's part of pipeline because it goes – or you just can't consider the traditional workflow of transitions of care from a hospital to a home, you have to look at the other people who are in that pipeline.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess I'm hearing pipeline in two ways where. There's a development pipeline, which I think is what this discussion was getting at, but there also is the pipeline of cares that flows from setting to setting. And that if we're looking broadly at whether our programs are helping and our interoperability is helping, we need to really look at the workflow issues as well as the sort of technical issues of creating a standard.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

I think you're right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

I think we agree that silence means acceptability.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Yeah. (indiscernible)

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah. After all of the discussion, I was like sitting at the edge of my chair waiting for something, so thank you, two pipelines, standards and workflow. I just made my own notes to show this. Okay, let's go on to the next slide. Stakeholder support.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

The stakeholders that I talked to, and I talked to both sides of and I'm on these different groups, they want – they support this, the vendors, the providers, the ancillaries, all of these different – the pharmacy, the consultant pharmacies, medication people all support something. They don't know what the something is, but they support something.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

So John, my only question – this is Liz, my only question would be, I think from a philosophical perspective there's no question that they would support it. If it were introduced with some of the complications and dollars, would the support change or would it remain the same?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

I think it's all a question of magnitude. What they don't want, and I said it earlier on, they do not want somebody from the government – as an example. You guys might not know this but there is a mandatory, unfunded mandate by the government to look at medication every month, which is pretty – with a consultant pharmacist stated, that is now budgeted within our budgets in nursing homes, in the administration budget. And so we keep getting cuts. Well we have to cut in that budget and it's an unfunded mandate and now they're trying to change that and make it that most of the time the institutional pharmacies pay for that consultant pharmacist, which is \$15-20 dollars an hour, which they should do, change it so that the nursing home pays for it.

And as we get into more medication management within assisted living, there will probably be unfunded mandates coming down. And with all due respect to them, the people over there, sometimes they're not really knowledgeable about what goes on in a nursing home or home care agency. And so I think that's what we don't want. We would rather say, this is what we can do. Because remember, we really care about the patient because we see them a lot longer than a hospital does and in that care, we want to get good information and we want to give good information back. And the only way you can do it is somehow know of interconnectivity and interoperability. So, we just don't want to be mandated.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, I guess what I'm hearing John, and somewhat in Liz's question about just the philosophical position that would shift is, you're actually saying that there's a desire to be proactive and that the stakeholders want to have more input into this process than perhaps the meaningful use stakeholders had, maybe there's a lesson to be learned there. And that in fact what gets put into the certification criteria in some ways better fits the needs of the space, the abilities of the vendors to deliver the absolutely essential functions. I listened to Joe's comments about, yes, good quality measures are a good thing, but the way in which they've been delivered, in his experience with meaningful use, is not necessarily a good thing.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

One other thing maybe the group, I hope I'm helping and educating, but the MDS and the OASIS Charlie are byproducts of good, robust EMR software systems. Where the government looks at that as more as a payment, it started out as a payment plan and now they keep adding to it, which starts to bridge into clinical care when – and not knowing that the programs already exist out there and it's just a byproduct, which it should be, from a really good longitudinal EMR. So, if CMS gives us, and tells us what to do, it'll come out in the MDS format and OASIS Charlie, and that's not really what the caregivers want.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. I think – so I think, John, that you're describing the kind of bind that the acute care vendors and providers have been describing this morning of, the intention of a lot of this can't be argued with, it's the right thing to do for the patient, it's the right thing to do to improve care. But, the way in which it was implemented, so for example, the MDS and OASIS are intended to provide assessments and quality measures to ensure that quality care is being delivered and that there isn't fraud happening in the billing for that care. But, they're not directly derived from the care process itself, they're add-on documents with their own process to support them.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And I think that's some of the bind that we're hearing about is, if you create certification criteria, you formalize in the software a specific way of doing something and that that, in fact, is the thing you're arguing against. Don't give me an assessment that creates more overhead, don't give me a requirement to have consulting pharmacists that just adds to my overhead. Maybe better –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Or treat –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– if there was some –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

– or treat me like penalty management where the things are set up that it's like the cap in therapy is penalty management.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. Okay. So, I think we've killed pipeline, let's go on to the next slide – and we killed stakeholder – well, so let's go back to stakeholders for a minute. So, is there – there was some discussion about how broadly stakeholders should be considered, should that be part of this as well? I mean, these are talking about, does this – is there stakeholder support, but it doesn't really say, who are the stakeholders? Have they been defined appropriately? To Liz's question, I love the philosophical spin to this, if we want – if we ask the right user, they might have told us, this is all philosophical, what you're doing is messing with my workflow.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Right. Well I think you know, you've heard today that there's – Larry, this is a tough one because I think the reality of it is, no one's going to object to this. I think when we get down to the brass nuts, is this really – will those who don't belong to large corporations or companies, meaning long-term care or whomever else we may be trying to engage with, will they voluntarily support this today. And I shared it with John, and probably with you, we try to send some root care documents to places where our patients are being transferred and they're not capable of receiving them. And it's not a criticism, it's a reality we deal with on a daily basis and it's probably not a lack of desire on their part, it's probably a lack of technology on their part. And I'm not sure that all of these companies are going to step up and spend the money.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well and Liz, you're absolutely right. And what'll happen is, if they can't eventually you won't send them any referrals, so, it's almost mandatory for them to connect and to help you with your meaningful use. They just don't know – a lot of moms and pops in the rural areas just don't know what to do, and that's where I think some guidance may – and I forgot your name that representing behavioral health, but the word guidance probably is a better word. Otherwise those guys are going to go out of business and we can't lose them.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Ri – that's my fear is that when you say, we're forcing this, I think that what we've tried to do, for the purposes of providing information to them so better care can be given, is where they cannot receive electronically, we continue to send transfer papers in paper. I mean, it is what it is, the whole world is not digitalized and so, if you're dealing in a particular community where the mom and pop shop is the only alternative or one of two alternatives, both of which don't have electronic – are not digitalized, you deal with what you have. It's kind of like the concept of ePrescribing. Every pharmacy in America is not ready for ePrescribing, so that doesn't mean we take those who can't receive prescriptions in that manner, we still have prescription pads in our hospitals, because it is what it is. And I'm not taking away from it, I just think we have to face the reality, when you talk about stakeholders, we hear from those who are very enthusiastic and understand the value of digitalization, but we're not necessarily hearing from those who will not – cannot participate in this.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yup.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well, and one other thing –

Larry Wolf – Health IT Strategist – Kindred Healthcare

(indiscernible)

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

– over all the years that – just let me say one – the guidance part when somebody like I got a call with the Minnesota – they say well, if we gave you some money, what would you do with it? Well that's where I think this program would help out. And there are Medicaid state things where these moms and pops can get some money to help them out with improving their IT infrastructure. Excuse me Larry go ahead.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So John, I think you actually bring up a really good point rolling back to immediate needs, back on the first set of discussion points, which is, there are Medicaid programs that are paying people to do something. And it might be worth exploring to what extent would those programs be – would it be beneficial if they had certification criteria or would it just add all of the concerns we've been hearing today of creating additional burdens on everybody that might not even pay for the level of funding made available. I want to jump in with something though, as a wrinkle, and it addresses how broad do the stakeholders need to be and are we engaging them in a way that actually allows them to represent their needs. So, we can – many of us have been touting the growth in ePrescribing as a really good thing. And I heard a counterstatement recently that said, some patients are asking not to have their prescriptions sent electronically because they haven't decided on what pharmacy they wanted to use, because they wanted to shop around the prescription and find the place that would give them the best deal on that med. And if they've got multiple prescriptions and multiple meds, they might actually be going to different pharmacies based on which one gave them the better price, in addition to needing alignment with their insurance program. So, the whole – it completely complicates the ePrescribing story if you say, well and now we need to build patient cost into the decision about what pharmacy to send it to.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics –

Tenet Healthcare Corporation

Exactly. I mean, not that we can –

Larry Wolf – Health IT Strategist – Kindred Healthcare

But it is, in fact, a real issue and why someone might choose not to have their prescriptions sent electronically.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics –

Tenet Healthcare Corporation

Right.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

As a pharmacist, boy, that'll really start getting poly-pharmacy's going to be harder and harder with people that shop around.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Oh yeah.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics –

Tenet Healthcare Corporation

And I don't mean to –

Larry Wolf – Health IT Strategist – Kindred Healthcare

(Indiscernible) I'm just saying it's out there.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Yeah.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Yeah, I don't – I'm not trying to take us off target, I think it's just a reality that we don't stop progress because everybody can't join in, but I think we have to recognize there is a stakeholder group here that's not necessarily represented. So at some point, you create that balance and you report back.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Also Larry, we – I'm on the Patient Engagement group and in nursing homes we do a lot with the families and so one of the other stakeholders, and we should be doing some harmonization with Leslie Kelly Hall's workgroup because they need some standards on how we transfer information to patients, who aren't really getting incentives either, or to families.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, let's go on to the next slide. Okay, so I'm not going to go through the additional material, it reiterates the slides that were sent out a week ago – two weeks ago, I guess, with the charge to the workgroup and our current timeline and resources. So I guess, the question I've got for this group, those who are left on the call is, where are we in terms of wrapping up this phase 1? Do we – do you feel like we have – we've actually come to any kind of conclusion, consensus, temporary pause, or do we need to look at this phase 1 activity one more round?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Larry, one of the things that occurs to me, it's more of a recap than a new comment, and that is that what we've looked out today, if it was encapsulated into kind the "why yes" and the challenges to the "why yes," so that it was – we really had a balanced picture, I think we might be able to come to a conclusion. I don't think anybody, well Joe is I think opposed to the voluntary certification, but overall, again we agree on the need to be able to exchange data, which comes down to interoperability. Can we re-encapsulate it in that way or do we specifically have to answer the question, which may be our objective, is a voluntary certification program the right way to meet the need? Is that it and the only question we should ask, or should we offer alternatives?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So when you say offer alternatives, what are you – do you have something specific –

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Well what I mean is specifically rather than a voluntary certification, I think, and maybe it's just – it's not an alternative, maybe it's just an additive set of activities to challenge the interoperability question altogether, which we've been challenging since the very beginning and maybe, suddenly come to its time.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Liz has got a good point, I mean, because an alternative might be exactly what I've sort of said we were fighting and that we incorporate it into the MDS and the OASIS Charlie, in order to get broad acceptance of it, which wouldn't cover the non-licensed nursing homes, which as you know Larry, that Jennie Harvell always brings up, the NFs and the people who really don't – that need interconnectivity but aren't part of the Medicare/Medicaid system. So perhaps there is subject matter to say, besides certification, what are the alternatives to achieve the objectives that we decide to do.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, I guess I'm hearing that there is at least some need to pull together sort of some stalking horse answers to this first round of questions.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Agree. And then I think what we were asking too is, if we can not only answer these questions but also eliminate barriers, so that we're being – our response is balanced. And then maybe you can get to – maybe you can spend a small amount of time in the next workgroup meeting getting consensus on that and moving on to the next phase, I don't know. It seems plausible, but, it's sort of dependent on once that's pulled together, if we have enough time in advance to review it and then maybe we can kind of come prepared to the meeting to put an end to phase 1.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, so maybe that would be good, to try to – to put at least enough of a proposal together and get it settled so that this round of conversation can actually rest, and then pick up the behavioral health and long-term post-acute care specifics and go through those.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Sounds good.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm thinking that – so, to the ONC folks, I'm thinking we're probably going to need to think about shifting out one round of meetings from what's currently scheduled, because the next meeting on November 18 was to bring in LTPAC experts. And I'm thinking two weeks is probably a reasonable time frame to try and get something out to the workgroup and get it reviewed and use that next meeting that way. Any other thoughts from the folks on the line?

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

I think that sounds good.

Carl Dvorak – Chief Operating Officer – Epic Systems Corporation

Carl, it seems reasonable.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Well, I guess I'll work with ONC about shifting the calendar so that we have time to do that.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

This is Liz from ONC we can certainly do that.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Yeah, just a logistics question, because I have to drop off quickly, Larry, the meeting moves around a lot in terms of time of day and day, is that intentional to meet somebody's needs or is it just a matter of the calendar?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So it was just – so, ONC had –

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

This is Michelle, it's just a matter of the calendar.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Okay. Thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, we're right on time to ask for public comment.

Public Comment

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

Thanks Larry. 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.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well okay. With that, I guess we'll wrap up this session. I'd like to thank everybody who has been part of the conversation today. Lots of stuff got brought forward and I think there's a path forward to what ONC has asked us to take on and let's see if we can actually realize that we're in agreement on that path. So, we'll have summary materials out to everybody in advance of the next meeting. Thanks again.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Thanks.

Elizabeth Johnson, MS, FHIMS, CPHIMS, RN-BC – Vice President, Applied Clinical Informatics – Tenet Healthcare Corporation

Okay everybody, bye now.

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

Thank you.

Public Comment Received During the Meeting

1. Does the regulatory mandate in HITECH allow the ONC to mandate for other regulatory requirements?
2. From the Behavioral Health perspective, the real needs are centered around guidelines, standards and interoperability. The Behavioral Health industry need clear guidance as HIT vendors are all over the place. Whether it leads to "certification" is another issue.
3. Establishing "voluntary" guidelines and standards that will enhance interoperability would be a great start.
4. For Behavioral Health, this would be a giant step forward in charting the right path for the future of cost-effective and successful HIT adoption/implementation.
5. The Behavioral Health community is not so "incentive-driven". Since, we operate under very lean principals, we want to effectively use technology innovations to improve quality care and reduce or eliminate redundancies, rework or waste.
6. SAMHSA, HRSA and NIMH can provide a rich source of "direct insight from our constituents" as to what true needs or value propositions are for our Behavioral Health Community. Therefore, any standards development and guidelines should require more direct involvement from SAMHSA, HRSA and NIMH. I offer this because most of the people, with exception of Dr. Maureen Boyles (HIT Lead, SAMHSA), agreed that more education is needed about the Behavioral Health and LTPAC communities. This worries me.
7. There are other regulatory levers, other than Certification, to achieve interoperability among those excluded from the Meaningful Use Program.