

**HIT Policy Committee
Meaningful Use Workgroup
Transcript
February 11, 2014**

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you, good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

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

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

George Hripcsak?

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

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hey George. Amy Zimmerman? Art Davidson?

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

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Charlene Underwood?

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

I'm here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Charlene. Christine Bechtel?

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

I'm here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Christine. David Lansky? David Bates? Deven McGraw? Greg Pace? Marc Overhage?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Marc. Joe Francis? Leslie Kelly Hall? Marty Rice? Marty Fattig? Mike Zaroukian?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Mike. Neil Calman? Patty Sengstack? Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Paul. And Rob Tagalicod? And are there any ONC staff members on the line?

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

Hey Michelle, Elise here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hey Elise and with that I'll turn it back to you Paul.

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

Thank you very much Michelle. Okay and welcome everybody and we have three calls between now and when we present our final recommendations. So we have these three calls to get it right. Let me go to the next slide please.

So, one, thank you everyone for your long years of service and many hours. I've presented to the – and probably about half of you were there, I presented to the Policy Committee and pointed out how diverse a representation we really do have on this Workgroup and also the history of working together and making sure we cover most of the bases if not almost all of the bases in terms of bringing perspectives to bear. Next slide, please.

This is probably from the presentation, go on please, next slide. Okay, let me try to summarize some of the things that I've heard and please chime in for others who join. One is interoperability is a top priority it came up in many forms and there is the space between interoperability and information exchange but it's just the notion of getting information from one person and one machine to another with understanding. The more seamless the better, the more coded the better so that remains a top priority, always has been, it was an emphasis area for Stage 2 and it will continue in Stage 3.

Probably one of the biggest messages we heard I believe, virtually unanimously was the notion of focusing. Focus means a couple of things one is focus on something and I would also say we had a lot of positive comments about the four emphasis areas CDS, patient engagement, care coordination and population management. I think, along with that is the other part of focus which is the focus not to do something.

So, really wanting to spend most of our collective time that are for the providers, for the users and the industry on things that are really important and may be very hard to do but necessary in order to get the outcomes we want. I would say that's the number one thing that we heard.

There were a number of calls for flexibility that I think – the number of dimensions one of the ways it's used is in use of, you know, being able to be useful to specialist in addition to primary care for example and one of the concerns, I mean, not concerns but one of the issues we have is there are so many different kinds of specialists so it's pretty hard to do but that's one of the things we do want to accomplish with all the Meaningful Use objectives.

And the other is the notion of is there anything all or – does it have to be all or nothing. I think we've tested that a number of times in the answers we get back is according to statute it is an all or nothing program and I'll also ask Michelle or Elise whether that's still the case.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

This is Michelle; we haven't heard anything else –

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

Okay.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

That was different.

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

A big factor we've heard both from providers and certainly we heard from the AHA and AMA for example in public comment as well as all of our inkling that we just – you know, the providers have a lot to do and the world asks even more of them all the time and we don't want use of the EHR to be one of those things at least where it's not very productive in terms of the value return in response to the effort needed.

Now part of that also is associated with usability, people do feel – you know, people feel like obviously there is value in getting the information in but it's not always easy to and so that's one of the costs and that's one of the things that people want to address and I know that weighs high in Karen's thinking as well.

Another one, there is some famous person here who wanted us to drop the certification only requirement, we'll talk about that as well because, you know, we've obviously discussed this before but I want to air and I think we heard actually sort of the pros and cons of that and Paul can represent, Paul Egerman, can represent his point-of-view and we heard some of what I think Neil mentioned, but at any rate we have both sides we want to re-examine.

Another thing that came up was to avoid requirements where standards are not mature because it just causes work to be done and not necessarily work that can be really reused just as a machine can't – or used to its fullest because a machine can't understand it or it might have to be redone because standards might become mature later.

And then also this whole notion of consuming external resources and I thought those points were brought up well as well, you know, Paul Egerman mentioned that Health eDecisions is on the early side, I mean, it's just being balloted I believe and Neil brought up the point one of the big areas where we re-work things and have to do duplicative work amongst the really hundreds of thousands of providers out there is actually entering knowledge in, the same knowledge in theory into each and every EHR. So the notion of consuming external knowledge is important from that point-of-view.

And then finally, usability to the extent that we can and yes we've had a hearing etcetera and we certainly want to try to do this. There may be other mechanisms to address the usability of EHRs in HIT then Meaningful Use but we want to keep this in mind.

Well, let me pause and do a couple of things, one first ask whether I've missed some major areas and then I think we will talk about a couple of these because they're more policy oriented or philosophy oriented. Any additions, please?

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

Paul it's Christine, you know, I'm not sure we talked about this as much although it was referenced at the Policy Committee but I wanted to flag it, but I think it's also something that's not really reflected well in the slide deck which is the value of some of these functions to patients, families or healthcare system, you know, improvements.

There is a lot about provider burden, vendor burden but there is not really anything about benefit and we did talk at the Policy Committee about weighing both which means we should articulate them.

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

That's a good point. I think it's built into the four focus areas but we certainly can say that. Other additions?

Okay, so let me go through this and see what overarching philosophy, you know, if we can settle some of these tensions before we go forward and so let me also point out or suggest a way we go through this, as I said we have three calls to get this finished and what I thought we'd do is at least in the first go through try to put each of these objectives in one of three buckets one is definitely keep, one is let go and the middle is discuss more later so we can sort of try to make some progress.

So, that's sort of how I'm thinking of going through the objectives, but let's talk about some overarching either principles or philosophy of doing this.

So, I probably think no one disagrees with the interoperability and I think we've consistently talked about Stage 3 as the narrative where we want to focus on outcomes and the things that are, you know, really important to that and those four areas have been things that we've picked on over the months we've talked about this or actually years now. Any changes to that?

Paul Egerman – Businessman/Software Entrepreneur

This is Paul Egerman I don't have any changes but in my view and I believe this was mentioned at the Policy Committee is in addition to interoperability being a top priority is privacy and security is a top priority.

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

Okay.

Paul Egerman – Businessman/Software Entrepreneur

Interoperability along with privacy and security has broad applicability among all specialties. I mean in relation to the issue of the specialists and I just wanted to make that observation because somehow that's not on this list and it really should be.

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

Well, Paul, this is George, Paul Egerman, the thing about privacy and – I agree with you except that that's like privacy and security need to be maintained just like clinical accuracy is critically important too, we can't have wrong answers going out there and it's very high priority.

I think interoperability is saying that this is something new that we failed to achieve that we need to start achieving much better than before whereas I'm not sure we failed on security and privacy the way we have on interoperability. So, I think that means –

Paul Egerman – Businessman/Software Entrepreneur

Yeah, I guess I have to say that I disagree. I think that on both privacy and security that's a dynamic area just like information exchange and interoperability is and that you can always improve. I don't think at all that we should say we did it check the box we're all set with privacy and security.

There is a lot happening in that entire field and that should be a focal point for any stage in Meaningful Use. I mean, ultimately we have to earn the patients and the physician's trust is the concept I would put forward.

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

And I think as you know Paul it's something we've put on from the very start its category 5 and has a category all of its own. I think what George means is that we do consider it and certainly have pointed out where it could be especially impactful on some of these other categories.

And the way we have been operating is if there are special areas in privacy and security, and as you know there are many, we delegate that to the group that the – the Tiger Team that has been working on the various issues as well as inputting recommendations for a Meaningful Use stage recommendation in category 5. So, it's very common, it's certainly not lost on this process I don't think.

Okay, flexibility will get to it's one of those themes we need to keep in mind. Oh, let me mention when I see the way the physician burden use, Judy Faulkner had an interesting suggestion and we've taken up that suggestion, some of these like this physician burden of use like specialist versus primary care and the burden of the effort involved in developing some of these functions was actually, you'll see, called out and put in special columns so that we can sort of look at them as we consider each of these objectives so that's going to show up in just a minute.

So, that's where one of the weigh physician burden of use is more of those things that came up often and we created a special column for it. The same thing for specialists, the same thing for actually standards. So, those are all in our new matrix. So, let me –

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

Paul, this is Charlene, in that matrix I think the other thing that – and I guess this goes without saying, do we just make the assumption that those things that ended up on our list, actually I've got two points, are not going to be – happen because of market demand or do we categorize them in that in terms of one of those columns in your matrix?

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

That's a really good point too. We didn't call out a specialist's column otherwise we would have a number of them, but please raise that if you think, hey, the market –

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

Right.

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

Is already taking care of this, that – we've put that as one of our principles that's guided us all along.

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

It was a principle.

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

If that's true –

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

Yes.

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

That's a good reason for letting go.

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

Yeah and then I think the other thing we need to be sensitive to when this drop/add or drop/keep and add or change –

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

Consider it yeah.

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

So at some time we've got to come back and look at the total number again.

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

Exactly.

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

Because we know that CMS cuts it back down to 20.

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

Yeah.

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

So, you know, we just need to say okay we've got – here's your top 20 or something like that I think.

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

Totally right.

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

Right? A little layer in the process, yes.

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

Correct. Okay, so let me take up the discussion of whether to keep certification only requirements or not. I think you've heard both of the arguments. I'll go ahead and say what we've been – why we created it and Paul Egerman I welcome you to say your difference of opinion and let's just discuss it.

So, the reason is the rows was because originally we had objectives which are basically provider behaviors and the accompanying certification criteria. As we've gone through we realized that not all objectives are applicable to all providers and so it's hard to write objectives and then have a bunch of exclusions that creates actually more administrative burden yet we also know that there are functions of an EHR or HIT system that we considered necessary in order to shift to the new models of care population management falls in that bucket as an example.

And there are things – so – and these functions do not appear in many or any EHRs at this point. So, it's our belief that, as Charlene mentioned, that it wasn't happening by itself even though we all needed it.

So, that's how we got to certification only requirements is because we didn't think it – one it may not apply to all providers. Two, it may be very difficult to measure without resorting to a check the box and again that's a little value and a lot of burden.

And three, it was very important in our opinion to effectively shifting over to the new models of care. So, that's how it got in there and Paul Egerman do you want to talk about the counter argument?

Paul Egerman – Businessman/Software Entrepreneur

Yes, I mean, first of all I want to clarify, I'm okay with certification only as it relates to privacy, security and also as it relates to information exchange. I think that those are fine areas for that and I would also say that the comment I just made was part of the original presentation on the certification process that was made to the Policy Committee back when David Blumenthal was the National Coordinator and I know that because I made that presentation and it said that ONC should leverage certification to improve privacy, security and information exchange.

And then it also said, but beyond that certification capabilities should be viewed as a floor and should be driven by the Meaningful Use requirements.

So, that was the basic concept and the concept that I have just in general is that Meaningful Use and certification are supposed to be – is supposed to be a floor, it's supposed to be a baseline and this is not the place to establish what I would call stretch goals for EHR vendors. The stretch goals for EHR vendors might be valuable and there might be good arguments for that but that's a different program.

And that's my view, I get particularly concerned when we are talking about functionality that basically doesn't exist right now, that is, in my mind, particularly troubling in that process that's not what we should be doing with this program which is all about adoption.

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

Okay, thanks Paul. Other comments?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I would just add another perspective. So, out there in practice there are some things that we would like to do and while we don't want vendors to over stretch we'd like to be able to do some things in our systems that maybe some systems have some don't but the one that we have doesn't necessarily and until they're all required to have it then we can't start assessing usability and work our way towards not only is the function there but the function works well enough that it can be reasonably incorporated into workflows and drive quality and value and things like that.

So, while I resonate with the general principle I do think there is a place for some aspects of certification only requirements sort of as the test drive of the functionality before anybody has to meet specific measures with them basically to prove that not only are the certification capabilities there but they're now usable enough to expect providers to use them.

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

So, this is Charlene –

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

Thanks, Mike.

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

Yeah this is Charlene; I wanted to add in kind of another in between perspective. I can certainly see the value of putting some requirements as placeholders.

So, for instance I think in Stage 1 we had to certify not only to be able to support medication orders but lab and radiology and that positioned us really well for Stage 2 when we had expanded to lab and radiology, and physician order entry. So, it was a present function that's already in EHRs, we certify to it, people could get going on it and all that was wonderful.

In Stage 2 the requirement was to do certification not only for medication reconciliation but problem and allergy reconciliation. That was brand new very unexplored territory and certainly for Siemens, and probably other vendors, it was the longest development timeline we had. So, that meant that by the time we got that done, you know, we had to wait, you know, kind of – we had to hold our software up to get it out to our customers and then we haven't proposed it for Stage 3.

So, I think that – so I think there are points, you know, kind of go with what Mike was saying, it's good to kind of get out there and test it but if the development timeline extends and that's just Siemens's experience other vendors might have been able to, you know, have it earlier in their timeline, but, you know, so there is a factor that really makes that kind of adding that certification problematic.

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

Thanks.

Paul Egerman – Businessman/Software Entrepreneur

I don't know if you want me to respond to any of these comments Paul?

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

Let's hear everybody out first.

Paul Egerman – Businessman/Software Entrepreneur

Okay, sure.

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

This is Art, I'll just – I think I agree actually with Paul that we should be using certification for information exchange and I consider the ability to consume an external rule information exchange that the standard rule that would be used as the description I gave at the policy meeting for immunizations those rules will be written into every EHR in a practice where immunizations are given out and that just seems like something that we could, according to how Paul stated it, information exchange would be accelerated through that certification process. Those rules would be available to providers and hospitals to make sure that we see that kids, adults get the proper vaccines.

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

Thank you Art. Anybody else want to make a comment?

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

It's Christine, you know, I think it's hard to talk sort of in broad strokes about it because I think it depends on which certification only requirement we're talking about.

But, I'll say that I do think it is very appropriate in certain circumstances and Paul I think you did a good job articulating those which is we – the function needs to be available, the market isn't driving it or isn't driving it fast enough but there is no good way to measure it like the population health dashboard because, you know, that would be a meaningless measurement and perhaps some care coordination pieces or where we think that it's really necessary, and we heard this at the Policy Committee, to give some flexibility to different provider types not all of whom will use this function but many of whom would like to and again the market is not really driving it. So, I think that's the strength of it.

I think the weakness though is Meaningful Use is not – it's called Meaningful Use for a reason there is supposed to be, in my view, an action associated with the function. So, you know, that's the downside of certification that I think we have to weigh and I think this is a program that's not purely focused on adoption that's where I would disagree with Paul Egerman that is certainly one aim, but I think we would have called it something different, but this is actually Meaningful Use. So, I think that's the downside of certification.

But – and therefore I would be a little bit hesitant to think about certifying some functions where we really do need to see them in use more like information exchange. That being said, I think there is one big issue looming that we have to keep in mind which is the fact that CMS and ONC have already announced that they're going to separate the certification rule from the Meaningful Use NPRM process and I think that really has some impact in this area that we should think through and perhaps get some feedback from vendors on because it could effectively make most of the things that even, you know, even those that we intended to be in use actually de facto certification only because they're not coming with the programmatic requirements and the policy requirements around their use, those are contained in the larger NPRM.

So, I like the certification only approach is the bottom line of what I'm saying within reason and with balance but I also think we've got to think about whether or not that's already happening and we just need to be aware that the rulemaking process is changing going forward.

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

Thanks, Christine. Anyone else? Okay, Paul Egerman you wanted to make a follow-up comment?

Paul Egerman – Businessman/Software Entrepreneur

Yeah, I just wanted to make a couple of comments. I mean, one in response to Art's comment about information exchange, there is a definition of information exchange that we have used in the past, the definition is exchanging information about a patient from one entity to another that's what information exchange is. And so the idea of consuming external rules that is not information exchange that is consuming external rules and so that's not at all what was intended with information exchange.

And then I also wanted to comment, I think it was Mike who said something about using certification as a test bed, and that comment there is it's not the right place for a test bed. I mean, when you're talking about things that have never been implemented before to say the way you're going to test it is you're going to have every vendor in the country put that in every computer system, EHR system, that is going to be used in the country that strikes me as an odd test bed.

You know, I mean, there are other ways to test things, you know, pilots and all kinds of other things. I don't have – I'm less concerned if it's a capability that's already in operation however even though it may not be widespread. If people are doing something and some systems have it and some don't then I view that as less problematic. It's when it's not being used at all or nearly at all that I view it as problematic for certification.

And to give an example, if you think about what we do with what people are calling information exchange or interoperability but with standards, I mean, the reason we establish standards is because different parts of the industry were using different standards and some people were using some things and other people were using something different and that's wholly appropriate for standardization, and similarly if there is some functions that are important some people are using them and some aren't but it's still the current state of the art of the industry I think that's important.

But, I still think if it's never been done before, if it's a stretch for a vendor to do it we shouldn't be certifying it.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, Paul, this is Mike, I want to make sure you didn't misunderstand my comment because I did not say and did not intend it to be a test bed where something is tried that's never been tried before by anyone. I'm talking about something that has been done by some vendors but not all and to Charlene and Christine's point the market is not driving full adoption of it yet there is a good sense that it adds value but its usability may still need some tweaking and so the notion of making it possible for everyone to be able to use it when currently only some can but a standard and certification is available to allow it to work I would use the example of patient on line questionnaires as probably a good example of that or the ability to get results other than labs. So, I think Charlene made a great point to it.

So, I do not consider it an experimental lab for things that are out there that have never been tested. I consider it where vendors agree it probably adds value to Charlene's point, where it's doable and clearly some vendors have shown the capability, but to Christine's point the market is not yet driving it to full use but this program can and then when it's ready not only in all systems but people have worked out some of the usability bugs and now it becomes reasonable to be a measure those are the ones that I would be advocating for.

I don't think we should have any that never end up with a measure. So, if we're looking at it and saying we can't ever imagine this would actually have a measure associated with it we probably shouldn't use it.

Paul Egerman – Businessman/Software Entrepreneur

That's helpful and it maybe that we're arguing about different words. I would just tell you the two examples you gave about the questionnaires and the laboratories is I don't have any problem with those.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I think we're talking about the same thing then.

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

Okay, so –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So we're good, okay.

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

Okay, so let me –

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

This is Art, may I respond to Paul, please?

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

Sure, go ahead.

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

Yeah, so I hear what you're saying I think we've boiled this down now to one word "consume" and before it started out with a three different ways, you could go to the immunization registry and receive the results of a rule, you could bring the rule into your environment and execute it and there was another way where you would use a service, a web service. So, there were three ways that have now been boiled down into consume.

For your definition Paul it is an immunization registry that has the information about a child that can figure out what that child needs and what should be recommended that is consumption of a rule as well. But we've gotten it down now to consume which everybody now believes is I need to create a local instance of the rule and I believe that we've – because we've tried to be parsimonious in the description here we've gotten to the place where you now say that's not health information exchange, it is, it's an immunization registry with a record about a child that the EHR is now capable of using and representing the results of that rule.

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

Okay, this is Paul Tang, it's been a very healthy discussion I think we've heard both sides and I think what Christine had said is right we can't – it's probably not fair to make a general statement about this and I think now that we've, you know, vetted both sides let's try to apply these tests to the certification only things that we have in our draft on a case-by-case basis and we can try to have a rather high threshold, in other words make sure that we are meeting all of the reasons that we thought that the certification only was a good way approach against the caveats that Paul Egerman raised. Sound fair?

Paul Egerman – Businessman/Software Entrepreneur

Yes.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Paul?

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

Okay, so let's –

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Hey, Paul?

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

Yes?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Paul? Hey, this is Patty Sengstack I'm sorry I joined in just a little bit late but I had one comment that I wanted to make or a question on the bullet that says, on the slide we're looking at, weigh physician burden of use and I'm just a little curious and I think I heard you say that we're discussing maybe adding another column to weigh the burden to the physician, but I'm curious do we consider also the burden on the vendor and the complexity to the vendor to developing whatever it is that we've made a decision on and then perhaps also a burden to the organization itself on, you know, developing the feature and the system with the right skills and how long it's going to take to develop and then test, train, monitor and maintain and evaluate it. Do we do that as well but more informally?

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

Yes, so you weren't there when I was saying that we do actually have a column for the effort needed to develop the function in the first place.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay, great, thank you.

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

The implementation is something we should be discussing with each objective.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Great, thank you.

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

Can we go to the next slide, please? Okay.

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

Just a reminder Paul that my comment on that was that we also need to add some column around benefits.

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

Right, we're just running out of columns and Michelle was kind enough to make this fit. So, yeah, we understand, this was just a – this was just an additional way to help us, remind us of things that were important not forgetting all the things that we've been working with.

So, okay, so here's our first attempt, thanks to Michelle, one you do have a matrix that has columns and here is a way for her – she tried to show these various new columns in a way that we could consume them on this call.

So, this is the clinical decision support one in the lower section it has these columns. So one the focus area that CDS is addressing are many, three out of the four, it does certainly cover both primary care and specialty care, it doesn't – I mean, there's a medium amount of provider use effort in other words "yes" you're going to have to deal with these things but they may be very helpful to you.

Emerging standards, it probably is partly the way I've been coding these things so that it could be consumed for example, uniformly is emerging but not there yet. Yet it does take advantage of a number of standards like point, etcetera.

And development effort is high probably addressing the additional things that we thought were necessary to make good decision rules, in other words, hey, are people using this stuff or not and if not do they have a – can you provide a way for them to comment because as I mentioned in the committee meeting this is one of the most important things that causes decision rules to be better very quickly because despite your best efforts there are a lot of things you didn't think about when you wrote your very first rule.

So, this sort of gives you an idea of how it addresses some of the criteria that we want to make sure is in front of us and let me open it up. Which bucket do we put it in, keep, let go or talk about later?

Paul Egerman – Businessman/Software Entrepreneur

And so I don't understand our process here in other words are we looking at this as a total or can I say something like, well, I'm willing to keep it if you get rid of all the certification only criteria?

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

This is not a certification – well, first of all this is not a certification only criteria, well I suppose you could look at it one way, but it supports the behavior of using CDS in the EHR system.

Paul Egerman – Businessman/Software Entrepreneur

Well for example the very first one, the ability to track CDS interventions and user responses, has nothing to do with the Meaningful Use requirements. In other words you could do all the all the same stuff on the left without doing that number one thing.

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

Yes, so I went through this in a fair amount of detail at the meeting as you recall this – we believe that it is – in order – CDS is extraordinarily important it is one of the focus areas everybody agreed on. In order to have good CDS you have to have things that have a high predicted value for the user, otherwise they ignore it, it's the whole alert fatigue, and the way you improve these rules or interventions that you design, build into your system is to know what good they did or didn't. And so our current EHRs, the majority of them, have no ability to help with this.

Paul Egerman – Businessman/Software Entrepreneur

That's right.

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

So if – system –

Paul Egerman – Businessman/Software Entrepreneur

But we have no ability to know – we have no way to know if tracking the interventions will necessarily improve the CDS, right?

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

Well we do, we actually have literature studies that show how important this is and some vendors have some of this and some don't.

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

This is Amy and I joined –

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

So this is –

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

I'm sorry, I joined late but I have been listening. I think this is an important one to keep. I think this is about getting to the outcomes we ultimately want around clinical quality measures measuring health and intervening in an important way. So, I would just put on the table that this should be kept.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

This is Mike, agree.

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

Okay.

Paul Egerman – Businessman/Software Entrepreneur

Well, I would state, this is Paul Egerman, I disagree.

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

Okay.

Paul Egerman – Businessman/Software Entrepreneur

I think that it's – I think it's excessive. I think to track every CDS intervention – I don't think – and every user response I don't think people understand how much material that is.

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

Okay, so –

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

Well, let me –

Paul Egerman – Businessman/Software Entrepreneur

And the comment I give you, the comment I give you is if you create a really big haystack it's going to be real hard to find a needle.

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

Well –

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

Hey, so Paul, this was actually – Charlene, I reviewed this one with the vendors and we actually made some really specific requirements here that didn't get conveyed and again it was about the concept of like where – we would actually like them to start the tracking as just in the drug-drug interaction checking for medications and allergies so start really small with this and vendors have been doing that.

The way it's written is like it would track both active and passive, so that I think got lost. So, we really narrowed it down to just getting it started in a very limited way that would be okay and we would support that, but again, it's not kind of conveyed. We were not in support of number three because we thought that was premature.

Paul Egerman – Businessman/Software Entrepreneur

Well, I understand that but let's get back to number one.

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

Yeah.

Paul Egerman – Businessman/Software Entrepreneur

I would be okay if this was –

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

Hey Paul –

Paul Egerman – Businessman/Software Entrepreneur

Limited to something really simple but that's not what it says here.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah, yeah.

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

So Paul can I – let me refer or let me restate what we meant at the time and it may have been lost in –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
I think it –

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

In the handoff, but let me, let me repeat what I said at the committee meeting just so people understand what was meant because it's not impossible we've captured it all in the PowerPoint.

What this meant is most, I would say most meaning the majority, of alerts have both an alert "here's a condition for your attention" and an easy to use response because that's the definition really of a good CDS, make the right thing to do trivially easy. So, it doesn't mean "hey, there's something wrong go find it and go do something about it" it's "here's something I'd like to point out would you like to take the following action" then click you would take that action.

When that's the case and that's why there it's hard to explain in a few words, when the action is baked into the alert then you would say "did the person click that or not" and all you have to do is report on that, that's all that means.

Because let's say if, as in drug-drug interactions if 90% ignore the alert that's probably a bad alert and that's one of the biggest beefs with drug-drug interaction which has not improved over time. So, that's what we mean.

So, it doesn't mean, oh, well how long do you look after it is it seconds, is it days, is it – no, if there is an action specified in the alert just be able to report did the user accept that or not. So, that's what was meant by that. That hopefully will answer quite a bit of your questions.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And this is Mike, I have to have this tool if I'm going to do plan, do check and adjust for clinical decision support I can't get better unless I can check.

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

Right.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And I can't check without the ability to track.

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

Right, this is –

Paul Egerman – Businessman/Software Entrepreneur

So Charlene, just to understand what Paul just said, is that – it seems like that's much broader than what you said. I don't know maybe I'm understanding this wrong.

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

Yeah the vendor preference was – because where they've been working on it is more drug-drug, drug-allergies. There are two types of alerts these passive ones, you know, maintenance stuff they just show it to you that's the stuff that's really hard because vendors do it a lot of different ways, but if it is a – you know, Paul expanded it beyond what I wanted, but again, it means that this thing is active, you know, there is an active response to it and then we could track it that's the requirement.

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

Yes.

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

This is Art; I'd like to also comment. I agree with Mike on this that all the quality improvement the little efforts that go on clinically every day depend on plan, do, study, act and they get this information from the EHRs.

So, you know, if there is a missed opportunity for an immunization or for a mammogram, or for a pap smear you get it from there was an alert and then either the person did it or not and those sorts of feedback loops are crucial to improving the rates of preventive care.

Paul Egerman – Businessman/Software Entrepreneur

Well, they're crucial if you really follow it through. I mean, if the alert says you've got to order a mammogram and you order it but the patient never shows up that's not quite right. I mean, what you really want to do is you want the patient to actually come in.

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

Well, that's true.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

It's true but a different question.

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

Yeah.

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

That's a different situation, that use case, where they didn't come in. We're talking about the person who is sitting in front of Mike and the alert comes up and says "order a mammogram they haven't had one in five years" and it's now his job to make that happen.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right or if it's not a good alert it's my job to ask the IT guy to make it so it's more usable.

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

Right, right.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This is Marc the one thing – I think this is one of those areas again where we have to be very careful what we wish for because there are certain assumptions made for example in Art's example which is that the provider even should see the alert and order something which might be right or it might not be.

In other words, for example, in some of Paul Dexter's work at Regenstrief, you know, he showed that a closed loop control system for flu shots worked way better than any kind of alerting to providers. So, we've got to be careful because we could write a rule here that says now you have to put that in front of the provider which may or may not be the right thing.

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

Yeah.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

That's where I get a little nervous if we're not –

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

Yeah.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

We got to both be crystal clear about what we're trying to achieve, which in some ways I go back to and I agree with you Art it's a different problem, but what we're trying to achieve is the mammogram getting done. Do we want to, you know, require that the only way to get there is that you've got to put something in front of the provider and it's a slippery slope I appreciate.

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

Well, let's not expand the scope this does not deal with that at all. This says when you write an alert and you have the action baked in the vendor needs to have functionality so the provider can report on how many times that was clicked. It doesn't say force things, I mean, there's none of that.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

No, no I understand that but what I'm saying is that I may not record that the provider does it all because it's never presented to the provider.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Right.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

The alert is generated is – completely different way.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right, so Mark, this is Mike, I agree with what you're saying but for me the thing that makes me feel better about it is I get to choose the CDS interventions; I get to pick the NQS priorities that I choose.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Sure, sure.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I get it approved by my physicians to say they agree this is one that's relevant for them to see in their specialty, etcetera. So, as long as I have that flexibility I'm in good shape.

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

So, Paul, Paul, so Charlene if we say, if the CDS offers an action to the provider then the system is able to – records whether the action was taken and feed that back to the provider. I mean, that was the intent.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yes.

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

And that –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
But it doesn't imply that they –

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

Would be a small enough thing right?

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Have to figure out what the next step is and any of that.

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

No, no, no, no, no.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Right, right.

Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation
No.

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

If it offers and action to the provider then it records where the action was taken and can feed back, you know, the statistics back to the provider. I think that was the intent of that, right Paul?

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

That is correct, that's correct but also I just realized that there is something missing here, we wanted the option of the provider to write why this rule –

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

Yeah we did want – most systems do have a – when you offer and action it sometimes –

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

Right.

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

You're saying it's the option to the provider to make the rules ask the question.

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

Correct.

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

Because you don't want to force the question.

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

Correct, so, it's optional but I don't know Michelle where did that go?

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

That's what user responses meant.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah that's what I think too, I interpreted that.

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

Yeah, okay, so let's – we'll just expand on that to make sure that it's clear.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah so I think –

Paul Egerman – Businessman/Software Entrepreneur

And let me just, this is Paul –

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Sorry, this is Michelle, before Paul, I just want to – Paul Tang in the matrix there are more details. So I think we have it covered.

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

Okay.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you.

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

Okay.

Paul Egerman – Businessman/Software Entrepreneur

And my observation is if you want to record why something is occurring, you know, we have this whole issue about usability, I mean, you're adding another data field every time somebody wants to not do something they have to click through something else that's just an observation.

I mean my other – two other observations one is what we're talking about is something different than what it says here and so I'm a little bit confused as to exactly what we're going to do, but this also says to track all interventions so you're also tracking every time the person takes whatever action is involved.

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

Yes.

Paul Egerman – Businessman/Software Entrepreneur

I mean, based on the goals you only want to track the times they don't.

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

So, let me – I'll just try to – the reason we used the word intervention is because we don't want to codify it saying CDS only means a rule. So however you choose to do it, I think George had a good phrase, if the rule, the alert, makes available an action the system should be able to produce a report for the providers that say whether the action was taken or not taken and in an option way allow the user to spell out why, completely optional, it's there for you to enter in something you don't have to click another thing to get through.

Paul Egerman – Businessman/Software Entrepreneur

Yeah but you just said something different it has to produce a report. So, it has to do more than just track things you want reports coming back.

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

Well what good is it if it doesn't have a report?

Paul Egerman – Businessman/Software Entrepreneur

I'm just pointing out we're doing a fair amount of design. There is something that doesn't exist. We're doing a fair amount of design.

I think Charlene's approach might be a good one which is to try a limited area to try to see if we can figure this all out as opposed to designing a lot of functionality and put it in use for the very first time by rolling it out on a national basis.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I'm a little lost on why it seems like this has to be comprehensive unless otherwise specified, it basically to me feels like a couple of simple rules and that is when an alert was fired was there a response in one of several categories of responses and if so it's recorded and reportable. It doesn't seem to me to be specific to the rule itself –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Right.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

It's the sort of ignore act, you know, dismiss, etcetera and that's about it.

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

And when we tried to think it through on the vendor we categorized these kind of interventions into passive and active and I don't know it's ability to track active, you know, we used actionable but that carries with it other stuff CDS interventions that was kind of where we ended up at the end of that conversation. This is Charlene.

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

Charlene what's a passive?

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

Passive would be like you come in and on the sheet – on your facesheet for the patient it lists, okay when the patient is in here you need to give them their flu shot and by the way, you know, they need to have their feet, you know, so it's not – it's something that – vendors do these things, capture these alerts in a lot of different ways, right, it's not always something that's prompted on the screen.

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

Okay, so I think the answer to that question, you're correct, it is for what you might term active in other words there is something that's actionable –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Right.

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

Baked into the same alert, there is a button you click –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yes.

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

And something happens. That's all we're asking for.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yes.

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

And the reason is because it's so complicated to try to track what's – to do the attribution of this action was in response to this alert. So, we're trying to make it simple yet a step forward.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And this is Mike, just for our purposes, since we might need it going forward, I would define in our system a passive alert is one you can see but you don't have to act on to go anywhere whereas an active one is in your face –

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

Yes.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

And you must do something to get rid of it which we use conservatively but we do use at times when safety and quality is critical.

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

Yes.

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

Okay, so I think we're pretty much closing for most people on the call. So, am I correct in assuming that everybody, except for Paul Egerman, is in favor of putting this in the keep bucket?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

This is Patty, I'm good with it, you know, my experience, you know, to talk about semantics or the terminology with interventions I'm familiar with the term actions on alert and, you know, and the user responses and so, you know, typically you have to acknowledge something there is usually a click of a button where you override it and I know the problems we've been dealing with is whether or not you make that override mandatory or not or a reason for override mandatory or not and I know that's getting too in depth for this discussion because that's really up to the organization on how to handle that.

But what dawns on me is that as each organization is creating user responses and reasons for overrides which typically are a drop down menu of some kind that we're all going to be developing different reasons that we're overriding a drug-drug interaction alert and so, you know, where does that get us, you know, just kind of thinking out loud. But, I agree that this is – I'm in agreement with the rest of the group.

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

Okay, others want to voice an opinion? Okay, so let me ask a question. Do the people who are in agreement also agree with number three in the certification criteria that consume external CDS rules? Because I know that's of special interest to Paul Egerman.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, so this is Mike, I would defer to the vendors but if they feel that that's a bridge too far I could easily imagine that could be a bridge too far.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Can someone clarify number three a little bit please?

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

This is the ability to be able to take a rule written – some clearinghouse of rules written according to some standards and there has actually been quite a bit of work done in trying to structure knowledge although I'd have to say that's not – it's not widely adopted and I don't know and maybe George maybe will comment how well specified it is at this point, but I think Neil's argument, Neil Calman's argument, was look all of us are writing these things for our own EHRs but they aren't in business to write rules, it is really duplicative effort.

The question is whether, one, we have fully standardized ways of writing and coding external knowledge and two a standard way of consuming that.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Okay.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

And this is Marc and that's my big concern for this is this just seems way out ahead of where we are in terms of standards and real possibilities for doing this. I mean, because we – I can't even fantasize something that we would say would be the format for this for the CDS rules. And if we can't even fantasize the format or the standard how can we even talk about making a certification criteria at this point?

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

So –

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

So this is Art I'll make a few comments. First of all back when immunization clinical decision support was its own item separate from this area in our recommendations it was expressed as capability to receive, generate or access appropriate age, gender and immunization history-based recommendations.

So, it wasn't about necessarily putting it all inside the EHR it was about receiving it and there definitely is a standard for receiving it, HL7 251 has a way to receive the forecast what is recommended for a patient based on their up-to-date history.

So, I think that we kind of, as I said earlier, boiled this down to something that seems unwieldy. It's true that we don't have a standard for many areas, many of these things here, but we have standards for some and we're sort of throwing everything out if we say this certification criteria does not work and I agreed to putting the preventative care in this area because it seemed like this was where we were getting some momentum on the idea that rules could be incorporated.

Now there is a pushback and I'm uncertain whether this was a wise thing to put preventive here rather than keeping it back in the population health area.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

So, Art, what you're talking about is consuming the results of a rule calculation which, as you say, is quite different than consuming a rule.

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

And indeed it could be any of those three it's to receive, generate or access. I didn't – when I wrote that part for the immunization CDS it wasn't saying what you had to do. You did not have to consume it you just needed to receive the results, correct Marc.

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

So, Art, what if – this is George, what if we take it out of here as number three and then modify the first public health objective which is about receiving the data and at least consider say receiving data and recommendations on immunizations –

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

We still –

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

Which is basically putting it back in public health under that objective because they are sort of related.

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

We certainly could take that back to that area George, yes.

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

This is Amy, is immunization the only area where we – where this would apply or are there other recommendations and results where it's fairly standardized so that the results around preventive care could come in? I mean, I certainly support Art and I agree that it may not be having to put the rules in the EHR.

I mean, my bias here is that we don't want every EHR having to do this from scratch. I mean, I think that was the intent here, but if the vendors aren't ready to be able to take it in – before we just narrow it so much I just want to know if there are other areas where it's applicable where we may want to have some middle ground between not only referring to immunizations but no so broad as it's listed here.

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

I mean, the only thing I can think of that's broad is HL7 Arden Syntax which you could theoretically do as a general solution as opposed to very specific starting with Art's thing. So, that's really the choice I think.

I don't think there was – and it definitely ended up in this objective because of moving it from population health, Art's specific item that he mentioned, moving that here, that is the reason why it ended up here I remember that. If you wanted to keep it general you'd have to do Arden Syntax otherwise you just take it out.

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

Well let me try to digest this discussion and propose that we do exactly what Art's suggesting which is, and it's true that we asked him to move it here to be more broad, but I also agree with the folks that are saying that, you know, this is not ready for primetime.

So, if we limit it to the EHR being able to receive immunization results the recommendations are calculated somewhere else, but the results of the recommendation comes back into the EHR and move that over to population health that would remove number three from the list in front of you.

Paul Egerman – Businessman/Software Entrepreneur

This is Paul Egerman, so I'm a little confused, so we're taking this out of CDS and moving it to population health?

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

Moving a very restricted version into population health immunizations.

Paul Egerman – Businessman/Software Entrepreneur

Okay and we say receive immunization results, you want to be able to receive the immunization recommendation.

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

That's correct.

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

That's correct.

Paul Egerman – Businessman/Software Entrepreneur

And consume it into just receive it or consume it also?

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

I think the word was to receive at this point.

Paul Egerman – Businessman/Software Entrepreneur

Okay so it's not a CDS issue at all.

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

Correct.

Paul Egerman – Businessman/Software Entrepreneur

So consume is just a matter of somebody saying, well it's –

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

It's CDS because there is a –

Paul Egerman – Businessman/Software Entrepreneur

This is what your public health organization says you should be doing.

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

Right.

Paul Egerman – Businessman/Software Entrepreneur

That would be receiving it.

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

Yeah.

Paul Egerman – Businessman/Software Entrepreneur

You don't have to necessarily do anything with it you can ignore it.

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

Right.

Paul Egerman – Businessman/Software Entrepreneur

It doesn't affect anything you just have to receive it.

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

Correct.

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

So, let me just qualify that a little bit. Some places, as we described, might build their own rules and they would be able to generate it and that's why it was not just receive you had to at least have results, recommendations somehow available in the care of that patient whether it be that you received it from the immunization registry, whether you wrote a rule and build it in Arden Syntax or an open CDS and you accessed it through a web service, you know, all of those are possibilities it's just that you need to be using recommendations from rules.

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

Okay so we're going to cover this again when we – we'll have the revised version when we get to category 4. So, this one on CDS, one of our prime focus areas is approved minus the certification criterion number three.

Paul Egerman – Businessman/Software Entrepreneur

Did we talk about number two?

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

I don't think any more we've already voted.

Paul Egerman – Businessman/Software Entrepreneur

Pardon me?

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

We've already voted.

Paul Egerman – Businessman/Software Entrepreneur

We've already voted?

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

On accepting this one.

Paul Egerman – Businessman/Software Entrepreneur

Okay so if I understand – okay can we just note that I'm opposed to number two.

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

Okay.

Paul Egerman – Businessman/Software Entrepreneur

And object to the fact that we didn't discuss it at all, let's move on.

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

Okay, next slide please. Okay this one is, it's a funny – it is a substitute term for what we used to call advance directives. This is basically changing it from menu to core is the main thing here, well two things, changing from menu to core for EHs and being able to store the document or a pointer to it if you have that available.

It doesn't required behavior that's why it's certification only. It requires the placeholder a place in the EHR to either store the document or store a pointer if one it's available and two the provider or patient wants to put that in there.

It's felt to be a low effort from a provide point-of-view and a low effort from the vendor point-of-view. So, keep, let go or discuss later?

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

Paul it's Christine, I say keep given all of that and also given the fact that we've heard a lot from hospitals about how much more helpful this would be for them in their work.

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

Okay now let's also – this is a good time to point out our goal for the end of this process is to winnow down the number of requirements that's part of the focus. So, if there are things that either would happen by themselves or are not absolutely critical to the Meaningful Use objective and concentrating on those four areas we need to consider whether we would let go just from a Meaningful Use point-of-view, it doesn't mean it's a bad function.

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

So, it's Christine, I think, you know, we've had hearings on this etcetera but this is really two different pieces that I think is worth pointing out, one is still the existing requirement that was menu in Stage 1 and I think core for Stage 2 and then this would become a menu item for EPs in Stage 3 which again gives some flexibility and options to specialists. The second piece of it is the certification criteria around document, storage or pointers.

Paul Egerman – Businessman/Software Entrepreneur

Christine could you explain when you say gives flexibility and options to specialists what does that mean?

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

One of the complaints that we always get is that there aren't enough options for specialists and so you could imagine that by introducing the menu item, the menu function for EPs that that would give specialists another thing that they could choose from that might better meet their needs than some of the other menu items and that is a different item, that's a functional objective, that's not a certification criteria.

Paul Egerman – Businessman/Software Entrepreneur

Yeah, but they still have to purchase a system that will do this right if its certification criteria?

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

Well they –

Paul Egerman – Businessman/Software Entrepreneur

Where like if you have like an ophthalmologist –

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

I mean –

Paul Egerman – Businessman/Software Entrepreneur

This may not apply but they have to have a system that does it.

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

Well, I think I would probably frame it in a different way which is not to imply that they are shopping for that particular function necessarily as much as what ONC and CMS have said which is if you're going to do certain stages of Meaningful Use you have to have systems that are certified to certain phases of certification. So anybody who buys a system now is going to be the 2014 certification criteria regardless.

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

This is Amy and I have a question. The requirement here is to record whether the patient has an advance directive that's all the EP would have to do in menu, right? The fact that the EHR has the ability to store the document or show where a link is – are we saying that the EP is required to just note that there is an advance directive –

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

Correct.

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

And if they can store it and keep it do it so that sort of puts the previous comments in perspective that you're not requiring them to have a system now that requires them to store or show a link but just that they have to check off that the patient has it.

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

That's correct and if they decide –

Paul Egerman – Businessman/Software Entrepreneur

Yeah, but that's not the way I understand it, so maybe I understand it wrong. What I'm saying is an EP just checks off whether or not they have an objective but the computer system that the EP has to purchase has to have the ability to store it or to store a link where it might be located.

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

Yes that correct.

Paul Egerman – Businessman/Software Entrepreneur

So –

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

Which again Paul this is coming from the hearings that said, you know, recording presence or absence is easy, I mean, you could argue that I think it's core in Stage 2, you could argue that if its core in Stage 2 you could let the EH requirement go but introduce a new menu option or introduce a certification criteria that gives them the information about what's actually in the advance directive or how to find the most recent copy.

Paul Egerman – Businessman/Software Entrepreneur

I don't want to be talking too much about this, I understand the intention, I just think that it's problematic if you have a situation with a bunch of physicians who have a bunch of copies of the advance directives because then you have a problem with versions, you know, the patient changes their advance directives and but other versions exist in different locations.

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

So –

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

Right and actually what we heard in the hearing was that there are state programs that handle that for you and so our response to that, and we got positive feedback from the hearing, was to say, okay, well make the EHR be able to tell you where the latest version is so that you don't lose version control.

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

So, let me try to hear from some others on the call, the three buckets are keep, definitely keep, let go or in the case here this would be a candidate for dropping that would be sort of the middle bucket. So, Christine said keep, others?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

This is Patty, I, you know, I guess, you know, you said that one of our goals is to see – is to try to minimize some of these, drop some of these and get them to a more reasonable number.

So, I don't know, as a nurse this is a really valuable piece of information for any patient, you know, especially with the demographic of the nation, you know, we're all getting older, we all probably should have an advance directive and knowing what that patient's wishes are is really important.

So, I guess, you know, I'm kind of sitting on the fence but I guess at this point I would say we should keep it.

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

Okay, thank you. Others?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, I would say that this is probably baked hard into the muscle memory of most hospitals so to your point Paul about the number of measures maybe this is one you could retire from hospitals if people are doing really well with it.

For EPs I agree it probably is both an easy but an important next thing for them to start paying attention to, it's not particularly burdensome.

I'm not sure every specialist would see it as something that relates to them so I have a little concern about that, but in general I would agree it's a good place to go.

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

Okay. Others?

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

This is Amy and I think this is pretty important for quality type issues and I would say keep it. I mean, I think there is momentum going in this area and I think we all too often don't, you know, the information isn't there when people need it. I think it's pretty important for end-of-life care and issues.

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

Okay, let's keep it in that bucket then. I just want people to recognize that we do – we're not following the advice of focus from the committee and I don't know that we'll get past if we keep everything that we currently have. So, just want to have that in front of people as we go through this.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike, just to clarify that, from my perspective it would be okay to drop it because I think again most of us do it.

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

Oh, okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I mean, I'm okay with dropping it if that's one of the areas we'd need to focus.

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

I think we need to be very specific in what we're talking about dropping. I mean, what I think I heard you say Mike was the EH requirement which was menu in Stage 1, I believe went to core in Stage 2 and it's only the objective for recording presence or absence.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right.

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

That perhaps it's built into their workflow but it's new for EPs and that's different and then the certification criteria was something we heard I'm hearing was really needed.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

That's exactly right, thanks Christine.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

This is Michelle; I just want to clarify in Stage 2 its only menu for EH.

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

Thank you.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Yes.

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

I mean, we don't have performance – yet but we do from Stage 1, right?

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

Okay, so if we go to the next slide please.

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

Paul, this is a process point, I think, you know, I'm struggling because I know this is the, you know, I don't know hundredth time we've gone through these.

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

Right.

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

And I think part of what we're hearing is people are articulating the value, the benefit to each of these criteria and without that reflected on the slide I think it's going to continue to make our discussions long and protracted and we're going to keep going around these same circles where we've done the consolidation exercise so we really did work to try, you know, a couple of times to skinny these down and perhaps having that column that talks about the benefit or burden to patients or whatever would help shortcut some of this.

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

Well –

Paul Egerman – Businessman/Software Entrepreneur

Yeah and this is Paul, I agree, because on some of these when I looked at them I wasn't involved in some of those earlier discussions that you mentioned Christine and lots of times I read them and I would not be able to figure out why that was there and I would take a guess as to why it might be there, but it would be very helpful to explain what it is you're trying to accomplish.

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

Yeah and perhaps, you know, we need to also be looking at the Word document, the matrix document as well because that does add some additional clarity that might be helpful here, because we do miss a lot on the slides.

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

Right.

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

And then spend a lot of time talking about what we meant when it's in the document or we've talked about it before and it should be in the transmittal letter.

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

So, let me clarify, I agree with the spirit of what you're saying Christine and you also have a good suggestion people should be looking at their matrix, the Word document, this – none of these things would have been here had we not had the discussion and did feel as a group that this was worthy and did meet the benefit cost test as well as the other things we've been discussing.

The exercise here in this next month is we've got very strong and I'd say nearly unanimous feedback from the Policy Committee saying that there were too many items here. So, we need to find a way and what we put in front of you was some of these columns and there could be an infinite number of columns but –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical Right.

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

Some important columns that are trying to help guide us is this something that we really need to keep when this is not the only program – this is not the only reason people do things, you know, in the spirit of what Mike Zaroukian was saying look this is a well-recognized patient preference issue that we all need to do a better job at and I think the majority of us are trying to do a better job and vendors would even help to try to do that.

Do we need this in the Meaningful Use Program? It's not the only program; it's not the only reason people do things that's what we've got to keep in context. We probably don't have to go over the cost benefit, you know, to your point Christine again because we've done this a number of times in each of these.

The purpose here really is to see whether we can pare down so that we can make Meaningful Use an acceptable program in the overall context of the EHR Incentive Program from HITECH.

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

Right Paul and what I'm struggling with is that we did this exactly in the consolidation exercise which we went through three or four different times and we all came to the same conclusions around almost all of these and this is a great example where we said "no we need this" the only way that we might be able to pare this down is if we potentially drop the EH core piece of recording presence or absence based on performance in Stage 1.

And perhaps we didn't finish that discussion or we didn't get the performance data but if memory serves the performance was really high. So, I'm just struggling with the fact that I think we've done this exact conversation before around parsimony and consolidation and we're getting very circular.

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

Well and so the point of my comment is just to be the messenger of the feedback we got from the Policy Committee and the consolidation we did was very useful they're asking for more it's not necessarily consolidation, elimination of some of the areas where that – in particular that may not be explicitly addressing the four focus areas.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Right and this is Mike so it feels a little like the Sophie's Choice thing but part of the reason I made the comment I made is if I sort of look at the entire program and I look at this one and I ask is the momentum for getting advance directives in place and in use is that a big area of problem or concern I'd say not as much as some of the others. So, if I had to let one of these children go I would be okay with this one.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah, me too.

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

I don't like the analogy to Sophie's Choice.

Multiple speakers

Paul Egerman – Businessman/Software Entrepreneur

My question is if you let it go are you going to let go of the certification only criteria or are you going to leave that in?

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

Oh, I thought –

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

Can we go to the previous slide please?

Paul Egerman – Businessman/Software Entrepreneur

Pardon me?

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

So, you know, people who know my day job this clearly is extremely important to both me personally and my day job and I'm just speaking on behalf of what can we do to make – to focus in on the important areas from an EHR adoption incentive in support of the new model care point-of-view knowing that we cannot recommend all of the objectives we currently have on the table.

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

Paul perhaps part of the challenge is that we're looking at them individually, right?

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

I understand but that's why I gave us three buckets we can have one to consider dropping but – so I'm just trying to let people know that we cannot have everything in the keep bucket that's just not the constraints that we have.

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

No I understand.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

This is Patty doesn't somebody – refresh my memory, doesn't the Joint Commission require us to document the presence of an advance directive?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah we have to have it so I mean that's part of why for me we're going to have it either way it's already a high priority.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Right so maybe I'm willing to rescind my, we have to have this one too, I'm okay with letting this one go, because we still have to have it anyway.

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

The –

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

And that's a good way of thinking of it Patty. I mean, I think that's exactly what – if there are other reasons it's going to happen anyway then let's not – let's consider letting it go from the EHR adoption incentive program.

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

So, are you guys talking about EH or EP or the whole thing?

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

Paul this is Amy I have a question are we supposed to be eliminating from Stage 3? I mean, are we supposed to be not adding new – consolidating these from Stage 3? If something was in Stage 2, so there was some part of this already in Stage 2 is it that we don't change it and we leave Stage 2 or are we actually also supposed to be trying to take out from Stage 2 and retire them? Because I think that's important to how we think about this.

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

That's a good question. Let me think if I can – so we already know that people don't drop things over time that's not been the history that we are aware of and so if we drop it from continued attestation then yes in a sense it's dropping – we're not doing a thing to Stage 2, we're dropping it from the requirement for Stage 3, the attestation and all the requirements for Stage 3 knowing that the history has been people do not stop doing something.

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

Okay so I think my – so the answer to that question is even for – so it would be retiring the objective because we assume it's at least gotten to some point of adoption and/or there are other things that are driving it to get it to where we need it to be.

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

That's part of the rationale we could use for dropping something from Stage 3.

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

I mean, Paul, this is George, I think that for me this was a no-brainer to keep before but now that we're talking about it, because we already started it, the reason to drop it I think would be we have a vision of what it – how it should work but because of state laws and various things we're stuck doing something so small that it doesn't get us that much closer.

So if you answer Christine's question of well what's the benefit to patients, what's the benefit of doing advance directives right that's big, what's the benefit of the rule that we're able to put through right now is probably miniscule because all – it's going to be a flag and it kind of says yes/no and no one is going to believe it, it's not going to get us anywhere and if that's the case and if we have to pick, you know, five of these to drop this could be one of the ones to drop for that reason.

In other words advance directives implemented completely correctly is big but we're not getting close to it and so maybe it's not one of the ones we should be doing.

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

Okay so let me try to –

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

This is Amy one other thought to just not lose the concept completely is to look when we get to registries and put it in as an example for those states or places that have registries. So reference it as an example or something. Don't we have one on registries?

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

Yes that's an interesting approach it doesn't require it but it says another good example, good use of registries is to go to an AD registry. Okay, just to remind us we've gone through $\frac{3}{4}$ of our time, we're only working on number two, so we do have to make some kind of progress.

Let me take a revote on the definitely keep, definitely let go and the consider let go buckets for people and the whole thing. I don't know that it helps us to carve it up because we still end up with the same number. Okay, so those who want to definitely keep?

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

It's Christine I would keep EP and the certification criteria and I know you don't want to carve it up but I think it's not helpful to keep it en bloc otherwise I would say keep the whole thing so we can keep those pieces.

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

Okay. Anybody else definitely keep?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I would let it go based on what you said Paul, this is Mike.

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

Okay so you're definitely let go any other definitely let go?

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Charlene.

Paul Egerman – Businessman/Software Entrepreneur

Yeah, this is the other Paul.

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

Okay and then anybody in the consider let go bucket?

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

Amy.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Marc.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

And Patty.

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

Okay and you have that Michelle?

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

George is in let go because I don't want to go through it again.

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

Okay, okay can we go to the next slide please?

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

So, Paul?

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

Okay this is eMAR –

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

It's Christine –

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

I'm sorry?

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

It's Christine, given how long it is taking us to go one-by-one I wonder if we could think about doing something on line where we can put our comments in or do some kind of a vote on all of them so that we're all looking at the whole picture, you know, separately but then we could start where there is agreement and then go to where there is disagreement on all of them to make it faster.

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

That's a really good suggestion, let's do that, we'll do that before the next call. How about if we sort of go through –

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

Paul this is Amy my suggestion is not quite where Christine was but a little bit different is as opposed to saying definite yes, definite no maybe we should just pick the ones that are candidates for –

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

Okay.

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

Consideration to drop and then we can debate just those.

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

Okay. I like the idea of looking at the whole picture and having a voting sheet that we submit and then we can – and we'll score it or aggregate it and then present it at the next call. So, let's do – I think that's also a good suggestion where we can sort of get the sense of folks and see if we can make progress. Okay, so eMAR this is the – have a report on where things didn't go as ordered.

Paul Egerman – Businessman/Software Entrepreneur

So this is Paul and my objection to this are similar to my objections to the similar concept under CDS which is you're generating and reporting on a whole boatload of stuff and eMAR I think is even a bit more severe or intense because you're talking about, you know, what, when, how and the when and how may not necessarily be related to anything that you can do anything about.

In other words you have a patient admitted through the emergency department and maybe there's some orders for that patient but the bed isn't available for the patient yet and so some things can't be administered until the bed is available.

There are a lot of things that happen that are timing issues and it just strikes me that this is going to generate, as the way I put it, a giant haystack, it would be very hard to find a needle in it.

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

Okay so Paul I'm going to take that as a candidate for drop.

Paul Egerman – Businessman/Software Entrepreneur

Yes.

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

Others who – this is following Amy’s suggestion could I just hear people who think that this is a candidate for dropping?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, this is Mike I see some problems with it too, I would see it as a candidate for dropping the certification criteria.

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

Okay others?

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

This is Charlene I would too because most systems today already kind of capture the five or six rights of medication administration just as part of the normal data collection process and probably report on that, right patient, right dose, right route that stuff and some even do the right documentation. So, you know, that’s pretty standard out there today. So, the market is really driving this.

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

So, let me try to help people along so we can finish, I’d probably rephrase Charlene’s objection as a candidate for dropping because the markets or many products are already do this.

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

Right.

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

And we’re supposed to keep our responses short. Others?

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

So, this is Amy, yeah, I agree candidate for dropping.

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

Okay, okay.

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

George too.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

I agree too.

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

Okay, next, so this is – so you’ll mark that sentiment down Michelle please?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

So, Paul while we’re transitioning –

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

Next.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Paul this is Mike while we're transitioning to the next slide could also give us a sense between now and the next meeting by how much the HIT Policy Committee would like us to pare this down? I mean –

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

I don't think – they didn't –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay.

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

They didn't give us a definite number but I'd say, I mean, it's like 30 to 50, I mean sizeable, you know, not probably half but a sizeable amount –

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay.

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

Is the sentiment I think.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Okay, thanks.

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

Okay, so imaging this was to make the images available through the EHR. You see some of the – Michelle's attempt at the bottom. So candidate for dropping or not?

Paul Egerman – Businessman/Software Entrepreneur

This is Paul I put that on candidate for dropping.

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

Okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

This is Mike I would –

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

Charlene, I'd agree.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I would keep it.

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

Because most of us – most vendors do this today unless Mike would say he hasn't seen that.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

I think it's actually been harder so maybe the group has better information than I have. The two vendors I work with currently do but it isn't a no-brainer.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

But I would defer to the others if it feels like there is good market penetration we don't need to keep it.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

And this is Patty my experience is that they're doing it.

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

Okay, okay. Next please. Okay this is a big one.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yeah this is a big one.

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

And this is the – so it is definitely big in the development side, it's high on the provider side because it's a big change and recall that we had a whole hearing on this.

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Yes.

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

So is it a candidate for dropping or not?

Paul Egerman – Businessman/Software Entrepreneur

This is Paul and I say yes candidate for dropping.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

So –

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

So, this is George, I think we have to drop the certification criterion but I don't consider this candidate for dropping because it's the one thing where they were saying this had to become core, our hearing said this had to become core.

Paul Egerman – Businessman/Software Entrepreneur

Yeah and this –

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

And the essence is –

Paul Egerman – Businessman/Software Entrepreneur

I agree with that.

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

We want to get to the essence of what we're doing.

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

I agree with that.

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

Drop the certification criteria but keep the use criterion.

Paul Egerman – Businessman/Software Entrepreneur

Sorry, let me clarify, I want, when I said candidate for dropping it was the extra certification criteria the other part is very important.

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

The other part just meaning that people have progress notes?

Paul Egerman – Businessman/Software Entrepreneur

Yes.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yes.

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

Yes.

Paul Egerman – Businessman/Software Entrepreneur

Yes.

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

Text searchable progress notes would stay in –

Paul Egerman – Businessman/Software Entrepreneur

Yes, I say yes to that it's the stuff about, the certification criteria about the changes that I'm suggesting dropping, because there's just a number of technical challenges with doing that.

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

No I understand. So, let me hear from others?

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

So, is the functionality needed that the notes must be text searchable or is it that the notes should be authored by an authorized provider because that seems like an organizational policy issue.

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

It's more actually the big change is the track changes, so the functionality that allows somebody and it doesn't have to be done like the Microsoft Word track changes, Judy for example asked is it okay if you hit a button and you go to a previous version, yes, that's all in the spirit.

The notion is that you'd be able to see a previous version and one of the things it helps the reader do is to understand what's changed from something that's been copied, pasted.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Gotcha, gotcha, gotcha, gotcha.

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

So that's the heavy lift from a development point-of-view and that could be a heavy benefit, okay.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

This is Mike I'd say it's a nice to have not a must have, so I'm okay with dropping that.

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

Okay, okay.

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

This is Amy and I thought that was put in a lot because of safety concerns about just cutting and pasting stuff that's no longer –

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

Correct.

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

You know that hasn't been updated or changed. So, that would concern me a little bit to drop that if it's a real safety issue.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

So yeah this is a really hot button. I just did a study on this when I was – just before I left NIH, and there was a pretty high demand to please display what was copied from something else, you know, so that we know. And I know some of the vendors do that they use a different, a different color font if it was copied or if it was brought forward because you can usually copy forward notes. And if it was copied forward in exact format then it would be a different color.

And I know there was a real cry for please let us know what was copied forward, you know, particularly from the quality and the risk management people. I don't know that the physicians were so worried about it.

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

So, I take it that's a keep?

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

Keep in mind that it was pointed out to us, I forget where the context was, that it's hard to do – as you move to thin clients and web-based things you can't tell the difference sometimes between someone typing it in and someone cutting and pasting.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Right.

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

So the implementation was seen to be not feasible was one of the reports we got.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Yeah I think it's too hard. I mean, I think it would be – somebody said it would be nice to have I think I would agree with the nice to have.

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

Okay, okay, let's go to the next one please. Order tracking this is a brand new one and it was to – it basically facilitates follow-up. So, is this something we want to keep because it is brand new or not do or consider dropping?

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

So, this is Charlene one of the things – this is a big stretch I agree because of the infrastructure issues but one of the things that testimony gave us was that from the care coordination that tracking was a really key element of being able to coordinate care.

So, you know, from the – you know, it seems like it's an important aspect that we have related to the whole care coordination process.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Yeah, so this is Mike I would say a couple of things; one is that a number of vendors already have this.

The other part as an ordering provider myself there is an awful lot of flexibility about when I need the patient to do something by, sometimes it's a really tight timeframe and other times it's really loose. So, if they do it any time between now and the next visit it's okay, but when you put in dates then you start to set thresholds for when its overdue and it gets really messy really fast.

So, I would just put that out there as one of the perhaps unintended consequences of having this in there.

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

So, let me switch back to I think Christine's suggestion is a good one, one we're probably not going to get through this by discussing each one.

Let's concentrate – and the encouraging news is that folks are willing to let go of some of these based on what we've just been doing. How many total do we have Michelle do you –

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

I'm not sure Paul I can go through and count now.

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

Yeah, why don't you do that while we're talking and then so we can give people a sense and maybe each of us try to get whatever that number turns out to be as be willing to let go of that number let's say five or Michelle will tell us in just a minute.

And the other things is let's – I think the only way we're going to make progress, and again it's what Christine said, we've gone over this a number of times over the two years we've been discussing these things, probably breaking things up is not going to be overall helpful to us, one it won't change the work effort of the vendors for example or even the implementation workflow.

So, I think it's sort of – my suggestion is that it's an all or nothing for each one of these objectives –

Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical
Okay.

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

And that we each try to work toward our own personal letting go of so you have that count Michelle?

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Twenty-six.

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

Twenty-six and we were – Stage 2 is at 20, right?

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

Yes.

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

So, I think we all need to be able to have the flexibility to let go of let's say seven knowing that we may not have to have seven, but let's just try because that's a goal we have for each of ourselves and we can try to just work towards that.

And so I think that was a great suggestion, thank you, Christine. Let's take a look at it, you know, do your initial, I would say then stand back, do your count, I need more and then sort of re-look at it yourself so you really try to isolate the most critical, go back and look at the criteria we have for ourselves, concentrate on those four areas.

If something's critical to the new models of care, if it's something that there is no – you know, nobody else...no other mechanism for getting it done, we've talked about some of these JCAHO may require it, the market may require it anyway, just the pay for performance quality measures, a lot of things that could be driving this where it doesn't have to be the EHR HITECH Incentive Program.

So, if we could all sort of go through that exercise then we'll focus in on – and then if you – when's our next call Michelle?

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Next week.

Caitlin Collins – Project Coordinator – Altarum Institute

February 19th.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you.

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

February what?

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Next Wednesday, February 19th.

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

Okay, so could by Monday we get all these things back to Michelle so that she can tally it all and then we'll just go through them in sort of reverse priority and try to let go some of the things that we all agree that doesn't have to be in the program.

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

So, this is Amy, Michelle or is someone going to just do a simple template and send it out so we all respond in a consistent way?

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

Yes.

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

Okay.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Yes.

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

So the goal is for each of us to have at least seven that we're willing to let go of and those you'll mark on your sheet, the sheets are all due back to Michelle by Monday and then we'll aggregate them all and then be discussing them on Wednesday.

Really appreciate your patience with this and trying to – we're trying to get to closure on this and we understand that everything obviously wouldn't be on this list or everything is important but we have to also satisfy the what can we actually ask the whole community to do at this point.

Any other comments about that process? I know it's going to be hard. Okay, any other final comments before we turn it over to public comment? I appreciate everybody's forbearance. Okay, can we open the lines please?

Public Comment

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

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 comment at this time.

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

Okay, thank you. Well thanks everyone I really appreciate your support of this and we know that we're trying to do – you know get people on the escalator without people falling off and we're all trying to works towards the same thing.

So, thank you for your understanding and look forward to getting the responses back and we'll work backwards and see how we did with them in meeting the feedback from the committee, Policy Committee.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Officer – Sparrow Health System

Thank you, Paul.

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

Thank you.

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

Thank you.

Patricia P. Sengstack, DNP, RN-BC, CPHIMS – Chief Nursing Informatics Officer – Bon Secours Health System

Thank you, bye-bye.

Arthur Davidson, MD, MSPH – Director, Public Health Informatics – Denver Public Health
Bye Paul.