

**HIT Policy Committee  
Certification/Adoption Workgroup  
Transcript  
April 9, 2014**

**Presentation**

**Operator**

Thank you; all lines are now live.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Certification and Adoption 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. Larry Wolf?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Here.

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

Hi, Larry. Marc Probst? Carl Dvorak? Diane Bedecarre?

**Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead, Health Informatics Initiative – Veterans Health Administration**

Here.

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

Hi. Donald Rucker? Elizabeth Chapman?

**Elizabeth Chapman, MS – Program Analyst – Veterans Health Administration**

Here, I'm here.

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

Hi, Liz. Is Liz Johnson there? George Hripcsak? Jennie Harvell?

**Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/Office of Disability Aging & Long-Term Care Policy**

Here.

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

Hi, Jennie. Joan Ash? John Derr?

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

Here.

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

Hi, John. Joe Heyman?

**Joseph M. Heyman, MD – Whittier IPA**

Here.

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

Hi, Joe. Marty Rice? Maureen Boyle? Micky Tripathi? Mike Lardieri? Paul Egerman?

**Paul Egerman – Businessman/Software Entrepreneur**

Here.

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

Hi, Paul. Paul Tang?

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

Here.

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

Oh hi, Paul. Stan Huff? And is Liz Palena-Hall on from ONC?

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

Yes, here.

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

Hi, Liz. Is Kate Black on from ONC?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Hi, Michelle.

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

Hi, Kate. And then Kim Wilson?

**Kim Wilson – Health Communications Specialist – Center for Disease Control and Prevention**

I'm here.

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

Hi, Kim. Oh, and Mike Lipinski, are you there as well?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I am on.

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

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

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I'd like to welcome everybody back. We've got two topics on our agenda today, Blue Button Plus and EHR certifications for other settings, and this is beyond the ones we've been looking at in the past, the LTPAC and behavioral health settings. So, with that, maybe we should just dive in.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, that's a good question.

**Paul Egerman – Businessman/Software Entrepreneur**

So Larry, this is Paul. Just a quick question. At yesterday's Policy Committee meeting, I thought I heard somebody say that the certification group might be doing a hearing soon. So I was a little confused on the schedule, do we have a hearing coming up?

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

– Paul –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I know that there is a hearing in the works; maybe Michelle can talk to where that is.

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

Yes. So, because this group has been so busy working on the NPRM and then also has the charge for the LTPAC and behavioral health recommendations, we thought it would be too much to task to this group with a hearing on top of that. So, we've put together a task force of individuals to help plan the certification hearing, and we actually have been talking about who will be invited. But this group will be invited to attend the hearing, just won't be the ones planning it, because there's too much going on. So, Paul Tang and a few others from the Meaningful Use Workgroup, Cris Ross and Liz Johnson from the Implementation Workgroup on the standards side and then Marc and Larry, who are the Chairs of this group, have been involved in the planning, and we are looking at May 7, which is the day after the Policy Committee in May, to have the hearing.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay. Well, that's helpful. I did have it in my book and I heard them say it, so I was a little bit confused, so, thank you for explaining that, Michelle.

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

Sure.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Thank you Paul for asking, because I'm not in the core of the planning group for that so I couldn't give you a specific answer. Okay, so with that, are we ready to look at our two topics? And a reminder, we'll sort of continue the format we've been using which is looking to encourage robust discussion. If it sounds like we've got consensus, terrific, if not, we'll record that we had robust discussion and then when we see the summary, see if we can't further focus the discussion. So, let's move on, I believe we have a slide on – right there. John, are you going to lead the discussion?

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

Yup.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Thank you.

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

Thanks, it shouldn't be very long. Next slide, please. This is the Request for Comment to see if there's a – people – some people feel that there should be a separate certification criteria for Blue Button Plus and part of this would be part of the 2017 edition rulemaking. And I think everybody on this call knows what Blue Button is. I, myself use Blue Button. I look at it but I have to get some type of software now to take it from a text-base into something that I can more fully understand.

And I've also been encouraging a lot of long-term care type of providers to look at Blue Button for patient admission, that you would really be able to see like in a nursing home we know somebody's going to come, usually a day before. And it would be interesting if we could get the Blue Button and then incorporate it into the EMR, then the admission nurse would know whether – what they've been using Medicare for three years and that.

So this is to certification, but the rationale, which is at the bottom there, there is right, just being informed, in fact, I couldn't be on the call on Monday for this Representational State Transfer (REST) Workgroup that was formed for this. It was at the same time our call was on Monday, and so I didn't get a chance to learn a little bit more about REST as it just came about. So I – this information is from a document that's on the ONC website if you...next slide.

Background, so, this is the way things are now, just to put it in context. They have about 8 different steps that people have to do to download and transmit and cover that. And, next slide. So, the REST takes it and makes it into three steps, so that's what makes the difference between the – if we apply the REST, and they're going into pilot, so we don't really know if this is true. So next slide. These are the specific questions, is there a market need for Blue Button Plus certification? In other words, would health IT developers find value in a Blue Button Plus certification that would enable them to say, they are Blue Button Plus compliant or Blue Button Plus ready. So, I guess that would be the first discussion.

**Paul Eggerman – Businessman/Software Entrepreneur**

So John...

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

Yeah.

**Paul Eggerman – Businessman/Software Entrepreneur**

– do you want us to – I wasn't sure when you paused, were you going to go through the rest or did you want an answer to those questions?

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

I think if we can, just answer each one, so –

**Paul Eggerman – Businessman/Software Entrepreneur**

So, this is Paul –

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

Go ahead.

**Paul Eggerman – Businessman/Software Entrepreneur**

So, go ahead.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I've got – I've got a background question, maybe everybody else knows this. So I knew a fair amount about Blue Button as a particular format that was available for download and it was basically text with headers. And my understanding is that Blue Button Plus did two things, it enabled Direct as a transmit mechanism – I guess three things. Enabled Direct as a transport mechanism, it enabled automation of the invoking of that transport and it used CDA as the format, rather than the text form that Blue Button had used. So, can anyone comment on whether my three assumptions about what Blue Button Plus is are correct?

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

I can't.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Hi, this is Kate from ONC with a little bit more background on Blue Button Plus. What it does is basically take the Blue Button requirements and enables patients to automate them, that way they can have information that's pushed to either their PHR or a third-party application at their will. So every time they see a provider or every month, depending on their needs, it would just automate the process for them, so that they wouldn't have to do it individually every time. Technically, it doesn't change a lot of the content requirements of Blue Button or the C-CDA and information they receive. However, depending on whether they use the Direct specifications or the REST approach, there are a couple of differences, including some trust bundles and the authentication and ID requirements.

**Paul Egerman – Businessman/Software Entrepreneur**

So, that's helpful, and Larry, this is Paul. Let me also try to respond. I think what you said was an accurate description of what was in Stage 2. And I think Blue Button Plus is sort of like a marketing expression for what they're proposing to be for Stage 3. I guess the Plus being it's more than what was done in Stage 2, and the more is this sort of API and the concept of the API is instead of using Direct protocol, they're going to be using a different transport protocol and possibly making some other changes. So that's the way I understand it.

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

And this is John Derr, I understood it the same way as Kate, it's more of a marketing type of thing to say that we've improved it. And they had a couple of challenges where some of the API, the apps which would make it more common sense, although from what I can still see, it's not really longitudinal, it's just sort of static type, this is what it is. And I don't know if anyone else has put it into where you could look at trending or anything like that.

**Paul Egerman – Businessman/Software Entrepreneur**

Well here's the deal. There was a listening session that the Information Exchange group did on all of VDT, view, download, transmit, from Stage 2, and the statement was made in the listening session that absolutely zero patients, no patients are using the transport function. And it was also said there's no interest in it, there's no demand for it, were the statements. And there were also some comments from developers, at least I heard one comment from a developer, who was actually extremely angry that they had to do all the work to program this capability, the transmit function in VDT, and absolutely nobody is using it. And so that – I mean, if you think about it, it's a third of the name, it's V-D-T, so the T is a third of the name and nobody is using it in Stage 2.

So what we'd have now is in the 2015 NPRM, I guess as a forerunner for Stage 3, an effort to try to remake the transmit function. And the problem is the same problem we had with Stage 2, that we did – what in my mind, I hate to say it, is irresponsible is we put something into Stage 2 as mandatory certification, that had never really been used, never been in operational use. And we felt, well gee, there will probably be some need for it, and there wasn't. And now we're doing the exact same thing. There's this – sort of trying to speculate, well maybe if we change the transport methodology from Direct to something that's different from REST to REST and we change a couple of other things, then maybe people will want it.

But there's no wa – there's nothing operational, there's no operational models of it, it's not like you can point to a site and there are 5000 patients using it or something. And there's not even any evidence that there's any demand for it. So, to me the first question is there market for Blue Button Plus certification, I'm not sure there's a market for this thing at all. I mean, there's no evidence that anybody wants it.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

This is Larry and I think one of the problems we've got, and this is not a new comment, really, is in many ways we're still very early in the Stage 2 roll out. I'm just beginning to hear from acute care hospitals looking to send me Direct messages as a downstream provider to meet their 10% electronic requirement. And I expect it –

**Paul Egerman – Businessman/Software Entrepreneur**

Well –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– this is not the Blue Button VDT; this is transitions of care requirement.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah and –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

And I would have expected to have heard from them a year ago. So they're now basically rolling this out within their own capabilities. So, my sense is it's too soon to know if there's demand and if anyone's going to use this capability. Because it's not available yet.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**  
(indiscernible)

**Paul Egerman – Businessman/Software Entrepreneur**

Well if it's too soon to know, why is it not too soon to change it? I mean –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Well, so I may – I guess I've – I guess I'm indirectly agreeing with you, Paul. I'm trying to say that we don't know, at this point, if the current –

**Paul Egerman – Businessman/Software Entrepreneur**

– and I get this, we do know, which is why they're changing it. And it's like –

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

Also, and this is John –

**Paul Egerman – Businessman/Software Entrepreneur**

– six months – for hospitals, it's six months.

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

This is John Derr. And what we're talking about is the transition of the Blue Button from one care setting to another when it's an individual thing that wherever the site could be. And I think that's why nobody's operationalized it, is do we need to have transition this or wherever the site is, if somebody wants to use a Blue Button, they can ask the patient permission to use their Blue Button and then get the information and incorporate it in their EMR. We don't really have to send it from one care setting to another, do we?

**Paul Egerman – Businessman/Software Entrepreneur**

Well again, to go back to basics; the VDT function, the view function and the download function has been used by physicians and by acute care settings for hospitals for quite some time. So, the fact that it's in Stage 2 is not – it's not a surprise; the only part that's new is the transmit capability, which is the capability for a patient to transmit their stuff to whom – to whatever destination they want to transmit it to. And so that's the part that is new and also, in response to the comment about Stage 2 is awfully new, for hospitals, the year started October 1, 2013 and it's supposed to be a one-year roll out.

So they're halfway through the year, almost exactly halfway through the year, so there is some level of knowledge and that's we're looking at this thing, is – to put it differently. We wouldn't be looking at this thing if in that first six months of the hospitals, the early adopters had tried it and worked perfectly and everybody was a happy camper. We're looking at this because it doesn't work and I'm suggesting the reason it doesn't work is because the process itself is flawed, it's like I'm trying to make like a policy statement. The process of having technical people sit down put their feet up and figure out how they want to design something and then you take it from that to certification and do a nationwide rollout.

Well that doesn't work, you're going to get exactly what you saw in Stage 2, you're going to get something where either the need isn't there or the workflow isn't there or there's a whole series of technical problems. You've got to operationalize something before you put it into certification, and that didn't happen for Stage 2 and now, in my opinion, that mistake is being repeated with this. And I'm not trying to say anything negative about the concept of Blue Button or the concept of patient engagement, I'm simply saying, you can't just have a committee that comes up with some ideas and then do a nationwide rollout, you've got to put it – you've got to operationalize it first. This is the thing I do for primetime.

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

So, this is Paul Tang, I have a possible application here. So Blue Button is the one-time download by the patient, Blue Button Plus is supposed to be an automated transmission. Actually, I almost think one of the beneficiaries could be a couple of people on this call, the long-term acute – the long-term post-acute folks, you could imagine that a patient could authorize their information to be transmitted automatically to LTPAC kinds of entities and that be one way of getting a continuous feed of essentially transitions of care documents.

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

And that's what I've – this is John Derr. This is what I've thought, but I'd also thought that they just would give the skilled nursing facility permission to get – do the Blue Button rather than transmit it from them, but maybe that's set up, because of privacy you can't do that.

**Paul Egerman – Businessman/Software Entrepreneur**

This is Paul; I just have to say, what you just described as a possible speculated method by which this would work that is not the appropriate application for this functionality. This functionality is intended for like global applications, because it use – it does not use the Direct protocol. What you said, Dr. Tang – I'm calling you Dr. Tang because of the confusion of two Paul's, but also to show respect, of course. And – but what you said, in terms of communicating with an LTPAC, if you're communicating with a healthcare organization, we have to have the same communications protocol for everything, and everything else is going through the Direct protocol to and from organizations. So, we should continue to use that and that's inconsistent with what you're seeing here – what you just suggested Paul is perhaps a vehicle for using the transmit function in Stage 2, but it doesn't apply to what's, at least I don't see that it applies to what's being proposed here for Stage 3.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So if I can jump in try and summarize what I'm hearing so far is, we don't have any evidence that the transmit is being used today, so there's a question about is this a valid use case? We can imagine where it might be valid, but we're not actually seeing any use yet. And that the focus on a new transport as a certification criteria, is probably premature, because it would certainly be possible for organizations to create this capability without certification, if they found it valuable and to try it out and then we could actually see from the marketplace that there's value in this approach. And the fact that we're not seeing people doing things like this suggests that there is no market need and we should not be trying to get ahead of actual need here, that this is not a core capability that needs this kind of seeding of the marketplace in order to actually have any value. Am I correct in summarizing what I've been hearing so far?

**Paul Egerman – Businessman/Software Entrepreneur**

Yes.

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

Yes, that's what I heard. This is John Derr.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Anyone –

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

So, we've answered the questions, right.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, I think we may have answered the questions collectively.

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

Right.

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

And you might be saying for 2015, just to contextualize what you said, because you had predicated it on today, April 9, we don't see any evidence yet –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Right.

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

– that's reported, because we don't know what's being done or not being done, we just know that nothing has been reported. And you're making your statement based on what's known today –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Um hmm.

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

– and then what – how that would impact 2015 certification.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So actually, I believe this is request for comment on 2017.

**John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC**  
2017.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, jumping ahead – would it be in the next round?

**Paul Egerman – Businessman/Software Entrepreneur**

Well, actually, actually the way I understand it is it's proposed in the 2015 certification – 2015 NPRM.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

It's in the 2015 NPRM, but I think it was a request for –

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

Yeah, the first slide said 2017.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

For 2017.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So there are three different sets of questions in the NPRM, the 2015 NPRM.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

And this one's directed more towards potential for timing with the Stage 3 MU requirements. So, I think what we're saying is at this time, to contextualize it, at this time we don't see the evidence to move forward with this as a certification criteria because we don't see where there's evidence that it's a valuable mechanism.

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

Well because of the way you set it up, the conditional you set it up, and if we are – if it's a comment towards 2017, then you might explain what it would take to move it towards 2017. Do you see what I'm saying?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay.

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

You certainly could say about 2015, because that's one year in the future.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Right.

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

If it's 2017, you might have a different answer if they get the following information, and it may be helpful –

**Paul Egerman – Businessman/Software Entrepreneur**

That's a good question. Here's the way I would look at it. I'm assuming – assuming I understand it right, this is more towards mobile applications and by patients or consumers. I mean, I'd like to see a goodly number, say like – if you saw like 10,000 patients who are actually using this at some site, let's say at Palo Alto Medical Foundation or Group Health in Seattle. One or two sites that implemented it and at each site you have like 5000 patients who are actually using it, then you'd say well there's evidence that it works, right. That's something you want to replicate and 5000 of the total number of patients, let's say Group Health, that's actually a small percentage of the population, but that would still be evidence that gee, less than 1% or something of the patients found it useful.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, we're actually – so the piece that we're hinging on is the listening session didn't turn up any evidence that transmit is being used, period. And so we're saying there needs to be evidence the transport's being used and then –

**Paul Egerman – Businessman/Software Entrepreneur**

Well –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– and then – discussion about –

**Paul Egerman – Businessman/Software Entrepreneur**

– the transports being used, but I'm saying there would need to be evidence that this approach to transport is useful.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Right, so –

**Paul Egerman – Businessman/Software Entrepreneur**

I mean, I'd like to see somebody actually put –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– the two parts.

**Paul Egerman – Businessman/Software Entrepreneur**

– it into use and show, yeah, it works.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Right, so this is a two-part –

**Paul Egerman – Businessman/Software Entrepreneur**

And then I shrug my shoulders and say, well it then becomes sort of like a no-brainer, you could see the reason for certification, you could see that there's value to patients and lets run with it.

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

And so this is John Derr, again.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Right, so we could imagine –

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

Larry, on the first slide it mentions that the S&I Framework is doing pilots, does that play a role in this whole thing? Let them keep doing the pilots.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So that could be a place where the evidence could come from.

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

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Someone under S&I could develop this, could put it in real use and I think that's the piece that we seem to be coming down on is that we'd like to see real evidence of actual use, not just in a lab.

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

Because when I looked at it to begin with, I said, why are we being asked when the pilots just starting?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Hi, this is Kate again from ONC. I just wanted to – about a little bit more of our rationale. We've received a lot of stakeholder feedback that the Blue Button and VDT requirements as they stand are really complicated for consumers to use and for consumer representatives to use as well. And part of what Blue Button Plus would do to automate that would simplify the process for them. So, as VDT is not being used right now, perhaps Blue Button Plus would be a method to get uptake up and get consumers more engaged. So to the extent that you guys have opinions or comments on whether or not that would help or hinder consumer engagement or which use cases that would be most beneficial to would be really helpful for us.

**Paul Egerman – Businessman/Software Entrepreneur**

And my opinion is that people speculating on how consumers will react, it's not a valuable thing to do. It is very, very difficult to predict consumer activity. It's just – in fact, I just have to say, that if there's any group of people who think that they can sit around in a room or sit around the telephones and accurately predict what will be successful from a consumer computer activity, just doesn't exist. Everybody who does anything in terms of consumer electronics or consumer mobile activity or consumer applications, that's an extensive amount of actual operational testing with users. So, there's no value – it's a long way for me of saying, there's no value in trying to speculate what might work. You've got to try it and you can't speculate and then go to certification.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, to put this in the combination of things I'm hearing. So, ONC sounds like through S&I is looking to stage some testing that would create this capability. And that testing might generate actual use, as opposed to just theoretical capability in a product. And if it did generate actual use, that could then be evidence that this was – there was a need for this, it was simpler that consumers could engage it. But that we're actually being pretty, I guess, hard to convince here that just creating a new technical standard that appears to be simpler will actually create the kind of engagement that ONC is looking for. And we're saying, find out by testing it before it goes into certification.

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

Okay with John Derr.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I guess I'll ask the two Pauls, since you seem to be the ones with – here of –

**Joseph M. Heyman, MD – Whittier IPA**

Well this is Joe, let me just add one little thing. If the thing worked great, you wouldn't need to certify it, because people would use it.

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

The only thing I ask a group here that I'm meeting with about the certification, they said well the onl – its again back to the trust level that if there was some type of minimum certification, there would be a higher trust level of receiving the information.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

And so on that point, this is Mike with ONC. So, I'm looking at the four questions, which I think are on, I think if I have the slide right it's like slide 6.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– up on the screen.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

And I'm – yeah, you wouldn't maybe have the expertise related to questions 2 and 3, but I guess I'd ask you, I don't know if you're approaching it as, is this a requirement for certification or is it available for certification? So like for instance currently, you could get – you would get certified to the view, download and transmit criterion to support Meaningful Use. But, it's not part – it's not a requirement part of the base EHR definition; we don't require it for certification to even meet the base EHR definition. So, you could use it if you had those capabilities to do, for instance, MU Stage 2, but you wouldn't need it for MU Stage 1. So, I guess if this was out there, Blue Button, for certification to, I think it was John's point about maybe this would improve trust and – is there a concern that it would somehow lead to required certification to it or is that part of what I'm hearing.

**Paul Egerman – Businessman/Software Entrepreneur**

And, this is Paul, the one that's not the doctor, and let me just tell you, that is, first start with the basic premise right, that this is going forward in 2017. And that's the way I understood what was said in the 2015 NPRM. Let me tell you that putting it into Stage 2 and having a transmit function that is currently not used or not usable or there's no demand for it, is a negative thing. It is bad for certification; it's bad for the entire program. It's a lot of work that went into rolling that out and developing it and rolling it out across the country, and nobody is using it, zero benefit and expensive, not a good thing. And so that's my observation about how we find ourselves right now.

So my assumption is, yes, this is a precursor for Stage 3. I would also tell you though, Michael, even if it wasn't, even if it was one of these random operat – random certifications that nobody necessarily had to do –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Um hmm.

**Paul Egerman – Businessman/Software Entrepreneur**

– I would still be advising against it.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay.

**Paul Egerman – Businessman/Software Entrepreneur**

I'd be saying, you can't make things up and then certify it, that's going to damage your program. You need to have things that are effective and useful.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I just wanted to get clarity on where you stood related to that issue, so, I appreciate that, thank you.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Now let me add a personal, what may be fine-tuning on this that John Derr's comment about raising trust and confidence might apply to. So, I am thinking less about EHR vendors and more about third-party apps. So if I'm looking – I have some level of trust with my healthcare provider and they so, oh, we've got this capability now for you to view, download and transmit. And I go, great, I wonder if this app that I'm thinking about using, that runs on my phone, can handle this, right? So I might want to see that in fact, it has some level of certification because I think that it's important for it to get the information right and just because I try it and it appears to work, I might want a deeper level of testing than that.

I recognize that there are lots of limits to what certification actually tests, but that might be a place in which, in terms of seeding a marketplace. If there were a capability that we already had piloted that we had a few vendors that had made the investment and demonstrated that it's technically feasible and that we'd seen some consumer uptake, because people thought it was valuable. Then I could see where it might further grow the market if, in fact, I could know that this app I'm about to acquire is going to do the job it purports to do.

**Joseph M. Heyman, MD – Whittier IPA**

But the app only costs two bucks and I already have a Blue Button app on my phone –

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

Yeah, but there was just a bunch of – somebody was producing an app that didn't do anything; they just got in trouble just last week, building on what Larry said.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I mean, in some sense, that's the world of apps, right; you spend your two bucks, you take your chances.

**Joseph M. Heyman, MD – Whittier IPA**

Yeah, exactly.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, there's value to that. But I also think there's value to something being certified. So, I'll take it as we have discussion around whether there's value in having it certified. So I think we've got fans on both sides.

**Paul Egerman – Businessman/Software Entrepreneur**

And I think, Larry, that's a good comment. My point that I'm trying to make is that we would like there to be value in ONC certification, and for that to occur, what ONC certifies needs to be like useful and correct, it would have to be right. And what's happened in Stage 2, it certified some stuff that appears to be not useful and correct, that damages credibility, it's a very – it's a simple concept, and it makes a job harder. And so, that's my observation. I think we've got a consensus on this, I mean –

**Joseph M. Heyman, MD – Whittier IPA**

So, I – this is Joe, I would just like to say, it's okay to say that there was lots of discussion and that there were more than one opinion, but I think that particular opinion needs to be voiced.

**Paul Egerman – Businessman/Software Entrepreneur**

I'm not understanding what you're saying.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

You're saying the opinion that –

**Joseph M. Heyman, MD – Whittier IPA**

That you just gave, Paul is – I think that's an important enough piece of information.

**Paul Egerman – Businessman/Software Entrepreneur**

Oh, I'm – well, you want me to say it again or something –

**Joseph M. Heyman, MD – Whittier IPA**

No.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

No, no, I think what he's saying is when we summarize this for the Policy Committee –

**Joseph M. Heyman, MD – Whittier IPA**

Exactly, exactly.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– that we don't just say there was a lot of discussion, we actually say what the discussion was.

**Joseph M. Heyman, MD – Whittier IPA**

Yes, thank you so much for –

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

Yeah and Larry would do that.

**Paul Eggerman – Businessman/Software Entrepreneur**

Because the issue here is bigger than – and sometimes when you talk about Blue Button, it's sort of like, the Blue Button because it's like the hot button, right, it's like – people are really – I mean, they're very focused on it, it has a lot of value. I'm not trying to talk about the value, but it's the principle of the testing and the operational – that you should really go to. You shouldn't just say, well let's try something and throw it out there, that that's the basic policy thing that we really need to try to summarize, because I think that's the important concept.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yup.

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

Hey Larry, I have to get off; I've got another – thanks a lot.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay. Well thank you John for getting us this far –

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

Okay.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– I think we've about talked this one through, actually. The folks who have been quiet, things that you need to say before we move on. Okay, then let's move on.

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

Thanks, Larry.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Thanks, John. Okay, so in the NPRM there were some additional areas looking for comment, and this was looking to move beyond certification within the construct of Meaningful Use and look to extend certification to areas that are outside of the Meaningful Use Program. And it gives the rationale that the National Coordinator is authorized to create additional certification programs, so let's go on to the next slide.

So, there were two specific areas that were called out in the NPRM; one was this notion of a children's EHR and the second was related to practice transformation. So where it says "proposal," this is really Request for Comment, it's not a specific proposal at this point. And it put forward the notion that there are programs like Care for Children, otherwise known perhaps as pediatrics that could be enrolled in programs the government funds through Medicaid or through CHIP. And that we've heard criticisms that these functions are not well represented in the current EHR technology, or certainly in the Certification Program, maybe particularly in some of the quality measure stuff. And that this notion of a format is introduced, as well as an area that might benefit from certification.

So maybe we should talk about this one before we – I think that's right, I think this was the content slide, right. So, why don't we talk about the Children's EHR Format, then we'll talk about practice transformation.

**Joseph M. Heyman, MD – Whittier IPA**

Can we talk about format itself first?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Sure.

**Joseph M. Heyman, MD – Whittier IPA**

Can you explain what format means?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yeah. So maybe we should bounce that back to our ONC buddies. Can you describe what the concept of format is?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Hi, this is Mike Lipinski. Can't say I was prepared for that question, but I believe it's just how – it's a format that's actually been designed by AHRQ as I believe it was a requirement coming out of, I ca – don't have in front of me what statute it was. But it's a designed format for that setting. You can click on some of the available links within the rule and it will take to you see what that format looks like. So essentially all we're asking is, is that something worth certification to? It wouldn't be a requirement, again, it would be – there may be some groups that think that would be valuable, particularly in this – I think in this instance it would have been AHRQ, because they may use – they may require that it's part of some of their grant programing, for example. And so they would want to know that the vendors or providers are using EHR technology that meets that requirement, so, that's kind of the genesis behind the Request for Comment on this. It's not an actual propo – again, to reiterate, it's not an actual proposal for the 2017 edition, we're asking you, does this make sense as possibly a proposal in the next rulemaking?

**Joseph M. Heyman, MD – Whittier IPA**

So this is like, if I'm understanding you correctly, this is like using the EHR to supply information to a third party by having this format included within the EHR, is that right. And if that is right, I guess once again I would say as a physician who uses an EMR that it bothers me that for third-party purposes we keep making changes to the EMR that increases cost, decreases usability and make it into something it was never intended to be. And there are other ways to accomplish the same things.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So, this isn't – again, this is just one example of what we could require certification to, but I don't know if I agree with that premise. I mean, this was actually designed by stakeholders regarding for people who practice in that setting, so they do see value in that format. It's not something like the government came up with and said everybody needs to do this.

**Joseph M. Heyman, MD – Whittier IPA**

But they're doing it in order to collect information for a government program, aren't they?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I don't know –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I guess the question is – the format or the transmit format?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

My understanding it was a format that actually providers, pediatric...as you see in the rationale, they thought this was a functionality that the EHR should have, so it was actually providers that were asking for some of this functionality in the EHR. So, that's my basis and where I can come from; I can't speak specifically to each of the particular functionalities that are in there. I mean, I would actually myself have to go back and look at the Children's EHR Format.

This was something some of our colleagues, like I said, asked us to see, people – to get comment on this. This something that could become part of the certification program that vendors who have customers in this setting, may want to get and then it may become part of – like as it says here, the CHIP or Medicaid program, in terms of like expecting, in terms of payment and that. That they may be using that – I don't know, I'm speculating as to that part of it, how it could be used by other government agencies. But the question was, this was developed and would certification help related to making sure EHRs met these requirements, so that pediatricians when they went to purchase that EHR, family physicians, other specialists, they knew that that functionality was there.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So let's clarify. So format here is maybe a noise word, this could just be a children's EHR. The fact that the word format is being used is not referring to export format to send documentation or summary information somewhere, it's as it says in the rationale, these are pediatric functions that are needed in EHR technology.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

That's my understanding.

**Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/Office of Disability Aging & Long-Term Care Policy**

So Larry, this is Jennie, we – a subgroup of us, Larry, Mike, Joan and I had a conversation about this particular section in the NPRM. And one of our technical comments on this was that the NPRM has – this section is entitled specific types of healthcare settings. And children's EHRs are not settings, it might be functionality needed in an EHR to support service delivery to children, but they're not settings. And so it seems like – and generally, stepping back even a little bit further, this particular part of the NPRM was soliciting comments beyond just children's EHRs, but also, I think it was practice transformation as a setting.

And so when the sub-workgroup met to talk about this section, we generally supported the notion of having functionality that supported particular applications, but we thought it was important that it be clear as to what it is, it's – they're not settings. And in fact, we had suggested an alternative way of phrasing it, extending health IT certification programs and capabilities to other settings and activities, meaning, for example, the children – the functionality needed to care for children or to support transformation might be activities beyond what's presently included in certified EHRs.

**Paul Egerman – Businessman/Software Entrepreneur**

And so – this is Paul –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

This is Mike real quick, if I could just – go ahead, sorry.

**Paul Egerman – Businessman/Software Entrepreneur**

Go ahead Michael. No, go ahead Michael –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Just let me clarify, I mean, I wouldn't get so bogged down in semantics there related to settings. I mean, yeah, I know most people understand beha – post-acute care setting, ambulatory, inpatient; the point being is, to them that's their practice setting. And so, that's what we were trying to get across there, I mean, if you want to get specific about functionality versus an actual post-acute care setting, we'll take those comments back under consideration. But I just wanted to offer a little clarity to that proposal.

**Paul Egerman – Businessman/Software Entrepreneur**

And so this is Paul. First, if it's okay, I wanted to look at the Children's EHR Format separate from the practice transformation, my comments are just on the children's EH R format. And, the way I look at certification it was supposed to be a floor, it was not supposed to be certification for absolutely every capability that one might need in an EHR system. So the fact that certain pediatricians, for example, have – in certification, I kind of shrug my shoulders and say, well, that's probably true of ophthalmologists also. It's probably true of podiatrists. It's certainly true of dentists –

**Joseph M. Heyman, MD – Whittier IPA**

And obstetrics, we all use standardize forms for –

**Paul Egerman – Businessman/Software Entrepreneur**

– yeah, and there’s – every specialty has some things that aren’t reflected in certification. And so the fact that something is absent certification is not a good enough reason to certify it. I mean, I look at LTPAC and we had some – there at least are some valid issues there as it relates to transitions of care that sort of say, well, this is a piece that’s important in what we’re trying to do with EHRs. But I don’t see that at all in the children’s thing and the concept of this being the floor, the concept being that gee, this is – the goal is not to help purchaser’s make purchasing decisions for certification, this is not – I don’t see any reason to do what’s on the first half of this screen.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So this is Larry, let me jump in with two comments I think would – one, we have talked about a framework, we called it a five-factor framework, for areas in which ONC might take on certification. So, it might be useful to bring that into the conversation here as, if ONC is going to be doing certification in other areas, to consider the things that we talked about, advancing the National Priority, aligning with federal and state programs, utilizing technology pipeline, building on shareholder support and appropriately balancing costs and benefits.

One of the aspects of this, which I think we’re losing sight of in our discussion, is – that Mike brought up, is there may be federal funding in the same way that there is Meaningful Use federal funding. There may be federal funding for care for these individuals that would say, we’re going to require you to get this funding you need an EHR that meets this floor, and the floor here is not a generic EHR, but an EHR that has some key features for our – for the kind of care that we’re asking you to deliver.

**Paul Egerman – Businessman/Software Entrepreneur**

And Larry, that’s –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Larry, I just wanted to point out like remember I had said it came from a statute, so I grabbed that and it’s CHIPRA. So right out of – the Children’s EHR Format was authorized by CHIPRA and so it was developed by, like I said, AHRQ and actually in collaboration with CMS. So, it was a specific legislative directive related to developing that particular format. So, I appreciate the comments about other specialties and so forth, but this may be somewhat unique, this particular one.

**Paul Egerman – Businessman/Software Entrepreneur**

Well –

**Joseph M. Heyman, MD – Whittier IPA**

Could I just ask –

**Paul Egerman – Businessman/Software Entrepreneur**

– this is Paul –

**Joseph M. Heyman, MD – Whittier IPA**

– would it be possible for us to actually look at what this is so that we know what we’re talking about before we make a decision about this? I mean I have absolutely no idea what this is. I’m hearing that it’s some legal requirement by CHIP and I don’t – but I don’t know what it – I don’t know if the format means it’s an exact replica of what has to be collected in a prescribed way or whether it’s some general information that has to be collected and be available through an EMR. Or whether it’s an actual form that has to be included in an EMR, I just have no idea what this is.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

It’s available through HL7, we provide a link in the Rule, but you need your password to download it from HL7 –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So we may – what I’m hearing is a request that we do a little more background work before we comment on this.

**Joseph M. Heyman, MD – Whittier IPA**

Yeah, I mean I could not possibly opine on this, because I just have no idea what it is.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

This is Kate and just kind of some basic information from the Rule preamble. It's designed and developed to bridge the gap between traditional functionality and functionality needed for pediatric care. So its particular data elements, other requirements and functionalities that need to be present that aren't currently. It's not necessarily an entire EHR system or design center, it's just some additional functionality that is pediatric specific.

**Joseph M. Heyman, MD – Whittier IPA**

So, what would be some examples of that functionality that's not currently included in an EMR?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

You know, I don't know off the top of my head, I've never –

**Joseph M. Heyman, MD – Whittier IPA**

Yeah, so that's why I'm saying, without understanding what it is, I really think it's very, very difficult for us to have an opinion on this.

**Paul Eggerman – Businessman/Software Entrepreneur**

And, this is Paul, I agree with what you're saying Joe. It would be helpful to know what it is and certainly be helpful to know the magnitude of what it is, I mean, is this something that's really small or is this like this very big, complicated thing. I'd also want to make the observation that just because something is legally mandated doesn't mean – still doesn't mean you necessarily have to certify it. I mean Medicaid or CHIPS, the programs can put out – put forward their own requirements, so they say, you have to have these formats, that's not the same thing as saying it has to be certified. But it – what Joe is asking for is a reasonable next step.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I guess I'm hearing two things, one is that there's some background work that we're asking be done, actually define what this is –

**Joseph M. Heyman, MD – Whittier IPA**

Or tell us where to get it –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yeah.

**Joseph M. Heyman, MD – Whittier IPA**

– that would be enough for me.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right, so that's what I just said, this is Mike with ONC again. It's available through HL7. I'm sure we could work with the right people to get you guys all a copy or access to it, if that's what you're looking for.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

But I'm also hearing that there's a framing question here of, we did have a discussion about where certification might be appropriate and that we should use that framework. We're being asked to assess other areas, we've created a framework, and one of these things is National Priority or legislative mandate. We didn't specifically call out funding opportunities, but it sounds like that's an aspect here as well, that a federal agency is looking to say, if you're systems meet this criteria, we will allow them to be included in a funding opportunity. So I think there is a very specific federal driver. That's my opinion on that, but that's what I'm putting out.

**Joseph M. Heyman, MD – Whittier IPA**

Is that what it says? If that's what it says, that's interesting, but I'm not even sure that's what it says.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Well, like I said, we have – it sounds like we have some more homework to do about this in specific.

**Joseph M. Heyman, MD – Whittier IPA**

Right.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah. I would like to – even in the absence of that homework, there's a rationale that's in the middle of the page that I wanted to comment on, where it says, "the availability of certification of EHR technology to the format may stimulate EHR technology developers to recognize and incorporate pediatric functionality into EHR technology." And I just wanted to make the additional comment that availability of certification, in my opinion, does not stimulate EHR technology developers to do something that they would not otherwise do, that's not the way the marketplace works.

**Joseph M. Heyman, MD – Whittier IPA**

Right, the demand by the pediatricians might stimulate –

**Paul Egerman – Businessman/Software Entrepreneur**

Well that's right, if there's demand by the pediatricians, if there's a governmental mandate that says you have to do something, that's pretty strong. If there's a governmental incentive program, but there's got to be some reason to do it, just the availability of EH – of certification is not, by itself, stimulative to developers.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I'm going to risk extending this conversation a little bit with – this is Larry, with an additional stretch to that. And that is, the extent to which certification criteria actually serves as a roadmap, it could be a way to focus development. It may or may not be a good thing that it focuses development that way, but it could be a way to focus development that says, there is an incentive or there is a mandate, and so there is motivation to do this and here is the three-year look ahead of what you're going to need to do. So it does focus development, I don't know about stimulate development, but it focuses development to meet that requirement.

**Paul Egerman – Businessman/Software Entrepreneur**

But Larry, there's a lot –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

We've certainly heard plenty about that.

**Paul Egerman – Businessman/Software Entrepreneur**

– there's a lot easier and cheaper ways to provide a roadmap than certification. You can provide a roadmap by providing a roadmap. You can publish a document that says, here's a specification, here's a statement of requirements, here's what you need to do for the next three years. And that's great, but to put forward certification for a developer, where you basically say to the developer, if I want to develop something in this area, it's now going to be like doubly hard if I want to get it certified, because it – or doubly expensive. There's nothing about certification, by itself, that causes people to want to provide a market or functionality that they don't already provide; there has to be something else. And –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So the co –

**Paul Egerman – Businessman/Software Entrepreneur**

– you said, as a roadmap is not a valid use for certification.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

The comment is about stimulation, we're stimulating development.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, it does not stimulate development. I don't think there's any evidence that that occurs.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So in these other – this is Mike with ONC. So in these other healthcare settings or other functionalities, if agencies or government want to point to the use of certified products that meet the requirement, it's kind of like the chicken or the egg, they can't do that until there's a program that certifies those req – functionalities. So –

**Paul Eggerman – Businessman/Software Entrepreneur**

That's true.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– if they want to leverage this –

**Paul Eggerman – Businessman/Software Entrepreneur**

But, the other side is, the certification people have no idea what these agencies might want to do –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right.

**Paul Eggerman – Businessman/Software Entrepreneur**

– so it could be that they would certify the wrong thing, and so if they want to point to something, they need to point to it and then you can work it out.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right. Because – for some of these agencies, I guess I'm – again, this isn't in the rule what I'm speculating is that they're not going to be able to tell if the products have these requirements. Or that the providers are using these requirements or have these capabilities to use unless they can just see something simple like, it's been certified so now they know versus, I mean I guess they could always take somebody's word for it. But I think part of with certification is knowing that they do have those capabilities, that those capabilities have been tested and certified to have the appropriate functionality ad work and meet the capabilities. So, I think that's some of what the – these other possible agencies/entities are looking at related to certification.

**Paul Eggerman – Businessman/Software Entrepreneur**

But Michael, shouldn't – the way you could look at this is, you look at the Meaningful Use activity, and one way you could look at that was – look at it as, that was a collaboration between CMS and ONC.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Um hmm.

**Paul Eggerman – Businessman/Software Entrepreneur**

But CMS was the one who has the money, who was providing the incentive; ONC was providing the certification. That's the correct – and ONC and CMS worked pretty well together, in other words, they collaborate, they came to the meetings together, they worked actually remarkably well together. I know it's not perfect, but they worked very well together and that's the model that should happen going forward, is if there's some agency with CHIP or something that needs to do something, they should work collaboratively with ONC. But I don't think ONC should like project what other agencies might want and certify it now, just in case.

They should work together and say, well here's – we'll choose another one, look at SAMSHA that has a lot of – there's a lot of very interesting work with privacy, I could see SAMSHA saying, we want to do a project with ONC and this is what we're looking to do. That would be an exciting thing to do and you could see a lot of good things coming out of that. But it ought to be some collaborative effort. It can't be just ONC launching it and then expecting the other agencies to adjust to what ONC certifies.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right so I guess, are you assuming that these two proposals were just out of ONCs policy decisions? Is that –

**Paul Eggerman – Businessman/Software Entrepreneur**

I'm assuming the information I've got is total and complete and that's all the information I've got.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay.

**Paul Eggerman – Businessman/Software Entrepreneur**

If there's more information, then I would certainly hope that somebody would have told us that.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay.

**Paul Eggerman – Businessman/Software Entrepreneur**

Is that a false assumption, that the information we've been given so far is full and complete?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I mean, if you go to – we don't specifically in the Rule say that somebody asked us to do this or asked us to do that, but I mean, our rules come out from HHS. So policy is always vetted internally before proposals are made amongst all HHS agencies. So, it's not necessarily ONC policy – I guess what I am saying is, you should not assume that any proposal in our Rule is solely a decision of ONC and does not have the support of other agencies within HHS.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I guess the comment I'm hearing us making is a key aspect to having certification is that it is aligned with another program that's providing the use cases, the functional requirements, for the certification. And in this case, given what's in the slides, we don't know if that's what was in the NPRM, if they actually provided that additional information. And if it isn't in the NPRM, we're saying that they need to be aligned, and if you're going forward with certification, that we want to see that there is, in fact, alignment, that the federal programs do match in the way that Meaningful Use and ONC certification have matched in the past.

**Paul Eggerman – Businessman/Software Entrepreneur**

And is there some secret agenda here, it should no longer be secret, if there's some agency that needs something, tell us what it is and let's work on it. I mean, that would be interesting and exciting to do and it's frustrating that that might exist and you're not telling us that, because we're wasting our time then, I mean, we're giving you advice based on one set of assumptions and those assumptions are wrong. We shouldn't have half the information.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I guess I'm hearing two things. I'm hearing that the summary slides are definitely lacking and the NPRM itself may or may not be lacking, at this point we don't know.

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

Hi, this is Kate from ONC. The NPRM doesn't provide any additional information about working with other agencies; it simply provides the background we've provided in the slides about what the proposals are and what our rationale was, as well as some kind of overview that was available on the slide before. We do have random conversations with a lot of other agencies. Unlike Meaningful Use, these people don't – these groups don't have legislative kind of push to start up these programs, so they call us and ask us if our certification program can do X or Y and we respond to them as we can. But we have heard significant feedback that the Children's EHR Format is a need in the community and so we thought we would put it out for comment. We're certainly not trying to hide anything or provide a different story to you and to the folks internally.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Yeah, this is Mike, I would just – I think Kate's got – she's right, I mean, the main points are on the slide. The only other things that are like in the NPRM are getting into what specific law authorized CHIP – the Children's EHR Format, things like that. But like I said, rulemaking is not done in a vacuum and we always – HHS brings all its agencies together when rules are proposed. And like she said, there was a request and need to put this out there to get comment from you. I'm hearing back that you need, to give informed recommendations or comments, you need to know more as what purpose would this serve, so, is that correct in terms of a comment?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So let me back up, Mike, before others jump in on this. So, I'm hearing that these are refinements to the framework we put forward, because we said, here's a framework for creating certification programs, it should be our response to this question. We've given you a framework, we think it applies here and oh, you're saying that actually, there are funding opportunities here and we talked about that in general, in terms of like alignment with existing programs. But we don't talk specifically about funding opportunities that certainly affects some of the things we did talk about, like the balance of costs and benefits. And I –

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Wait and –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– we can respond it that way without having to get into the details of what's being requested here.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Right. And, I'm not saying that there are funding opportunities, I'm saying that is in the realm of possibility. I think in the presentations that the ONC has given on the 2015 edition rule at HIMSS and in other venues, and in the Rule itself, we said that certification could be leveraged by other programs. And those were some examples that I know folks have given and in that regard. So, this would be just one more example of that, the Children's EHR Format, but we've talked about certification itself are criteria being leveraged by CMS related to CLIA. We've talked about, I think, proposals related to payment under Medicare if you used certain certified capabilities beyond MU.

So, that's what this is – part of this is getting at, so, I just wanted to give you that more of a larger framework of where this particular Request for Comment is coming from related to the Children's EHR Format and where – whether or not funding ever plays in, that's not – that's neither here nor there. I'm sure you guys have talked about that already this workgroup, particularly related to SAMSHA and behavioral health care, in those settings. So that is always, I think, something that's out there for various settings and various agencies and whatever various certification related to particular functionalities. Would I not be incorrect, I am sure, I think, SAMSHA had talked about what grants they had and how that would work.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Yes, right.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay, thanks.

**Joseph M. Heyman, MD – Whittier IPA**

But this is Joe, even if you go to what you just said, Larry, I have to say, without having an understanding of exactly what this is, I personally could not opine on it. I have absolutely no idea what this is.

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

So, this is Paul Tang.

**Joseph M. Heyman, MD – Whittier IPA**

Go ahead.

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

I wonder if, and maybe I'm missing a little bit of the context, it may be, Kate or Mike can help with. If this is a program, specifically can ONC help champion some certification for functionality that's required – that is – can be leveraged in other programs that are with or without funding. That's – is that – that's one type of question that could be asked. Another type of question is could we introduce some of these – some specific certification in the Meaningful Use Program. I'm guessing that's not what you're asking in this NPRM, is that correct.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Sorry, I was on mute. It has nothing, no; it has nothing to do with Meaningful Use. And I actually right now went back and looked at something we said. And we do, for Paul, not Paul Tang, but Paul Kleeberg, that we do mention actually in the Rule that we said that we receive feedback and suggestions from other components of HHS about EHR technology certification for various specialty purposes and other settings. And so, I mean, I think it's a fair conclusion to say that some of this – these proposals, particularly – to Children's HER Format and Practice Transformation, came out of those discussions.

**Paul Eggerman – Businessman/Software Entrepreneur**

Thank you.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

What it will actually be used for, we don't get into that in the Rule and I think it would be a lot of speculation. Like I said, we've talked about how they could be leveraged, but I don't think there's anything definitive proposed how it would be leveraged at this point.

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

So I'm wondering whether we're getting hung up – so, I think it's also possible that some, and we have had some agencies in HHS who actually are proposing certification in the Meaningful Use Program, because they realize that that's going to essentially make it available to everybody. And that may be good from an individual department or agencies perspective, but I guess CMS and ONC have to decide whether that's a good thing for the Meaningful Use Program. So, I think there are benefits to both sides for some of these things. I think one of the ways that we're getting hung up is this is coming out of a policy group's orientation towards Meaningful Use.

And maybe you're trying to make a switch, and maybe it's clear to everybody and I'm wrong, that saying, hey, should there be a certifica – when people need data in a reliable, standardized format, should there be a certification process within the federal government, ONC is a likely administrator of that, in these areas. Is that a different way of asking this question, rather than what should the certification be for – maybe let's start one at a time. Is that the real question that's being asked, should ONC get into the business of certifying functions that are useful for federal government programs that obviously would be voluntary?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Well Paul, that was – I mean, that's the overarching question in the Rule, and then we give you exam – these are just two examples of ones that could be part of that progr – part of that certification beyond MU.

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

So then, wonder if the que – so is this workgroup supposed to answer the more global question or are you asking, and that's where Joe's coming from, this workgroup to opine on individual certification questions? What's more helpful to you, or what are you expecting from your notice and your Request for Comment?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

So, I think the overall – you're well positioned to answer the overarching questions. I think as Joe was saying, he's not comfortable enough on the Children's EHR Format –

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

Right.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

– but I think some folks would be who read this, the Rule, and would give us comments on that. But those are two that, like I said, people have asked us that they think would have some value, other components within HHS. And so we've put those two particular ones out there as like, to get comments on those, which –

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

Got it.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay.

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

Okay. So I think, let me, and Michelle you might be in a position to sort of correct this. Maybe one of the questions that's posed to this particular workgroup of the HIT Policy Committee is thinking about the overarching question of, hey, you know what, yes we have specific needs for certification to comply or qualify for the Meaningful Use EHR Incentive Program, point one. We found that, with some controversy, that some certification can actually be helpful, because it could eliminate waste and level the playing field, sometimes it can be overextending and cause unnecessary work, and Paul Egerman's talked about that. So there's always a balance there, but weighing those two sides, do you think it's useful for ONC to help develop voluntary certification programs so that it can be leveraged by other agencies either in the government or even the private sector? So that's an overarching question.

Then, maybe these are two exemplars are hey, here are two things, and we can even site you some use like the CHIP program for EHR – EHRs for pediatricians. Is this the kind of thing that would be useful to be certified, question to the workgroup. And another kind of exemplar is, hey, it would be nice to figure out what – certify some of the features that would help with some programmatic objective like care coordination, that's sort of the practice transformation. And I think we could opine on the generalized question that these two exemplars are posing. Now, have I gotten that right? Am I on target in terms of how can we be of use and what kind of an opinion would be useful to you?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

This is Mike with ONC; I think that's spot on. I mean, that's even how we essentially frame it in the Rule, too, so –

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

So we might not – not having the full context, we might not be fully appreciating the questions that are being asked or what's useful information to you. So, I don't know – let's say, Joe is saying, I don't know anything about the CHIP Program or what EHR content would help us qualify. But if you use that as an exemplar, there are programs and gosh, wouldn't it be ni – we talked – I'm going on a little tangent; we talk about the need for alignment for quality measures. And the reason we have this need for harmonization is because every programmatic – every program that uses quality measures are sort of doing it on their own, and that causes a lot of angst and excess work out in the community.

And so in this case, they're almost trying to say, hey, based on that learning, could we have a centralized place, possibly ONC that could be in the business of certifying functions that are all voluntary, if you want to participate in this program, and then I'd like you to follow the following standards. And so is that a good idea. Maybe that's the opinion that this group can give, based on here's one exemplar for a specialty-specific thing, pediatrics, a pediatric program. And the second one is sort of a generic capability, but saying is it wise to certify care coordination features? Is that a tractable question for this workgroup, despite not knowing the specifics, let's say of CHIP, can we render an opinion on those two questions?

**Joseph M. Heyman, MD – Whittier IPA**

This is Joe. I would say, if you're asking us the overriding question, I can understand and I can try to think of what the right answer might be.

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

Um hmm.

**Joseph M. Heyman, MD – Whittier IPA**

If you're asking me to use something as a basis for an example, then I need to know something about that example before I can give an opinion about it. I don't know anything about those examples.

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

So let me try –

**Joseph M. Heyman, MD – Whittier IPA**

I mean I asked –

**Paul Egerman – Businessman/Software Entrepreneur**

And just – this is Paul, to follow up on what Joe is saying – in some sense your putting forward this sort of like overarching question, which is very good. But we do have the example on the screen, which is also good. So the question that Joe is asking is, just what is it that we're supposed to be certifying and why are we supposed to be certifying it? Which is, in some sense, by asking those questions on the example, is partially answering your overarching question, which is, well you've got to know more, you can't just – you have to have some understanding of what you're being asked to do and why.

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

Okay, well I'm going to try to rephrase the question in front of you, and Mike and Kate, you just gotta correct me if I'm getting your message wrong.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Um hmm.

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

So I'm going to first assume that we've dealt with the global question, because otherwise if our answer to the global question is it makes no sense to have a voluntary certification question, then we're sort of stuck, this is meaningless. So let's assume that we're saying I could see some value in a voluntary certification program. Okay, we got past the global one.

Now I'm going to put in front of you, I'm going to reword what's in front of you. For the first one I'm saying, hey, when we have a special – we have a special program, and I'm going to give you an example a program that deals with children and their insurance. And it requires me to know certain things, let's say it requires me only to know five things about children, what's their age, what is their parents SES, there are a few things I need to know. And I would like to know that you can deliver that to me and I'm going to say, hey, you know what, you – in order to participate in either this program as a pediatrician practicing, or this grant program, I'd like you to deliver for each patient in the population, the following five things.

And one way you could meet that is have an EHR that captures those five things and here, I'd like you to refer to ONC certification 321-3, and that's one way. If you say I'm certified to 3 – my EHR is certified – or my module is certified to 321-3 –

**Joseph M. Heyman, MD – Whittier IPA**

But supposing it's actually 40 things and supposing only 3% of pediatricians are actually interested in participating? That's my point.

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

No, but well – but you still can answer the question, can't you?

**Joseph M. Heyman, MD – Whittier IPA**

No, I can't because you're only giving me one exa – if you tell me it only requires one thing and 100% of pediatricians have to do it, of course I'll say it's okay to certify it. I don't think that it's necessary –

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

No, but remember it's a voluntary approach –

**Joseph M. Heyman, MD – Whittier IPA**

– but it's okay. But if it's something that's only 3% and it's requiring 100 things, then I would definitely not be in favor of it.

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

Okay, so let me try to expand it to answer your question. Certification 3-3 says the following, and there are five federal or private sector programs that say, hey, if you say you're certified in 3-3 certification, you check this box. If you want to say that you get it by some other way, you can tell me that, too. It's just a way to – and it doesn't – in that case, it doesn't matter how many percent it applies to because only those percent that it applies to are going to be interested anyway. It's just a way to organize – it's essentially trying to get convergence, so that we don't reinvent the cacophony of quality measures we have.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah and but Paul, what you have to have is, you've got to have the agencies work together...

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

Exactly.

**Paul Eggerman – Businessman/Software Entrepreneur**

– to do this, because Joe's comment is a good one because, just look like at what we did with Meaningful Use, we'd be talking about things and we'd talk about, well what's the burden on the developers> What is the burden on the physicians? Is this really going to work? And you can't just say, well this is something an agency thinks they want, they want these 5 things and therefore we're going to certify them. We've got to try to have some evaluation of the practicality and the utility of what's going on here and the reason for doing it. Certification can be the right thing to do in some circumstances, it can be the wrong thing to do, and you can't just answer that in a vacuum.

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

So that can –

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

No, but is that enough for our answer? I mean, without trying to push this beyond that. Is that enough to give that framework back to ONC, to say, we think it's important to have the collaboration, we think it's important that you test, assess the value, the trade-offs that you can be explicit about that. And these could be relevant examples, we don't know if these are relevant examples –

**Joseph M. Heyman, MD – Whittier IPA**

Exactly.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

– we're not experts in this area.

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

Well, so I'm going to try to weave Joe's question into it and that could be, as you say Larry, part of the feedback. So we're saying you know what, this actually makes a lot of sense and clearly, it means the agencies, the program officers should collaborate to figure out what would be a good objective to certify against. Joe's point could say, you know what, it probably doesn't make sense to have any certification if it doesn't apply to X, 50% of the target population. That could be another piece of useful information because the alternative is then we're going to have certification for everything and that would actually not only be unwieldy, but it would be probably unlikely that they would all be the right things, because we know how much time it takes to get these things right or good. But I think all of those elements, if we put together, could be useful to ONC.

**Joseph M. Heyman, MD – Whittier IPA**

But it's also the amount of change that has to be put into the EMR, into the thing that you're requiring. Is it worth putting that much stuff into an EMR change that's going to increase the cost for everybody?

**Paul Eggerman – Businessman/Software Entrepreneur**

And that's right, Joe. I mean, one of the five – one of the statements in the five phases was supposed to be a cost and benefit analysis and you can't ever look at the costs in isolation of the benefits. Something could cost a lot and it could be very disruptive to a practice, but maybe there's a significant benefit. And so you need to know just what agency is being asked for this and why, what is it that they hope to accomplish by doing this? Is there going to be a financial incentive involved? Is it going to solve a public health problem that's a really serious public health problem we need to address? And we need to know the reasons.

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

Okay, so I'd put that in, too. In other words, these are criteria that let's pretend it's ONC that's the certifying agency. These are the criteria that ONC would use to ask of whatever public or private agency is looking for this – for voluntary certification criteria, they should consider the population served. They need to have some assessment of the cost, which in – the development cost and the implementation cost of the function you're trying to certify. I mean, we can outline, as part of the feedback, here are the things that if we agree that a voluntary certification could be of benefit, then here's what would – here are the things you should think about in order to make a valuable certification process.

**Paul Egerman – Businessman/Software Entrepreneur**

And again, this is only in the narrow case where there's a request from another governmental agency.

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

Ah, yeah.

**Joseph M. Heyman, MD – Whittier IPA**

As long as we leave these two examples out, I don't mind having some general, overarching principles. I'm worried about the two examples because I don't know what they are.

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

Well, I think you can address that by saying, what about this one example where you have a very special – this is how I would use it. You say, hey, when you get into specialized populations, then you need – the submitting agency would have to say, huh, how many people does this apply to or what percent of some target population does this apply to, the same question that you asked Joe. And that can be – that doesn't have to be a CHIP, it's really – when you're talking about a specialized population, here's what I'd like to know.

The second one, to me, one comment, I'm just making a hypothetical comment. Wow, I understand why it would be nice to have care coordination features, but do you really think you can certify, "care coordination features?" That's a different kind – I understand the need for practice transformation and I'm saying the royal "I," right. We understand the value of that, but you're proposing that you can certify technology that does care coordination. And one pushback could say, you know, when it's that non-specific, I'm not sure certification is the right approach because the – in our experience, one of the pitfalls of that is overprescribing something and there are so many unintended side effects. That can be the kind of feedback we give, because these are two very different kinds of certification requests.

And that's helpful, I think, to an ONC, say, you know what, I can understand the need in specific program areas, hmm let's work on that. And I can see the need, but I can't figure out how to make it overall a positive experience for the market in this whole – this generic practice transformation or generic care coordination example. And you say that seems like something that's much harder to do when you risk – when you weigh the risks of doing that to the market.

**Paul Egerman – Businessman/Software Entrepreneur**

So, these are helpful comments, Paul. Larry, I'm confused where we are on our agenda. Have we thoroughly talked about the first half of this and we're on to the second half of the page? Where are we right now?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So I think we've backed up and said we're actually talking about the general framework. I think we beat up a lot on the Children's EHR Format, so I think we should take a look at the second one on practice transformation and probably give it maybe 10 or 15 minutes worth of time to discuss. And then we should wrap up, because I think that we're getting a consistent set of comments communicated here and the – to Joe's point, the specific diversity of comments will get in the summary. So, yes, I think we should move on to the Practice Transformation piece as a second example.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay, is somebody on mute right now or is there anybody talking?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Maybe we're all talked out. Does anyone want to jump in?

**Paul Egerman – Businessman/Software Entrepreneur**

Is somebody going to – I might make some comments, but is somebody going to say a reason why we want to do this or should I just go ahead and talk about it?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

So, okay. So this came out of the ONC Request, looking for input and they're looking for capabilities that might support practice transformation as is being moved ahead, for example, with the CMMI Initiatives, and that there might be value in technology that does certain things like risk stratification. And you could imagine that having that embedded in the EHR could be valuable because then when a patient shows up, the people providing care could be notified that this patient falls into a risk category. And there might be clinical decision support that brings forward appropriate protocols the organization has agreed to implement when someone has that kind of risk. So, it could be a cascade of things in support of some of the healthcare reform activities that CMS is doing – focused funding on.

**Paul Egerman – Businessman/Software Entrepreneur**

So I'm understanding this as sort of like really sort of very different stuff from what EHRs are currently doing. This is some interesting, innovative and significantly different, compared to what currently exists. Is that right or not right?

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

I don't know if it's different from what currently exists.

**Joseph M. Heyman, MD – Whittier IPA**

This is Joe. I mean, I just have to say, nobody incentivized me to buy an EMR when I bought an EMR. I bought it in 2001; there were no incentive programs, there was nothing. It was a great EMR, it did what I needed it to do, and it produced everything that I needed for, in my practice, to give good care to patients. It was a record-keeping tool predominantly. It had some things where if the patient had an allergy, it reminded you of that allergy if you decided to give her something that she was allergic to. If you had a drug-drug interaction, it would remind you that you had a drug-drug interaction.

But now we're taking these EMRs and changing them into something that's completely different that costs a lot of money that makes it almost impossible for small practices to be able to afford them. Forcing a very valuable part of the healthcare industry out of it completely, into these huge, consolidated things, because they're the only people who can afford this stuff. And we keep adding on top of it more and more things, with no evidence whatsoever, by the way, that any of this is better than what we had before. And I just don't get it.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay, so this is Mike from ONC and I'm going to go back to what Paul Tang was saying and also correct myself, I think I said Paul Kleeberg earlier, and it was Paul Egerman I meant to say, so, I apologize Paul. So –

**Paul Egerman – Businessman/Software Entrepreneur**

So which Paul are you apologizing to – me?

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

I think Paul Egerman.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Too many Pauls in the world.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

In any event, so it's voluntary, right, Joe. So if you want to do Meaningful Use, and granted there are eventually potentially penalties or payment adjustments if you don't meet those criteria. And here is the same thing again; we're proposing what would be a voluntary certification that would be used if you participate in a certain program. And the theory behind it is that it would have benefit to you, these functionalities, not only in doing what's required to get payment per se under Medicaid or Medicare, but also in your practice. So it's not saying you, Joe, have to have every one of these capabilities that are in certification, it's saying –

**Joseph M. Heyman, MD – Whittier IPA**

But my EMR does. I mean my EMR company is going to have to have that.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah.

**Joseph M. Heyman, MD – Whittier IPA**

And I'm going to have to pay for it.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

It depends, I think, the argument there would be, it depends on who your EMR company supports. I mean, some EMR companies support specific specialties and specific settings. There are clearly larger ones that support across settings. So, I don't know if that's necessarily true for every EHR or EMR company.

**Joseph M. Heyman, MD – Whittier IPA**

Well, you used the word theoretical and I'm agreeing with you, it's all very theoretical.

**Michael Lipinski, JD – Policy Analyst – Office of the National Coordinator for Health Information Technology**

Okay.

**Joseph M. Heyman, MD – Whittier IPA**

And I would say the vast majority of people who are involved in making these decisions are involved in these huge networks. And they have very little contact with people who are in smaller practices. And there are a lot of patients who don't like to be part of a circus; they prefer having a small practice where they get individual attention. And I just think that we're just forcing everybody into a certain pattern or something that makes it – without any evidence that it's better, or with very little evidence that it's better.

**Paul Egerman – Businessman/Software Entrepreneur**

Those are helpful comments, Joe and let me also make a comment Michael, is it Michael Douglas, is that your last name? Anyway, the issue from my perspective, or from a vendor perspective is, people say these certifications are voluntary, but they're voluntary until some federal or state agency puts out some requirement that you have to do it. And then the vendor is stuck with it. And the assumption that you have is that you're going to do the certification and you're going to do it right and that you're going to really be helpful in – for the requirements and that would be quite nice, but that's not always the case. Sometimes it is and unfortunately, sometimes, many times, it isn't and vendors are sometimes stuck with things that are very, very difficult to implement and frustrated it takes so much effort and it takes so much effort to do the certification process itself.

Having said all those things, I want to return to what it says on the screen about the Practice Transformation and I would just suggest that doing some interesting advanced things is something very good for ONC to do. But it's still not about certification, that it's a variation of my comments about the transmit function. You could make a lot more progress if you're going to do innovative things if you do test beds and test pilots and get successful operational situations. Successful operation pilots do not mean two or three people; it could be large institutions doing very interesting work, doing interesting things, that that is an important thing to do. That taking something that's advanced and innovative and applying certification to it actually slows it down, it makes it very much harder to make changes.

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

And hi everybody, this is Joan. If I can just make a comment, I'm sorry I joined late. But it seems to me that the Children's EHR Format and Practice Transformation are two very, very different things. And the EHR format as an example, we know enough about it so someone could probably actually build something that was satisfactory for users. However, for the Practice Transformation piece, I don't think that's a really good example because we don't know enough. I don't know that anybody could build that yet. I mean, I would be tempted to drop or make a comment that the Pract – it's too early, really, to say too much about the Practice Transformation piece.

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

And this is Paul Tang and I'll voice an opinion similar to that. I think whereas in the example, the exemplar for Children's, I get how that can be useful, as Joan said, can be specified. With the Practice Transformation, I think the two bullets that are illustrated are – we, at least from the Meaningful Use perspective; we try to not cross the line of being prescriptive and innovation limiting. And I think these exemplars do cross that bound in the sense of these are things that the market will ask for and I wouldn't be saying what to put on what screen, which is I think the second sub-bullet says. So as an example, and so the feedback on this kind of certification proposal, it would be, I think, crossing the line of being prescriptive and limiting innovation.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Any other comments, any other folks we haven't heard from on this one. Okay. Let well maybe we should wrap this up and go to public comment. Any other final thoughts from the workgroup members? Okay.

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

All right, sounds like we're ready for public comment.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Let's do it.

## **Public Comment**

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

Operator, can you please open the lines?

**Rebecca Armendariz – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers, please dial 1-877-705-2976 and press \*1. Or if you are listening via your telephone, you may press \*1 at this time to be entered into the queue. We have no comment at this time.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Well, I'd like to thank everybody for the engaged conversation today. I think we've got some key points to get into the summaries and maybe someone from ONC can remind me when our next call is, are we doing it next week or do we have a gap. I think we have a gap.

**Caitlin Collins – Altarum Institute**

Yes, the next call is on April 28.

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

Thank you.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Okay, so, some time to get some material summarized. Right.

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

Thank you everyone.

**Larry Wolf – Health IT Strategist – Kindred Healthcare**

Oaky, see you all in a few weeks.