



**HIT Standards Committee
Implementation, Certification and Testing Workgroup
Final Transcript
April 9, 2015**

Presentation

Operator

All lines bridged with the public.

Michelle Consolazio, MPA – FACA Lead/Policy Analyst – 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 Standards Committee's Implementation, Certification and Testing Workgroup. This is a public call and there will be time for public comment at the end of the call. I'll now take roll. Cris Ross?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Here.

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

Hi, Cris. Liz Johnson?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

I'm here.

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

Hi, Liz. Andrey Ostrovsky? Danny Rosenthal? David Kates?

David Kates – Director of Interoperability – The Advisory Board Company

Here.

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

Hi, David. John Travis?

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Here.

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

Hi, John. Kevin Brady? Kyle Meadors?

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Here.

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

Hi, Kyle. Rick Moore?

Rick Moore, MS, PhD, FACHE, FHIMSS, CPHIMS, PMP, CISM – Chief Information Officer – National Committee for Quality Assurance

Here.

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

Hi, Rick. Sarah Corley? Steve Waldren?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Here.

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

Hi, Steve. Udayan Mandavia?

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

Here.

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

Hi, Udayan. And Zabrina Gonzaga?

Udayan Mandavia – President and Chief Executive Officer – iPatientCare

Hi.

Zabrina Gonzaga, MSN, RN, cNP – Senior Nurse Informaticist – Lantana Consulting Group

Here.

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

Hi, Zabrina. And from ONC, do we have Brett Andriesen?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yup, Brett's here.

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

Hi, Brett. And Scott Purnell-Saunders? Anyone else from ONC on the line?

Mazen Yacoub, MBA – Healthcare Management Consultant

Mazen Yacoub is here.

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

Okay, I'll turn it back to you...oh hi, Mazen. I'll turn it back to you, Liz and Cris.

Andrey Ostrovsky, MD – Chief Executive Officer – Care at Hand

And Andrey Ostrovsky here as well, sorry I didn't hear my name. Hi.

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

Hi, Andrey. Thank you.

Andrey Ostrovsky, MD – Chief Executive Officer – Care at Hand

Thanks.

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

Okay, now back to you Liz and Cris.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay, I'll get started and Cris can take it from there. Just hello and welcome and thank you. Again I think all of us are ready to get interoperability completed so we can move on to the NPRM. I know that you have certainly spent many hours reading the 430+ pages, right? And Cris and I have begun to reach out, beginning to get us organized. We have a lot to get done related to the NPRM, which I think is a tribute to your talent and our ability to respond to them in a very helpful way. So I'm looking forward to it, I'm sure Cris is. I know that we'll be highly reliant on Brett and Michelle and others to guide us through the process. So Cris, I'll hand it over to you and we'll get started on interoperability you think?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, maybe to focus our minds it might be useful if we could flip ahead to the slide that has our deadlines on it, just so everyone is...the work to be done.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, there you go.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's the money slide. So, today we're finishing our comments on Interoperability Roadmap and we got through one section and most of the way through the second, so we'll do that. Then we are going to be having sessions where we feedback on three different components of the NPRM and the ONC staff has done a nice job of breaking that down and we are going to have an opportunity in a little bit to get some

volunteers to work on one of three workgroups with the goal of them preparing their materials for report back on the dates that you see, April 27, May 8 and May 14 with the goal of us meeting together to finalize comments on May 19 for submission to the Standards Committee on May 20. So, we have our work cut out for us.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

No kidding.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Liz, I think we should just jump back into the Interoperability Roadmap final pieces and see if we can move through those pretty quickly.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Agree completely. So Brett, do you want to lead us through discussion?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Sure, excellent. So we do have a lot to cover today and over the next few meetings, so we'll try to be quick. Just a reminder for folks on the screen now you can see kind of the broader framework for section I2, which is about Certification Programs, which we are going to be wrapping up our comments on today.

If you could move on to the next slide, we're looking at the...specifically kind of the longer term, achieving nationwide learning health system goal, focusing on ONC and other industry certification programs and continuing to update criteria as needed to support some of those goals. So, a few comments; I'll just kind of briefly recap what we read, thanks to all of your hard work in providing some of those comments and then we can launch into a discussion to get to some consensus.

So, some comments on some major lessons from 2014 edition testing and certification was that releasing a number of the new criteria or modified criteria at one time does almost more harm than good. There's too much to take in at one time for the industry. Smaller changes that could be more easily absorbed but also allow to more easily identify areas most needing attention would be recommended; as well as should see part of certification as kind of part of the product's lifecycle in general.

Some other comments about ONC needing to do environmental scans to assure requirements don't outpace the ability of vendors to do development and sharing consideration for the time required for development and testing of newer requirements as well as adjusting to the various pieces of feedback and then that developing...recommendation to develop kind of a simple to understand technical assistance web site for end users and technology providers. We'll pause here before moving on to the final piece, which is overall kind of general high level comments about the interoperability roadmap and see what folks have to say about this section.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

...I think the comments have already been...are there other comments from the participants today that you want to expand or add additional feedback?

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

Hey Liz, it's Michelle; you just got really hard to hear.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

It was a little hard to hear.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, I'm sorry. I was just saying that, you know, these are very specific comments...I think...and I was asking if there were additional either comments or expansion on what we have here; Cris, you as well, of course.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think that's right, I mean, this one seems like there's a consensus of opinion to a large degree.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

So Brett, I would say if we don't...if we're not hearing further comments or expansion that we should continue on.

David Kates – Director of Interoperability – The Advisory Board Company

Agreed.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

All right, we can move on to kind of general miscellaneous comments and feedback that weren't necessarily related to the sections that we were charged with looking at, I1 and I2. Some comments here generally from the group, certification program should leverage proven test cases, where draft test cases are published, the industry has the ability to test and provide feedback early on in the process. Negative and exception error handling type testing should be implemented to help ensure systems are production ready. The certification program could randomly select the comprehensive suite of negative test cases for up to 5-10%. I think we saw some comments related to that in an earlier section, so this might expand on it a bit more.

Health IT interoperability will encounter a variety of versions of standards and specs for which true interoperability will require support for kind of multiple versions, backwards compatibility and future proofing. Need to ensure that approaches to testing and certification do address that. A recommendation to avoid one-and-done certification so products do not remain certified indefinitely as vendors kind of often don't return for retesting or certification when making patch releases and product updates. Recommendation to consider quality assurance be added as a future measure for vendors to strive for.

Consider linking EHR testing to a shared services testing platform leveraged by the community at large to allow vendors to better incorporate into their standard development lifecycle. And also provide enhanced feedback to SDOs related to testing and use. And then the final point here is it's critical to adjust timelines and certification program requirements so vendors have time to develop strong products that match provider workflow and providers have products that support their use cases.

Any other comments on these miscellaneous comments or that folks feel like should be added on top of what else we've discussed. Some of these probably fit in to some of our other recommendations, but I want to see if there are others before we move on.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Brett, this is Cris. I think your point that this fits in other places is right. We had a good conversation about this idea of ongoing test and certification frameworks that people could use somewhat what is linked or described on bullet number 3 and bullet number 5. And I think there was maybe a little bit of either combination of seeking clarity and also concern that this would turn into perpetual certification. So however we frame our comments, I think we want to make clear that if we maintain these kinds of testing environments, they're intended to foster interoperability, especially when there's backward and forward...backwards compatibility and future proofing.

And the second was, just for purposes of product enhancement, evolution, bug checking, those kinds of things, as opposed to the idea that this is an additional certification mandate, which I think was the concern that was raised earlier.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah and I would add too that as we're about to get into the NPRM, I think we're going to cross that chasm again and we'll have similar comments, so I think there is appropriate and concerted effort to be very clear on what substantiates the need to do new testing in certification versus not. So I think we've captured that well and Cris, you and I certainly have a responsibility in April to make sure that that message continues to get reinforced.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

This is John Travis, I have a...this is almost clerical, but it does have pretty good meaning behind it, given the definitions in the 2015 NPRM. But on bullet 5 and really bullet 4 and it goes for other things, do we want to say, HIT and not EHR? And the reason I bring that up is that EHR is now quite specifically scope-limited to Meaningful Use and HIT is the broader topic of any manner of technology that might be brought...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Interesting.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

That's a good point.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation
Yeah, a very good point. Yes.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Every time we say EHR, we limit our scope, I mean quite seriously by the way the terms are being defined by the Stage 3 Incentive Rule and the 2015 criteria edition NPRM and I don't think that's our intent.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

No, I agree, Cris...do you feel the same?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. Agreed, nothing to add.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yup.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

All right, well I will make sure that for this section and then fix...after previous slides or we develop a consensus, make sure that we are changing that to reflect the broader definition of HIT and not specifically the Stage 3 applicability of the EHR.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Well sort of as we come to an end of the comments related to interoperability and not wanting to rehash, but want to be sure whether you see it here or whether it was spoken in previous feedback, is there anything else that we need to do or add to that as we take this back for final review with the Standards Committee; sorry guys, I've just landed and I'm dealing with this call and other things.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well Liz, I'll pick up for you while you're...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...happy to do it.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Hi, this is Sarah, sorry I'm joining late but we had a little electrical issue here.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, to just pick up on Liz' point, would want to get a little bit of consensus here. I think we got a little bit of guidance informally from John Halamka in the last Standards...well, I'm trying to remember what venue it was in, but it was a little bit of, let's make sure that we're attentive to the shape of the forest as well as the condition of the tree. So it feels like we have a couple of big theme messages we want to make sure and emphasize. I actually think some of these on the last...help constitute some of...one of those big picture...around too much all at once and provide ongoing support without ongoing...I don't know if other people want to opine and improve those kind of crude formulations, but it feels like we've got to give some big picture feedback as well as specific detail.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

I think someone needs to mute their phone. I think it's critically important to focus on a smaller set of items and do them right rather than trying to do everything at once. I'm not sure if that's what you're asking, but certainly we've seen too much too soon in Stage 2 in the NPRM.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

...you have the same sense again, Sarah, with this interoperability roadmap.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Yes. There are some areas where things are right and then there are some areas where the...just not ready for prime time yet.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah. And Cris, I think we'll...it'll be a challenge for us, once we get past interoperability, can move into Stage 3, those comments I think will continue. But I just want to make sure that we're clear that what we're going back with in April is really on interoperability and then we have the opportunity in May to come back on Stage 3.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Correct, yeah, I think we want to make sure we get the lessons learned from Stage 2; I think Sarah just described a couple...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yup, exactly.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...well. And, I mean to some degree, you know, talking about water under the bridge is helpful, but I think if there's a way that we can frame these comments in anticipation...Stage 3, that would be a good thing. We're about to get into Stage 3, so maybe we can backwards integrate some comment but I think a number of people have raised the issue about Stage 3 having a fair amount of ambition in it and the comment about too, interoperability would suggest too much is too much and that doing a few things well is better than trying to do everything and failing.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Agree. We...the crowds are cheering.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

And our workgroup is being sober in its contemplation.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

That's exactly right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, we've beaten to death the miscellaneous comments so clearly we're going to want to wordsmith this well. I'm sure we'll circulate comments for the group to look at it and we can improve it from there.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yup.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Unless people have final comments, or Liz, you think we should linger, I feel like...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

No.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Michelle, we should probably move on to MU3.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

I agree with you, Cris; unless there is someone, please raise your hand very quickly so that we can call this ready to go into final edit and move to 3.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Let's hi...shall we move on to the 2015 edition Certification NPRM please.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yes please.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Yup.

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

Hey Liz, this is Michelle, I'm sorry; I think we're getting a lot of background on your line.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Michelle or I think Brett, are you going to lead us through this?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Yeas, I'm...this is Brett; I can certainly lead us through. So just a little bit of background and Michelle, feel free to jump in here if there's anything I forget, if we go on to the next slide. But, just for folks who may not be as familiar with the federal regulations and comment process. So after bills become laws, federal agencies like HHS are responsible for putting those laws into action through regulations; we also often call them rules and the public, as well as our Federal Advisory Committees play a really important role in that rulemaking process by providing comments on the proposed rules, to help improve them.

We certainly really do value the public's input and HHS and other federal agencies have to actually seek out public comment before finalizing regulations and we call that action, the 431 page document we've all been reviewing, notice of proposed rulemaking. So after the proposed rule goes live, it includes 60-day comment period. So for the 2015 Edition Certification Criteria NPRM that comment period closes on May 29 and after that comment period closes, ONC will publish a final rule which may change the notice of proposed rulemaking based upon the comments received. Michelle, anything else you wanted to make sure the workgroup knows before we move on?

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

I don't think so. Thank you, Brett.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Um hmm. All right, so...

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

Next slide.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

...here is our process for responding. Today's meeting we will do a little bit of an overview, as we have here, discuss the process, make assignments for the different kind of mini-workgroups that we have put out here, review some deadlines. We will try to gain small group consensus through some offline work where workgroup members will draft comments and work with the smaller group that they're assigned to, to prepare consensus comments there and prepare materials back for our assigned meetings, where we will develop consensus of the larger workgroup, reviewing those comments like we were with the Interoperability Roadmap, and refining them further out our meetings on April 27, May 8 and May 14. And then we will have a kind of final review of all the comments on May 19, and then on May 20, so not much turnaround time from that, we will...Cris and Liz will brief the Standards Committee with our comments from the workgroup.

So on the next slide here; we have done our best internally here to break out assignments for some of these into workgroups, somewhat kind of organized around implementation, certification and testing. So here you see kind of different...topics and the sections that our workgroup has been assigned and page numbers corresponding to those. We've done our best to kind of lump them into implementation, certification and testing, but they don't all kind of follow those lines as closely as we were hoping to, while keeping an even set. So this is kind of our first round at what we thought made the most sense, but I think Cris and Liz, we would be open to suggestions for changing some of those slightly, if folks have significant concerns with those.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

This is Sarah, as I said in the email exchange, I think that we need to more evenly divide them; I think that as we evaluate them, they all have components of...for the most part have components that cover implementation, certification or testing and therefore to minimize disparities in the level of work, I would propose that we try and more equally divide them up, particularly since some of the issues...some of the items listed under certification have a lot of elements to them, such as the automated numerator, recording and calculation. That applies to a large number of requirements and some of them are going to need different comments; so I think we ought to divvy them up a little bit more equally between 3 workgroups rather than trying to categorize them into the implementation, certification and testing.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Sarah, this is Cris, I know you had some suggestions about which ones might move. Before we go into that, the one comment I would make is if you look at the schedule slide, if we can flip back I think two, we've got staggered report outs, maybe one more, where's the one with...oh sorry, well it was earlier. We were going to have the...next one, yeah, I'm sorry. Thank you, that's perfect.

So we had one report out group on April 27 and then another not reporting out until May 14. Now it could be that group 3 would just lollygag and not do any work for a while and then...but I think part of the idea was if everybody sort of went off at one starting gun, to be transparent, I think we were thinking that based on staff recommendations, that group 3 probably on certification, would have a bigger chunk of work to do and we'd give them more time. So, I think the...would like to get some feedback from the group, should we divide work equally...those three groups or should we try to make the group that reports back on April 27 have a slightly lighter load, just so they can get through it?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

I think it's fine to have the April 27 have a slightly lighter load, but I wouldn't...I still wouldn't put everything on group 3 because remember, these groups are going to have to meet to review these and that's putting a huge burden, particularly with HIMSS next week, on trying to cover them all, even though they have a longer period of time, you're still asking these volunteers to take...to have a lot more meetings than a group that's only going to cover a few comments.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's fair, Sarah. Other comments?

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yeah, Cris, this is John. I guess two observations; one was, I think we'd want to be clearer what are the personas we're taking in each of the groups because I doubt it's limited in perspective if you're taking a whole subject, so they really are almost co-equal in their perspectives, at least that's the certification

criteria, I would assume. Meaning, you're worried about certification, implementation and testing, you're not worried about just certification or testing.

But the other is, is there another way to slice the workgroups that might suggest you divvy...the criteria maybe is concentrated in a group and the things that are policy topics go in another group, meaning things like base EHR definition and surveillance and retesting and all the things that for lack of a better phrase, I would characterize as policy or programmatic aspects and not criteria. And you'd simplify to two workgroup and not three. That's the only other way I think to slice it; otherwise I agree with Sarah, if you're...you'd want to smooth out the criteria assignments and the policy assignments and pretty much you're asking everybody to take the same perspective on what they're doing.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I know we're going to ask in a few minutes, Brett and Michelle, to comment, because I think they had some method to their madness that we went through in a sort of planning call. But let's hear from other folks if they've got ideas about how to divvy up this work. I thought I heard someone who was trying to comment a minute ago. If not, Brett, can I put you on the spot? I think you had some ideas about this division, taking into account the good comments from Sarah and John; what are your thoughts and recommendations?

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

I mean, I think we're certainly open to the workgroup and your ideas, but our initial thought was because this is kind of a workgroup that covers three different topics of implementation, certification and testing, we would do our best to try to break it down along those lines. Obviously not everything not everything is clear, cut and dry as to which of each of those fits in there and to Sarah's comment, certainly don't want to be putting a larger burden on some workgroup members than others. So...

Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services

And Brett, this is Scott. I can probably provide a little background because I was on the planning call with...

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

Sure.

Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services

...Cris...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Scott Purnell-Saunders, MSIS – Senior Advisor, Health IT Certification Program – US Department of Health and Human Services

...to kind of talk about it. So, we did it this way to try to...we understood that certainly it would be a bit...we'd backload a lot of it one because HIMSS was coming and try to include a lot of the more meaty topics for later to try to give folks additional time to kind of get through those, thinking that, you know,

we know some individuals may have interest across all three, but wouldn't have to necessarily review everything if that's not something they wanted to have to do. I mean I think the split just to carve out the things that are policy related versus things that are non could make sense, but our concern was having, as we often do, in kind of getting to a reduced number of meetings, it becomes really difficult to get through everything in the time allotted so we're thinking about a way to bucket them in such a way that even the smaller groups may have some additional time to meet outside the specified meeting times and we'll make ourselves available to support that, was a way to kind of make bite-sized pieces of it.

Now if the thought is that these...the current organization is still too chunky, we can try to carve them out a bit better, but that was really why we did it, because we knew that with HIMSS coming up next week, the first group needed to be one that we could get through...we thought could get through relatively quickly with not a ton of background time available. And then we'd work into some of the more meaty topics later.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Any additional...

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

This is Michelle, sorry. More from the peanut gallery; so I will just say, you're all volunteers; we're willing to accommodate whatever you suggest. Maybe what we have outlined here doesn't work, if there are people that are willing to volunteer to lead groups, if they have ideas of what would be better, if you're volunteering to lead, and then maybe we'll take under advisement whatever you recommend, if you're willing to take on the role of leading a group.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

This is Kyle, just to confirm. I don't know a lot how we divide this up but I guess the decision has been made in terms of how we split up among the workgroups if all those bulleted points that we have there, that's all that we are doing, I mean, we have to decide how we're going to group it up, but there's nothing necessarily extra or beyond this that we are doing, this has kind of been our assigned sections, is that right?

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

Yeah, I mean, so we did our best from an ONC perspective, as you all know the rule is long. So we tried to divide the work amongst all of the Standards Committee workgroups; there's a little bit of overlap with some of the things that for example, there's the Implementation, Usability and Safety Workgroup on the policy side, so they are looking at a few of these items from a policy perspective; so there's a little bit of overlap there. But for the most part, you are the only group commenting on these items and the bulleted items are what you've been assigned and we can certainly rearrange however you all like.

David Kates – Director of Interoperability – The Advisory Board Company

So, this is Dave. Number one, I mean I'm happy to play a volunteer leadership role on one of the workgroups and I don't know that I have a particularly relevant suggestion in terms of divvying stuff up; I mean, I guess I would suggest if I do lead a group, that it either focus on interoperability or some of the implementation issues, not only because it's the lightest load, so since I spoke up first, I want to pick something easy. But...

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Aww, Dave.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Foul, foul.

David Kates – Director of Interoperability – The Advisory Board Company

...here's my rationale for volunteering quickly to get the easy...get the shortest instead of the...I am an alumni of an EHR vendor and no longer am directly involved as an EHR vendor, I may have less at stake; so that was my compelling argument for why to give me the easy one.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

David.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Hopefully not to get into a bidding war here, but anyway.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

This is Sarah and as I had said earlier, I am willing to lead one, I would just again advocate for trying to share some of the items on that bucket listed for certification...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

...among the other two categories so that David does not get off too easily.

David Kates – Director of Interoperability – The Advisory Board Company

No, and I'm happy to actually either tag-team with either Sarah or John on some of this stuff and maybe divide it up even just by volume or be lead co-lead or whatever because it is a massive amount.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

...items, you know, are unlikely to have a ton of comments, like gap certification eligibility table, I can't really see that people are going to be commenting a lot on that table. So where some of them there will be a lot of comment, like the implantable device list, I'm not sure why that's under implementation because that's going to be a huge issue for certification...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

...because of the details of the requirement. So, I volunteer, I'd just say offline perhaps we can take a look at each of the items and see if we can try and balance a little bit more the...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Yeah.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

...the volume of comments we're going to expect on each of them.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

I like that idea.

David Kates – Director of Interoperability – The Advisory Board Company

That makes sense. Yeah.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

I'd...rather than trying to do that by committee as a whole here, that, and I guess I'm revealing willingness to be a volunteer as well to lead one of the groups, so that could be a next step among the three of us to just balance that out, if you'll trust us on doing that, or maybe that's moderated by one of the ONC staff with the three of us and we'd just take a half hour and go through it.

David Kates – Director of Interoperability – The Advisory Board Company

We can arm wrestle over beer and brats in Chicago.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

That's right.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

I certainly am fine with that, as long as we have clear ownership so that we don't end up with something dropping to a...or ending up with two or three groups working on the same thing, I think when we bring the comments back together it always gives the opportunity to share ideas and to build on the great work that the offline work that's produced. That...I'm comfortable with that if you are; I just know that we, certainly given the timeline that we have, we need to move, and I think everybody to assist, very quickly. I mean, you're talking about, you know, 10 days from now, you're a month away, I mean you're literally 6 weeks or less.

David Kates – Director of Interoperability – The Advisory Board Company

And even on the reporting out thing, I mean back to the schedule, like we may actually want to divide or triage each of the subgroups and have a first report out, a second report out and a third report out rather than focus on one, just because of the timing and the reality of that.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

Dave, I would agree with that, that's a good point because...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah it is.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

...there are some of these that are just, we can knock out in one email, we're good, we're good. And then there are others that we'll spend, you know the whole 80:20 rule, you know, 20% of the group whatever...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Sure.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Right.

Kyle Meadors – Director of EHR Testing – Drummond Group, Inc.

...anyway, so I think that's a great point, I would, I mean, if we can divide it up that way, I would think it's a good way to get it done.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

And since most of us are going to be at HIMSS, right, I know John you'll be there, right? And David and I will that perhaps we can...

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Divvy.

David Kates – Director of Interoperability – The Advisory Board Company

Yup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Yeah, I would say yeah, that sounds good and I would insert a row here then between April 9 and April 27 that talks about when we're going to be real clear, just so that folks know what the assignment is. I think that gives people comfort in terms of...like you said, if we want to have report backs...initial report back from a couple of the groups rather than the single report back; I think that works fine, Cris, your feedback please?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right, three volunteers, Kates, Corley and Travis, which sounds like one hell of a law firm.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Me too, I agree. Here, here.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Now, now, now, doctors don't want to be called lawyers.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's true; I'm giving you a demotion, that's awful. Well quite the advertising firm then, they go by names, too.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

There you go.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Or a heck of a health practice, whatever, does that sound better, Sarah?

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

I think who makes a lot of money, maybe a venture capital company?

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

There you go. Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Nice. Well then, the...

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

This is Michelle, so I just want to follow up. So it sounds like we'll work with John, David and Sarah to divide the groups a little bit differently. So we'll just call them group 1, 2 and 3 and not implementation, certification and testing; but, so we have leads, but we don't have members on each of the groups. Are the other members of the workgroup okay if we just assign or do you want us to first rearrange the categories, share them with you all and then you can sign up accordingly?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Michelle, this is Steve, how about you...I guess I'm comfortable either way although looking at the testing stuff seems to be something that I'd be more comfortable with, maybe just sort of the sense of time that we have; if you and the 3 leaders divvy us up and then give us a chance to swap around if we want to, but that way I think it will just be the quickest to divvy everybody up and then let the one or two that are going to have to jump ship and move over, rearrange themselves.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Or perhaps we can set our...an agenda for which of the items from our group that we're going to discuss at a given meeting and everyone interested in participating on those comments could attend rather than having rigid, assigned groups.

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

I just worry that we won't get enough...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Right, and if we're going to give a first feedback in...on April 27, I think the groups have to be accomplished obviously before that and so, once you guys meet at HIMSS, if we could...for those who have indicated a particular interest, we will put them there and for the rest, we'd make assignments.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Say that again, Liz, you just got a little fuzzy at the end.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

What...yeah, I would suggest that we take those who have expressed a specific interest and assign them and allow them to pick their group and the rest get assigned. And the group leaders probably know a lot of the workgroup members and know where their expertise lies; I'm just concerned if we don't people assigned and the work started, the report back on April 27 will not be adequate, not because people aren't interested, because we haven't begun the work sufficiently. Does that make sense, Cris? Michelle? Sarah? John, everybody?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah...

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

So this is Michelle, I'm just looking at the time and I don't think that we are planning...that we'll go the full time of our meeting today.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Right.

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

So I wonder if the three leads, if I sent a call-in number if we could finish up, once we've finished today's call, if we could quickly chat and work through that and follow up with the group.

Sarah Corley, MD, FACP – Chief Medical Officer – NextGen Healthcare Systems

Sounds good.

Brett Andriesen – Project Officer, Office of Standards & Technology – Office of the National Coordinator for Health Information Technology

This is Brett; I think that's a good strategy.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

That's great.

David Kates – Director of Interoperability – The Advisory Board Company

Works for me.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I'm...

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

So I think we're actually done with process, right?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris, I'm happy to join that call just to listen in, to be part of as well, so...

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

As am I; just send out a number, Michelle and we will join.

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

Okay, perfect. So maybe we should just go to public comment and I'll work on sending out a number and we'll jump on that line and get back with the workgroup.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Sounds great.

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

Okay, operator, can you please open the line?

Public Comment

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the telephone and would like to make a public comment, please press *1 at this time.

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

We have no public comment. So I will follow quickly with a call-in number for those folks and we'll get back to the workgroup following our discussion. Thank you everyone.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

That's great.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation

Very good.

Elizabeth Johnson, MS, FHIMSS, CPHIMS, RN-BC – Chief Clinical Informatics Officer & Vice President, Applied Clinical Informatics –Tenet Healthcare Corporation

Thank you very one. Bye, bye.