



HIT Policy Committee Interoperability and HIE Workgroup Final Transcript March 19, 2015

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio, MPA – Federal Advisory Committee 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 Interoperability and HIE 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. Micky Tripathi?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative Here.

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

Hi, Micky. Chris Lehmann?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Good afternoon, Michelle.

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

Hi, Chris. Arien Malec? Barclay Butler? Beth Morrow? Brian Ahier?

Brian Ahier – Director of Standards and Government Affairs – Medicity Here.

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

Hi, Brian. Carl Dvorak?

Carl Dvorak – President – EPIC Systems Corporation

Present, Michelle.

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

Hi, Carl.

Carl Dvorak – President – EPIC Systems Corporation

Hi.

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

Dave Whitlinger? Hal Baker?

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Present.

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

Hi, Hal. Jitin Asnaani? John Blair?

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA

Here.

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

Hi, John. Kate Kiefer? Kitt Winter? I know Kitt is on. Landen Bain? Larry Garber?

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

Here.

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

Hi, Larry. Margaret Donahue? Melissa Goldstein?

Melissa M. Goldstein, JD – Associate Professor Department of Health Policy – George Washington University

I'm here.

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

Hi, Melissa. Nancy Orvis? Shelly Spiro?

Shelly Spiro – Executive Director – Pharmacy e-Health Information Technology Collaborative

I'm here; I am in an airport so I'm going to stay on mute most of the time.

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

Okay, thanks. Tony Gilman?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Here.

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

Hi, Tony. Troy Seagondollar? Wes Rishel said he could not join. And from ONC, do we have Kory Mertz?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I'm here.

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

Hi, Kory. Is Lee Stevens on as well? Anyone else from ONC on the line? Okay, I'll turn it back to you Micky and Chris.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Good afternoon everyone; thanks for joining and today we're going to pick up where we left off looking at the roadmap. We discussed the identity matching last time and we had a...Policy Committee meeting at which we provided an update. We'll go over those...the two summary slides that we created for that and that we discussed with them and talk about some of the comments that we had at the Policy Committee meeting. Talk a little bit about the approach going forward in terms of how we want to time things and also just considering the...sort of the scope of things that we have in front of us.

And I think one of the comments that we had made is that there are too many critical actions and I think we got through 10 of 18 last time that were just in the identity matching, so, one of the things that we want to think about going forward is any one of the things that we should focus on but be, I think, also if we have recommendations of taking out critical actions, we might want to give some thought to that as we think about our recommendations. And then today we're going to continue with the review, moving into the resource location part. But we'll discuss that in a little more detail in a second. Next slide, please.

In terms of timing, as I said, we had the Pol...there was a Policy Committee meeting, we have one more meeting after this one before we have to present our recommendations to the Policy Committee on April 7. So, as we go into this, we should just give some thought to what we think is going to be achievable scope between now and then. It doesn't mean that we can't do offline work, but as of today, we have this meeting and the next one to really wrap up our thoughts in a live mode. Next slide, please.

So in terms of...so in terms of the approach, as I was saying, based on the time remaining, we probably want to prioritize the near term critical action items. We did discuss 10 of 18 last time. In addition to those that we didn't get to, the reliable resource location has 18 as well; I don't know if that was a goal to have 18 critical action items for each area, but somehow magically there were 18 there as well. So there's a real question of whether we...what level of detail we want to go through those at.

So at the next call, one thing that we do want to discuss is the minimum data set for accurate ident...individual identity matching. You may recall from the roadmap itself, they do have a proposal that comes out of the work that they had done with a contractor and reaching out to a number of stakeholders, and I think they've looked at different recommendations from the Policy and the Standards Committee, came up with a recommended minimum set for identity matching and I think it will be discussed in our last call. That's probably something that we can dig into and actually make a recommendation on. So, we'll take that up at the next meeting.

There's a little bit more homework to do, as we'll describe I think when we just talk about the comments from the Policy Committee on that. So that'll certainly be one agenda item, and that could take...I don't know how much time that'll take, but these things always take more time than we ever anticipate they will. So I think as we think about how we want to prioritize our work, we need to take that into account as well, that that'll occupy some part of the next meeting.

So I think in general, one of the things that we will ask for as a part of the homework between now and the next meeting is for us to step back, think about now the 36 critical action items that we've looked at or that we've at least looked at offline, I'm not sure how many we'll get to in the live setting here. And think about which ones to the extent that we think there are too many, it begs the question of, what's our recommendation on the ones that are there? How many of them do we think need to be removed altogether? How many need to be shifted out to later years?

I think that's a part of what we want to do here and that's certainly a theme that we've heard in a number of different settings from people is that the roadmap has a lot of great thoughts, a lot of great ideas and directionally a lot of great critical action items which make a lot of sense, but we can't, in any endeavor, have 50 priorities, we need to think about a much smaller set of priorities. And so I think that we'd be providing a great service to...by making some recommendations on which ones we think ought to either be eliminated or pushed out.

So, before we dive into the Policy Committee, let me ask Chris, Chris, do you have any other thoughts before we launch into the Policy Committee discussion itself?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Thank you, Micky. So, just to sum it up, what you just said, not only will we be talking about the minimal identity matching process, but we also will talk about a minimum set of critical action items going forward. So, I like the congruency there. The...so other than that, I don't have anything to add at this point.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, great. Next slide, please. Next slide. Okay, so next...the next two slides I think are the summary slides that we presented based on the conversations that we had had in the workgroups, so, we can go through those, certainly make sure that everyone is in agreement those. If there's tweaking we have to do or if we have to add or subtract anything, would love to have that discussion now and then we can discuss the comments that we got from...during the Policy Committee discussion. And Chris is on the Policy Committee so, he can certainly weigh in there with what thoughts that he had or that he heard as well.

So, I'll go through these very quickly, again, please point out any changes that you would suggest or any concerns you have with any of this. One thing that just came through in our conversations was that technical standards are necessary but really not sufficient to establishing accurate and reliable patient matching; you know the need for standards as well as aligned business processes. That we thought it would be beneficial to have a recommended best practice minimum set of data for identity matching. As we discussed, certification could ensure that EHR technology is capable of capturing and storing this minimum data set, but we thought that we shouldn't restrict approaches to only this set. We shouldn't require that every "transaction" include the minimum set, because as we discussed, such data is sometimes not available, not appropriate to the type of exchange use case. And then we did let the Policy Committee know that we will be coming back with a specific recommendation on the minimum data set as it relates to the comments that were in the roadmap...or the recommendation that was in the roadmap.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And if I may interject at that point...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Sure.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

One of the comments that was very clear from the Policy Committee was that they would strongly discourage us from reinventing the wheel and that they pointed to the data elements included in the certification...demographic data elements included in certification as a place to start looking for the minimum data set.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, yeah, so thanks for adding that. So, yeah, and I think that we'll have to sort of discuss that a little bit further, I think, at the next meeting about how we want to think about that. And there are different ways to interpret the comment, so we could go back and ask it was Paul Egerman, I think, who made the comment. But I think the thought that was conveyed was that the...wanting a minimum data set for patient matching should not be thought of as...should be thought of in the context of what vendors are already being certified for today and that that should not drive extra certification requirements for extra fields of data for the purpose of identity matching.

I think that was the way that he had framed it, so I think that that's probably something that we should discuss. And that was part of the homework I was describing that we will do between now and then is to actually pull out what exactly does certification, the 2014 edition certification require in the way of patient demographics and also I looked at the Data Access Framework to look at where they are with respect for detailing the various data elements there.

And there are certainly things at a high level that at least at first glance that are on the minimum data set recommended by the ONC roadmap that are neither a part of current certification or even in the Data Access Framework. So, I think we can have some discussion there about how we want to treat those. But we'll get some more homework so that we can actually put that in concrete terms in front of all of you so we can walk through it systematically.

I think, as we discussed, we believe that ONC can play a very valuable role in convening implementers to identify and share best practices and lessons learned. Certainly the work done under the S&I Framework in specific transaction areas, like ePrescribing, should be shared and leveraged wherever possible. And ONC is...sort of plays a fantastic role there and should continue to do that as much as possible. Next slide, please.

I think one of the things that we also talked about was that locally driven data governance such as data sharing arrangements as defined by the JTF...by the JASON Task Force or any type of data arrangement that one might think of are really where the motivation for the use of minimum data set and addressing technical and business requirements beyond the minimum set...minimum data set ought to happen. That there's really too much local variation in capabilities and needs across the country to assume that there would be a single national approach.

There are questions such as data assurance, data...you know, maintenance of data quality, voluntary data elements and what types of voluntary data elements would be brought to bear in which context and under which data sharing arrangement. And then questions of accountability and liability from a clinical, business, legal perspective; who's responsible for what. All of those things point to the recommendation that we really ought to be thinking about local governance around those things being the primary driver of those kinds of dimensions of the data identity matching problem.

And then finally we introduced the part of the conversation that we had that related to, I always want to say resource location, but record location, that we had, you may recall, a whole conversation about whether patient matching itself may be sort of setting the bar too low, that we may want to include record location based on identity matching as a long-term goal in the roadmap to support query-retrieve use cases.

And we did discuss that there are some private data sharing arrangements that are already deploying such services and the idea thrown out there to perhaps CMS could launch a Medicare focused RLS based on existing claims and HITECH data. I mean, it's not a recommendation, but just pointing out that we had a pretty broad-based conversation and throwing different ideas out there, and certainly that last one is aligned with recommendations that this group has made in the past of having CMS create a provider directory based on data that they have. And I think we're going to see in the resource location that ONC is going to be recommending to CMS that they do something like that for provider directory, based on the NPPES.

So, Chris, I don't know, were there any other comments...significant comments? There were a lot of questions, but I think that the only material comment that I got from it was the comment from Paul Egerman about the certification. Or Kory also, do you remember anything?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think you're right, there were lots of questions, lots of clarifications, but most...the only relevant one was don't forget about the work that we have already done.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yup, I agree.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So what does everyone think about this as a summary of where we left off last time? And is there anything else that you'd like to add at this point, again recognizing that we are going to take up the minimum data set conversation at the next meeting. I'll take silence as indication that we captured it correctly.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Hey, Micky...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yup...

Carl Dvorak – President – EPIC Systems Corporation

Yeah, this is Carl, Micky, I think it's a good summary.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, thank you.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

And hey Micky, this is Kory. Just one thing to think about as we start going through the reliable resource location piece, I think the discussion on the record locator service might better fit...well, I think with the way we structured the sections, I think the RLS would actually fit probably more appropriately in the way we constructed things in the reliable resource location; so just something to think about as you're going through that section. I wouldn't say there's a specific call out to RLS in there, so I think the recommendation probably fits well. I just think structurally wise that probably with the way we kind of broke things up fits better there. That's all.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So yeah, we can certainly revisit structure once we're trying to package all this up.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, next slide, please. So diving into, and Kory, I may ask for a little bit of your help here in navigating some of these, I didn't sort of re-familiarize myself with all of the comments. So, on the first...the first two here, the one is about identifying an architecture and workflow for resource location, and remember, these are all in the 2015-2017 timeline. So one is, identifying architecture and workflow and number two is, prioritizing participants and services to be discoverable through whatever ends up becoming the resource location service or system.

And there were sort of a smattering of comments, I think, that expressed some feeling that it was too complicated for this timeframe and should be placed...and that focus should be placed on standardizing immunization registries, specialty registries and basic exchange. Perhaps whoever made that comment could elaborate a little bit more on that one. My thought was that these...that this number one does seem...that number two seems too complicated for 2015-2017. Number one, if we're talking about high level architecture, whatever that means, that perhaps that's something in the way of setting a plan and a set of requirements, much in the way that Larry was talking about with resource location, I think, at the last call. Having that as being...sorry, Larry was talking about that for record location on the last call as being something that would be appropriate for 2015-2017.

And maybe that's a model for us to sort of think about the resource location as well, to the extent we had the conversation about, with record location, well 2015-2017 it's appropriate to start to think about what requirements might be, what a plan might look like, but everything beyond that really ought to be pushed out and perhaps we can apply that kind of filter to this set of critical actions here as well. Let me see what people's thoughts are.

Carl Dvorak – President – EPIC Systems Corporation

This is Carl, Micky, and my sense is we should be probably working on both simultaneously.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

Carl Dvorak – President – EPIC Systems Corporation

So I wouldn't advocate against the one for the other and yet I do think there's a lot of work that could be done immediately on immunizations; the variation across states, the ability to exchange immunizations across states and the forecasting of...immunizations...EHRs. I feel like that ought to be done with a heightened sense of urgency because of the positive impact it can have, especially in times like right now where immunizations are being called into question. So I would just want to make sure that we put appropriate measures of energy on that and actually accomplish it quickly. I think this other stuff will drag on a bit longer, it's probably more important to get it right architecturally than to make a snap judgment on resource location in general.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. So was this...Kory, was...were immunizations a part of this section? I'm just trying to figure out whether this has come through in a comment or whether the roadmap actually was talking about that.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

No, that came through in a comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So Carl, was this your comment on immunization registries?

Carl Dvorak – President – EPIC Systems Corporation

I can't remember. I don't think so.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

But you think it was a brilliant comment.

Carl Dvorak – President – EPIC Systems Corporation

No, you know, again I think let's do today's work today and while we work on tomorrow.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

This is Hal. I would certainly support the immunizations as a first validation of getting physical fast on proving that this can work. It's a need, it's a smaller data set, there's already some infrastructure in some states to make it happen. And if we can't be successful with immunizations, it's unlikely anything else will do very well.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

So, as a pediatrician, I have to chime in there. I think this is actually a bigger problem than most people appreciate. I mean, the CDC has been working with experts on this for years and the fact that you have these state...certain registries that have, if you try the same scenarios on their forecasting models, have various results, and have various data element requirements. I think this is...harmonizing this and turning this into a project that you want to point to as a low hanging fruit I think is underestimating the scope of it.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

This is Hal again, are you suggesting that there is lower hanging fruit or that this low hanging fruit isn't really all that low?

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think this is not a very low hanging fruit and I think there might be other things that are reportable that might be lower hanging fruits than immunization.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Okay.

W

(Indiscernible)

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Can I just suggest also that...sorry, just one comment; is that the topic of immunization registries just seems out of scope for resource location. I mean, it's not resource location, right? It's basically a set of clinical data repositories focused on a particular type of data and this recommendation says something about standardizing those; but that's not resource location.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Okay.

Carl Dvorak – President – EPIC Systems Corporation

Yeah, I would agree with that.

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy e-Health Information Technology Collaborative

This is Shelly Spiro, I'd like to comment on the immunization portion. Pharmacy has worked very hard with CDC, especially on adult immunizations and getting those registries...getting at least the states immunization databases up and working. I think this is a...there is a lot of work that has been done on the pharmacy side in terms of building the information on immunizations and then working on a query method that has been S&I Framework done on this. I think what's important in using immunization information as a model, which is what I think came up at the Policy Committee was the fact that immunizations are a way of identifying the right patient for those immunizations. So it's a model that is getting a lot of activity, similar to how prescription drug monitoring is getting a lot of activity and it's a good way to begin to find ways to identify patients that would be working in the exchange of that information.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Okay. So, it seems like...so the immunization registries themselves, I would argue, are out of scope. To the extent that there are lessons learned similarly to the prescription drug monitoring programs, to the extent that the CDC or others are doing work on trying to figure out how to be able to match patients across immunization registries or even matching patients within immunization registries that offer lessons for the identity matching part of what...for identity matching in general. And it seems to me we could put that there, but I would just recommend that we not go any further on the immunization registry side here.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I wholeheartedly concur.

Brian Ahier – Director of Standards and Government Affairs – Medicity

Yeah, this is Brian. I agree completely.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So if we think about then sort of the scope here, the...of the resource location and just thinking about sort of...one category, what do people...it might be easier for us to actually have the whole context. So we can't flip through the slides, the slides were distributed, but I'll just tick em off and then maybe we can think about, what do we think about the different pieces of this as it relates to resource location.

So number 1 says that through coordinated governance, and I'm not going to say that every time because we know that underlies everything, identify the architecture and workflow for resource location as part of a learning health system. Number 2 says, prioritize participants and services that are to be discoverable using resource location. Then you jump to number 3 and it says SDOs and health IT developers should determine or develop standards and APIs for discovering participants and resources having prioritized who should be discoverable in number 2.

And then number 4 says...umm, let's see...should identify...through coordinated governance, identify the rules of the road for participating in distributed management of resource location. And then number 5 says, work with SDOs and IT developers to demonstrate standards and APIs in a trial implementation. And then number 6 says, develop a glide path for moving from current provider directories to future resource location techniques. So that's kind of the breadth of what we're talking about in this section and remember, this is all in 2015-2017.

My initial half-flip, I'll say half-flip comment is to say, the only thing that strikes me that could fit into 2015-2017 is the last one which is, develop a glide path for moving from current provider directories to future possible resource location techniques. But everything else would be difficult to accomplish in 2015-2017, nationwide.

Brian Ahier – Director of Standards and Government Affairs – Medicity

Yeah, I would tend to agree. Maybe there's a little more nuanced detail that we might be able to tease out that could potentially be accomplished in this bucket for this timeline, but my recommendation would be that the ONC consider scaling back some of the expectations here and potentially...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

What do others think? Because for example, if we think about this first one, identify the architecture and workflows for resource location as part of a learning health system. Well I think, first off, we did a ton of work in this workgroup on provider directories and one of the things that we confronted right away was that all of this stuff, just like with anything, is highly specific to the use case that you're talking about. It's not like there's general resource lo...general architecture and workflow for resource location outside of a particular use case.

And in this case, the use case that's being pointed to is the learning health system. Well, I think that that's too vague a term for us to really crisply define, well what would be the architecture and workflow for something as broadly defined right now as the learning health system. So it would be a lot of work to do to just figure out what is it? What's the problem we're trying to solve very specifically, for example?

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA

Hey Micky...sorry, this is John, is this up on the screen right now, maybe I've lost my view?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I think...it's on my screen.

Brian Ahier – Director of Standards and Government Affairs – Medicity

It is, it's number 1, through coordinated governance, public and private stakeholders should identify the architecture and workflow.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA

Yeah, I'm just...yeah, I'll have to...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, it's slide 11, John, it's slide 11 in the deck that was sent out.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA

Okay. Yeah, I'll just go to that. But from what I heard...

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

Or just refresh your screen, John.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA

...yeah, that's what I'll do. But from what I heard Micky go through, I agree and who would do all of that, but, I'm going to get back on this.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Well...go ahead...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Micky, this is Chris. I have a question to our ONC folks, looking at this I'm a little bit puzzled because this is indeed a lot of work and as you pointed out, there's verbiage in there that talks about coordinated governance and my question is, is there an initiative that the ONCs actually started thinking about kicking off that would drive this from in a central fashion to generate such an architecture and a standard that they are contemplating of doing and that this is something that is already part of a near-term plan? So, that's the only way this would make sense as it's currently written to me.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

So, happy to jump in here Chris; in the roadmap, the coordinated governance process is covered in the governance section and it really calls for public and private sector stakeholders to come together to establish that process. So, the process is not in place today, but there's a call to action in the roadmap for stakeholders, both public and private sector to come together to bring it into existence.

Brian Ahier – Director of Standards and Government Affairs – Medicity

Yeah, and I understand Congress is going to fund that. That was a joke.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I'm sorry, what?

Brian Ahier – Director of Standards and Government Affairs – Medicity

That was a joke. So I think that if, for me, if you just took out as part of a learning health system, if we took that out of this, the rest of it I don't necessarily have a problem with because we're identifying the architecture and workflow and including system actors, roles and access requirements and that, to me, seems almost doable. Out of the 6, I would say if we took learning health system out of that, because I think making that a requirement that it's as part of a learning health system adds a whole other slate of complications in trying to achieve this, you know, I could see including it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right; in the 2015-2017. So as sort of a just starting to define what an architecture would look like given the different actors, roles...

Brian Ahier – Director of Standards and Government Affairs – Medicity

...starting to define it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Brian Ahier – Director of Standards and Government Affairs – Medicity

..trying to include as part of learning health system, which is much further off really in the timelines, I think adds, in my mind, it just really adds some additional complications to understanding what's really happening here.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. I mean, I know I got stuck on that word and I also got stuck on workflow, just because that's pretty detailed and doesn't naturally follow necessarily from architecture, which is sort of a high level concept. And workflow could be, that's all the way down at the application level in very specific ways versus architecture which is about sort of overall topology.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

This is Larry, I just wanted to get back to that last comment about what resources are going to be thrown at this project because, you know, project management is resources times time equals scope and the time is fixed solely on 2007, but if there was federal resources thrown at this and funding that helps private resources get into this as well, the scope can be larger, whereas if this is stuff that's just supposed to be happening magically on volunteer's time, the scope is going to be smaller. So, I mean, is it fair to ask us what we should...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

Lawrence Garber, MD – Internist/Medical Director for Informatics – Reliant Medical Group

...what we want for the scope.

A. John Blair, III, MD, FACS – Chief Executive Officer – MedAllies; President – Taconic IPA

Yeah, and this is John and that was my point when I said, who is going to do this? And even if you had those resources that Larry just mentioned, in this timeframe, how are you going to get that? Distribute that? Coordinate that?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. I wonder, and I'm just jumping ahead and thinking about almost inverting this whole question by thinking, and taking into account sort of the need for specificity around things and to Carl's point of why don't we try to solve the practical problems before we try to solve things beyond that. There is a recommendation later that ONC, I think it specifically says, ONC will be asking, I mean, this isn't even...this is a very...it says ONC will recommend to CMS that NPPES implements support for the provider directory information query API and data model as specified in the IHE HPD profile.

We can talk about whether we're happy with that standard or not, but I almost wonder whether a recommendation might be...from us might be more like, provide coordinated governance for that, right? If that's...go with that, because that's something very specific, could be pretty practical. We know there are going to be lots of nits and nats that have to be figured out there and if you want coordinated governance, have them focus on that thing.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

So this is Kory, I just want to throw one kind of framing thing out for you guys, and we talked about this on the first call, but just want to kind of remind and just lay it out again. The kind of N1 and N2 in my mind are kind of broken up into the N1 is really the kind of longer term thinking, obviously as you guys have discussed, there are a lot of actions for the near term, but really thinking about what resource location needs to look like long-term to achieve the goals of the interoperability roadmap. And then I see the items in N2 that are really generally focused around provider directory, focused on what do we have today and how do we leverage that as we're kind of figuring out the broader perspective. So, just wanted to throw that out there, it's kind of how I have thought about this section.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Because I mean, I think the challenge is that with the N1 stuff it just begs the question of who would do all of this and with scope so big and amorphous, how it would actually get done and who would do it. And I guess my thought was, if ONC really did make that recommendation to CMS and CMS actually started taking steps toward thinking about how the NPPES would be made available, as some form of nationwide provider directory, there would be more focus on that than anything else related to nationwide provider directories. And we'd probably learn a heck of a lot, too.

But all right, so why don't we...we can keep moving ahead then on the tactical stuff, but Brian, your comment was to take out learning health system, which seems like it makes sense, because that...even this in and of itself is pretty broad, but taking that out.

What do people think about the next one, which is to prioritize the participants and services that are to be discoverable. My thought was that that was jumping ahead too fast.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

This is Hal, it seems hard to prioritize it until you have the architecture laid out so that you understand the use case and the workflow.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, I mean, here we have sort of architecture, then prioritizing participants, then developing standards and APIs, then identifying rules of the road, then demonstrating standards and APIs.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Certain of these things seem like they need to come in sequence rather than in parallel...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

...the one needs to precede the other and there doesn't seem to be adequate time in two years to get multiple steps done sequentially.

Carl Dvorak – President – EPIC Systems Corporation

Right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So, I don't know, I mean maybe is that part of an overall comment then that as sort of a sequence of steps that would need to happen for us to think about a nationwide approach to resource location, these seem like a logical set of steps. Now how far down this path that we can get in 2015-2017 is somewhat of an unknown. We could put together a plan for the plan in 2015-2017.

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy e-Health Information Technology Collaborative

This is Shelly. I have a que...I don't know if it's a question or a comment, but we have many health...state health information exchanges that are out there, I assume that we're trying to standardize what they're doing. Has...is there...maybe we should recommend an environmental scan of what's currently out there in terms of governance and see if we can find some commonality within what's currently being done at some of the successful HIEs.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, I mean, I guess I would think an environmental scan and all of that would be a part of whatever gets done here. And I would also point out that it's not just organized HIEs that are the locus of provider directories, and indeed they may be the minority, when you think about EHRs and other types of systems out there.

Shelly Spiro, RPh, FASCP – Executive Director – Pharmacy e-Health Information Technology Collaborative

Totally agree, but I think that at least starting there and then working your way to more of the public private connection, since they're already structured and there's funding that has gone into those was how I was thinking about it.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. So I don't know, I'm just...I'm trying to, you know, thinking out loud here, trying to figure out how we sort of grapple with this set of things and come up with some type of thought, I mean, not that we have to have...we could just agree, but it sounds like we are all sort of struggling with the thought that all of this can't be done within 2015-2017. And it would need a lot more focus and energy and specificity around who is doing it and for what purposes, meaning specific use cases, all of that.

So, I don't know, as one high level thought that the sequence of things, there doesn't seem to be anything wrong with the sequence of things, it seems perfectly reasonable to think we'd have to go through the sequence of things. But it's very hard to make any further recommendations without understanding more of the specificity and maybe pointing out that these things can't be done in general that they have to be focused on particular use cases with some pretty specific sort of mandates and directions to people to do the work that's required to get this kind of planning under way. I shouldn't have said the word mandate; I definitely don't want to use that word. Unless people have more specific thoughts on that, either in terms of additions or specific point thoughts on each of these...

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

I think we exhausted those, Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah. Okay. So, why don't we move then to, if we go to 15, which is N2, as Kory said, these...I think that Kory, as you said, these are supposed to be immediate actions that could be taken with things that are already sort of in place, and it looks like these are all things that ONC, within its own jurisdiction can do and is expecting to do. Is that fair?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Ahh, well, I'm not sure I...well, yes, the way they're framed, yes. But obviously CMS has to do some stuff on the second one, but, yeah. I think that's a fair framing, Micky.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. So, I don't know, given that these are ONC ones, would you mind just kind of walking us through them and maybe we can just take them one at a time?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Sure, so one at a time and then just stop for discussion?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I guess, because they don't, unlike the last one, they seem to be...each one seems to be fairly discrete. And the last one was sort of a sequence of 6 things that seemed like it made sense to think about all 6 as a sequence whereas these all seem to be discrete and somewhat standalone.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, you got it. So the first one, as an interim step ONC will work with others to encourage the initial uptake of current provider directory activities. So you know, really focusing on kind of supporting the activities that are currently under way around provider directories. So, just, I mean as far as the comments went, there seemed to be general agreement on this one, not much else that people threw out. So thoughts on this?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Would anyone disagree with this one? Seems hard to disagree with. Okay, why don't we move, yup.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

That...motherhood and apple pie.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yup, why don't we move to number 2 then, that's a good meaty one.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, so ONC will recommend to CMS that NPPES, which is the National Provider and, well, anyway, NPPES is to implement support for provider directory information query API and data model as specified in the IHE HPD Profile and that CMS should maintain Direct addresses and ESI in NPPES.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So just one clarification, are the...on the...is the Standards Committee looking at this as well?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

I don't know if this got assigned to the Standards Committee, Micky, I'm not sure.

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

No.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Because the reason I'm asking is whether, I mean, IHE HPD, I think there are a number of people who would object to that, but that's not really...that's...the specific standard we've always said is not in the purview of the Policy Committee.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yeah.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

But if they're not looking at it at all, then, that feels like it's a little bit different then.

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

This is Michelle, maybe we can flag that and/or Arien unfortunately isn't on the call today, but maybe we could tap into his resource...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right.

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

...who's also on the Standards Committee.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Okay.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

This is Hal. Are there specific use cases that this objective is meant to include among many others but that it would at least include these use cases?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Sure, well, so I think the focus of it is really being able to find providers' addressing information, so obviously particularly focused in on Direct and other potential ESI. I think a lot of the thinking around it is probably in support of the transition of care requirements of Stage 2, but I'm sure people will find other uses for it as well.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Okay.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

But I think this is the common challenge we...or a challenge we have certainly heard and this workgroup I think heard in hearings they did around the ToC on VDT requirements for Stage 2, really at the beginning of the kind of roll out of Stage 2, that finding other providers' addressing information was one challenge that providers were facing in that early part of Stage 2.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Yes, that makes sense. Okay, right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And this is...well first off, do other people have thoughts on this one?

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

So my only thought, this is...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Go ahead.

Tony Gilman – Chief Executive Officer – Texas Health Services Authority

Micky, this is Tony Gilman. I would, just to generally talk about other use cases that I think a provider directory could support ultimately is coordination of interstate or interstate disaster response, talked a little bit about referral from maybe a primary care doctor to a specialist so that kind of provider look up. A targeted query between networks, whether that's eHealth Exchange or whether that's between two different networks, just to target a specific group of hospitals or specific provider rather than querying the entire network. And then ultimately we see, at least in Texas, the potential value for a provider directory to help with patient consent expressions, particularly around 42 CFR where you have to have...where you have to name providers. So, we see the provider directory as certainly potentially playing a role there as well.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. And I guess, my thought on this one was that, I mean, at least my personal preference would be to see this one thought of in the spirit of opendata.gov rather than in trying to provide a service to the market. And what I mean by that is, the federal government has data that could be very useful for provider directory types of activities and they should make that data available under a certain set of terms and then let the private sector take it and run with it. And rather than trying to figure, because we've seen so many of these things, and I'm not pointing at the federal government, but you think about all of the work that...in California when they went on the provider directory sort of adventure that they had and you see how quickly scope starts to expand so broad that the whole thing just collapses of its own weight.

And I would hate for that to happen with something like this where if this is thought of more in the opendata.gov sort of spirit, which is we have some data, we're going to make it available and you all now take it and do it and do fantastic stuff with it.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Hey Micky, I'm curious, what in particular about the recommendation makes you interpret it that way versus the kind of opendata.gov approach?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, I'm not saying that anything does, I guess I'm just saying that my hope is that that is the spirit that's there.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And maybe that can be, if other people agree, maybe that can be a part of what we say is that we would very much recommend that it is in that spirit, if that's what's in mind here.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Micky, Hal again; I like that because my question on the use case was concern that there would be too many use cases and overcomplicated. If it's drive around that simpler use case of exchange of information and then many other things can follow, it seems like greater chance of it going forward and not getting caught up in too much weight.

M

Right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, okay. So any other...and so we're going to put a flag on this HPD question, because I know that there are very strong feelings on that and we just need to figure out who has the right...in whose jurisdiction is it to make comments on that. Should we move to number 3 the?

Brian Ahier – Director of Standards and Government Affairs – Medicity

Well, this is Brian. I would just say, in terms of HPD, that we probably don't want to have it so specifically prescribed and constrained to some...to profiles and specifications that might not be fully mature and that could be under development still. So, I guess we'll see what the Standards Committee folks say, because that's really under their purview.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yup. Okay, unless there are any other thoughts on number 2, why don't we go to 3.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay. CMS, HRSA and OIG should advance the proposed effort to consolidate and synchronize national credentialing support systems and this one saw general agreement.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. Again, this seems like one that would be hard to object to, unless anyone does, why don't we move to the next slide.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay. Number 4, ONC and other certification bodies will determine how to support provider directories through certification processes. And on this one there was general agreement on the overall idea but some concern about timing and readiness of standards and testing tools.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Okay, any other thoughts on that? I mean, that's kind of how certification works today, right? Or certification processes work today. So...and then number 5 and 6 again both of those seem like they...they had general agreement from people and they seem like they would be things that are hard to object to, at least by my reading, and also our...the kinds of things that ONC does just terrific...really, really well. Any other concerns on those two? Or any of three...any of the ones on this page?

M

Looks good.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. Anything that's ONC in the near term, hey we're happy to Kory, give that to you. You guys think you can do it before 2017, great. Okay. Well I think, let me see...if I'm not mistaken, that's actually all we were going to cover today.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yup.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

It's much easier when there's general agreement.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay, so between now and the next call, we are going to, as I said, we'll get some homework done so we have something to look at on the minimum data sets so we're able to take that and then be able to side-by-side look at that, compare it to what's in certification. It could be that...I think our next call is, if I'm not mistaken, is that April 2?

M

Yes.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah, so I think, and it's possible, as Michelle had pointed out in an email, that the certification NPRM will be out by then, not for sure, but if it is out by then, that will give us more information to be able to look at the minimum data set as compared to what's in certification requirements...for those will be draft certification requirements.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Micky, Hal again. How much of a responsibility does this group have to consider possible disconnects between the aspirations of these objectives and the resources to accommodate them? I mean we've talked about that, but is that our charge or is that the charge of others?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I would think that's in our charge; if we think that's a concern, I think that we ought to put that down as a concern.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

And so is the scope of the last six in N2, is there...it's not as threatening as the first one, but is it all achievable, is there any concern there?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

And which one are you talking about here?

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Just...the six that we just went through where we...

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Oh, the resource location ones, right.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

...on the N2 send, receive and find.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yup.

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Are we...are there any concerns on the scope? That was my...it still seems like a lot, perhaps more manageable than the first.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

This is Nancy Orvis from DoD. I think you're right, especially when you get to 4, 5 and 6; do you think all of those are...while they're supporting and leading the effort and the other...and stuff on provider directory. So you're not saying we're solving the issue in 2015-2017. But is that what you're saying, how many resources can they...and priorities?

R. Hal Baker, MD - Vice President and Chief Information Officer – WellSpan Health

Right and then that...right, what is to accomplish these objectives, support can mean a great deal of things, lead can mean a great deal of things. Whether any of these will be accomplished or we have expectations they will be meaningfully close to accomplishment; that was my only question. The scope seemed a bit perhaps outside the timing capacity.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So to generalize that comment then, I think for the last six that we just talked about, the N2, since these are really directed at...I mean, there are specific organizations listed here, ONC, CMS, the question would be, do they have the resources to do what's here and to time...and then a parallel comment that seems on the N1, just pulling the thread in the conversation we had there was, the first question is who would be doing all of this? And then the next question would be, do they have the resources to do that? Again, we can't even talk about resources until we know who's supposed to be doing it...with the first step.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

So Micky, I think you're right that this group, and I'm attached to this group from the Standards Committee, but just yesterday's whole discussion was the, wouldn't it be better if we tied these to say given resource priorities, these are the right policies that we should move forward on more quickly and then do the next ones and etcetera, etcetera.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right, right.

Nancy J. Orvis, MHA, CPHIMS – Director, Business Architecture & Interoperability – Department of Defense

So there was a very good discussion about that it makes more sense to try and put something in here and maybe say there's a caveat on these six that we're not sure that all of these will have a priori...there...ONC will need to prioritize among these and or with help from other areas. And then maybe move some of these out to the next mid-term.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Right. Yup, that makes sense. Thank you. Okay, are there any other comments?

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Hey Micky and Chris, just a question for you guys. One thing we had talked about before was, do you want to have, as part of the homework, people following up on the accurate matching piece on what items either should be moved back or, you know, removed altogether?

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Yeah. Yeah, I think that's a good...so, sort of taking the same lens as we did here, which we didn't quite do last time, which is to say, let's look at all of them and make some quick thumbs up, thumbs down decisions on whether they belong in or out or they belong in a different time frame.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Okay, we'll send something around and then we can have that as part of the deck for next time, to get people's comments before and then just summarize that for the next meeting.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. Okay.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

Right.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

So maybe when we frame that, Kory, we can just do it in a way that people can go through it quickly with some fairly discrete answers of keep in place, move out or eliminate altogether or something, so that people don't have to spend that much time on it...

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Yup.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

...and we get some discrete answers.

Kory Mertz – Challenge Grant Director – Office of the National Coordinator for Health Information Technology

Totally agree.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. All right, great. Well unless there's anything else, last call for any other questions, comments on any of this, not just what we talked about today? Otherwise, please use wisely and richly the 30 minutes you have been granted back.

Christoph U. Lehmann, MD, FACMI, FAAP – Professor, Pediatrics & Biomedical Informatics – Vanderbilt University School of Medicine

And we still have public comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Ah, we still have public comment here.

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

Yes, don't forget about public comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

I'm sorry, I did almost forget, thank you Chris.

Public Comment

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

Lonnie, can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

Yes, I may. 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

And we have no public comment.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Okay. Great. Thank you everyone.

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

Thank you, have a great rest of the day.

Micky Tripathi, PhD – President & Chief Executive Officer – Massachusetts eHealth Collaborative

Bye, bye.