

**HIT Policy Committee  
Meaningful Use Workgroup  
Transcript  
April 16, 2014**

**Presentation**

**Operator**

All lines bridged with the public.

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

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

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

Here.

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

Hi Paul. George Hripcsak? Amy Zimmerman? Art Davidson? Charlene Underwood?

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

Here.

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

Hi Charlene.

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

Hi.

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

Christine Bechtel? David Lansky? David Bates? Deven McGraw? Greg Pace? Marc Overhage?

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

Here.

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

Hi Marc. Joe Francis? Leslie Kelly Hall?

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Here.

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

Hi Leslie. Marty Rice? Marty Fattig?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Here.

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

Hi Marty. Matthew Greene? Mike Zaroukian?

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

Good morning.

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

Hi Mike. Neil Calman?

**Neil S. Calman, MD, ABFP, FFAFP – President & Cofounder –The Institute for Family Health**

Here.

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

Hi Neil. Patty Sengstack? Paul Egerman?

**Paul Egerman – Businessman/Software Entrepreneur**

Here.

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

Hi Paul. Rob Taglicod? And Stephanie Klepacki?

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

Are there any other ONC staff members on the line?

**Elise Sweeney Anthony, Esq. – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Hi Michelle, Elise Anthony here.

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

Hi Elise. And with that I'll turn it back to you Paul.

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

Great thank you very –

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Michelle, this is Jennifer King I'm on too.

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

I'm sorry, oh, hi Jen.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Hi.

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

And Paul, I do want to note Jen King is on to talk about data questions that might come up.

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

Great, thank you.

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

And Michelle, it's Christine Bechtel, just to let you know I'm on.

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

Thank you, Christine. Okay, back to you Paul.

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

All right, thank you, thanks Michelle. Can we go to the next slide please and one more. So, today's agenda is short, hopefully, it's our planning session really for the listening session, as you know there are two of them, two three hour listening sessions and what we're trying to do, as you know we've already turned in our recommendations, but we talked about it in committee more than once, saying that look we're trying to meet a timeline.

The timeline is to give people, both the industry, as well as the providers, enough time to plan and know what's coming for Stage 3, which starts in 2017. And the schedule is for the NPRM to come out in the fall and then subsequently the final rule the early part of 2015. So, we're trying to meet that schedule and so we turned in our recommendations to keep up with the schedule so that they have that input, that official input as they do their provisional rulemaking.

The purpose of the listening session is to continue the dialogue that is to both, you know, as HHS prepares their NPRM they still have ears and they still can hear what people are saying, likewise we are planning to respond to the NPRM with further feedback and this listening session also provides us with information about the community's reaction to our recommendation.

So, that's where we are at this point. It's a bit of parallel processing but we just consider input good at any time. Any questions about that overall plan or the purpose for these listening sessions?

**Paul Egerman – Businessman/Software Entrepreneur**

This is Paul Egerman, thanks for that explanation. My question is I'm just trying to understand the total picture because we have Certification Hearings I think it's May 8<sup>th</sup> and 9<sup>th</sup> it's a day and a half and can you give me like an overview of what the goal of the certification planning hearing is versus our listening session to make sure that we're not duplicating anything?

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

Okay, so the listening sessions are from various stakeholders their feedback or reactions to our, the HIT Policy Committee, recommendations for Stage 3 as input to the NPRM. Separately, this just shows how busy ONC is; separately ONC has as a high priority refinement of the certification process. I think all of us have understood some of the concerns that people have both the vendors and really it trickles down to the providers, the outcome of that certification.

And we want to – and ONC is on a schedule to revise their processes. They would appreciate feedback from the Policy Committee on their process and that's why we constructed this hearing, that's why it's happening so quickly is so that they can provide their changes even in this calendar year.

So, that's the May 7<sup>th</sup>, 8<sup>th</sup> hearing, but really the May 7<sup>th</sup> hearing is specifically on the certification process, the same kind of going forward perspective that is what's working, what's not working and how do we redesign the certification process to be of greater value, value is the benefit over the cost, so greater value a lot to the providers and also to the vendors.

We're spending the next half day, the group that is on the 8<sup>th</sup> to try to get the recommendations out from the previous hearing the day before so we can get that to ONC in a timely way.

**Paul Egerman – Businessman/Software Entrepreneur**

So, is the Certification Hearing primarily around the 2015 NPRM? I mean, the most recent issued NPRM from 2015 edition?

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

I don't think it's – we've heard a lot of things about the certification process and the testing, and etcetera throughout and so I wouldn't say it's triggered on one thing. We really want to – so maybe the short answer to your question is “no” there in fact, I think it's the 6<sup>th</sup> that the Certification Adoption Workgroup is giving their final recommendations that we'll pass onto ONC on the 2015 edition. The Certification Hearing is about the whole process. Did I get that right Michelle? I just want to check my work.

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

Yes, Paul, thank you.

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

Okay. Does that clarify things? Okay, why don't we go to the next slide please? And this is picking up where we left off at the last conversation, we decided, gosh, you know, we would like to hear from as many people as possible, yet we want to have, we've always found that our format of 5 minutes plus the remainder of time, 5 minutes presentation, and the remainder of the time is discussion has been really helpful.

So, to accommodate the various stakeholders that we wanted to hear from we lengthened our original two hour sessions to three hour sessions and we're having two of them. We divided them into the two sessions, in the first session we wanted to hear from providers and both the EPs as well as the hospitals.

And in the second, why don't we go to the next slide, and then we can backup, in the second session we wanted to, as you know, our Meaningful Use Program is directed towards advanced health model and accountable care arrangement, we specifically stayed away from ACO, just to say this is a more generic term of art. We wanted to hear what their needs are, what they would like to get out of the overall program and as you know we all are interested in the outcomes side of things and then finally from the vendors.

So those are four panels, we may want to flush out panel 3 a little bit more but we did have a different perspective that we talked about last call. So, anyway we'll go back to the previous slide and start talking just to make sure we've captured correctly providers meaning EPs, this is a working – they're on their way working towards Stage 2, you'll see the questions – you know what, why don't we go to the questions first and then we'll backtrack and think about this.

So, advance a couple of slides please. So here are some questions, they're reworded to capture what we talked about last time and really we're looking at “hey, what are the key challenges and the success factors that have helped you in meeting the requirement for Stage 2?”

The folks that we invite may not be – chances are they won't have attested, but as they work through meeting the requirements of Stage 2 what were the key challenges, what were the success factors, it could be something left over from when they met Stage 1, it could be something they've been planning, what are the things that get them through the requirements of Stage 2.

And the second question, that's really leading up to the second question, is as we look toward Stage 3 what advice would you give to the Policy Committee, and again the context is we're still working – we would include this information, what we learned, in our response to the NPRM, based on your experiences from earlier Stages 1 and 2 how would you – what recommendations would you give, what advice would you give to inform recommendations for Stage 3?

The third question is to say, as we did in the very earliest hearing after Stage 1, what are the benefits that your own organization has realized as a result of implementing an EHR? We don't realize benefits just from attesting to Meaningful Use you really realize the benefits from implementing an EHR and in the course of doing that you made sure that you fulfilled the requirements of Stage 1 and 2.

Well, let me open that up to either your comments about these kinds of questions, maybe your edits or maybe your questions.

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

Paul, it's Christine, I just wanted to suggest for the consumer spot it's only on the EP panel right now and I think we probably need to give ourselves some more flexibility depending on how the consumers come in particularly since the hospitals have implemented earlier than EPs.

So, I was just going to suggest that we kind of list them in several places, certainly on both of those panels, you know, maybe on a later panel as well, but that once, you know, we will see through the sort of application process and we can plot people in accordingly, but to have it reflected, you know, in as many places as possible so we have flexibility would be smart I think.

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

Okay, I think I have the gist of your recommendation is we don't want to pigeon hole them in any one group on the other hand I hope you're not suggesting that we put one in each, because of course they're going – each slot is pretty restricted in terms of just the amount of time we have.

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

Well, right, but –

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

So, I think what I heard you say Christine is “be flexible.”

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

Yeah, I mean, I think we – I think, you know, we're going to have their applications, right, so we're going to know how many, what topics that they, you know, are going to speak to and what they're going to say. So, I think based on that, you know, it might be that we go out – there are some really valuable stuff and we want them in two different places or maybe it's only one. So, I just don't think we have to be overly prescriptive or limiting at this point because we're going to know, you know, what they're going to say in advance.

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

Okay, so I don't recall whether you were on the last call, but –

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

Oh, yeah.

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

ONC had recommended that we – we had come up with this sort of novel way of conducting these listening sessions that has staffing implications. So, ONC has recommended we go back to the usual hearing listening session template which is close to a hearing actually. So, we would be inviting rather than having this pre-submission.

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

Well, would it be possible – I mean, I really like the pre-submission idea because it got us a wide range of feedback. I was on the last call so I'm not sure how I missed that part, but would it be possible for us as Workgroup members to do some of the staff for ONC? In terms of reviewing the applications.

I mean, all they need is an e-mail address, you know, and we would need to write the questions, which we've already done on the slides. Otherwise, we sort of miss the big benefit was, you know, we can get feedback from a broad, broad range but then invite only a handful that are representative to speak.

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

Maybe we could find a compromise and post a blog which we've done in the past and people could respond to the blog.

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

And then we could potentially use that as the invite mechanism I guess?

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

Yes.

**Paul Egerman – Businessman/Software Entrepreneur**

And this is Paul, I mean, one other suggestion I would give, because I mean, the goal here is to get some feedback from consumers, is – and I sat through the listening session that the Information Exchange Workgroup did that included VDT and I think it was somebody from Group Healthcare in Seattle actually had statistics about what percentage of his population was using it, you know, how many people are using the download, how many people are using the transmit and it did occur to me that also could be a vehicle to get some input is to see if some of these people possibly, well it's more likely to occur with the larger organizations, have data about utilization, what people are actually doing in terms of using the systems and possibly also they might have data on Help Desk or support kinds of questions that are coming in, in other words, what's difficult for patients.

And that might be a – it's not – it doesn't answer exactly what you're asking for Christine but it might just be another element to consider in terms of evaluating, trying to evaluate the whole patient engagement.

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

Yeah, I agree, I think that would be terrific. Where I thought you were going was, and I wanted to suggest it myself, was that some of the providers it would nice if they could identify patients and families, you know, a patient or a family member who they might bring with them for the listening session or invite some of them to post on the blog if that's the mechanism we do, but I think that's the quickest way to find individual patients and families is to ask the providers to, you know, help identify and invite them as well.

**Paul Egerman – Businessman/Software Entrepreneur**

And that could be, I just have to say, at least in the Privacy and Security Workgroups we have not – we were not real successful in getting patients or consumers to testify and I think because it's like – I don't know it's just a different thing, right?

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

Yeah, well the privacy stuff is a lot more –

**Paul Egerman – Businessman/Software Entrepreneur**

It's like taking somebody into an odd situation and especially when you're dealing with privacy it might be particularly difficult.

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

Yeah, I think that's true because we do it in conferences all the time and it works very well, but in an area like privacy and security can be a little technical and intimidating.

**Paul Egerman – Businessman/Software Entrepreneur**

That's right.

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

So, let's take up, Michelle, the offer and use the blog mechanism as an in between so that gives a, you know, fairly formal place for people to be writing in and as you mentioned, although, our timeline is really short, we may be able to draw some thoughts from some of those submissions or notation entries.

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

Is there a word limit on people's responses to the blog and I just want to make sure we're going to get the information we want. I'm all for word limits we just want to make sure it's not, you know, 100 characters or something like that.

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

I honestly don't know but I'll look into it Christine.

**Paul Egerman – Businessman/Software Entrepreneur**

That's helpful.

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

Thanks.

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

Okay, further questions about –

**Paul Egerman – Businessman/Software Entrepreneur**

Well, I –

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

Further comments about these questions?

**Paul Egerman – Businessman/Software Entrepreneur**

I had – I was trying to understand these questions as it compared to the previous slides. For the eligible providers and for the hospitals are we going to be choosing organizations that have completed Stage 2 or are they in the process of completing Stage 2? Because from the previous slides I got the sense that they possibly might not have completed it, but it looks like these slides assume that they've completed it.

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

I think it would be – since we're trying to get input moving towards Stage 3 I think, although there are very few that have completed it, I think we would want people who are already well into the process so they can actually, you know, share that experience as well.

**Paul Egerman – Businessman/Software Entrepreneur**

Because it would seem to me, at least on the hospital side, we should be able to get hospitals who have completed it, because they'll be, you know, 7 months into their year at that point and so there should be a number of hospitals who've completed Stage 2 and I just think in general having people who have actually completed it and, you know, attested to it successfully is going to be more valuable.

So, I would encourage us to get, if we can, all the hospitals, almost all the hospitals should be ones who have completed it and we ought to be able to get at least, I don't know half, two or three eligible providers who have completed it also by May.

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

So, we'll look for that and like you say chances are we'll find it will be more successful in the hospital because they started three months earlier, but, as you know people do wait until the later part of the year when things are due, that certainly was our experience in Stage 1.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Paul, this is Marty, how many have attested? How many hospitals have attested?

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

Michelle might know or Jen might know?

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

Yeah, I think, Jen do you have any idea? Last I knew I thought it was nine, but I could be wrong.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Yeah, that's what I mean; it's a very, very small number. Stage 2 is hard, we're in the process, but Stage 2 is hard.

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

Stage 2 is hard.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, well –

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

This is Charlene, we will have some that attest in the time window, but again, it's, you know, July, you know.

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

Yeah, I think it's early Paul, I think we can certainly look at the folks who have come in, but the first answer to your question is "yes" we would look at folks who have already attested, but I would think that we would want to at least be looking at people who are well into it. I'm not sure it gives us as much value if it was not started at all.

**Paul Egerman – Businessman/Software Entrepreneur**

And then similarly I would think, in terms of vendors, it would be preferable to have vendors who have completed the Stage 2 certification process so that they're under way with their customers.

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

Yeah, I think that's going to be more successful since the majority of folks – I think the vendors who serve the majority of customers who are attesting are already certified.

**Paul Egerman – Businessman/Software Entrepreneur**

So, I missed what you said, you think that that's doable or not doable to have –

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

I think that's doable for vendors.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, because the statistics we got in the Certification Workgroup said there are 300 vendors who have successfully certified to Stage 2. So, that's a –

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

Yeah, I don't think there would be a problem there.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah we should be able to get that.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Paul?

**Paul Egerman – Businessman/Software Entrepreneur**

And the last comment was a good one about Stage 2 being hard, it will be interesting, I don't know how you would phrase the question, but I'd like to know was Stage 2 too hard, was it too big a jump?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

This is Marty, this things we're having trouble with right now the patient portal piece with our vendor is extremely difficult. The other thing that is extremely difficult is the transitions of care document because we're ready to send it and we have no one that can receive it.

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

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

I think those –

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

We have no providers in our area that we transfer patients to that can accept a Direct message.

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

And I think that is one of the – well, maybe I don't – can either Jen or Michelle answer the question, has that become an exception?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

No it's not an exception.

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

No not yet, no.

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

Okay.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

No you've got to find somebody. We've actually purchased a Direct mailbox for primary care providers in our community so that we can send transitions of care documents to them.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, this is Paul; I would just say that –

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

Are you –

**Paul Egerman – Businessman/Software Entrepreneur**

What you just said Marty was consistent with what was in the Information Exchange listening session where, you know, organizations were purchasing mailboxes for providers and then actually sending them letters to tell them that they'd received a transition of care document and to check their mailbox.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Yeah.

**Paul Egerman – Businessman/Software Entrepreneur**

I mean, there wasn't any vehicle to get them to check it even after they had the mailbox.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Yeah.

**Paul Egerman – Businessman/Software Entrepreneur**

So, some very difficult issues that were described there –

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

So, let's not have the hearing before the hearing, let's – I've certainly heard this and we expect to hear this coming forward in the hearing, but this is a planning session.

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

So, Paul, this is Neil, I have a question?

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

Yes?

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

You know, I think and one of the – and maybe it's a concern, but we – early on when we were planning Stage 1 we had a discussion about the bar and where we're trying to set the bar and what percentage of people we wanted to be able to get over the bar and whether the bar was at a place that was really trying to accelerate movement or whether it was set to reward people who were going to get there anyway. And I don't think we've had that discussion recently.

But I think that's a policy level discussion that sort of needs to be re-upped at this point, because, you know, I hear the discussion taking place again but I think we need to be fairly explicit on what we're trying to accomplish here, you know, to the extent that the systems are advancing and developing on their own and people's use of the functionality is developing and advancing on its own, you know, that's going to set a certain pace.

To the extent that we're really pushing incredibly hard to move people faster than they would be able to move or that they might move without the incentive program that's kind of another pace and I remember that we had some very explicit discussions about this.

And I'd just like to suggest maybe, you know, on the agenda – to consider on the agenda for the next Policy meeting that this come up again, because otherwise I think a lot of the testimony and other things are going to be, you know, viewed with sort of the extent of like "okay, well what are people already doing and what's possible."

And I think we have to remember that we're providing an accelerant to this process, we're not just sort of creating a reward system for things to move at a pace and in a direction that they would have move otherwise.

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

I think that's almost "the question" Neil, I agree with you. So, what we're doing is we'll have this listening session, I think this Workgroup needs to really ask ourselves that – that's one of the important questions we need to ask ourselves based on the information we get from the hearing and then as we summarize for the Policy Committee we raise that discussion just what you said.

But, I think, this is – we're going to get some data, we'll have also some data from ONC as more and more people get through Stage 2 and we'll take that and look at the question you just posed Neil and present that back to the Policy Committee for discussion.

And that will obviously influence – and then we'll see what happens with Stage 3 NPRM and react to it given, you know, given our thoughts about this question. So, thanks for raising it.

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

Hey, Paul, it's Christine, I think Neil is raising a really important question and I guess the thought that I have is that when we did the listening sessions and hearings in Stage 1 people said it's really hard, right? But that the attestation rates and the success rates were pretty high at the end of the day.

We're not going to be at a point where we're going to have enough data to know what's anecdote and what's reflective of trends or not, but I just wonder if there is a way to ask people, and I'm not sure I've got the question formulation right, but, you know, where – I don't know exactly how to ask the question, but where were they headed before they saw the Stage 2 requirements, you know, how far off the beaten path have we taken them and is the stuff that's hard, you know, really technical or is it, you know, kind of policy, because we set them up to do some things that would work well and be worth the effort in a population health-based reimbursement scheme, you know, things like that.

But just sort of understanding where were you headed before, did we accelerate that and make some things easier, you know, what did we do that wasn't in line with the policy environment.

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

That's a good thought, so we just need to word that somehow.

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

Yeah.

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

We'll work on that wording but I understand what you're saying.

**Paul Egerman – Businessman/Software Entrepreneur**

So, this is Paul, maybe a way to word that or reflect that is to ask the question as to whether or not the content that's included in Stage 2 reflects items that physicians were requesting, in other words, or patients are requesting, in other words, was there a physician or patient demand for these items prior to Stage 2.

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

Okay, let me – we'll work on some wording of this and circulate it for your edit, but I think the concept is good. Other feedback? Any other feedback on these questions? And then we'll add Christine's.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Paul, I'd like to ask a logistics question, this is Marty?

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

Yes?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

So we will have the panel – the panels will be in a location in Washington I assume?

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

No this is a virtual.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

This is all virtual?

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

Right.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Okay, thank you for that clarification.

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

Yeah, sorry about that.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**  
That's actually great to know they're virtual?

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

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

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
So, that does simplify it for people.

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

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**  
A lot, yeah, thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
Yeah. Yeah, there are so many "hearings" going on it's almost hard to remember which one is which. Yeah, the Certification if face-to-face, this one is virtual.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**  
Certification is face-to-face thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
Right. Could we go back two slides then and let's look at the panelists. So, the first one is really providers, panel one being EPs and panel two being hospitals. And then –

**Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Paul, this is Michelle, I'm sorry, the times on there are wrong, I apologize, I didn't delete those.

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

**Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Just so people don't –

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
So, five minute presentation and forget about what's in the parenthesis.

**Michelle Consolazio, MPH – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
It's our usual style of five minutes per for the "formal" presentation and then lots of time for discussion which of course is where we really do get to ask the kinds of questions that are germane to our discussion and sort of just a magic formula.

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

So, Paul, this is Mike, could I go back to the questions just for a second to ask about sequence? Do you have any thoughts about the order of those questions? I think, they're all great questions, I tend to go by benefits then challenges, then advice, is that an approach we're likely to take or do people have opinions?

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

So, the way that the questions are – the way we've handled the questions is they're distributed ahead of time to all the panelists and there are a couple of ways they respond, one is they actually answer the questions as part of their presentation, the other is they submit written, and all of them are invited to submit written testimony that does go through detailed answers to each of the questions and then they decide to emphasize some aspects of their opinion in the formal presentation. So, the order – we actually never do repeat the questions to them it's just part of helping them develop their content.

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

Right, I'm just trying to get a sense of whether we're also trying to help them organize by starting with what have been the benefits, etcetera –

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

That's fine.

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

But it sounds like they're quite flexible in terms of how they do it anyway, so –

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

That's right.

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

Yeah.

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

But we can certainly put that up first just as you're suggesting it sort of frames things that says, okay, what have we got now and how do I make it better.

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

Right.

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

That's what you're headed for?

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

Yeah, I'm looking for what – are they seeing the glasses both half full and half empty or are they going to dig into what they don't like and we never really hear what the benefits have been, so, okay, thanks.

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

And we would invite your – and for example, Charlene is taking the lead, she's gone to the EHR Vendor Association and asking them to provide us with a list of vendors who might be potential panelists. So, we invite this group's submission of people you think who could do a really good job articulating both sides so that we can improve Stage 3.

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

So, Paul, I was going to ask them, this is Charlene, to – if they've got customers who they – who are –

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

Yeah.

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

Pretty far on into the process to suggest them. I know you'll have other sources but they can provide some of those names too.

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

Actually, I think, they are probably going to be a very good source for those customers because they know.

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

Yeah and I'll ask for small, large, you know, the range –

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

Right.

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

Kind of stuff.

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

That's a real big help, thank you.

**Paul Egerman – Businessman/Software Entrepreneur**

And so this is Paul, a comment I have that's really probably on the hospital side, is I would suggest that we try to get one institution that uses self-developed software just to get like a perspective from an institution that is not using a vendor and so, you know, some possibilities would be BIDMC or possibly Vanderbilt, but there might be others to see if – I don't know if there is any difference there, but to include that concept somehow in panel two.

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

This is Michelle, I thought that we had decided that would be more appropriate for the Certification Hearing.

**Paul Egerman – Businessman/Software Entrepreneur**

Okay, so you want to put it there? That's fine with me.

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

Well while we have the Workgroup here what do people think about, Paul's suggestion, it's a good one and there certainly are organizations that are using their homegrown EHR. The question we have is, on the counterbalance side is, there are probably a handful or less and so what do people think about – it's an important stakeholder and the question is do we use the diversity in the kinds or do you use diversity in number of users and just an open question, appreciate people's thoughts on that?

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

Yeah, so this is Mike, I would lean towards the number of users although I completely get the potential advantages of the other.

**Paul Egerman – Businessman/Software Entrepreneur**

And this is Paul, but as Michelle said, I'm fine if we include that in Certification Hearing. I mean, the two observations I'd make is, one is even though it's not a lot of institutions I don't think the government should try to avoid changing the landscape of the sources of software that are available to users.

But I'd also make the observation that arguably some of the advances that have occurred in the EHR technology have come from self-developed systems and, you know, some vendors would disagree with that, but if we include that in Certification I think that that's fine.

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

Well, it's not agreed that, you know, there is a group working on that, so that's not saying it will be there too, but I think it would be interesting to get the Meaningful Use Workgroup's opinion about that, the balance.

Other folks, Mike gave his opinion, so we can bring that into the Certification discussion? Anybody else want to offer an opinion? Okay, so we have – we'll just bring those back into the Certification Hearing organizing group. Okay, can we go to the next slide, please?

So, now, let's see, I think, let's handle panel four first, it's fairly straightforward in terms of vendor, other comments about that? And I think we're going to have a really nice candidate list that Charlene is going to produce. Okay, panel three –

**Paul Egerman – Businessman/Software Entrepreneur**

Wait a minute Paul I had a comment about panel four?

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

Sure?

**Paul Egerman – Businessman/Software Entrepreneur**

I don't understand why you have data intermediary under vendors?

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

And –

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

This is Michelle; that was me, I was just trying to think of something outside of our typical vendors, but we can certainly remove that.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, I mean, to the extent that data intermediaries might be interesting as it relates to this other panel three where you have like purchasers and ACOs you might be thinking about other potential interested parties in the process.

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

Well, Michelle, this is Amy and I joined, were you thinking of like HIEs under that category?

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

It could be.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

This is Leslie, I think HIEs or HISPs might be an important group to hear from or DirectTrust, but because of VDT and the discussions around the portal we just heard earlier perhaps just getting some update on where we are with interoperability and VDT wouldn't fall under an individual vendor but more like a data aggregator or data transport HIE or HISP.

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

Right, so this is Mike, I had made a similar comment the last meeting I was on, it would be an important omission from a lot of the folks that I interact with if there wasn't the experience of an HIE that was trying to provide some of these services particularly for VDT.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah and so this is Paul –

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

I agree I think it should be included somewhere.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, but if we include it I would include it somehow in panel three and perhaps rename panel three about make it like interoperability or information exchange or something.

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

Yeah.

**Paul Egerman – Businessman/Software Entrepreneur**

I mean, I would put it there, because their experience is going to be very different than the vendor experience.

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

Okay, are people okay with moving data intermediary to panel three?

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah and then maybe renaming it, in other words, I don't know if you want to call it interoperability or information exchange, but then you've got purchasers, accountable care organizations and HIEs.

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

You know, Paul, but I think we should be open, because sometimes the data intermediaries do the quality reporting or, you know, other –

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

Right.

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

Provide the capability to do the patient portal. So, sometimes that, you know, intermediary, you know, stirs some other functions just depending on how they're serving the market.

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

Right, this is Mike –

**Paul Egerman – Businessman/Software Entrepreneur**

Well, there are a few of those but they generally are using somebody else's software, it's a different – they're acting under a BAA to do that, they're usually not a software developer it's a little bit different than what a vendor does.

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

So, let's not spend a whole lot of time on which panel, I think it's fine to put them in panel three.

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

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

I think, as Charlene pointed out, often times they do perform another function that helps with care coordination and so accountable care arrangement is not far off I don't think. I think it would be probably not helpful to label it interoperability because we really – it's the purchaser's perspective, it's really the other stakeholders in the care provided to other people that we want to hear about.

So, I think it's really – so we talked about the purchasers, we talked about ACOs having that kind of lens, we're talking about a third-party neither the provider nor the vendor of EHRs, i.e., these HIE organizations or data intermediary, let me call it that that's a little bit less – it's broader. Other folks that might be in panel three or other kinds of perspectives?

**Neil S. Calman, MD, ABFP, FAFAP – President & Cofounder –The Institute for Family Health**

Did you already skip back to panel three from panel four or –

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

Well, I think – well, do you have some comment about panel four go ahead Neil.

**Neil S. Calman, MD, ABFP, FAFAP – President & Cofounder –The Institute for Family Health**

Yeah, I did, because we've been hearing about – and, you know, a bunch of people have been like talking about the panel four – I mean, the vendors being – having dozens of vendors who are dropping out of the program now and leaving providers high and dry, and all of this stuff and I'm just wondering whether or not we're, well first of all I wonder whether that's real and if it is real whether or not some opportunity to hear from some of those vendors who might actually – you know, if they're not onese and twosey vendors and they're really people that have a substantial, you know, piece of the marketplace whether it wouldn't be wise to hear what actually is happening with them.

And if in fact they really are...if they really are representing a decent number of providers who've attested for Meaningful Use Stage 1 and their vendors are now dropping out, you know, that's something we keep hearing about, it would be nice to know whether those are real and whether they have anything to do with the Stage 2 criteria or whether they're dropping out because their businesses are falling apart and they've just done crazy things or what, I don't know whether that's appropriate for this hearing, but I think it's a really important piece of information that's getting a lot of play, right, in the public.

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

Charlene, do you by any chance know whether EHRA has any line of sight to that? I know Jen talked about something like 30% and she can give us the real number of the people who dropped out but never had a customer, so there is that side we don't really need to hear about that part I don't think. But is there any other way that EHRA tracks their members to find out for this group that Neil's talking about?

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

I'll ask that question, I do know – and this could be anecdotal though, I do know that, you know, they were tracking and found out when people chose they weren't going to certify but it was just one or two vendors it wasn't – but I don't think it's tracked, but I can ask them when I speak with them.

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

All right.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Hey, Paul?

**Paul Egerman – Businessman/Software Entrepreneur**

And so, Paul, this is the other Paul, the Certification Workgroup sought data from ONC that said slightly more than 900 vendors were certified for Stage 1, 300 for Stage 2. So, that is a difference of 600 now there may be some that are in process, I don't know that aren't counted, but there is at least – ONC seems to have some data on this.

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

Yeah, I think it's a great idea to have someone if they're willing, if they know that they're already not going for it and willing to speak as to why, especially if they had a reasonable – the market.

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

– yeah, I'll see what I can do.

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

The other thing Paul, I had a comment about was, and I don't know whether it would go under three or what, but I don't know if it's worth it to try to find REC, because they'd have a view of, you know, a broader view of the providers that they're working with to try to get them to Stage 2 and they may have a perspective that would be helpful from a REC perspective.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Also, this is Leslie, maybe KLAS could help us as well.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Paul, this is Marty –

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

I'm sorry, I didn't catch that?

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

KLAS, K-L-A-S maybe they have some members as well.

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

You, I was – okay, yes, I went onto a different suggestion about another group that we might want to have present which was the Regional Extension Centers.

**Leslie Kelly Hall – Senior Vice President of Policy – Healthwise**

Thanks.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Paul, this is Marty..

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

Marty, yeah?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

I was on a conference call a couple of week ago with a group of hospitals on the West Coast who are using GE Centricity and they have no 2014 certified products out at this time.

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

Actually, you know what that might be a good candidate if Charlene doesn't have another suggestion, because clearly they're a huge vendor.

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

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

That would be a good one.

**Charlene Underwood, MBA – Senior Director, Government & Industry Affairs – Siemens Medical**  
– Workgroup if you want me to –

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Another one in Nebraska that's a huge problem is a company called Healthland they have a large number of rural hospitals and they have no 2014 certified products either.

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

Yeah, I think that would be – that's exactly what I think we need to hear from.

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

Yeah.

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

People that are large vendors that are – and it's also a question of timing still to see whether or not people are still planning on doing that or not.

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

Right.

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

So, let's –

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

So, this is Mike, one other caveat to add to that, since GE is one of the platforms I use, and so I'm living that reality right now is the vendor – the more generic issue is vendor decisions to consolidate their products requiring that their customers move off of their current EMR to the one that the vendor does support because it can only do so much. So, that would be another consideration in that, but I think GE probably would be a good story with regard to its journey to try to support this across multiple platforms.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, well Mark Segal is the head of EHRA isn't he?

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

He's in there, yeah, I can ask he'll be on the call.

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

So, this is a good lead, because it hits a couple of concepts as we've just mentioned. So, thanks. Thanks for the suggestions, thanks for the topic. Any other comments about panel four? Okay, so panel three currently what we have are purchasers, ACOs and data intermediaries. It is a bit of a hodgepodge but I think each of them have a perspective that I think is contributory to this discussion.

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

And so Paul, this is Amy, did we want to include Regional Extension Centers or no?

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

I think that's open, so let's see, we're talking about – I don't have an objection, anybody? Okay.

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

Wait.

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

No, I've got actually a recommendation or two on that too.

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

Oh, great. We need those recommendations and I think the hardest part of this will be just naming the panel, but we'll work on that.

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

Yeah –

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

Any one of those categories could be an entire panel.

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

Yeah, no really.

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

It's really hard, I mean, ACOs, you know, range from tens of thousands of members to small startups and the products are all over the place. I mean, I think this is going to be really hard to get anything that looks representative.

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

Right, that's why it's so important that we get candidates for these panels – the presenters – because ideally you want a presenter who can speak to a range of questions that we'll undoubtedly ask them, and to the extent that for example in this case, ACOs, if they belong to some ACO group and they are these groups and they can relate their story but also can reflect on what else is going on in just that whole community and the same for purchasers, the same for RECs, etcetera. So, that's why it's so important to get the right person that can speak more globally and not just in one isolated spot.

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

So, Paul, this is Mike, I also just wanted to clarify in the panel three part whether as we think of purchasers, do we want a specific payer community as well as purchasers?

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

Well, that's an interesting thought. It was raised by David Lansky and I think he was thinking of a lot of employer groups and employers or employer groups and I think your other payers – I mean they are certainly purchasers, so the two primary purchasers are payers and employers.

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

Right, but I think they can certainly have different perspectives so it might be worth it.

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

Correct.

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

Yeah, to break that out.

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

Correct.

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

Was that diplomatically stated enough right?

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

Yeah, there is no shortage of folks that we'd love to hear from and that's why maybe we make it clear in this blog posting that we are looking for input and these are the kinds of questions we're going to be asking our panelists and the folks who want to volunteer and post their answers just is all part of the process. Any other comments?

It's definitely going to be a very full hearing or listening session and we'll get lots of good information as we continually do and we'll just try to digest it all and try to make an appropriate response back in our feedback.

So, I think the next steps are people who have suggestions to make for individual people for these panelists and think again broadly just like we said the more they can represent a whole community and not just one point-of-view the better, it really obviously helps us and to the extent that they are articulate and can answer these questions would be really, really helpful.

So, we'll – if you could send those suggestions and thanks to Charlene for querying EHRA and also asking about GE.

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

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

And then we'll come up with wording for the concept that Christine brought so we can include that question and we'll come up with wording for the title of panel three and circulate that.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

And to whom do we send suggestions for panelists? This is Marty.

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

How about Michelle?

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Okay, thank you.

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

Any other comments or questions?

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

During the last call there was discussion about specific data needs that we might want to look at before the hearing or to introduce different panels, it's part of the reason why Jen King had joined today, so I don't know – I think we only have Jen for a few more minutes, but if there are any specific questions?

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

Good point, thank you, Michelle. Let's see, certainly for the vendors we had the question of how many right? How many attested? How many don't have any customers, you've given that number before? And then maybe some insight into the gaps, so there is a certain percent that don't have any customers, so we're not really that concerned about that group. There are some that have had customers attest and are not planning maybe giving us a sense for how many user's groups are involved in that.

**Paul Egerman – Businessman/Software Entrepreneur**

So, Paul, you're using the word attest, you mean how many have completed certification for vendors is that what you said?

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

On the vendors side that's correct. I'm sorry Paul.

**Paul Egerman – Businessman/Software Entrepreneur**

Yeah, but you said attest and so you also need data on whether or not their certified for modules or for a complete EHR.

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

Right, in some sense –

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

Yeah we can –

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

Yeah, in some sense we're looking for the user base affected that's sort of how I focus on the attest – so it's the user base affected by vendors who have not been certified for Stage 2.

**Paul Egerman – Businessman/Software Entrepreneur**

Right and then I think you also want to find out perhaps though are they in the pipeline, in other words, we'd like to know maybe there's a waiting list or a pipeline, so they're in process.

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

And I think Charlene might – EHRA might have a better handle on that, because ONC wouldn't know.

**Paul Egerman – Businessman/Software Entrepreneur**

Well, I think the ACBs would know right?

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

Oh, no that's a good point, sorry.

**Paul Egerman – Businessman/Software Entrepreneur**

I would think that there is some data on who is like, you know, currently within the process of trying to get themselves certified but maybe there is a waiting list or something.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Yeah, we can definitely provide updated numbers on the total number of vendors that have been certified for 2014 compared to 2011 and then the size of the user base that's affected by those two different groups.

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

Thank you Jen.

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

So, this is Mike, I don't know if there is any data that we have other than asking the vendors specifically, but my own experience is that some vendors know quite well whether or not their customers are on track for Stage 2 either in part because they've gone live with certain modules that they own or have possession of but aren't live on or because they're doing and following reports whereas others might only know that they've purchased the Meaningful Use Stage 2 certified software, but if there is a way to get additional information from vendors with regard to that, that might also provide some clues to who is in the Macy's parking lot and who is coming in to buy so to speak, if you know what I mean, that kind of predictive analytics. So, all right.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

I mean, we have, you know, probably similar knowledge in terms of – we don't have any like systematic data collection on that but just knowledge from circulation awareness from vendor stakeholders and that kind of thing, so I don't know if that is something that EHRA might have any more systematic insight into or other groups like that if you guys have an ideas.

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

I'm not sure that they'll have that – you know, they may have more anecdotal than systematic – they've been doing some look at the cost of doing for instance certification, but I don't think they've asked the question that we're discussing.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Okay, well we can compile sort of what we know but then, you know, additional sources would be useful too.

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

So, I think one of the things – one of the things that might be big on that would be could they answer one question for us, how many of their customers are able to receive a summary of care record for example would be part of that pulse we're trying to get on who is ready and who could be sent to at this point.

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

And it's Christine, I don't know Jennifer if you have this or if this is more of a CMS side, but do you recall how many hospitals have attested so far? I thought there was like 12 or more?

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Yeah, so, I mean, CMS would have the latest official numbers on that, it was right around there the last time they reported that.

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

Okay.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Yeah.

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

So, one of the things I was wondering about was, you know, is the threshold, performance thresholds and how well they did with those. I mean, I know the data is like really early and there are a small number, but I recall that in Stage 1 when we started getting the reports from Rob originally, you know, we had the same thing but the data really didn't change all that much anyway, so it would just be interesting to know if we could get some of that from CMS.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Yeah, we'll follow up on that for sure.

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

Yeah, any other kind of, you know, if they're getting – I don't know if they have a Help Desk where they might get phone calls with common questions, things that people are struggling with, but, you know, we figured out kind of early in Stage 1 that the care summary document was not going to work for people because it wasn't defined and there are a lot of calls and FAQs about that, you know, anything on those types of issues might be helpful.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

All right great.

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

Okay.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Yeah, this is Marty, one other piece of information I think is important is a 2014 certified product for Stage 1 as well, I mean, there are still people who are attesting for –

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

That's good we can put that one down too, because what we see or I think CMS just came – this is Charlene, came out with telling people they had to do that Stage 1 Plus but that's been pretty silent we think, you know, and in our customer base we told them, but it was, you know, it was a big stretch to get them to understand that. So, I'll ask that, Stage 1 whatever it is, Plus, okay.

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

Great, these are great questions. Anything more? Thank you Jen for listening in and for helping us with these numbers and thanks to Michelle for reminding us about that.

**Jennifer King – Research & Evaluation Branch Chief – Office of the National Coordinator for Health Information Technology**

Okay, great, thanks everybody.

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

Any other questions before we open it up to public comment? Okay, operator could you please open up the lines please?

## **Public Comment**

**Caitlin Collins – Project Coordinator – Altarum Institute**

If you are on the phone and would like to make a public comment please press \*1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. We do not have any comment at this time.

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

Well, thank you everyone for your very hearty discussion. I think this is going to be very informative and productive, and helpful discussion we have over the next couple of sessions. So, we'll send around a couple of edits for your comment and then we'll start getting some invitations out and certainly please send in your suggestions.

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

Hey Paul?

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

Yes, please?

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

Hey Paul, it's Christine, I'm sorry, I just have a small logistics question maybe it for Michelle. Since we've changed or extended the length of the panels are we going to get a revised invite from Altarum? I don't think I've seen invites for the listening session or they're held on the calendar because they're MU Workgroup meetings?

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

They were updated Christine.

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

Okay.

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

So, let me know if you need us to resend.

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

All right I'll –

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

I received mine Michelle, so, this is Marty.

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

Yeah, I got mine as well, this is Amy.

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

Yeah.

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

All right I'll double check, hopefully I didn't fall off the list again, but thank you.

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

Okay, thank you everyone and talk to you next time.

**Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health**

Thanks Paul.

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

Take care.

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

Thank you.

**Marty Fattig, MHA – CEO – Nemaha County Hospital (NCHNET)**

Bye Paul.

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

Bye-bye.

## **Public Comment Received**

1. Would the blog/ response be for stakeholders to answer the proposed questions for the panel, or would the public be able to respond to all of the HITPC's Stage 3 recommendations?