

Meaningful Use Workgroup
Subgroup #3 – Improving Care Coordination
Draft Transcript
March 5, 2012

Operator

All lines are now bridged.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Thank you very much operator. Good afternoon, this is Mary Jo Deering in the Office of the National Coordinator for Health IT and this is a meeting of the Health IT Policy Committee's Meaningful Use Workgroup's Subgroup #3 on Care Coordination. I'll begin by taking the roll. Charlene Underwood?

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

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Michael Barr?

Michael Barr – American College of Physicians

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

George Hripcsak?

George Hripcsak – Columbia University NYC

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Leslie Kelly-Hall? David Bates? Eva Powell?

Eva Powell – National Partnership for Women & Families

Here.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Jessica Kahn? Okay are there others on the line who would like to identify themselves?

Kathleen Connors-de Laguna – OESS/CMS

Kathleen Connors-de Laguna from OESS/CMS.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Thank you Kathleen. Okay, I'll turn it back to you, Charlene, and I will say that as you want to review some of the documents that were set up just be sure and say to our contractors who are standing by which document you want posted when.

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

Okay, and I'm not able to navigate multiple pieces so I'll have to just describe and you'll have to figure it out. Okay, thanks, welcome to the care coordination call. This Workgroup is a Subgroup of four

Workgroups that are working on ways to identify the requirements for Stage 3, again with the intention of, again considering what's going to happen in Stage 2, but looking a bit out on the horizon so we can define, for the purposes of policy, as well as for practice, what the requirements are so they can be reflected in the upcoming rules that will define Stage 3.

So, with that said, in our last call what we did is we went through some principles of those criteria that we were developing and we came up with an approach relative to the care coordination deliverable and to that end we made some assignments and started to map out a work plan. So, what I would like to do today is again kind of review the status of those assignments and then see if we can work out a work plan over the next couple of months relative to making some final recommendations.

I think George is on our call, George Hripcsak is on our call to try and help the groups cross coordinate, as I participate on all four of the groups, George, I think it's going to be a good idea that maybe we at some point in the process will reconvene the groups and just make sure that we're all aligned as efficiently as we can to get this work done, that's just kind of a comment.

George Hripcsak – Columbia University NYC

Very good.

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

Okay, so I was going to move onto the review of the last discussion. Again, in our last discussion we, you know, looked at the focus and the principle of, you know, what we wanted to defined in Stage 2, but our first step was really to kind of assess and get a lay of the land in terms of where we are now relative to supporting care coordination. So, to that end there were a couple of pieces that we wanted to bring to the table. Number one was again to recall some of the past testimony that happened on March 13th and to this particular group, those documents went out last night and this was the testimony that happened on May 13, 2011. There was a care coordination panel that David Bates actually ran.

I did try; David did actually do a summary of that panel. I tried to find it, I contacted David, I was unable to do that so I started to do some additional work to summarize the thinking and I'll share that with you today, but I would ask this group before the next call to just to take a moment to look at that testimony, it's pretty thoughtful, but it kind of sets the stage a little bit for I think the visioning process.

The other thing that we identified was from the Standards Committee there is some development of different use cases that, again in terms of care coordination, and you'll see that kind of on this piece I'm going to show you, there's lots of definitions out there, but clearly accurate, timely and relevant exchange of information is a key one. So, one of the things we wanted to take a look at is what might be the use cases that are out there that are relevant to care coordination and what is their respective status. So, to that end I did contact Jamie Ferguson and relative to sharing that knowledge was maybe what we want to do is, you know, bring him forward on the agenda for our future calls to report out on that.

Two other items that we identified was just to kind of get the status of the current measurement around this domain area and Eva took the responsibility to own and try and figure that out for us. And the other piece that we had identified was to take a look at some of the recommendations coming out of the Bipartisan Policy Center and Leslie had been very engaged in that process and had offered to do that report out.

So, those were things in terms of our current state assessment that we had identified doing. And, again, the other piece that we had determined was that from these processes we wanted to also just step back a little bit as a group and step outside a little bit, you know, based on that information and perhaps say, okay what's our vision for care coordination if we step back and say okay look past 2015 what's that vision? And we wanted to make sure that we didn't miss anything in our requirement that we saw for the vision so we were going to take some time to actually have that discussion. So, those were kind of the tasks that we had outlined.

So, for the purpose of today's call I actually did start some of that consolidation of the material around looking at the themes that were in the testimony as well as some of the definition stuff, but again it's starting to be draft material. I thought we could maybe work through that, you know, as part of one of our object items and we could kind of come back to making sure that we identified the steps in our work plan and when we were going to do that.

So, before I continue, I just wanted to put that plan out on the table to make sure that the rest of the group understood that was our direction and get any further input into the plan and the process.

Michael Barr – American College of Physicians

Charlene, it's Michael, thanks very much it was a good outline.

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

Okay.

George Hripcsak – Columbia University NYC

Yep, George here, yep.

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

You're good with that? Yeah, and George, I think the piece that I don't have factored in here is like how I make sure that I get the principles and the requirements aligned, but I think we'll have to just come back and make sure that's visible in this process.

George Hripcsak – Columbia University NYC

Yeah, okay.

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

Okay, so I'll kind of, you'll grab us if we get off track, right? All right.

George Hripcsak – Columbia University NYC

Yes, I hear you.

Eva Powell – National Partnership for Women & Families

And this is Eva, just for level setting for myself and I'm sorry if you said that I was kind of distracted by someone looking for my attention, but we're here to talk about a vision both for the functional criteria and for quality measurement or are we focusing on one or the other?

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

I think for the...we wanted to know the status of quality measurement. That's great clarifying...I was thinking functional criteria, but again I can open that up to the group, but it was more around, we needed to understand where the measures were and what that status was, but I didn't include that in the domain state?

Eva Powell – National Partnership for Women & Families

Yeah, I think, that's kind of the way I was thinking, but I think it's hard to talk about one without the other because the functional criteria have to result in the kind of information getting into the electronic record that we need for measurement. So, perhaps, I don't know, and George maybe you've got some light to shed on this but should we talk about the functional criteria specifically but keeping in mind the things that we will ultimately want to measure or what's the best way to approach?

George Hripcsak – Columbia University NYC

Well, I think the Quality Measures Workgroup is going to welcome any input we have. I mean, this is a tough one to come up with measures for, but, yeah the primary goal of this Subgroup is the functional measures that it produces.

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

Okay, so our goal is the functional measures but if we can inform, because I think as we walk through them we're going to touch on them, right? But, okay, will welcome our input.

Eva Powell – National Partnership for Women & Families

Okay.

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

Okay. So we're on track from the last call, then? And I recalled all this for like a whole month. So, I was pretty proud of myself.

Eva Powell – National Partnership for Women & Families

Very good.

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

Okay, so the presentation, let's just actually dive into this a little bit, because as I said I think it will frame our discussion a little bit and then what I'm asking you to think about is are there other people that we should invite to the table to inform what that future state should be like and functional measures? So, we'll kind of come back to that at the end and I also did include in here like a vision slide so that if people on the call want to start to put some identification of what that should be there, that would be fine too, so we'll actually do a little bit of work. All right? So, the one I need up is the very last presentation that Mary Jo sent out today.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Are you there Caitlin?

Caitlin Collins – Altarum Institute

That would be the slide presentation we received this morning, correct?

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

Yes.

Caitlin Collins – Altarum Institute

That is up on the screen right now.

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

Okay, oh good and you've changed it. All right. So, this was what my task was to look at some of the testimony that came from the care coordination material and again George, I don't know if you have David's notes, I don't know if they exist anywhere, but again his was pretty full. So, we'll just use this as a draft starting point and then I'll ask people to review the testimony. If you've had a chance we can add to it. So, this is certainly, just, you know, first draft, it is not complete yet. Okay? Okay, next slide.

George Hripcsak – Columbia University NYC

Oh, there we are, very good.

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

Next slide? All right. So, I did a little bit of homework and this probably exists in our material some place, but this actually came out from some of the NIH work, one of chapters of that, relative to what the definition of care coordination is and Eva you may have a better source of this so I just put it in here. But, again the comments as you go out to the literature around care coordination is that there's a lot of different definitions for care coordination and there is overlap with case management.

So, I kind of just started with this definition and if there are other sources we can certainly use them, and I also just sourced one relative to patient centered care because as you talk about care coordination it overlaps a lot with both patient centered care as well as patient engagement. So, the principles here were it's a deliberate organization, there is an organizing action that happens, and then there is goal

setting that occurs out of this and you've got, and I think this is important, and including self-management and there's got to be processes that manage, there's got to be tools that manage all aspects of that. So, any comments or any other sources of definitions?

Michael Barr – American College of Physicians

This is Michael Barr, not a question about the definition, but maybe it's on a later slide, I don't think it was when I looked at it earlier, I think in the context, at least the context that when I talk to audiences or physicians that helps with this is my...article talking about, at least for Medicare population, that and average primary care practice works with, I think it was 200 different physicians and over 100 different practices to coordinate care for their Medicare beneficiaries.

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

So, Michael, if you could send that to me I will put a reference there.

Michael Barr – American College of Physicians

Okay, will do so, because I think that helps because we can talk about it in the abstract and it's very important, but when we think about the practical issues on the ground that will help drive some of the functional requirements and certainly the measurement requirement.

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

So, problem statement basically, right? Add that problem statement slide?

Michael Barr – American College of Physicians

Yeah or at least some validated statistics to help kind of give some context.

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

Great, okay, got that.

Eva Powell – National Partnership for Women & Families

Well, and this is Eva, I wonder if we need to somehow reflect the work of long-term care? I know we're focused on Meaningful Use, which doesn't have anything to do with long-term care, but I guess I worry that we somehow figure out how to connect Meaningful Use to all the activity going on in the other care settings that are critical to care coordination and in a lot of cases will have more to do with care coordination than doctors and hospitals will. And so, is there room for that here or is that something we need to address somewhere else?

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

My recommendation I think, we might come back and say that's a source we want to be informed by, right?

Eva Powell – National Partnership for Women & Families

Yes.

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

Would we put that in the vision maybe and then functional requirements might fall out of that?

Eva Powell – National Partnership for Women & Families

Yeah, well and I guess that's part of the frame of reference that I approach this with is what can we do through Meaningful Use that basically we're setting requirements for doctors and hospitals that will kind of serve as a forcing feature to reach outside the four walls of the doctor's office and the hospital to connect with nursing homes and home health agencies particularly, but others as well?

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

So, the point that you're making, this definition also needs to define, I wanted to say scope, but like the venue or something like that, has to have a picture of, you know, we've got to show those different venues in a picture, right?

Eva Powell – National Partnership for Women & Families

Right, right, because I guess, I mean, obviously care coordination is a task that we're looking to primary care to fulfill, but I get worried when the conversation is focused only on that because one it minimizes the role of other Meaningful Use eligible providers, but it also doesn't acknowledge the fact that there are lots of other places where patients are found and particularly for patients with multiple chronic illnesses they are highly likely to be found in long-term care and home health settings and yet there is as of yet no connection to them whatsoever in Meaningful Use.

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

So, for our purposes our definition is going to include those venues and this might scale back our functional requirements but we're going to include those venues in our definition.

Eva Powell – National Partnership for Women & Families

Yeah, I think that's good and then our functional requirements will obviously bear in mind the fact that we're only talking about doctors and hospitals.

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

Yes, so we can impact. Okay, got it.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Charlene did you want to say word about the preliminary conversations that we had, and they were only preliminary, but they were sort of moving in this direction?

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

Yeah, why don't you report on that one?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay, and again this is all very preliminary, but Eva I think it goes in exactly the direction you were mentioning. Some of you may know that ONC has an interest in long-term care and post acute care. It was even referenced by Jodi Daniel when she made a presentation to the Policy Committee hoping to, you know, wanting to work this into the HITPC agenda and to Meaningful Use specifically.

So, in a very preliminary conversation with Charlene we discussed bringing this in through the Subgroup 3 on Care Coordination, because that seemed a logical home. We have yet to really confirm some of the key elements of it, but might even want to make sure that we have representation on the Subgroup, you know, from that community, and then make sure that it can be well integrated going forward.

Some of you may also know that there is sort of parallel work going on on the standard side. There is an S&I Framework initiative around longitudinal care coordination and we want to make sure that we maintain touch points with that activity, so that neither side gets too far out of sync. We'll be working on ways to do that and the bottom line, as I repeat is that ONC certainly recognizes the importance of...both the venues and the activities and bringing them into Meaningful Use.

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

Right, great, thanks and so Eva I this work maybe a little bit...

Eva Powell – National Partnership for Women & Families

Yeah, definitely.

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

Okay. All right, so I've got a couple of adds, add some context, add definition of the venue scope that we're talking to. Any other comments? Okay, next slide. Okay, so this was just pulling out, you know, again these are some concepts, you know, just some key elements of the numerous participants, the

coordination that's necessary in terms of the dependency, the adequate knowledge, I think don't there are any surprises, adequate knowledge about their roles and other roles. You rely on the exchange of information and the integration of the care activities. So, that was just kind of breaking down that definition in a little fewer parts. I think maybe we do add on this one that, maybe we add the 6th point on this one relative to the scope of the venues that this covers, right? I think that's a pretty key element.

Eva Powell – National Partnership for Women & Families

Say that again, Charlene, what was that 6th point?

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

I would add a 6th element on relative to the scope of the venues, that it's not numerous participations, but also numerous venues that this occurs for, right?

Eva Powell – National Partnership for Women & Families

Right.

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

That's pretty much...

Eva Powell – National Partnership for Women & Families

Yeah, and I would leave the numerous participants, but definitely add the numerous...

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

Venues.

Eva Powell – National Partnership for Women & Families

Venues.

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

Right as a...

Michael Barr – American College of Physicians

And this is Michael; I would ask to add venues and entities because there may be more than one entity in a particular venue.

Eva Powell – National Partnership for Women & Families

Yes.

Michael Barr – American College of Physicians

Which adds to the complications.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Hi, it's Leslie, sorry to join late.

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

Okay, great. We have work for you later, you didn't miss.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Oh, good.

Eva Powell – National Partnership for Women & Families

Yeah, and the other thing that you might add that strikes me as a key element of care coordination and this is something that was discussed pretty widely at the NQF Care Coordination meeting last, I guess the week before last, that inherently care coordination requires some sort of accountability for both sending and receiving. So, I think that's something that's important to couple with the number one point of numerous participants, venues, and multiple entities within the same venue as its fine to connect them all,

but if no one has accountability then it's unlikely that coordination is going to occur. So, it's kind of like a two-sided coin there.

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

Okay, got that.

Eva Powell – National Partnership for Women & Families

And, I think that can come both in terms of how you use the actual product that we're trying to pull together, but I think it also has bearing on what we're trying to do, because if you think about the health IT components, and the importance of building in some way to track both the task, timeline and the responsible party, and then some way to follow up with that, that's where the technology can play a role and that's the piece of this that I think is part of this conversation.

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

So, is that like, I mean, what you just talked about, I mean, an element of like this process of care coordination, where is the accountability? I mean, I can see in terms of the information exchange certainly accountability, but as you look at the process?

Eva Powell – National Partnership for Women & Families

Yeah, well I think, I mean most of the conversations I've been a part of have really focused very heavily on the fact that the tendency is to talk about the sending of information, but that care coordination really is a double-sided effort in both the sending and receiving and actually the discussion that I was part of a week and a half ago talked about sending, receiving, and understanding. So, I don't know if that gets a little too weedy, but I think putting something here to acknowledge that gets out this notion, and this is why I think care coordination is so difficult, particularly difficult to measure.

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

Yeah.

Eva Powell – National Partnership for Women & Families

Is that inherently it is not something you can do by yourself and so inherently people are going to be held accountable, if they're held accountable at all for care coordination, they are going to be held accountable for things they cannot control 100% themselves and that's where I think people get really uncomfortable, but I don't see any other way to have any sort of accountability for care coordination because it's by definition something that requires more than one person.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

This is Leslie, perhaps it's both sending, receiving and acknowledging.

Eva Powell – National Partnership for Women & Families

Right, right and that's where the conversation went in the NQF meeting I was in.

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

Yeah, I want to add that characteristic, because what you just said was because the process entails the sending and receiving and it always, you said it really well; it's inherent that it's not something you can do by yourself.

Eva Powell – National Partnership for Women & Families

Yeah, I mean inherent in care coordination is that it always involves at least more than one person and often times many people and you can't have coordinated care, you know, there's no one person in that set of people, you just can't divide up the accountability except for potentially having half assigned people to the task and then following up that way. But, yeah inherently care coordination is a team effort and so accountability has to reflect that.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Also the roles change of the team members that I think we might want to capture as well that a person on the team could be the primary care driver in one session, but then when that patient is now in an acute episode they are simply the recipient of the discharge summary and may not be the admitting or attending physician at all. So, this idea of fluidity that care team members may have different roles and become involved and exit care at different times.

Eva Powell – National Partnership for Women & Families

Yes.

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

That's great. So, this concept of fluidly, shared accountability, this is a team effort, but that shared accountability is a huge one.

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

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

Shared accountability, wait my screen just...shared accountability without, its shared accountability that's it. Right? Okay, other comments?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Where do we get to and maybe it's just a use of words, this is Leslie again, but coordination means I'm handing you a football and you take it and somebody else grabs the football and so forth versus collaboration. Collaboration is a much more dependent word. We can't advance until all of us have collaborated. Whereas coordinate, I can really hand the football to you and walk away. So, I'd like to make sure that care coordination is an aspect of collaborative care.

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

Okay, all right.

Michael Barr – American College of Physicians

This is Michael, I think that's a great point and actually when people start using the word hand off or hand the football off, I say no it is more like a handshake, you know, we actually shake hands, make connections, and make sure we both understand both entities, parties, patients, physicians, patient clinician, understand what the plan is and so there's a soft touch not a just a here's the ball go run. So, good point.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Right.

Eva Powell – National Partnership for Women & Families

Right, well and in this NQF conversation it even went, for some patients, a step further, there was a lot of discussion about co-management of certain patients not every patient would need that, but there are patients for whom a certain period of co-management would be appropriate and that would then limit the number of hand offs as Michael was saying such that, you know, when there was a determination of who should be the primary coordinator of care that there would be a fuller understanding and so, I don't know it was just interesting because there was a lot of discussion around this whole concept of co-management. I guess in my mind it's kind of an extended period of collaboration.

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

Okay. Well, we'll keep going and then have your reaction, because I think this is going to lead us to a vision anyway. But, I've got all your notes and I'll figure out what page to include these on, because we could put collaborative as part of that broader definition too. Next slide.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I think that care coordination is part of collaborative care, co-management is a part of collaborative care, acknowledgement and understanding that Eva talked about, you know, that's part of the notion of collaboration and I just would hate to see if we ended up just automating end-points that the patient goes to instead of actually changing fundamentally how care is given.

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

Okay. Okay, next slide. So, this just reflects, you know, the testimony, Michael Barr led this testimony for those who are our people that, you know, we had arranged from, it was a dimension including the specialist, because we were trying to look to the end-to-end, now we had an ophthalmologist talk with us, so again, but they have a different perspective. I have not thoroughly vetted them, so I've got a couple of notes but, again if people have read them or attended the testimony we can add in. So, these are the people that actually spoke to us. Next slide. And they could come back and speak to us again if you would like.

So, again, this is a little harder to read, I apologize for that, I was trying to pull out some common themes. One of the themes, and I'll kind of walk through these and then I'll kind of open them for discussion. And, again it was not as broad or rich as discussion that we just had in terms of what I pulled out of them, because we facilitated very specific questions. One of the points that was kind of made is the current state of not only EHRs but the current state of practice is domineered right now by about how work is done. So, it's similar to what I think Leslie said, again it's not dominated by having an existing collaborative care model out there. There have been a lot of good intentions but, you know, it's really about throughput in the office. So, if you look at current state of EHRs that's where the technology is today and that was a call to action to our committee that we had to start to raise the bar so that those things would start to be addressed in the future stages.

The second point was that, you know, there is care coordination from their perspective included the patient referrals and consultations, care transitions between settings, inpatient/outpatient and the emergency room department. So, it wasn't scoped to all the different types of transitions. So the scope was a little bit more limited and we can decide in future states if we want to expand on that.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I don't think it touches on the patient role there, because, you know, the patient should have enough information to get access to the care they need, say no to the care they don't need, you know, this really gets to all the professionals involved in coordination of care, but as a patient or consumer I also have a role.

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

There was a statement that as you use EHRs today they might not necessarily reflect the best context for taking care of patients as well to support them during the transition of care and to be able to that the process that we support has to make sure that it's timely and they gave us some more details on time, timely, accurate and clinically relevant, particularly for those providers who are taking care of patients, so we can't overload them with lots of information that's irrelevant. We've got to be responsive to that particular care transition again, and then these were some of the details underneath it and they particularly were focused in patient referrals.

You can see the words, relevant concise narratives. The point I think one of you raised before, they were really, and this is harder now, like when you're going across systems who is accountable for tracking like that referral to make sure that its end-to-end including at the end that the patient gets disclosed to. So, certainly automation I think, Eva you said that we could do that, but that certainly was an area that they called out that as important.

They said at the same time don't make it so transactional that if you need to be able to interact with someone immediately you should be able to do that, right? So don't make it so that you're just strictly

dependent on the exchange of information, if you needed to do exchange in another mode you would be able to do that.

They also then identified the need that when the exchange happened that the accuracy of the information that is exchanged is really important that the handshake is strong. The data that is sent can be acknowledged and reconciled. I think we are seeing some of that in Stage 2. So, those are some of the elements in terms relevant to using the EHR for timely, accurate and relevant information. Any other comments on that?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Where do we think the or do you think the conversations can happen electronically? So, for instance this says I'm handing something to you; you need to have certain data about it in order for you to take action.

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

Right.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

But what that misses is the dialog that says "whoa we've got some questions about this." And that can often be more meaningful to reducing cost and increasing quality.

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

Yeah, so maybe again that's that handshake but its part of that real-time requirement they put in there.

Michael Barr – American College of Physicians

You know, this is Michael, I think that's a great point and I'm not sure how we capture it ultimately, but if I understood your point and I apologize in case you made it, one of the challenges in the care coordination that we might face, I'm saying might, is that in our efforts to structure data we might lose some of the narrative that really is more descriptive of the needs of the patient and request of the referring to the accepting entity, clinician or so on. So, you know, I am starting to see that in these long notes from one practice to another that bring everything forward and the actual questions get buried in the haystack which makes it inefficient for both the receiver and the patient who tries to explain why they are there with the referral. Is that kind of what you were getting at?

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

Yeah, that was exactly the point. Well, two things, one the point of the testimony was exactly what you said, Michael, maybe we have to create smarter notes in EHRs, but the point I think that was brought up was that you still sometimes have to, you know, you get it across and you want to pop up the window and just ask them a question, right?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Right.

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

So you get a clarification. So, you can imagine during that transition you would want to be able to Skype with the other, I'm making this up you guys, but call that person up and say "oh can you just clarify this a little bit and make sure that I've got it" that kind of conversation.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Exactly, this is Leslie again, I think that we want to make sure that we don't just address the administrative burden of referrals from staff to staff, but that actually the electronic mechanisms provide opportunity for increased narrative to include the patient and also to make sure that they are getting to the meaningful salient points of care and not just the points of billing.

George Hripcsak – Columbia University NYC

So, this is George, so if you look at...so David Beaudry develops a hand off application that is being shared among several hospitals that use the same clinical information system as us, so it's a movement

away not just as you said away from solving the administrative referral problem but also Michael's comment about well even if you put it in the notes it gets buried in there, so you separate the to do list from the clinical vignette that gives you a summary of what's going on from the meds, from this and that, and then there are the different modalities of communication are built into that, that's what Charlene was just referring to, so my question is how do we get to a hand off? Like we can't specify you must have a hand off system in 2000 whatever, 16, what are we aiming for 2016, thank you. We need to define a little more but it may be that we end up defining a hand off application rather than a set of, you know, here are the kinds of notes that need to go and we're going to use NHIN Direct and a telephone.

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

Yeah. Okay, just some other aspects that came out and again you can continue to read, there was, again the Meaningful Use Workgroup asked some specific questions about this, so again this is more targeted than our vision that we are working on, but again about the need for longitudinal data capture, and again you can see in this the inherent need, this individual patient tracking the management dashboard so that you can see their progress along the care plans, I think we talked about that, not sure where that would happen at, as well as population-based tracking locations. Again, this is very specific that you need the 360 degrees, you need the diagnostic report to see if the population rises what was captured in Stage 1, so that was pretty specific, but it was relevant to where we were at that particular point of our process.

There was a question on patient reported outcomes and again the point coming out of this was capturing patient preferences, clinical experiences and then supporting their engagement and shared decision-making tools to do that, less on the outcomes, there was not a lot on the outcomes. And we talked in this group that patients need to be able to enter their own data. So, there was not a lot on that.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

One of the things that HIT does pretty well is identify certain conditions and in order to do that particular line, we'd have to have an agreement or at least be able to identify what is preference-sensitive care so that a patient can actively participate in decisions that their preferences will indicate changes in care versus an evidence-based care plan that has specific goals. So, perhaps we should consider some themes around patient sensitive care or preference sensitive care rather in this line as well.

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

Okay. Okay. All right and I just lost the...I'm going to go to the physical PowerPoint, so I'm going to track a little different than you okay. So, we'll have to define that. So, I think that is kind of in our vision, we'll have to put that.

Okay and then the last one, and again we spent a lot of time as part of our definition of care coordination around this longitudinal care plan, and again the concept here was that the definition needs to be agreed on and I'm not sure what's the status of that, but clearly for Stage 2 we got some elements of that included. This point was actually made to the point we raised earlier, how do we know, I'm not sure how the EHR does this, but that needs to be able to clearly delineate where our clinicians should start and stop and how they coordinate between the contacts, especially if there is interruptions, so that whole coordination aspect kind of challenge and the role of the respectives, and it could be, you know, what George said this hand off process a little bit.

And then there was a whole aspect as you start to coordinate care there was commentary relative to the security around those processes and during the hand off and how that is important.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I think that there is opportunity in the S&I Framework to help us with the delineating the record of where a person starts and stops, at least in the inpatient side we know in the record we have the attending, the admitting, the ordering, the referring, the surgeon, the emergency room physician at least on the inpatient side we know and then at discharge we'll know in the EHR who the patient is being referred to for follow-up care and then who should be getting copies of results or observations, lab tests and images. So there are some things that we can use in the existing framework and then expand upon that.

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

Actually, and that's a great catch because that was of the items I think that we had on our to do list that I forgot to put it on our to do list, so I forgot, in terms of that update.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Okay.

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

All right, that's great. So, I'll continue this assignment of looking over and see if I can add any more details, but again it was just to kind of frame where some of the thought leaders in care coordination were thinking at that point. So, this is just simply one source of input to get us, you know, to capitalize on some stuff that had been done. Any other comments relative to, others if you were at that testimony that you wanted to add in? Okay. And, again for framing purposes we did not ask them to vision and get beyond this, it was really to kind of give us a current state and what was possible, and they were very respectful of the near term status of what we were trying to do, so that's certainly reflected in here. Next slide, please? Okay, so, is the slide up on the monitor?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

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

Okay, good. So, for purposes of this group I was trying to just get an assessment and I know on our call tomorrow we're going to get into broader discussions, but I didn't think...to take a look at what Stage 1 was versus Stage 2 and maybe just talk about it for a moment to help us prepare for tomorrow. So, again, this is what currently was in Stage 1, what's proposed in Stage 2, again we'll certainly provide comment in that tomorrow, but you'll see I think what this testimony and what the HIT Policy Committee recommended was reflected in what the objectives that were said. So, again the med reconciliation process across both EPs as well as hospitals was included and that bar was raised 65%.

And this was, I think, the other major one for hospitals and physician practices, this is actually not only being able to provide the information for summary of care records but actually to be able to do it at the level of 10% and I included in there, as part of that process, we did include information relevant to the care plan as well as the care team as part of that document. So, it was the start, if you will, of some coordinating care planning across vending. So any comments on that? This is kind of just for framing purposes in terms of where we are with Stage 2. This is not the call to make those comments, but just to frame it. Okay? Next slide.

So, I think my next slide was really kind of the vision discussion. I think we've had some of that as we've gone out through this discussion, but I'd like to solicit two things, now that you've kind of thought it through, we've talked about the collaborative care models, but also to hear from you who might be sources that could, you know, inform this discussion or we want to bring to the table. So, I'll kind of just open it up in terms of what should be our approach to accomplish kind of the vision of this future state that we want to get to.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Charlene, this is Leslie again, is Dr. Leftwich on the call?

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

No, but he did testify for us, would you want him?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

He would be a great source; he led those teams in the S&I Framework.

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

Okay, so he would be a good one to report. Okay, good. So, he should be one that comes and talks to us relative to what their vision was and then how they were operationalizing it in standards?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

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

Okay, so let's invite him. All right. Other thoughts or other ways to inform the vision? I mean, there is a lot of discussion that was good on the call, but other people that you think we could use to inform the vision?

Eva Powell – National Partnership for Women & Families

We may already have this, but I can't think of who it would be, but I think it would be good to get like a practicing physical therapist, a practicing nurse, because care coordination is primarily an ancillary staff function, I think it's critical to have those voices at the table and preferably people who are currently practicing, whether it's full-time or part-time.

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

Okay.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

This is Leslie again; also Kaiser has stopped talking about electronic medical records and now talks about the outcomes that they're generating through care coordination and patient engagement. Perhaps we could ask them to talk about the areas where they've had the most effect and cost and quality using collaborative care.

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

Okay, that's good.

Kevin Larsen – Office of the National Coordinator

This is Kevin Larsen from ONC one suggestion, I think there is actually a professional society of care coordinators and so you might reach out to that professional society to see if they would have some set of measures they've used already and potentially a stakeholder participant.

Eva Powell – National Partnership for Women & Families

Yeah and I think Cheri, I'm blanking on her name.

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

Lattimer?

Eva Powell – National Partnership for Women & Families

Yeah, Cheri Lattimer is with the National Transitions of Care Collaborative as well as the Professional Society, so she would be a good one to get again. But at the same time I think it would be nice to hear, well and Cheri may be practicing I'm not sure, but just to make sure that we've got people who are actually in the field who are able to give some perspective on this.

Just an interesting side note and I don't know if this is getting outside of our scope, but it may also be useful if we could somehow get perspectives from someone who could provide insight as to more systemic issues, just the illustration of that is that I have a good friend who is a physical therapist who is working in a major medical system now, and we were kind of talking about these issues and one of the ongoing just pain points for her is the fact that so many people come to her as a physical therapist and it's either so late or they do not have benefits of more than one or two sessions, or there is so much that has not been done prior to them getting to her that there truly is nothing she can do.

For example, the person with a bilateral ankle fracture who weighs 300 pounds. I mean physical therapists in that point in time is not going to be able to do much to help that person, but the system has failed that person and that person perhaps has failed themselves as well, but there are numerous points along the way and to me that's a key part of care coordination and I don't know how to get at those issues

or maybe those are kind of in a second tier, but if there is a way we can get at those things I think that will be critical, because otherwise if we're holding people accountable for care coordination in a moment in time when they truly cannot help someone then we kind of missed the boat a little bit.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Eva, I think that's right on, but if we continue to address things as a line as we're going to pass this to someone else then we will continue to miss those things, because we're not thinking of it as a holistic care of a patient. We're thinking that after surgery there is physical therapy, we're not thinking of before surgery we need to drop the weight, get them in an active weight management program so post surgery they have an opportunity to walk again.

Eva Powell – National Partnership for Women & Families

Right.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

So, it's really more of a holistic approach rather than automating just the linear process.

Eva Powell – National Partnership for Women & Families

Yeah, well and I think that's where the longitudinal care and shared care plan really comes into play and that's the mechanism for being able to see.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Absolutely.

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

So, I mean that's powerful, because the way we're thinking of automating is this linear process right now, but somehow in our vision we've got to get that up, right?

Kevin Larsen – Office of the National Coordinator

So, this is Kevin Larsen again, before I came here I was in Minneapolis and we thought of care coordination as identifying all the places where a system was broken. So we were trying to work ourselves out of the need for care coordination because we would use the knowledge gained by the care coordinators to say how can we make the system work better for our patients?

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

I like that.

Eva Powell – National Partnership for Women & Families

I like that too.

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

I like that.

Kevin Larsen – Office of the National Coordinator

One other...

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

Are they good sources of sharing their experience?

Kevin Larsen – Office of the National Coordinator

I'd be happy to connect you to Hennepin County there are a number of great people that would be able to help you about how we've done that there.

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

Yeah, because that systematic approach of where it's broken is kind of...then we can look at that picture and say where can we have...I know we can listen to Kaiser where we might be able to have some impact, right?

Kevin Larsen – Office of the National Coordinator

Yeah, Virginia Mason is another place that's really done a fantastic job around this. They've built a model around back pain where you call in on your first day and your very first appointment is with a physical therapist and they decreased the amount of time you're away from work by about six weeks because you got your back pain treatment on the first day you called in with a need with your back pain. So, instead of sort of coordinating back pain care better, they completely flipped around the whole model of back pain care so it didn't need coordination.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

That is really terrific, because that's ultimately what we're trying to do is get appropriate care.

Kevin Larsen – Office of the National Coordinator

Absolutely.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Not just get hand off of care.

Kevin Larsen – Office of the National Coordinator

Exactly, you get the right care to the right person when they need it.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

Kevin Larsen – Office of the National Coordinator

The other stakeholder group I'd mention is the patient center medical home. They're a terrific source, again they do a lot of care coordination and they can highlight which things they do that work and which things about the system that are most broken.

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

Okay. Well, it strikes me, if we have like, you know, we can check with Cheri to see what she's got, well we've got her testimony, but I would prefer that maybe we bring some of the new ones on, we get the Kaiser experience, we get Hennepin on the table, if Virginia Mason is available, the patient centered medical home, and again try and find someone who is on the ground relative to actually doing care coordination, a practitioner, maybe five of them and then, I don't know if we can do it on one call, but we'll talk about that. But we get...

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Dr. Fernando...he might be able to help us too in Massachusetts, Primary Care Doctor, he was part of that study that I think was posted in the New Yorker, about looking for issues in the community about lack of care and then incidences of episodes of care and how to address that.

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

Okay.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Rashik Fernando...

Kevin Larsen – Office of the National Coordinator

Rashika Fernando...

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yeah, thank you.

Kevin Larsen – Office of the National Coordinator

Yeah it was the...hot spotter's article from about a year ago.

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

Okay. So, Eva do you know practitioners or Leslie, I mean I certainly...

Eva Powell – National Partnership for Women & Families

I could do some digging and find some.

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

I mean, I think you're idea of bringing like a...do we need to bring a patient?

Eva Powell – National Partnership for Women & Families

I think that's great. Yeah, I think what actually maybe interesting and this is off the top of my head, is to have one panel that is several different disciplines representing ancillary care like a physical therapist, a social worker or maybe I don't know occupational therapist somebody and then also have a patient on that panel.

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

And maybe we put our long-term care there?

Eva Powell – National Partnership for Women & Families

Maybe, I don't know, I guess I was kind of thinking, I see long-term care as a little different, but I don't know, I guess that could be. I guess it depends on how long we have and kind of how it shapes up.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I have a patient in mind.

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

Okay, because I mean, I think that would be good to also, because I think the goal of this is as we said we're trying to find out where care coordination is broken so that we can start to fix it and we can identify those areas, and then start to prioritize where we need to be focusing.

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Do we want to invite some innovators who we know are doing something completely different?

Eva Powell – National Partnership for Women & Families

Yes.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

So, whether, not necessarily healthcare, we've already mentioned healthcare innovators, do we want to bring some technology innovators in? There is a group that was formed at HIMSS call the eCollaborative and now I can't remember the rest of it, and they were looking at innovative ways that technology could help with collaborative care.

Kevin Larsen – Office of the National Coordinator

Yeah, another stakeholder group is the patients, a number of patients have a lot of experience with care coordination for themselves or family members and there are some really great models of bringing them in as the voice to rationalize care coordination.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

Eva Powell – National Partnership for Women & Families

Yeah, well and it strikes me that it may be good to have both a patient and a caregiver, because they tend to be lumped together and usually that is fine I think, but it's definitely two different perspectives.

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

Yes. I can resonant with that topic.

Eva Powell – National Partnership for Women & Families

Yeah, well and really when it comes down to it, at least in our current system, that is almost exclusively who the care coordinators are with some help here and there.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I think as provider we like to believe we're doing it, it just really isn't.

Eva Powell – National Partnership for Women & Families

Yes. Well, and I think the important thing to hear from patients and caregivers are what things do they struggle with that really need to places where the system helps support them, because this isn't an issue of the patient and family are doing it and we need to relieve them of the burden, because as the only constant in this process they will always have a role and I think, at least from the work that we've done they want a role in care coordination but the problem with the current system is that it is not a system that supports them in that role.

So, the question is, what is the appropriate role for the healthcare system itself in its individual professional players in supporting patients and families and care coordination and in doing that at this point in time when they need to be responsible one?

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

Okay. So, just to take a little bit of a checkpoint, so this is actually kind of back to Mary Jo and Josh, in our process we certainly didn't have scheduled to do another hearing, so our thought was that, and again this will be spread out, that we're going to use these hearings that we're having to actually ask people to come and give us an update or answer some questions. Is that what the desired approach is in this particular case? So, for instance what we could do is scope out, let's, you know, schedule, you know, four calls and in those four calls, you know, the first call we're going to be, you know, getting an update relative to the current state of the standards and the vision around interoperability, you know, Russ can maybe do that and then we might also hear from a couple of the providers, Kaiser, you know, again in an hour and a half you can't get a lot because we know how these testimonies go. So, is that the approach that you want us to move forward with?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I'll chip in only from sort of a process side and actually it's a budgetary side too, certainly working it into your calls is better from our point of view; we certainly don't have the resources for the Subgroups to convene real face-to-face hearings.

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

Yes, that's what I wanted to hear.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Exactly, so I think anyway you can find to get what you need in a really interactive way is fine with us and we'll be happy to support you.

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

Okay, so given that we've got a lot of, and again I think we're kind of in that assessment phase and I know tomorrow we're going to start to really drill down on Stage 2 which is going to keep us busy. So, I

would propose that perhaps we start and maybe do biweekly calls at the beginning of April because I think Paul has to report at the Policy Committee like April 4th or something.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

That's correct.

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

Yeah, so we could start at the beginning of April and schedule the list of folks that we've discussed here today, again depending on the availability and maybe schedule three biweekly calls or something like that and then hopefully by the end of May and Mary Jo and you'll have to kind of maybe keep us on schedule, by the end of May being able to consolidate our findings from that and be ready to start to prepare to propose something?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

I think that's fine I know Josh had to step off the call, but certainly according to the original, you know, timetable, that, you know, Paul sort of mapped out, that sounds doable. What we will ask you for is the names and contact information for anybody who you'd like us to help schedule.

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

All right. Okay. So, for those of you on the call is there a logical sequence that, again some will depend on availability, but we've talked about patients, we've talked about the ancillary professionals, we've talked about some of provider organizations, we certainly want to hear the S&I Framework status. Is there a logical sequence that you would recommend or you would want to follow?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I think it's just availability issues. I don't think we'll be able to be that orchestrative.

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

I'm okay with that but I kind of like...any other comments on that?

Eva Powell – National Partnership for Women & Families

I think that's good and since we are limited in terms of the amount of time and the forum we might find that there would be some really interesting things to come out of a dialog that included say a patient and a physical therapist or a patient and a primary care physician or something like that, there might be some really interesting insight. So, I would go with Leslie in that it's kind of an availability kind of thing.

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

All right, so I'm trying to think of our date today, should we, we got some names today, but I'm trying actually to get as much of this work plan as we can get done today, but I think we might have to set up another call to maybe organize ourselves a little bit more with some actual names and map it out, I'm watching the time. Well, actually let's see if we can try that space since we have a little bit more time on the call and then that might save us. So, I don't think I've got any other calls scheduled, but if we are going to start in April, I don't know, I think you have some other calls scheduled that week, Mary Jo? Like the first week of April?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Here I am. I was on mute here. The first week in April is getting full, but there is still, you know, plenty of time slots available except for of course Wednesday, the 4th and the next week. So, I think we'll be able to work you in the month of April and early May. I just can't promise you exactly, there are some meetings that are sort of in the works right now, but again I think there's plenty of time slots.

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

Okay. So, just for this group, again like, I would hesitate to put something on the 6th because that is Good Friday so I wasn't going to go there, but is your preference the first week or the second week? And the second week is Easter week, I was going to get on a rhythm kind of. Okay, so is the easier approach to maybe come out with one of these calendar systems and get back to you what works the best and we'll try and go biweekly?

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

We can have Vernetta send out a Doodle calendar. I mean, I will note right now that currently I believe the 5th of April is wide open. I think the 10th, 11th and 13th are wide open, but there is time on some of the other dates as well. Again, there is ample time. So, what we can do is we can have Vernetta send out a Doodle calendar to you and Charlene if you would start by maybe at least giving me your availability?

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

I'll start there.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Like blackout dates, any blackout dates and then we'll work around that.

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

Yeah, because I was just trying to get a sense from the group like, you know, is there like a time, any period of time that, it sounds like we'll just start then. We'll probably start around the 5th and see where we can go from there. Does that work? Okay. So, let's just say for planning purposes we're going to go to the 5th, the 19th, you know, kind of every other week, the 3rd and the 17th something like that whether it works in or not, but sort of in that timeframe. So, we'll have 4 calls and they'll each be an hour and a half and we would have, my recommendation is that we do an hour of, you know, listening and then we summarize what we've learned and we get that captured right in that call. Does that make sense, because sometimes we lose that? Does that work for you? I mean, listening, summary and then we'll open it to public comment. So, the first call we'll see if we can get Russ I think we should try and get him. Who was going to provide me the patient contact?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Leslie.

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

You're going to see if we can get a patient for the first one?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

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

And then, I think maybe we should try and get, we're going to ask them to, I think we'll kind of identify the question that we wanted to ask them and I'll articulate that.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Okay.

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

Which is where could changes in the current system facilitate your care coordination role? Right? That's kind of what we're trying. Maybe we could get Hennepin for this one? And do we get Kaiser for this one or do we need a...Kaiser or Hennepin, let's do Kaiser or Hennepin depending on availability, right? Okay any other mix that you want on there? And ancillary providers. Did you have one of those, Eva?

Eva Powell – National Partnership for Women & Families

Yeah, I can dig around and get one of those.

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

Okay.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I'm also meeting with the Idaho State Care Coordinator Coalition tomorrow; I'll see if anybody's interested there and throw them by Eva.

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

Okay. So do you think like a mix of four 15 minutes, I mean like 10 minutes of discussion, we won't ask for written testimony we'll just ask them to really talk about their care coordination process and where they see it's broken and where changes in the system will help improve the process? That's kind of the frame we're trying to understand, right?

Eva Powell – National Partnership for Women & Families

Yeah.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Right.

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

We can ask them to talk about their situation for 10 minutes and then we'll ask them questions. Does that work?

Eva Powell – National Partnership for Women & Families

Yes that sounds good.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Charlene, I have a question, this is Leslie, on the cross-pollination with the standards work, there is an HL7 ballot at the end of April that's coming up on transitions of care data elements and so do we need to think about our timing or ask Doug his opinion on how our work will inform that ballot? Are we concerned at all with missing that opportunity in terms of timing?

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

So, if we did, now this might now work, so Russ was on S&I, I was going to actually ask Jamie Ferguson to talk to us about use cases and then if we brought someone on to talk to us about the ballot and get that in the second call, I mean, that's really close to the end of March. Oh is it end of March did you say, Leslie?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

End of April.

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

End of April, so that's like two weeks before the end of April, would we have enough time if we made that second call more about the standards piece?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Maybe we can ask Dr. Leftwich what his opinion is on that.

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

Okay, okay, let's start and we'll decide whether that's the first or the second call.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yeah.

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

Maybe we get informed of current standards in the first call and then actually go into the vision content in the second, I know it's a little out of order, but we're going to be out of order anyway.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yeah.

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

So, I'll check with him and see what he thinks but I think that's a great catch and then if that's the case then I would ask him and Jamie, and then do you know who owns that ballot?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I'm sorry what?

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

Do you know who owns the ballot, the transition or care ballot?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I don't. I can find out.

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

Okay. Well if not maybe Russ would know.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Okay.

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

Okay, so I'll check with him and based on that we'll just want to make that first call a little bit more standards oriented. And then we were going to have kind of a patient provider perspective one. Do we want to do two of those or just one? We talked about having a patient, someone from Kaiser or Hennepin and then someone from a care coordination perspective. Do we want to do another one of those calls?

Eva Powell – National Partnership for Women & Families

Yeah, I mean, I like the idea of having both the patient and the caregiver. I don't know what we're looking like in terms of time, though.

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

All right, let's definitely do one. I think I'm going to move Russ to the one that is on standards, because it sounds like we should just have one on standards, because otherwise... We'll have one on the patient, the caregiver and the systems perspective, what's broken with the system. If we can schedule a second one, but at least we'll have booked two. The other one that strikes me, and Eva you might be best informed on this one, do we want to get a current status, have a call including NQF and the current status of the measures or anything in that space or not?

Eva Powell – National Partnership for Women & Families

I think it may be a little premature to do that. I don't know that it would hurt, but I mean honestly the measures are not fabulous, that exist anyway, and so I almost think that it might be more valuable to confine this to the groups we've already talked about and have measurement in some way part of the questioning whether it's something to the effect of what information do you need in order to track your progress or to know whether or not you've done a good job coordinating care, you know, something like that, because again the measurement piece is not necessarily straightforward either because you need to have measurement that helps you improve, but then also measurement for accountability and they are often not the same.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I agree it might be premature.

Eva Powell – National Partnership for Women & Families

Yeah, I mean so I think to the degree we addressed measurement that we make it part of the questioning of the people we've already talked to, that NQF I don't think they have much to add actually right now.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Charlene, I've got those names for you for the HL7 ballot. It's Dr. Terry O'Malley and Dr. Larry Garber.

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

Okay. Yeah, I know Larry. So one of those would be great. Because I mean that forms our transactional approach.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Right.

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

So, I'm going to suggest, let me compile, I'll compile the notes from today's session and we can either do this one of two ways, I can just send it to the group and we've done this before, here's what the proposed questions are and here's the candidates and we can come up with a schedule if that works for you or we can host another call and actually, you know, work on the questions together. I sense that we are at about 20 after the hour, but what works better for the group? Would you just like, what I would propose is coming up with a proposed schedule based on your input, I would work with Mary Jo and we reach out to see if we can get these calls, as well as, and Josh, calls as well as these candidates scheduled. I am pending if we can to get two sessions of care providers I think that will help us and then we'll start. So, we'd have one session on the current state of the standards and then two sessions of care providers, if we can get that booked, if not we'll back it off to one for each. We'll have questions that they'll just ask us about, we'll listen to them, ask questions and we'll summarize our findings. This will consolidate into our overall findings and then we'll come back and form our vision once we hit May.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Yes.

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

But does it work again on paper or do you want to do another call?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

I think it works on paper. For me I'd just like to make sure we not only asked people what's broken, but what is their ideal?

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

Okay, great. And I'll start off with the questions, but I think, you know, Leslie and Eva you've got some great content. I think that will be really helpful for us. And then I will try and work with Mary Jo and get a more cemented end date scheduled down, that's kind of my little...Okay, anything else that we missed in our planning call today? Okay, so watch for May for this information, my intention is to, let me look at my calendar. Hopefully, I'll have that done and out to you before the 13th, before we actually meet face-to-face and we can affirm it there if we have to. All right?

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Great.

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

Any other comments or questions?

George Hripcsak – Columbia University NYC

Great job.

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

Well, thank you I thought there was tremendous input and Eva I want to commend you on recognizing the need to vision because clearly we started to better understand the face through that process.

Eva Powell – National Partnership for Women & Families

Right, well I'm glad that it is headed in a good direction and I think this is great.

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

Thank you. All right, Mary Jo I think we can open to public comment.

Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology

Okay, thank you very much. Operator would you like to open the lines for public comment please?

Caitlin Collins – Altarum Institute

Yes. 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 comments at this time.

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

Okay. Well, thank you very much for your participation today and we'll be talking tomorrow.

Michael Barr – American College of Physicians

Bye everybody.

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

All right.

George Hripcsak – Columbia University NYC

Bye.

Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise

Bye-bye.